

**MICHAEL P. VICTORINO**  
Mayor

**LORI TSUHAKO**  
Director

**LINDA R. MUNSELL**  
Deputy Director



RECEIVED  
2020 JUN 25 AM 10:13  
MAYOR'S OFFICE

**DEPARTMENT OF HOUSING  
& HUMAN CONCERNS**  
COUNTY OF MAUI  
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WAILUKU, MAUI, HAWAII 96793  
PHONE: (808) 270-7805

June 25, 2020

Honorable Michael P. Victorino  
Mayor, County of Maui  
200 South High Street  
Wailuku, Hawaii 96793

**APPROVED FOR TRANSMITTAL**

*Michael P. Victorino* 6/26/20  
Mayor Date

For Transmittal to:

Honorable Keani Rawlins-Fernandez, Chair  
Economic Development and Budget Committee  
Maui County Council  
200 South High Street  
Wailuku, Hawaii 96793

Dear Chair Rawlins-Fernandez:

**SUBJECT: LEGISLATION AND DISCUSSION ON THE EFFECT OF THE  
CORONAVIRUS PANDEMIC, RULES, CARES ACT, AND RELATED  
ISSUES (EDB-85)**

The Department is in receipt of your correspondence dated June 15, 2020 in which you inquired about "police sweeps of homeless camps" and information about homeless outreach. The Committee's questions are followed by the Department's responses below.

- 1. Please provide information on police sweeps of homeless camps, including if any are currently planned.**

The Department was not aware of any so called "police sweeps" of homeless encampments. DHHC made an inquiry directly to the Maui Police Department. MPD's response dated June 19, 2020 is attached.

- 2. Please provide information on current outreach to the homeless community, including intake information, criteria for being selected for housing, and information used to determine eligibility and priority for these programs.**

We have attached a comprehensive description of Family Life Center's Homeless outreach program and services. FLC is the County's primary outreach provider, and

Honorable Keani Rawlins-Fernandez, Chair  
Economic Development and Budget Committee  
Maui County Council  
June 25, 2020  
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has been doing homeless outreach for many years with County and State funding. The practices utilized by FLC are nationally recognized Best Practices, for example, making clear that eligible clients may move directly from the streets into permanent supportive housing and thus do not need to slowly graduate from the streets to emergency shelter, then to transitional shelter, then to housing. There is no expectation that clients "earn" or "prove" they are worthy of housing. This belief system is totally in alignment with the Housing First model of care.

Several weeks ago, the Department and leadership from Ka Hale A Ke Ola and Family Life Center provided a presentation to the Affordable Housing committee regarding the Coordinated Entry System (CES). This system is mandated by HUD to ensure that those homeless individuals who have the highest needs (most vulnerable) are prioritized for service AND given services that are appropriate for their needs. This coordination helps to manage limited resources by providing appropriate levels of care, i.e., not under-resourcing or over-resourcing. Those individuals with the highest needs usually require what is called "permanent supportive housing" which are support services programs with a housing component. Those individuals with lesser needs may be referred to shelters or to rapid re-housing resources so that they can be stabilized for a short period of time. And those with the lowest level of need can often resolve their issues with a one-time or very short term infusion of resources such as rent supplements. Individuals are assigned into the above categories based on their scores on the universal triage tool used by our homeless service partners, the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT).

The Coordinated Entry System was established in June, 2017, and is administered by the Department's Homeless Division in partnership with many service providers.

We thank you for this opportunity to provide you with the information requested. Please feel free to contact me at Ext. 7805 if you have any further questions.

Sincerely,



LORI TSUHAKO, LSW, ACSW  
Director of Housing and Human Concerns

Attachments



# POLICE DEPARTMENT COUNTY OF MAUI



MICHAEL P. VICTORINO  
MAYOR

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TIVOLI S. FAAUMU  
CHIEF OF POLICE

OUR REFERENCE  
YOUR REFERENCE

DEAN M. RICKARD  
DEPUTY CHIEF OF POLICE

June 19, 2020

Honorable Michael P. Victorino  
Mayor, County of Maui  
200 South High Street  
Wailuku, Hawaii 96793

APPROVED FOR TRANSMITTAL

*Michael P. Victorino* 6/24/20  
Mayor Date

For transmittal to:

Ms. Lori Tzuhako, Director  
Department of Housing and Human Concerns  
County of Maui  
200 South High Street  
Wailuku, Hawaii 96793

Dear Ms. Tzuhako:

**SUBJECT: Police Sweeps of Homelessness Camps**

This is in response to your request for information on police sweeps of homeless camps by the Maui Police Department CORE Unit. The CORE Unit conducts Public Health and Safety Initiatives that are collaborations with other County departments and community organizations, but we do not conduct police sweeps.

The Public Health and Safety Initiative includes outreach by members of the Maui Police Department CORE Unit, Ka Hale A Ke Ola, and Mental Health Kokua. Outreach is conducted two to three times each week, and involves making contact with individuals in the homeless community to offer assistance in locating housing and other available resources. We also distribute disposable masks, hygiene kits, and water, and monitor persons for any signs of COVID-19 or other medical ailments that need attention.

When conducting outreach, we often observe feces, urination, un-discarded trash (such as spoiled food, soiled clothing, etc.), used needles, and empty baggies - usually associated with illegal activity. These items are in public areas, which include sidewalks, bus stops, and grassy shoulders. To assist with the health and safety of all residents in the community, including the homeless, we collaborate with the Department of Transportation and the Department of Public Works to assist with the removal of items that may injure persons in public areas. We assist the

Lori Tsuhako  
June 19, 2020  
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homeless with discarding items they no longer want, because they do not have access to regular trash pickup service. One of the goals of the Public Health and Safety Initiative is to assist with keeping everyone in the community healthy and safe. We do not have any scheduled trash pickups with the Department of Transportation and the Department of Public Works, but are continuing our weekly outreach activities with Ka Hale A Ke Ola, and Mental Health Kokua.

If you have any further questions or require further information, please do not hesitate to call me.

Sincerely,



Tivoli S. Fa'amu  
Chief of Police

### Service Goals

With the goal of helping homeless individuals and families access permanent housing as rapidly as possible, in alignment with the principles and practices of Homeless outreach program, FLC manages and implements the Homeless Outreach Program in Maui with locating housing options and accessing services and supports that promote housing stabilization. FLC uses assertive engagement strategies and leveraged community partnerships to assist individuals and families to develop housing plans, obtain vital documents needed for housing applications, assist with housing location and access, and providing resources to increase income through public benefits and employment.

### Target Population

The target population of the Homeless Outreach Program will be unsheltered homeless individuals and families transitioning into permanent housing.

## 1. Core Concepts of Homeless Outreach program Policies

- a. Program participants are not expected to “graduate” through a continuum before accessing permanent housing (for example: from street to shelter; shelter to transitional housing; transitional housing to permanent housing). Program participants can move directly from their homelessness into permanent housing. Housing is not used as a reward.
- b. Program participants can actively use substances and still be housed.
- c. Program participants do not need to be compliant with a treatment program to be housed.
- d. Program participants do not need to be compliant with medications to be housed.
- e. Program participants have a choice about where they want to be housed based upon their available resources (affordability), circumstances (appropriateness) and involvement of landlords to rent to the Program participant (action-ability).
- f. Program participants are not coerced in any way to participate in the program, to select a particular housing unit, to participate in any other community programs, or in any other way.
- g. Program participants will have the Program explained to them in full when they express interest in housing assistance, and they will decide—using their own free will—whether they want to participate in the intervention. Program participants will be made aware of the expectations of the program prior to choosing to participate in the program and these shall include:
  - i. home visits;
  - ii. case planning and support for a minimum of 6-12 months by Program supports; in exceptional circumstances, a Program Participant may require less than 12 months support and may exit the program early, with notification to the Funder if required and requested, and with the documented approval of the Director;

- iii. integration with other community based resources, and;
  - iv. payment of rent on time and in full, preferably through third party payment of the rent.
- h. Program participants can expect the engagement with their Program supports to be client-centered as opposed to system-centered or client-directed.
  - i. Program participants can expect their supports to focus on greater independence over time, with particular attention to housing stability.
  - j. Program participants can expect the engagement with their Homeless Outreach Program supports to be strength-based as opposed to deficit-based.
  - k. Program participants can expect to learn new skills, as required, and Program supports shall endeavor to directly teach and model these new skills whenever possible, especially pertaining to housing maintenance and life and social skills.
  - l. Program participants can expect to have their Homeless Outreach Program supports assist with creating opportunities to establish or re-establish meaningful and healthy social networks.
  - m. Program participants gain access to the Program supports through a measurement of their acuity using the Service Prioritization Decision Assistance Tool (SPDAT) and an understanding of their presenting issues. Those with higher acuity and more pressing issues will be served first.
  - n. There are no limits on the number of times an individual can be assisted with re-housing if they remain actively engaged in case management.
  - o. Program participants sign a standard tenancy agreement.
  - p. Program participants can expect to be supported throughout the entire process of viewing and securing a unit, moving into the unit, cleaning the unit, furnishing the unit and becoming oriented to the building and neighborhood within which they have located.
  - q. The Program is an outcome-driven intervention focused on helping Program Participants stay housed over the long term.
  - r. Assistance with Housing Stability precedes the development of a case plan or individualized Housing plan.

## **2. Program Orientation**

- a. The Homeless Outreach Program is a professional Program delivered by trained individuals. The case management supports are not provided by volunteers or untrained persons. The Program does not rely on charity.
- b. Family Life Center, Inc. (FLC) shall ensure that staff hired to deliver the Program have the knowledge, training and skills necessary to successfully perform expected Program tasks, uphold the core concepts, maintain program fidelity and provide the Program in accordance with the program orientation.
- c. Program practitioners follow the direction of a Team Leader, with an appropriate ratio of front-line staff reporting to the Team Leader. The Team Leader is responsible for establishing priorities for the team, ensuring fidelity to the

- intervention and ensuring that the Program is provided professionally and in accordance with the principles of the Homeless outreach program Model. (
- d. Program practitioners are expected to have background knowledge of subject matters pertinent to the delivery of effective Programs
  - e. Program practitioners are expected to be able to:
    - i. Practice Motivational Interviewing
    - ii. Practice Assertive Engagement
    - iii. Assist Program Participants in working through the Stages of Change
    - iv. Exercise Active Listening
    - v. Broker and Advocate for Programs as appropriate
    - vi. Help Program Participants establish goals and an individualized Housing plan
    - vii. Appropriately prepare documentation
    - viii. Perform their duties safely, including working safely alone (subject to risk assessment)
    - ix. Perform First Aid and CPR, and maintain certification for both
    - x. Use Universal Precautions as necessary in all situations
    - xi. Assess risks and develop appropriate plans to help ensure continuation of Program
    - xii. Complete incident reports as necessary in response to specific situations
    - xiii. De-escalate and learn from conflict through effective de-briefing
    - xiv. Respect privacy and confidentiality in accord with all relevant legislation
    - xv. Perform duties in a culturally competent manner
  - f. Program practice is grounded in a learning culture. As such, the practice welcomes peer and Team Leader support. It is a practice that requires practitioners to participate in training related to the effective delivery of Program and stay current in main currents of thought and practice related to the field. Data and records are used to assist with understanding the effectiveness of practice, and external reviewers are used to provide coaching and feedback on practice.
  - g. Program supports shall be client-centered as opposed to system-centered or client-directed. These client-centered supports should enhance the dignity and empowerment of each Program Participant.
  - h. Program supports shall be strength-based, not deficit based. Supports should focus on assets (not deficits); wellness (not pathology or illness); talents (not deficiencies).
  - i. Program supports are future-oriented rather than past-oriented.
  - j. Program supports encourage greater autonomy over time, not dependence.
  - k. Dependent relationships between Program supports and the Program Participant are not an outcome of the intervention.
  - l. Program supports express empathy and positivity in working with Program Participants.
  - m. Program supports acknowledge when there have been achievements in goals as laid out in the Program plan.

- n. Program supports use a harm reduction orientation and framework when engaging in discussions with Program Participants about activities that may be causing or exposing them to harm, including higher risk and/or potentially exploitive situations. Acceptance without judgment on the part of the Homeless Outreach Program worker providing supports is necessary in the practice of harm reduction.
- o. Program Participants will receive supports where they sleep, whether in unsheltered situations, at the shelter, or in their homes as well as in other settings natural to the Participant.
- p. As part of a recovery orientation, Program supports will encourage and support a journey towards recovery, including but not limited to: education; empowerment; initiative; supports & mentorship; skills development; and, community integration.
- q. As part of a recovery orientation, Program supports will support access to person, community and knowledge resources that will assist with recovery.

### **3. Brokering and Advocacy**

- a. The Team Leader is responsible for brokering and advocating for Programs that will assist the majority of Program Participants. Team Leaders will work together to ensure that there is no competition, overlap or duplication of Programs that are brokered or advocated. As necessary, the Team Leader will take direction from the Funder in the brokering and advocacy process.
- b. Homeless outreach program Housing Navigators shall only broker Programs at a system level when directed by their Team Leader to do so, and only so long as doing so does not violate or compromise agreements put in place between the Funder and Programs being brokered to.
- c. Homeless outreach program Housing Navigators shall take into consideration the appropriateness, availability, accessibility and eligibility of Programs when recommending a brokered Program to a Program Participant.
- d. Advocacy shall be used selectively, and only in such instances as deemed appropriate by the Team Leader, and when doing so does not violate or compromise agreements put in place between the Funder and other Programs.
- e. Homeless outreach program Housing Navigators are required to ensure that they have all pertinent information from the Program Participant prior to engaging in advocacy, subject to the completeness and accuracy of the information supplied by the Program Participant.

### **4. Client Intake & Prioritizing Client Program**

- a. At the point of expressing interest in the Homeless Outreach Program, potential Program Participants shall have the Homeless Outreach Program explained to them in detail including the provision of case management programs, home visits, integration with other community based resources and payment of rent on time and in full. Potential Program Participants shall consent to these

program elements before proceeding with the intake and assessment, and make an informed choice to participate in the program.

- b. Potential Program Participants must be homeless at the time of intake and meet all Funder and Homeless Outreach Program requirements prior to being selected for the program. Those with higher acuity and more pressing issues will be served first, unless directed otherwise by the Team Leader due to exceptional circumstances.
- c. Potential Program Participants shall be screened for issues and circumstances that may impact their ability to participate in the Homeless Outreach Program. This will include, but is not limited to, employment that requires them to leave the county for lengths of time that would make it impossible to deliver case management Programs; pending trial in the short-term which may result in incarceration; and/or, pending family reunification where the location and number of family members are unknown.
- d. Screening and intake may occur in a range of settings, including but not limited to the housing office, hospital, shelter, income supports and at homeless encampments.
- e. The assessment will identify primary, secondary, and tertiary Program needs, along with any additional Programs not provided by the Homeless Outreach Program that may be important to the Program Participant's success.
- f. The Vulnerability Index Service Prioritization Decision Assistance Tool (VISPDAT) will be used to determine the acuity of the individual and/or head(s) of household seeking Homeless Outreach Program supports, and used only after the household has met all of the other screening criteria for the program.
- g. Every week, staff that have undertaken new intakes shall review all intakes conducted during that period, as well as those intakes conducted in the previous weekly periods.

## 5. In-Patient Supports

- a. Homeless Outreach Program is not a crisis Program. While Homeless outreach program Housing Navigators shall assist Program Participants in creating a crisis plan, the worker is not required to respond immediately to crisis situations.
- b. If a Program Participant is admitted as a patient, the Homeless outreach program Housing Navigator may activate the instructions laid out in the crisis plan.
- c. Assuming all necessary consents are in place, the Homeless outreach program Housing Navigators shall be involved in supporting the Program Participant while admitted and shall share pertinent information with the health team.
- d. Whenever possible, the Homeless Outreach Program support worker shall be involved in the creation of the discharge plan with the health team and help operationalize treatment protocols.
- e. The Homeless outreach program worker shall not be involved in directly administering any health supports (e.g., wound care; injections; etc.) unless they are trained to do so, and doing so is included as an expectation of his/her job description.
- f. Program Participants that have been admitted shall be shared with the Homeless

Outreach Program support team as part of the weekly case planning meeting.

#### **6. Return of Program Participants**

- a. Program Participants who unsuccessfully exit the program, yet want to re-engage with the program within six months of their unsuccessful exit, may be reinstated on a case load on a priority basis
- b. Program Participants who unsuccessfully exited the program and return within the six months shall be allocated to a Homeless outreach program staff that has space on their case load at the Team Leader's discretion.
- c. Program Participants who unsuccessfully exited the program and return within the six months shall receive assistance for a length of time as determined by the Team Leader.
- d. In the event that a Program Participant who successfully exited the program is seeking to re-engage in Program within six months of their exit and is still housed, the Team Leader or his/her designate shall first walk through the exit plan that was put in place with the Program Participant and exhaust all other Program and support options before resuming Program on the case load.
- e. In the event that a Program Participant who successfully exited the program is seeking to re-engage the Program, the Team Leader shall assess the request and make a determination on the appropriateness of the re-engagement.
- f. The length of support Programs that a returning Program Participant that was considered to be a successful exit may receive is subject to the discretion of the Team Leader, so long as the Team Leader is satisfied that the length of Program is going to reduce the likelihood of a future return.
- g. Any Program Participant – regardless of whether they were a successful or unsuccessful exit – that has been away from the program for greater than six months may only re-engage with the program after going through the intake process again.
- h. In the event that a Program Participant is returning after a program absence of greater than six months and is going through intake again, staff conducting the intake have the discretion to prioritize the individual in the way that they most see fit regardless of acuity score, so long as the decision is supported by the Team Leader.

## **EDB Committee**

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**From:** Michelle Santos <Michelle.Santos@co.maui.hi.us>  
**Sent:** Friday, June 26, 2020 6:05 PM  
**To:** EDB Committee; Keani N. Rawlins  
**Cc:** Ailina Laborte; Josiah Nishita; Kayla Ueshiro; Kimberly Ferguson; Linda Munsell; LoriAnn Tsuhako; Pili Nahooikaika; Sandy Baz; Stacy Takahashi; Tyson Miyake; Zeke Kalua  
**Subject:** MT#8322 Legislation and Discussion on the Effect of the Coronavirus Pandemic, Rules, CARES Act, and Related Issues.  
**Attachments:** MT#8322.pdf

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