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Good Health Depends on Decent Housing

Health and Care for People Experiencing Homelessness



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733 Bishop Street, Suite 1180, Honolulu, HI 96813

Author: Beth Giesting, Director

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The strong link between health and housing is magnified for people experiencing homelessness. Living conditions—the stress and conflict of crowded shelters or living on the streets, emotional trauma, unsanitary conditions, poor nutrition, sleep deprivation, and violence and sexual abuse—contribute to poor mental and physical health. Healthcare costs are particularly high for people without shelter and social support because it is often rendered in hospitals and at emergency rooms.

Part Two of our series, *Good Health Depends on Decent Housing*, reports on how helping people who are currently experiencing homelessness with housing and other needs is not only life-changing, but also saves money.

PART TWO. HEALTH AND CARE FOR PEOPLE EXPERIENCING HOMELESSNESS

People who experience homelessness are often in that position because family, government services, and society have offered little support and few opportunities. Individuals who have been without stable housing describe the loss of self-respect and hope, and the pain caused by scornful treatment from most of the public. Small wonder, then, that the strong link between health and housing is magnified for people experiencing homelessness.

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On O'ahu, 31 percent of people experiencing homelessness are Native Hawaiian or Pacific Islander, an over-representation of both ethnic groupings compared to their overall share of the state population. Above: Hotel Street, Downtown/Chinatown, Honolulu. // Will Caron

POVERTY AND POOR HEALTH go hand in hand, but the living conditions of people experiencing homelessness—the stress and conflict of crowded shelters or living on the streets, emotional trauma, unsanitary conditions, poor nutrition, sleep deprivation, and violence and sexual abuse—usually make health outcomes much worse.

In addition, diseases may be far advanced before healthcare attention is sought or provided. Once diagnosed, compliance with medical recommendations may be impossible due to the uncertainty inherent in transitory living arrangements, loss of personal possessions to theft or “sweeps,” and mental illness, substance use, and distrust of care providers. These factors together result in a greatly reduced lifespan for a person experiencing homelessness.¹

The January 2020 Point in Time survey, which collects information from people experiencing homelessness as a “snapshot” on a particular day, found that 6,458 Hawai'i residents were houseless.² The survey, which is

conducted across the country, shows that 45.6 people were experiencing homelessness in Hawai‘i for every 10,000 residents. This is the third highest rate in the country, putting Hawai‘i well behind Washington, D.C. (90 people per 10,000), but close to second highest New York (46.9 people per 10,000).³

Hawai‘i Survey Data

The Point in Time survey on O‘ahu, conducted by Partners in Care, found that there were 4,448 people experiencing homelessness in January 2020.⁴ Bridging the Gap Hawai‘i found 2,010 individuals and families experiencing homelessness in Hawai‘i, Kaua‘i and Maui Counties.⁵ Among their combined findings:

- **24 percent** of adults (1,533) indicated they had **serious mental health challenges**;
- **18 percent** of adults (1,143) suffered from **substance use disorders** (the data doesn’t show how many of these adults had a “dual diagnosis” of both mental illness and substance use disorders);
- 57 adults (**1 percent**) had an **HIV/AIDS diagnosis**; and
- **1,590 individuals (25 percent) were chronically houseless**—that is, they had experienced homelessness constantly for a year or more, or were houseless on at least four separate occasions over the past three years.

More than 1,100 people surveyed on all islands were children in families, which is troubling on many levels, not least being the serious implications for their lifelong health. Compared to their peers who had never experienced homelessness, young children who experience homelessness are more likely to have fair to poor health, experience developmental delays, be overweight, and be hospitalized. Poor health outcomes affect even children who were houseless only prenatally.⁶

The surveys found that “Native Hawaiian or Other Pacific Islander” made up 31 percent of respondents on O‘ahu and 26 percent on neighbor islands. These two groups are over-represented among people experiencing homelessness. According to 2019 American Community Survey estimates, Native Hawaiians and Pacific Islanders, alone and in combination with at least one other race, make up 25 percent of the state’s population.

Disproportionate Hospital Usage

People experiencing homelessness—particularly those who are chronically homeless—are often frequent users of the most expensive level of healthcare: emergency and inpatient services. This can be due to the advanced course of a disease by the time treatment is sought, or it can result from higher than average rates of mental illness and substance use disorders, among other causes, that lead to frequent ER use.

Hospitals, which have sophisticated information systems, are in a better position to collect data about patients who are experiencing homelessness than many other healthcare sites. In Hawai‘i, hospitals have contributed

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data to shared databases for more than 25 years, first through the Hawai'i Health Information Corporation (HHIC) and then through the Laulima Data Alliance, a project of the Healthcare Association of Hawai'i. These two databases are the source of the information summarized below. There are notable differences in the average number of monthly visits reported by the two data sets. This is likely because HHIC used informal information about houseless status based on patient address or provider notes while Laulima included only patients that were identified by a “z code,” which is a special diagnostic code that reports factors that influence health status.

Comparison of HHIC vs Laulima Databases

The **HHIC** report was issued in 2017 and shared demographics, utilization and charges for care at hospitals in Hawai'i that were attributed to people experiencing homelessness.⁷ Its report, covering the period from January 2010–September 2017, showed the following:

- An average of about 1,300 houseless patients per month used hospital inpatient and emergency department services at 16 reporting hospitals;
- Average monthly charges for care amounted to more than \$8.5 million;⁸
- Demographically, 47 percent of patients were white and 16 percent were Native Hawaiian. More than 70 percent were male, and nearly 80 percent were between the ages of 25–64.

The **Laulima Data Alliance** made information available to members of the Hawai'i Pacific Health Bridge to Leadership cohort. The cohort summarized key data and provided it as a courtesy for this report. The following summarized Laulima Data is for the period of January 2016–June 2021:

- An average of 542 houseless patients per month used hospital inpatient and emergency department services at 11 reporting hospitals;
- No information was available about charges;
- Patient demographic information was nearly identical to that reported by HHIC.

The **Queen's Health System** (QHS) serves a much larger number of patients who are experiencing homelessness than other Hawai'i hospitals. In order to best meet the special needs of these patients, QHS collected and used service data to tailor care for them.

QHS has built the Queen's Care Coalition (QCC), a team of patient navigators, social workers and nurses to work with patients upon discharge to help them find and settle into appropriate housing, and to assist

with other needs. QHS continues to provide behavioral as well as physical health care, which also enhances housing stability.

According to information shared with the Hawai'i Pacific Health Bridge to Leadership group, by comparing six months of pre-intervention cost data to six months post-intervention, QHS achieved healthcare savings of nearly \$5 million for 120 patients due to fewer and shorter hospital stays, and fewer readmissions, emergency room visits and ambulance transports. Because the QCC's services have proven to be so effective, it is noted by Med-QUEST as a special Community Integration Services (CIS) provider for super-user and Native Hawaiian patients.

Other Successful Interventions

The cost of healthcare for people experiencing homelessness is often much higher than for the general population, and is usually covered by public insurers—predominantly Medicaid. For these reasons, Medicaid-supported intervention programs around the country have been designed to provide supportive housing and behavioral health services with the goal of improving health and reducing healthcare costs.

Reports from these programs show significant successes. A dozen of them, including the **Hawai'i Pathways Project**, were cited by the state Med-QUEST Division (MQD) in its application for a demonstration waiver to provide similar services. Intervention programs reported reductions in hospital admissions by up to 72 percent and per-person cost savings of up to \$51,000 per year.

Med-QUEST's Initiatives

With the approval of its waiver proposal, Med-QUEST and its contracted health plans have embarked on an initiative aimed at improving the lives of people experiencing chronic homelessness. The plan focuses on permanent supportive housing, a proven strategy for Hawai'i as demonstrated by the Hawai'i Pathways Project.

The target group is adults (aged 18 or older) who are chronically houseless, or are at risk for homelessness, and have at least one disabling mental or physical illness and/or substance use disorder. Other individuals eligible for supportive housing services are frequent users of emergency room and inpatient services.⁹

According to its approved proposal to the federal Centers for Medicare and Medicaid Services (CMS),¹⁰ MQD will start by identifying and assisting individuals who have been incurring the highest healthcare costs, and expand to other eligible people over the course of five years. Over the five-year span, the program expects to:

- Provide permanent supportive housing services to nearly 2,000 people; and
- Save more than \$25 million in public costs (these savings reflect \$42 million less spent for healthcare as \$17 million more is spent for supportive housing services).

The costs of room and board are not a benefit paid for by Med-QUEST; rather, those costs are to be covered

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by housing vouchers and rent paid by beneficiaries of up to 30 percent of their incomes. Supportive housing service costs will be paid for using the \$25 million in savings projected over five years.

Med-QUEST itself and the health plans with which it contracts—AlohaCare, the Hawai'i Medical Service Association (HMSA), Kaiser-Permanente, 'Ohana Health Plan/Centene, and UnitedHealthcare—will provide or pay for the housing-related services outlined in the box on page 9.¹¹

Health plans and state mental health agencies also provide a full range of clinical and therapeutic services for individuals with mental illnesses and other behavioral health needs, such as substance use disorders.

Home and Community Based Services

In addition, new benefits were added to **Home and Community Based Services (HCBS)** for individuals who either currently qualify for institutional-level care, or are likely to need such care in the near future if preventive services are not provided. HCBS benefits are aimed at giving the client the option to receive care at home rather than in a care facility, with “home” defined as being in the community and offering the individual privacy, dignity, and personal choice, among other things. Under HCBS, health plans working with Med-QUEST are expected to provide adult day care and day health, meals and personal assistance, among other services designed to prevent institutional care.

HCBS offers additional opportunities to meet the needs of people experiencing homelessness and connect them to permanent housing and needed services. These include psychosocial rehabilitation, social supports, and “habilitative services,” which “assist individuals in acquiring, retaining, or improving the self-help,

Housing-Related Services Covered by Med-QUEST and Contractors

Screening, assessment, service planning:

- Outreach to and screen and assess all clients for housing instability and other social and economic needs to determine eligibility.
- Where needed, develop an individualized housing support plan that addresses pre-tenancy and tenancy.
- For clients who are elderly or disabled by physical or mental illnesses, help with transitions from institutions such as hospitals, correctional facilities, or long-term care, to housing.

Pre-tenancy assistance and community integration for clients who are experiencing chronic homelessness and a disabling mental or physical illness and/or substance use disorder:

- Help with finding, applying for, and securing housing.
- Medical reengagement and care coordination.

- Referral to Department of Health Program supports, as appropriate.
- Safety and social risk factors supports.
- Housing readiness supports.
- Case management to follow-up on missed appointments.
- Employment and financial assistance supports.

Tenancy support to maintain housing:

- Help clients understand and accept tenant responsibilities.
- Teach dispute resolution with landlords and neighbors.
- If appropriate, participate in job skills and employment search activities.
- Coordinate healthcare and other needed services.

socialization, and adaptive skills necessary to reside successfully in home and community-based settings.”¹² In addition to more traditional medical care and equipment, the list of HCBS services covers a broadly-interpreted array of interventions aimed at locating and maintaining housing, including counseling and education, home location assistance, moving assistance, home maintenance, home-delivered meals, non-medical transportation, and personal assistance.

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The Hawai'i Pathways Project

The Hawai'i Department of Health Alcohol and Drug Abuse Division launched the state's first "Pathways to Housing" project in 2013. This evidence-based approach connects individuals experiencing chronic homelessness to permanent housing, and then addresses their mental health, substance use, medical, and social and economic needs.¹³ The program was supported by a federal grant from the Substance Abuse and Mental Health Services Administration (SAMHSA).

Services were provided on O'ahu by Helping Hands Hawai'i and Catholic Charities Hawai'i, with program evaluation carried out by the University of Hawai'i Center on the Family. The program ran from 2014–2017 and served 134 clients who suffered from a substance use disorder, mental illness, or both. Most had been unsheltered at the beginning of the project and half had been homeless for six or more years.

Clients were placed in private housing units across O'ahu through existing Permanent Supportive Housing Programs. Clients paid 30 percent of their incomes for rent with housing vouchers typically covering the balance. Pathways staff delivered housing support services, case management, treatment, peer support, health education, and employment services where and when needed.

Results

The program was transformative for the clients it served. Ninety percent of program participants had retained housing for an average of 13.9 months by the time the grant ended. Client-reported health status improved, including decreases in psychological and emotional challenges, alcohol and drug use, and the health and social consequences of substance use.

On a monthly basis, the cost of housing averaged \$1,100 per client, while supportive services cost \$850 per client. Healthcare costs decreased by 76 percent. ER and inpatient use dropped and so did involvement in the criminal justice system. Net savings amounted to \$4,257 per month per client—more than \$51,000 per program participant, annually.

The Hawai'i Pathways project demonstrated the value of housing and of supporting people experiencing long-term homelessness with accompanying substance use disorders and/or serious mental illness. It provided practical experience to identify system strengths and address weaknesses, and it helped inform Med-QUEST's housing assistance waiver demonstration proposal to the federal Centers for Medicare and Medicaid Services (CMS).

Challenges

Two significant challenges limited the program's ability to offer services to all the people eligible. One was finding landlords willing to accept program participants and housing vouchers. The other was the shortage of housing vouchers needed to pay the rent. Housing voucher scarcity limited the number of participants and delayed placement for some of those who were served (clients waited an average of 8.5 months to move into permanent housing).



There is no doubt that providing housing to all people who are experiencing homelessness is good for the individuals affected, and it is clear that doing so also reduces publicly-supported healthcare and other costs.

The savings anticipated by Med-QUEST's five-year demonstration project did not include an estimate for housing costs. However, another study estimated the full costs to provide housing as well as healthcare and support services in Hawai'i, and the evaluation of the Hawai'i Pathways Project also captured full costs. As shown in **Table 1**, the potential for cost savings over 10 years is considerable.

Projections over 10 Years	Corporation for Supportive Housing (CSH) Study (2017): ¹⁴ 1,807 households, largely individual, O'ahu only.	Pathways Evaluation (2017): ¹⁵ 134 participants, O'ahu only.
Without Permanent Supportive Housing		
1. Healthcare Costs	\$2.29 billion	\$170 million
With Permanent Supportive Housing		
2. Housing Costs (Development, Rehab, Vouchers, Subsidies)	\$533 million	\$18 million
3. Permanent Supportive Housing Services	\$129 million	\$14 million
4. Healthcare Costs	\$1.30 billion	\$96 million
5. Total Costs with Permanent Supportive Housing (Lines 2–4)	\$1.96 billion	\$128 million
Savings (Line 1 minus Line 5)	\$334 million	\$42 million
Savings per client/unit	\$184,737	\$316,800

Table 1. Med-QUEST's estimate of savings through permanent supportive housing is supported by another Hawai'i-specific study and the evaluation of the Hawai'i Pathways project. They show expected net savings over 10 years that range from \$185,000–317,000 per client.

Help for People Experiencing Homelessness

Homelessness and deep poverty are disturbing symptoms of growing economic inequality, long-standing systemic racism, and inadequate investment in human needs. While this report does not address those larger issues, it does outline ways to strengthen the continuum of services aimed at preventing people from losing their homes and restoring stable housing to those who are experiencing homelessness. These resources not only support housing but provide health services and other interventions that may be needed to ensure individuals and families can maintain stable housing.

Housing Vouchers

A primary cause of homelessness is the lack of homes affordable to the lowest-income households. Housing vouchers are among the best resources available to reduce the cost of rent to maintain and regain housing.

In August 2021, the U.S. Department of Housing and Urban Development (HUD) provided vouchers sufficient to pay for nearly 13,500 housing units, about 11,500 (85 percent) of which were in use.¹⁶ Housing vouchers, which are administered by state and county agencies, are targeted to different needs which are covered in the box on page 13.

Targeted subsidies like housing vouchers are essential to counteract the acute shortage of housing units available to low-income renters. But vouchers are largely used in the private housing market where their usefulness is hampered by landlord discrimination.

Although there are no federal laws that prohibit housing discrimination by source of income, a number of states and local jurisdictions have passed anti-discrimination laws to good effect.¹⁷ Hawai'i should enact an anti-discrimination law similar to bills introduced at the state legislature in 2021 as Senate Bills 1135 and 36, and House Bill 981.

Prevention and Rapid Rehousing

While a quarter of the people counted in the Point in Time survey were experiencing chronic homelessness, the remaining 75 percent of people without stable housing had less complex needs. Homelessness prevention programs help households that are otherwise likely to lose stable housing with financial assistance and other supportive services that may be necessary.

Rapid rehousing programs aim to quickly restore permanent housing to families who have recently lost their homes. Financial and other supportive services may be offered briefly or up to 24 months. Both prevention and rapid rehousing are good investments because they avert the costly long-term consequences of prolonged homelessness.

Comparison of Housing Vouchers and their Target Beneficiaries

Section 8 Housing Choice Vouchers subsidize the cost of housing for low-income individuals and families, usually so that the household pays no more than 30 percent of its income in rent. Hawai'i gets 10,400 of these vouchers for 114,000 eligible households.¹⁸

Emergency Housing Vouchers were funded in the American Rescue Plan Act to assist individuals or families who are or were recently homeless, at risk for homelessness, or are fleeing domestic violence or human trafficking.¹⁹ Hawai'i was allocated 708 of these vouchers, which work like Section 8 housing vouchers. While federal funding to support these vouchers is available through September 30, 2030, they must be used (that is, leases for housing secured) by September 30, 2023. Any vouchers not used by that date will be lost.

Special Purpose Housing Choice Vouchers target individuals and households with additional needs. They include:

- Veterans Affairs Supportive Housing (HUD-VASH) vouchers are directed to assist veterans experiencing homelessness. Total vouchers: 994. Vouchers in use: 786 (79 percent).
- Mainstream vouchers assist families that include a non-elderly person with disabilities. Total vouchers: 340. Vouchers in use: 183 (54 percent).
- Non-Elderly Disabled vouchers also assist families where a member has disabilities. Total vouchers: 175. Vouchers in use: 165 (94 percent).
- Family Unification Program vouchers are available to help families avoid out-placement of children due to inadequate housing and assist young adults between the ages of 18–24 exiting the foster care system. Total vouchers: 118. Vouchers in use: 72 (61 percent).

Housing First and Permanent Supportive Housing

For individuals experiencing chronic homelessness in tandem with disabling physical, mental, and substance use disorders, Housing First and Permanent Supportive Housing (PSH) are considered the community standard of care. Housing First recognizes that stable housing is needed before an individual can address health and economic concerns. It is linked with PSH, which provides tailored supportive services to address health and economic needs. The aim of PSH is to support physical and behavioral health recovery and provide the tools to maintain stable housing.

Special Needs Housing

Housing may also be available for people with special needs, for either long or short periods. For instance, the federally-funded Housing Opportunities for Persons with AIDS program provides financial assistance for housing as well as case management and other services to support stable housing. Medical respite housing addresses the post-acute care needs of individuals released from hospitals who are too ill or frail to recover from a physical illness or injury on the streets. This service is usually delivered as short-term residential care that combines a safe environment with access to follow-up medical care and other supportive services.

Emergency Shelters

Emergency shelters are part of the continuum of services for people experiencing homelessness. Their existence is essential to individuals and families fleeing domestic violence or made homeless by recent financial circumstances, but they are just as necessary for helping unsheltered people transition from the street to housing.

Shelters must offer safe respite and have low-barriers to access, such as not requiring identification, documentation, or payment. Their function is to be a temporary home while they enroll guests in programs that offer services and permanent housing. Hawai'i needs to maintain the capacity of its shelters, many of which need capital repairs after decades of use.

Flexibility and Innovation

The state legislature appropriated 'Ohana Zones funding in 2018 and 2019 to foster solutions to housing and homelessness that encouraged partnership, could be implemented rapidly, and met local circumstances. Hawai'i's 'Ohana Zones pilot program uses state or county facilities and/or matches county funds to provide a continuum of services. Since its start in 2019, 'Ohana Zones has served more than 5,000 people. Some of the programs launched with 'Ohana Zones funding include:²⁰

- Permanent supportive housing, including a project that serves young adults between 18 and 24 and another that helps survivors of domestic violence;
- The development of “tiny homes;”
- Assessment centers that connect families to housing, enrolls them in public services, and offers mail pick-up and emergency or transitional shelter;
- Nontraditional mobile outreach, screening, navigation and hygiene services for unsheltered people;
- Emergency shelter and stabilization services;
- Law-enforcement diversion programs that connect people with low-level offenses with services instead of issuing citations.

Affordable Housing is the Key to Ending Homelessness

A number of programs seek to reduce the number of people experiencing homelessness and diminish the effects of unstable housing. They are much-needed. Yet the inescapable reason that most people experience homelessness is the lack of affordable homes.

This was demonstrated by a 10-year initiative to end homelessness in Salt Lake City, Utah, which began in 2005. Over that decade, the number of housing units built or retrofitted for permanent supportive housing nearly doubled, giving the city the capacity to accommodate more than 2,400 people by 2015.²¹ Still, the overall population of people experiencing homelessness in 2020 totaled nearly 2,000—

just 180 fewer than were counted in 2005. In addition, the subpopulation of individuals who are chronically homeless increased by 18 percent, from 369 to 436.²²

While some Salt Lake officials blame the apparent lack of success on changes in counting procedures, others concede that in the city's increasingly competitive housing market, the problem is the availability of housing that working people can afford.

We, too, conclude that Hawai'i will not succeed in ending homelessness without ensuring that working families, kūpuna, and people with special needs have housing they can afford.

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Continued on next page.



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