



# PARTNERS IN CARE

## Oahu Continuum of Care

*Partners in Care is a coalition of Oahu's homeless service providers, government representatives and community stakeholders working together in partnership to end homelessness.*

Oahu CoC Planning Committee Meeting Minutes  
 200 North Vineyard Boulevard, Suite A-210  
 March 22, 2022, 11AM-12:30PM

**Attendees:** Elliot Woods, Laura Thielen, Scott Morishige, Sharon Baillie, Ray Ogai, Emma Grochowsky, Cheryl Bellisario, Julia Wolfson, Michael Kleiber, Brynn Miranda, Morgan Esarey, China Moreira

Topic	Discussion	Outcome/Action
Call to Order, Approval of Minutes	The meeting was called to order at  Minutes from February 2022 were approved as written.	February 2022 Planning meeting minutes approved.
Continuing Business	<p>I. Continuing Business</p> <ul style="list-style-type: none"> <li>a. PITC               <ul style="list-style-type: none"> <li>i. Thank you's</li> <li>ii. PIT Report to be worked on and released mid-May</li> </ul> </li> <li>b. Housing First Training               <ul style="list-style-type: none"> <li>i. No updates as of now</li> </ul> </li> <li>c. HUD FY21 CoC Competition:               <ul style="list-style-type: none"> <li>i. FY21 Awards released</li> <li>ii. Received all requested funding plus additional</li> <li>iii. AUW Consolidated grant – late draw downs for 3 programs (IHS, KPHC, Steadfast) Laura to meet with them again</li> <li>iv. Priority on PSH for NOFO 2022. Suggestions for RFP? If CoC wanted more PSH, what facilities are available and how to pursue that? ESG can pay for shelter renovations and improvements- state contracts don't usually have that budgeted in – get input from providers where those types of investments are most needed and send as a CoC together.</li> <li>v. Can look at specific programs (ex. ASI didn't reapply for funding. RYSE took over program as lead, so they were recognized as a new program even they were essentially a renewal). Ex. AUW consolidated grant- they were providing</li> </ul> </li> </ul>	

services to more people, so they were serving more people than they had to, they can use that as an argument to request expansions to reach those people.

- d. ESG Component, % Allocation, Award Amount Review.
  - i. Note: Maybe **Street Outreach** may need less than 20% because of C.O.R.E.
    - 1. Does IHS have enough outreach workers for bandwidth for it – generally hard to maintain outreach workers at the pay the receive.
- e. EHV – pathway for folks who have fixed income / unable to afford units on their own. Hard time with folks on PSH still not capable of maintaining their units to the point where they can go on Section 8 – may not pass inspection and can lose voucher.
- f. CMs not aware of how strict rules are for home visits, not being exact on home checks- can lose if transitioned to Section 8 because they are stricter.
- g. If there is a way to see if EAD has funding to address hoarding for seniors, and if this could potentially be leveraged to assist PSH clients who may also be seniors. We are leveraging resources from the aging system to meet the needs of our overlapping population.
- h. Address the cleaning and working on the counseling on a long-term basis

## II. Monitoring and Evaluation (M&E)

- i. Jillian/Wallace/Elliot/Laura to see what is in HMIS that we want to capture to pull program data for M&E
- I. City Action Plan for CDBG, HOME, ESG, and HOPWA – See link: [MM-021\(22\)](#).
  - i. Pages 25-28: Expected Resources (ESG funds are outlines on p27)
  - ii. Pages 32-34: Annual Goals and Objectives
  - iii. Pages 40-88: Project Summaries

	<p>iv. Pages 92-94: Activities for Homeless and Other Special Needs Populations</p>	
<p>New Business</p>	<p>II. New Business</p> <p><b>City Action Plan-</b></p> <ul style="list-style-type: none"> <li>- Reasonable cost for HMIS function?</li> <li>- Can only be paid for through certain pieces. Better understanding what is actually being paid for by ESG?</li> <li>- Does it make sense, does it add value, do we need to reprioritize? Is there still a need for additional outreach</li> <li>- How should we get input to send to the advisory board- break out groups around recommendations on this?</li> <li>- Want feedback from those who are on the ground, could include in CES meetings or general CoC meeting to have greater turnout?</li> </ul> <p><b>Grants-</b></p> <ul style="list-style-type: none"> <li>- Region 3 an 5, large areas and small organizations. ESFP and ESG granting process can only reward to people who apply. Figure out what needs are and encourage people to apply. ESG didn't get many apps last year and there was a lot of money reallocated or sent back.</li> <li>- Create a Microsoft survey send to paid memberships to give people more time to think about it.</li> <li>- Maybe add 7-8% HMIS. HMIS funding FY2021 awards for HMIS for other CoCs and they get less than us. Don't know where they get their funding (maybe from ESG too?)</li> <li>- We need to get more specific; CES / HMIS data pull that helps us judge where there is gaps. Problems over last couple years- if a program didn't have enough employees then they wouldn't use their resources because they don't have capacity – but they do need it. <b>Laura to bring up to advisory board.</b> Look at survey questions to make sure they illicit what we need. Emma's grid that explained how much is going for outreach systemwide / etc would be useful to bring to this discussion.</li> <li>- Certain categories are hard to spend (like RRH) for ESG. Maybe reduce allocation</li> </ul>	

because it doesn't make sense to try and reprogram is anyway? RRH when they get down to 3 months or less, they get so many people who say they don't want it because it won't help them enough to be self sufficient and get another program; maybe check 3 month mark and reallocate at that point rather than waiting at the end of the contract.

- EFST grant through AUW, this phase there was ARPA money and regular EFST money, and we didn't get enough apps to use funding, so we upped a bunch of funding in that since there was so much funding. A lot of people don't know about that resource and it comes up every 6-8 months. Process of this grant is very easy and decision is made within a month- resource we should take more advantage of.

**Committees-**

- Ideas of what committee should look like: most important things we do – M&E, PITC, NOFO / other funding sources.
- Where organizationally is the planning meeting targeted towards? Eds, Upper-level management, and program directors? Pinpoint who we want to be part of this committee and make sure they are part of these things. Look at who's on the call, only 4 orgs and we have 50+ members of CoC, maybe start requiring someone from orgs to attend? Ask CoC to mandate that certain level of people be part of different committees? Some CoCs have required representatives to be on certain committees, if your agency is getting CoC funds then you need to have someone on this committee since this applies to you. More peer reviewed M&E.

**Family Subcommittee–**

- Had providers share some gaps and barriers they face (and families they serve). Lokae(?) from ASI came to Oversight and spoke on barriers with VISPDAT. Like it not scoring people accurately or undermining what they are experiencing. Ex. substance abuse question does not show severity, if family says no but they obviously do, we still must put no. Should have work group with different

Elliot to pull together sheet of orgs and their committee choices.

	<p>providers that want to participate / conduct research to get information on it. Other possible tools that VISPDAT? Or maybe adding changes to it?</p> <ul style="list-style-type: none"> <li>- Disparities that have been mentioned, racial disparities report from Anna, sites in the draft report that there are concerns that VISPDAT has racial disparities within it. Direct service providers and evaluation POV from UH show this. Involve him in the critiques as it, but not be in the discussion of the actual changing of the VISPDAT.</li> </ul>	<p>Meeting Ended at 12:35PM</p>
<p>Next Meeting</p>	<p>April 26, 2022, 11:30AM</p>	