PIC CES Oversight Meeting Minutes

10AM – 11:30AM, December 15th, 2022

CFS: Jess Oda

Kaiser: Charisse Solomon

Medicaid: Madi Silverman

PIC: Michael Kleiber, Morgan Esarey, Julia Wolfson, Wallace Engberg, Brandie Morales, Josh Fuentes

Queens: Daniel Cheng

VA: Art Minor

Topics	Discussion	Outcome
I. Welcome/ Introductions	Meeting called to order at 10:13 am	
II. Meeting Minutes	No November meeting, October Minutes approved 10:16 am (moved by Danny Cheng, seconded by Charisse Solomon)	Minutes Approved
III. Resource/ Policy updates	Success/Safety Story • Single male client was referred to CCH PSH • Referred in June 2022, successfully housed last week • Client had a special request for PSH and is a frequent ER utilizer and was connected to the Queens Care Coalition who advocated for him every step of the way • 1147 was able to be completed, and he was eventually discharged to Tutu Berts where he worked on his sobriety and stabilized and was able to have a homebase to attend unit viewings • CCH and Queens worked hard to make accommodations and get transportation for client to attend unit viewings • CCH assisted with making sure the client had a bed and other needs. • CES is really proud to see all of the coordination that went into this case Danny: Main themes - not giving up on a client, being punctual, takes a village, teamwork, builds trust and accountability for this person to stick with it. We know we can get it done, at least now we know there's that path of collaboration.	CES to make sure meeting invite/link is accurate Madi to send CES link to Medicaid meeting taking place 12/15/22 2pm.

	OHN RRH • Positive outcome regarding number of clients who have returned to homelessness (3%, 16 households). Most people have been kept in housing! • Wallace: Native Hawaiian/Pacific Islanders have a 2% return rate (very low) Emergency Housing Vouchers • Time Standards: still working on this. Current numbers are throwing data off for CES. PHA's go off their own timeline and capacity. • PIC is waiting on potentially extending our contract with HPHA to get to full voucher utilization • PIC is working with the City PHA to get through all 312 housing vouchers. PIC met with City PHA yesterday and agreed to allow CES to refer all outstanding households who are document ready, rather than doing 10 referrals per week. Processing times have been a barrier. • Danny: Is it worth us at some point capturing when we sent the referral, and show average times from referral to house? • Morgan: Wallace's dashboard reflects this; it is quite a long period of time with many steps in between. Some conversations have been happening with the City to better streamline this. • Madi: can the health plans help if we have Medicaid members? • Morgan: It has pretty much up to the City to process after referral. • Madi: We are available to support in any way. What is the push and is there a learning curve for the health plans? If we know specifically which members are already processed/in process then we can help target and get the things you need. • Wallace: I can get you a list of clients who are enrolled in EHV and which health plan they're affiliated • Madi: I meet with the plans today, can meet with PIC as well to see where we're needed. Health plans will just need to know what they can do to assist. • Morgan: we will come back to the time standards topic next month and maybe Wallace can give context during that call. VI-SPDAT Workgroup -> RRH prioritization • Some concerns with programs utilizing their funds. Not a lot of placements happening among some RRH programs and we are halfway into their contracts. Worry is having to return money. Will reach out to these programs on their utilization rates.	CES to connect w PIC EHV management on this. Wallace will send Madi list of people enrolled in EHV and what health plan they have.

IV. New Business	Feedback loop between Planning on CES Oversight and CES participation • May take this off for next month, but stronger feedback loops are needed. This came up d/t Steadfast Special requests Morgan: Clinical team (Madi, Juanito, Danny, Connie) put together by CES to get a better definition of "vulnerability to victimization" for special request consideration. Hoping to start up in January 2023. Discharge from PSH programs – asking PSH programs to notify CES prior to discharge • The hope is that before discharge from PSH, provider is considering all potential options. • A case came up where a client was discharged from a PSH program and returned to homelessness when coordination could have taken place to prevent recidivism. CES has the ability to transfer laterally when appropriate. This would help us avoid client starting from scratch with housing navigation. • Madi: anything health plans can do to help? We have the tenancy program. Another conversation we'd like to have. • Morgan: Generally, the PSH program provides CM, however we're facing barriers with programs who do not currently have enough CM to support their participants and are requiring outside CM. • Madi: We may be able to team and provide some form of CM. Separating funds between CM and housing could work well. • Morgan: Contracts state that CM is provided, but realistically they don't always have CMs onboard. We are running into barriers with not having people with CM attached but are in need of the resource. • Madi + Morgan to set up meeting. CES Oversight Committee Refinement i. BNL Data Morgan: What we look at now is referral data. Should we also be looking at who is in the pool and in need of housing? ii. Referral Data	

	• iii. Resources needed to house everyone • iv. Oversight participation 1. Define What does participation mean and what is the role of committee members? Morgan: Bring P&Ps section to next meeting to show blurb on Oversight. Danny: Don't want to make this a painful meeting and just check a box. Want meetings to turn certain agendas over and work on goal setting. Want to utilize time in a valuable way. Art: Appreciates CES looking into this and utilizing meeting time productively. 2. Who is missing? v. Frequency and length of meetings Data focused meeting quarterly rather than monthly so we can see trends? Have more policy focused meetings in between? Heavy data every 6 months? Danny: This meeting has a style that works for the most part. Don't need to fully reimagine it. Thematically, it has been a rush at the end to get to data so it takes the focus off. May need time to view data beforehand. Having data in the back of our pockets is valuable. Goal is to have the audience's understanding of the high points of data. Recommends a quarterly deep dive to allow time for people to ask questions. Meeting is a lot about the placement and utilization of vouchers. Maybe can use this meeting to discuss data on BNL (who is waiting for housing). PIT comes out annually but how can we look at this more frequently? One day - dashboard of criminal justice population, school DOE, hospital patients, and HMIS homeless clients. So you can see the pulse of the homeless population and who is getting referrals. i.e. % of incarcerated, hospitalized people in the system. If we could get to a point where the CoC is reporting on this data of systems that might be missing and get a pulse of these sub-pops. Equally important to have a wide lens outside of our current system to identify populations that may be missing. Our job is to know the background.	CES team to present Oversight section of P&Ps to Jan 2023 meeting to review committee responsibilities

	Madi: This mtg overlaps with two others, difficult to attend. Getting refreshed today because it has been months. Agrees with Danny's points. Looking at how to flesh it out so there's not so much information, but it's a lot to take in and not much information to focus on anything that needs to be addressed/could be improved. Danny: Something as easy as virtual vs. In person? Probably keep virtual for a while unless there are strong feelings otherwise. Madi: Virtual is much more convenient. Recently, had in person meetings and conversation was stronger. Maybe meet in person every so often? Danny: 2023 in person if we go quarterly? Morgan: CES will check on ability to meet at PIC office. Charisse: Just getting back on board. No ideas about data right now. I report back to my Kaiser team on meetings I attend. Likes the structure of the meeting. Danny: Can stick to 1 hour meeting rather than 1.5 hrs. Forces us to be more compact and efficient. Data meeting could be 90 min. Wallace: Suggests outlining the reason behind why we're presenting the data. Numbers continue to go up and up, I know you explain why they stay open past time standards but what is the point programmatically/steps that will be taken by the programs/providers? Danny: Agreed. Identify action items to vote on. Call out to give it a break for Jan, but shoot for Feb or March for first quarterly data meeting. Morgan: Have a 1 hour meeting in Jan, won't cover data just resource/policy updates, new business. Then start data in Feb 2023. Morgan: We've been reviewing HUD regs on CE and noticing what HUD is wanting us to focus on. HUD says goal should be short waitlists but we are working through a very large BNL. Need mainstream resources to be more involved. Danny: Task as chair will be to cold email superintendents (i.e. sheriffs office, DOE). Idea to create a small group and assign people to reach out to stakeholders and encourage their participation. See if they have a system or can utilize ours. Madi: Healthplans want to be better partners. We have a couple of initiatives going on and have been working with DOE and MH. For the prison, we have an ARPA initiative to coordinate more	CES to make Jan 2023 a 1-hour meeting, focusing on resource/policy updates and new business, then start 90-minute quarterly data reporting in Feb 2023 meeting. CES to meet w Madi about providing CM services to PSH programs. CES to dedicate 15 min at beginning of Jan 2023 mtg to discuss/set goals for incarcerated/hospitalized people

V. Sub-populations Overview	transition planning for people exiting. One focus is actual transition planning and social determinants of health, other is housing part. Danny: Maybe for Jan 2023 meeting we can spend 15 min talking about incarcerated and hospitalized population under new business. There is a path with Queens to get people VI, but maybe can integrate some new things for next months. Danny: Example: Goal to loop in more hospital staff to be able to VI clients. On a weekly basis, maybe every hospital sends over who is homeless and input that to HMIS. Making sure all health centers have a VI interviewer. Morgan: Can we work together to reach out to some contacts and get people to the table? We talked a bit about who is missing Madi: Need to approach this very organized. Need time in advance to prep for this. Wallace: Recommends contacting Kat Brady and Heather Lusk for incarcerated pop. Madi: Project Vision Julia: RYSE YHDP Diversion Morgan: Can spend time in next oversight to discuss this more or Madi suggests setting up another call. Danny: Lived experience is missing, replacement for Scott, HPO needs to be here. b. ~~VI-SPDAT~~ Coordinated Assessment Workgroup • Have had workgroups to improve the VISPDAT and looked at other assessments other than the VI. Difficult to gather people together. We are beginning these conversations again. Hoping to get HUD TA to facilitate some of the workgroup. If anyone is interested in this workgroup or has ideas, please let us know. Want to take a thorough look at VI and determine if switching tools is appropriate. • Workgroup to take place sometime in Jan 2023. c. Active / Inactive statuses on by-name list • Not looking for a do-out due to low attendance but want to put this out there. Questions (1) should CES skip referrals to inactive households? (2) should active households with only VI enrollment be considered inactive? Inactive households have low levels of housing success and high levels of unassignments due to missing. Active households with only VI enrollment look more like inactive households that active households with multiple enrollments.	CES to schedule Coordinated Assessment Workgroup sometime in Jan 2023, identify who should be at the table

	• Potential to have an active/inactive BNL. Need to come back together and define what active/inactive means for our community. • Danny: Have we ever thought of using this to engage providers • Michael: No, but this is an interesting thought. • Wallace: We are moving HMIS vendors, so Clarity supports "snoozing" clients. This is a timely conversation. **Sub-populations Overview** **Singles** (see data on dashboard on PIC website) There have been a lot of referrals to PSH, specifically MHK which requires SMI codes, and Steadfast which requires CCS/AMHD. A lot of these have been unassigned due to denying services, or different resources needed such as HLOC, or resolved cases. Just to highlight, could improve data quality with referrals before sending them. For example, if someone is no longer homeless providers to exit VI. In terms of denials, not sure what can be improved. Can look at this in March data focused meeting. Maybe how the program is explained so they're not denied? Or clients worried about trigger location, etc. People typically don't deny PSH but maybe it is specific to this sub-pop. Danny: Let's make sure Ohana/AMHD are present for that convo. **CCS and AMHD** (see data on dashboard on PIC website) **Families** (see data on dashboard on PIC website) **Youth** Julia: Youth providers have expressed the need to begin case-conferencing youth minors (primarily age 17 youth in RYSE/Hale Kipa programs) to be as proactive as possible in preparing them for a housing referral through CES once they turn 18. I submitted a HUD AAQ to seek guidance on data disclosure/discussing minors with their information protected. HUD said that in general, HUD does not provide youth privacy guidance beyond entering youth data into HMIS without consent is permitted. Disclosing data (as described above and in your question) is different from entering, and HUD requires that communities establish procedures for uses and disclosures of all client data.	CES to add youth minor case conferencing clause to P&Ps

	The information that will be communicated to CES from the provider (and recorded on the case conference agenda) is the recommended housing resource, any barriers to housing, location/engagement level with the provider, and any next steps for that youth to be ready for referral to housing. Referrals will not be made to TH, RRH, or PSH until the client turns 18 and the provider updates their consent in HMIS. So, the proposal is to discuss their cases using just their HMIS ID #, protecting all PII that cannot be shared with outside agencies. HMIS confirmed that only the provider who entered the VISPDAT/other data will be able to access the client's profile in HMIS. No concerns on youth proposal. Danny motions and Charisse seconds. Can begin case conferencing on 17 y/o next meeting. **Domestic Violence** Nothing significant data wise. Family Promise has a new DV RRH program. WIN and CFS are on hold for referrals but should be opening up RRH programs very soon. Starting up DV workgroup tomorrow. Morgan: Wallace/Josh, is there any DV integration or bridge between ETO and Clarity? Jess: Starting tomorrow we are having the DV Workgroup every 3rd Friday. Prepping for reporting tomorrow. But for future meetings, **Veterans** VASH had good numbers for housing in Nov. Housed 10 people. Avg number of days for housing have been high, but this is d/t pulling people from BNL who have been sitting for a long time and tracking them down.	
Meeting Adjourned	Meeting adjourned at 11:32am NEXT MEETING: Thursday, January 19th, 2022, 10am – 11:30am	