



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.

PIC CES Oversight Meeting Minutes

10AM – 11:30AM, February 17th, 2022

Join on your computer or mobile app:
[Click here to join the meeting](#)

Or call in (audio only):
[+1 689-206-0354,746251232#](tel:+16892060354746251232)
 Phone Conference ID: 746 251 232#

Attendees:

(AlohaCare): Rhea Nuguid
 (CFS): Jessica Oda, Robert Boyack
 (CCH): Zoe Lewis
 (Queens): Daniel Cheng
 (Kaiser): Charisse Solomon
 (Radical Hale): Kara
 (PIC): Lauren Rojas, Michael Kleiber, Morgan Esarey, Julia Wolfson, Wallace Engberg, Sara

Ironhill, China Moreira, Brynn Miranda, Laura Thielen, Darrell Edelhoff, Joshua Roach, Berta Maldonado, Alex Dale
 (Gov's Office): Emma Grochowsky, Cheryl Bellisario, Scott Morishige, Tehya Nichols (Intern)
 (Keauhou Shelter): Richard Kaai
 (VA): Lindsey Kaumeheiwa

| Topics | Discussion | Outcome |
|------------------------------|---|------------------|
| I. Welcome/ Introductions | Meeting called to order at 10:05am | |
| II. Meeting Minutes | November minutes approved at 10:10am by Robert Boyack, seconded by Richard Kaai | Minutes Approved |
| III. Resource/Policy Updates | III. Resource/Policy Updates | |
| a. OHN RRH | <p>a. OHN RRH</p> <p>Julia: As of today, there are 295 HH's placed into housing! 5 HH's away from meeting 300 goal. 768 individuals have been housed.</p> <p>Berta: Lease signings are also being scheduled today and tomorrow! We should be hitting that benchmark by Saturday. The team is pushing through, and final number will be above 300; 22 total HH's waiting to be housed who are currently enrolled in OHN</p> | |
| b. EHV | <p>b. EHV</p> <p>Morgan: Working w/ HPHA to extend contract, anticipated contract to utilize 182 vouchers, but not quite at that goal. Working w/ City for their EHV's as well. Goal is to start beginning of March. Lauren is</p> | |

working w/ HMIS to conduct a training email blast to all HMIS users to cover all access points. City will be open to literally homeless, recently homeless, those at risk of homelessness, DV subpop and elderly. This meeting is tentatively set for this upcoming Tuesday. Meeting invite to be sent out soon. EHV assessment has included all needs of Housing Authority. Any move on clients will first be referred to HPHA, but can be considered for City as well.

Laura: If there are literally homeless not in HMIS, the only way they will be added to program is by being added into the system and BNL.

c. Special Requests and Bridge Housing First Across Programs

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Morgan/Darrell: A lot of Families need PSH, but there are limited PSH referrals. Veterans have VASH, so ebbs and flows for number of refs per week. ASI and IHS hold HPO RRH contracts, currently. We have been working with consolidated grantees for trying to move on clients to decrease roster for PSH program as they are anticipating losing funding.

CES to connect with Gov's Coordinator on NNL Special Request Numbers

d. Subpopulation Overviews

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Families:

Brynn: Total of 33 referrals were made in November; 14 referred to **TH** 13 ASI, 1 AO HH referred to HCAP. 12 referrals made to **RRH**: 9 to med term, 3 to short term, and 4 to **PH** State HPHA. 3 **PSH**: one transfer has been captured as well from IHS to CCH. Additional RRH: 1 to ASI OHN RRH, 4 to Family Promise OHN RRH, 3 to IHS ESG RRH & 1 to IHS HPO RRH.

Of 33 referrals made in Nov, 45%, or 15 total referrals remained active beyond time standards, 8 have been housed. 1 family had a delay due to renovation of unit and placed after 77 days. Another was due to a delay in income verification. Eventually, that HH was placed in 89 days.

Of the total Nov. referrals, 14 have been unassigned, 10 were unassigned within time standards, and 4 that were unassigned went past the CES time standards, 3 refs to OHN, one to FP OHN unassigned around 17-day mark, delay was from client being ambivalent to accepting resources due to losing HCAP unit and risking unemployment. For PH, 4 referrals were past time standards.

Looking at the overall decline in referrals made from the previous month, referrals have declined by 50%. Another thing I've noticed within the family system is the limited availability of PSH. In the last 4 months, I've only referred 3 families w/ minors. Additionally, OHN has been slowing down and creating less of an outflow from the transitional programs, so both programs are requesting less referrals than earlier in the year.

Scott: Is this a common issue where people turn down RRH referrals due to concerns about not being able to sustain?

Brynn: Sometimes, but providers can negotiate and work with client on moving forward. There have been times with other RRH

programs where clients would be worried about being able to sustain.

Scott: May be relevant to discussions with mediation center folks about housing stability resources from the City.

Brynn: If we can inform TH CM's about other resources available to consumers, that would also be helpful.

Singles:

Darrell: Provided is an outline of the Singles referral activity for the month of November. Reviewing the dashboard, there have been a total of 29 referrals made, 1 maintains an active status that has exceeded CES time standards, which is clarified below. 13 HH's have been housed, and 13 referrals have been unassigned.

Based on resource type, there have been 12 referrals to TH, 10 to RRH, and 7 generated for PSH, which consists of 24% of the total made, and of these, no unassignments have occurred.

For **RRH**, there have been 4 referrals made to Family Promise OHN, 1 to ASI OHN, 2 ASI HPO RRH assignments, 2 referrals to IHS ESG and 1 to Gregory House. 3 unassignments from FP OHN have occurred due to client's missing status, and there were also 2 placements. Looking into the outcome for the RRH referrals, the Gregory House referral was unassigned as a resolved case w/ client relocating to the mainland. 1 IHS RRH referral was housed and the other led to an unassignment due to no contact from POR in 29 days. 2 ASI HPO RRH assignments: both were prioritized down to a lesser intensive service and subsequently housed.

For **Transitional Housing**, there were 12 total referrals made for Nov., 4 placements with an avg. of 13 days to house, 3 resolved cases which led to unassignment, 1 unassignment due to exceeding CES time standards, 1 due to legal barriers & 3 denials due to location, primarily.

Regarding **PSH** referrals, there were 2 transfers between programs that no longer maintain an active status, and 5 referrals were made to US VETS PSH. Most of these assignments were completed in mid-Nov. Of these PSH referrals, 2 were special priority cases and 3 prioritized due to COVID risk factors highlighted in HMIS. One of the following PSH referrals was placed in 9 days, one of the fastest CES has seen on the post-referral meetings! 3 additional placements had an avg. of 61 days to house.

The one active case that has gone past CES time standards is anticipating a move on 2.18.22. The unit being considered for this HH was placed on hold due to a turnover in tenancy and the Landlord is currently drafting a new lease.

Youth:

Julia: Trends in unassignments: Hale Kipa TLP (Denying resources due to location in Ewa Beach). Common resource is PSH, typically for YHDP PSH program. Two separate routes youth can take.

Independent living, or Rycroft Group Home. POR and youth will discuss the resources available

Scott: What is the census like for site-based TH shelters?

Julia: For men's and women's side of TLP, they are at full capacity. On avg. we probably get 1 or 2 referral requests every couple of months. We may have someone on NNL who is ready to go, but there are only openings for the opposite gender. This can sometimes be a barrier. For Haleiwa House, CES does not directly refer to Haleiwa, but can use the vouchers for this shared housing. They can enroll youth in the program not going through CES as well.

Scott: Ability to be referred through CES to a group home and transition to independent housing on their own. For future NOFO competition, could this model also work for single adults? Since inventory is so tight.

Julia: Working on a page with resources for youth providers serving ages 18-24 knows about these resources and what they entail.

DV:

Jessica: There were 7 referrals made for Nov.- 6 to RRH and 1 to TH. 1 RRH referral remains active, client is still in housing search and connected with LEP. 1 was a resolved case with DVAC and 2-3 of client declining resources due to location; another unassigned due to not currently being on island. 3 were housed within time standards through PACT's program.

Veterans:

Michael: As of Jan. 2021, 139 refs remain active. For those who get the time report for vets, this is inclusive of GPD. For November, there are 5 housed and 8 referrals active.

Looking at resource type, we have TH and RRH. For a part of Oct. and Nov. there was a restriction in VASH referrals at that time, but has since opened up. Of the active referrals (approaching time standards) 8 of which have been unassigned. For those declining services, one sought housing on their own, and a few were awaiting support from VASH. Sometimes, we don't have the information on why someone was unassigned, hence **Other Unknown**, so encouraging providers to give us this information.

Regarding strategic planning meeting: At the beginning of the month, we met with the Mayor's challenge committee and got together with Nate French from Community Solutions and we hammered out a vision for the veteran system and what the focus should be over the next year, driving the veteran pop to functional zero. One of the tools we want to use is referring to LOT (length of time) from referral to housing, and drive that number down to about 20%, thus speeding up the housing process.

We are also focusing on clients that need a HLOC (Higher Level of Care), languishing on the BNL for a long time, as there is a lot of overlap between the two. There are about 12 veterans that meet one of those definitions, so we are trying to get those into housing within

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| | <p>the year. The GPD program has reached the bottom of the list and at this point, the requests are coming directly from that program.</p> <p>Scott: What are the vacancies for GPD? Do you think that programs like GPD should operate outside of CES.</p> <p>Kara: What does GPD stand for?</p> <p>Michael: Grant Per Diem. https://www.va.gov/homeless/gpd.asp</p> <p>Idk what the vacancies are at this time, but they accept the referrals we make for them at this time. Still want to keep GPD as a resource for the large community in addition to those that naturally show up to the Barber's Point Site.</p> <p>Scott: Should we better advertise the number of vacancies? Does it require a VI-SPDAT?</p> <p>Michael: Anyone that shows up is also showing up on my radar. It could make connection a bit faster if providers knew GPD was there. We won't see them w/o a VI. The other barrier is validation of discharge status. There is an expanded definition of what discharge status is available.</p> <p>Lindsey: One of the benefits of it being in CES is we can make a vet validation for clients with a discharge status. Providers may not know the resource is out there but can get connected following their validation.</p> <p>Emma: Regarding GPD: The GPD beds are no longer on the shelter vacancy report due to this program being a part of CES as a transitional housing program.</p> | |
| <p>Subpop Workgroups</p> <p>a. Family Subcommittee</p> | <p>Subpop Workgroups:</p> <p>a. Family Subcommittee:</p> <p>Brynn: Having our first meeting next week Thursday. During this meeting, we will be opening up the floor for providers to speak on gaps and barriers within the system in addition to goals and do outs that we can work on as a community.</p> | |
| <p>New Business</p> | <p>New Business:</p> <p>Laura: We are finalizing a new tool that is going to be less work for providers, and will include financial, programmatic and CoC CES participation.</p> <p>Scott: May be more of an issue for planning, & can take off the agenda.</p> | |
| <p>Meeting Adjourned</p> | <p>Meeting adjourned at 11:35am NEXT MEETING: Thursday, March 17th, 2022, 10am – 11:30am</p> | |