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, May 19th, 2022

Join on your computer or mobile app:
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Or call in (audio only):
+1 689-206-0354,746251232#
Phone Conference ID: 746 251 232#

Attendees:

AlohaCare: Rhea Nuguid
CCH: Zoe Lewis
Gov's Office: Emma Grochowsky, Cheryl Bellisario
Ohana: Duke Maele
Waikiki Health Keauhou Shelter: Richard Kaai
PIC: Michael Kleiber, Morgan Esarey, Julia Wolfson, Wallace Engberg, China Moreira, Brynn Miranda, Laura Thielen, Darrell Edelhoff, Joshua Roach, Berta Maldonado, Alex Dale
VA: Lindsey Kaumeheiwa, Art Minor
CFS: Jessica Oda
Hale Kipa: Deb Smith
MedQuest: Madi

Topics	Discussion	Outcome
I. Welcome/ Introductions	Meeting called to order at 10:00am	
II. Meeting Minutes	Minutes approved at 10:05am by Lindsey Kaumeheiwa, seconded by Richard Kaai	Minutes Approved
III. Resource/Policy Updates a. OHN RRH b. EHV	**III. Resource/Policy Updates (Announcements)** **a. OHN RRH** **Laura**: We are working on an extension of the OHN program; hoping it will continue until March, and awaiting HUD monitoring near the middle of June & making exit plans for clients to EHV, Sect. 8, or other resources. **b. EHV** **Morgan:** City EHV is now open and referrals have been made, we are encouraging homeless service providers to apply their clients. **Emma:** For the at-risk pop, there are some agencies that may not have HMIS access, what would their process be? Are we aware of	

	any agencies that are currently applying at risk clients or those on the verge of homelessness? **Morgan:** What is recommended is to connect with a client with prevention funds to apply the HH. IHS, Hale Kipa, Shelter of Wisdom (SOW), Team WorkHawaii & NextStep have all been programs that have linked clients to EHV. **Brynn:** Brooke with Hale Kipa has assisted a client with former foster care status that CES managed to connect to.	
c. HPHA	**c. HPHA** **Laura:** We don't have a contract, ended at end of April and still pushing through clients who were close to the end of the application process. We were informed of an extension of a year that may take place, and still working towards this goal. If clients were already in process, they should continue working on documents in the meantime. Providers will be notified of the extension when more information is gathered. **Emma:** Do we know approx. how many vouchers were unassigned? **Laura:** Total vouchers issued was 123 as of last week & 82 leases signed. Some active referrals looking for 27 more units. About 60 more vouchers available. May be able to open a few more following news on the extension. **Morgan:** Office hours every other Friday where City PHA is available for Q&A. Encourage connection with Lauren w/ EHV to get information on the meetings taking place.	
d. Create milestones for assessing COVID risk factors as part of prioritization	**d. Creating milestones for COVID risk factors as part of prioritization** **Morgan:** Awaiting news from the committee on how to proceed. The CES team is now recommending the PIC Oversight Committee consider if prioritizations are still necessary, or if it should continue as is. Are there any questions on this/feedback from group? **Duke:** How has this impacted housing recently since its early implementation? Have a lot of clients been prioritized ahead and housed? If it has been successful, perhaps we should leave it as is? COVID is a moving target, and we should adjust to DOH. Leaning towards option 5 as well. **Brynn:** A lot of people have gone into housing due to this prioritization, although we don't have specific numbers, it has benefited the clients who are dealing with susceptibility. **Morgan:** If we put into tiebreakers, we would look at where clients fall if we got past some others **Richard:** Regarding the COVID counts and no. affected (my recommendation is to keep what we have until the DOH and state indicates we are making progress). Kauai has been implementing more restrictions already and may trickle to O'ahu. COVID	

numbers are high right now, and like option 5, based on case by case. We shouldn't get rid of it outright.

Lindsey: Does this go ahead of CH? I like option 2, but since there has been a spike in cases, perhaps we should not change.

Morgan: It moves a client toward the top of their priority category. If you are non-CH, you won't be advanced past the CH.

Rhea: I agree with Duke, because the DOH guidelines have changed.

Alex: Are these going to be manual manipulations or will they need to be coded into BNL?

Morgan: It's all manual, we have the COVID risk factor report and add the clients to the top of NNL. If we moved to tiebreakers, this might change, but options 1-4 are all manual.

Duke: Have COVID questions been added to the VI?

Josh: It's not part of the scoring but part of the additional f/u questions, and does not impact the actual VI score.

Morgan: It sounds like we are leaning toward option 5, to keep the prioritization in place due to the influx in cases, then perhaps adjust per DOH recommendation.

Duke: If we don't change anything, are we using option 2?

Laura: Did the contracts change at all w/ prioritization to address COVID, or is that something that aligns with current CES prioritization?

Morgan: Not to my knowledge, but if we pursue option 2, we would need to dive into how this impacts other tiebreakers to see where it would be included. If we implanted into tiebreakers, first for singles, they would be sorted by highest assess. score, greatest age, greatest length of collective homelessness and utilization of ER, which these last two are not normally considered. Families and Youth have their own comparable tiebreakers as well, per CES P&P. If we were to make risk factors a tiebreaker, PSH 1 would be served first, then to PSH 2, (due to highest assessment score and those w/ 3+ disabling conditions). With COVID risk, anyone in the PSH range would be advanced ahead, taking them out of their specific priority category in PSH, so would not be as prevalently used as it is used at this time.

Art: A client could potentially have COVID-related conditions that are not coded in HMIS. I think number 2 makes sense as clients may have the same criteria, and may indicate higher acuity if someone is impacted by COVID.

Duke: If ages drop from 60+ to 55, this could also impact the way prioritization is considered for those more vulnerable, due to age.

Morgan: Where would we be putting this in the tiebreaker?

Lindsey: Age is already included, so maybe after assessment score as that would encompass age and medical conditions?

Rhea: I would agree to have it included below the assessment score.

	Morgan: Ex. For those in PSH 1, for clients w/ scores of 17, those w/ COVID risk factors would be prioritized. Any additional questions or concerns w/ these suggestions? Motion to approve? Last question: at what point would we say cases have gone down to consider option 2 and include in the tiebreakers? (i.e. case counts) **Lindsey:** We are currently at 1,000 cases a day **Richard:** That might only be inclusive to those who seek out medical services, so could be a larger number. **Brynn:** Who would monitor? Would we check in w/ DOH, or discuss during Oversight? **Morgan:** CES may check the case count, or monitor based on committees decision to move toward Tier 2? **Laura:** Case count is very important, but hospitalizations should also be considered and can't go exclusively by count alone. There are still lower numbers of hospitalizations, and that hopefully means that (those who are not reporting) maybe there are milder symptoms. Something to keep in mind. **Duke:** Agree, despite the case count, if DOH does not make any changes, then we shouldn't. **Morgan:** Without restrictions at this time, we could migrate toward Tier 2, but it doesn't sound like the Committee wants to motion on this just yet. **Lindsey:** Let's move to 2, and if anyone has a special request, to pursue that route. **Zoe: Approves** **Art: Approves** **Rhea: Approves**, based on assessment score (and if Family), the HH would most likely be impacted by one member receiving a positive test. **Duke: Approves** **Richard: Approves** **Morgan:** If restrictions are put into place, to migrate back to option 1. **Michael:** For individuals, the tiebreakers will be moved under highest assessment score. Is it applicable to families and the youth? **Duke:** Good question, would the HoH be the primary member considered in a family dynamic and advance them up as well? **Brynn: That's correct.** **Duke:** I think we should apply Tier 2 to all subpops, all things being equal. If a family member has a risk factor, they should be prioritized due to HH impact. **Morgan:** What we are deciding is that we are using option 5, addressing Tiers 1 and 2 w/ DOH restrictions in place. CES will	**CES will move COVID prioritizations to the tiebreakers section of prioritization. It will be listed as tiebreaker #2 for each subpopulation, following the VI assessment score as tiebreaker #1. If the state of HI re-implements COVID restrictions,**

	utilize risk factors as a tiebreaker for all subpops. Special requests can be used at any time. **Motion to approve and second?** **Duke motions to approve at 10:54am** **Seconded by Lindsey/Rhea.** **Laura:** Double checking: For prioritizations, does that need to be approved by Advisory board? Include Heather Lusk w/ P&P changes. **Morgan:** We can bring back to committee next month and send out an email on PIC approved changes to P&P's. Any other resource or policy updates? **Scott:** I had mentioned during HNL Case Conferencing; DHHL beneficiary list w/ PIT count 2020 and have identified clients w/ active enrollments in HMIS. Contacted several providers and wanting to let CES know that if a client is a beneficiary (confirmed on DHHL waitlist and 50%) eligible for 12 mos. financial assistance/ rental subsidy. Can reach out to Scott to connect with Cynthia to track the client, CHNA has other rental relief programs, but DHHL's commitment is to target those Native Hawaiian homeless beneficiaries. If we can tie into the system, it would be helpful since CES provides spaces for collaboration. Can email HMIS ID's to the team that were confirmed w/ DHHL waitlist. **Duke: What is DHHL?** **Scott:** Dpt. of Hawaiian Homelands. If Native Hawaiian 50% and on homestead list, (even if not eligible for home ownership). A whole year of subsidy is rare, may not apply to many individuals, but still a great resource. **Brynn:** Would people who are already housed (RRH programs) be eligible? **Art:** How does someone prove the blood quantum criteria? It'd be interesting to track this into HMIS as well. **Scott:** I think it's possible. Send me an email of any specific clients and I can schedule a meeting with Cynthia. They have to document genealogy, who are already approved and on the waitlist. **Duke:** How can it be determined if someone has 50%? **Scott:** Typically, those on the list (roughly 80 identified) have gone through this process. The intent is to figure out if someone confirms they are a homesteader, to see if the assistance would be a good fit for them, unless they require a HLOC. For those who do statewide services, convos w/ BTG CoC are doing similar data sharing. DHHL's intent is to do more for those on the waitlist currently experiencing homelessness, which is a huge step forward for that dept.	**CES will revert to using COVID prioritization as we have since the beginning of the pandemic.** **CES to send out a draft of this policy change to the P&Ps prior to our next Oversight meeting.**
e. Homeless Prevention and	**e. Homeless Prevention and Diversion Series**	

Diversion Series	**Morgan:** The first session was yesterday, every Wednesday at noon, and ongoing for the next four weeks. Head's up for anyone interested in joining! Also captured in the PIC weekly newsletter that gets sent out on Mondays. **Laura:** Is it the same link? **Morgan:** Different link for every week. **Scott:** Is it possible to do the links in advance then by session? I want to try to email a list of recordings for the webinars that were already done. There are non-homeless service providers who may also be interested. **Morgan:** Yes, this is possible. **f. Subpop Overviews**	
f. Subpop Overviews	**Families:** **Brynn:** Total referrals made for families in February consisted of 28: of these, 6 were to RRH; 3 to ASI HPO RRH and 3 to OHN RRH. 16 referrals were made to TH; 6 to ASI Ohana Ola, 4 to KWO Onemalu and 6 to Catholic Charities Ma'ililand. 6 referrals were generated for Permanent Housing, specifically EHV. The State HPHA program referral breakdown is that 3 were move-on's from ASI's HPO RRH program, 1 was from ASI Leeward CoC PSH and 1 from Kalihi Palama's New Beginning's PSH program. Of the 28 referrals made in February, 8 have been unassigned, 4 within CES time standards and 4 that went past CES time standards. 7 of the referrals that were unassigned were from Transitional Housing. 2 from ASI: one denied resources and the other required other housing supports. 3 unassignments from CCH Ma'ililand: 1 did not meet the program eligibility requirements, 1 was a self-resolved case, and another was unassigned due to the program being filled to capacity. For KWO, there were 2 unassignments; 1 denied the resource by not completing intake more than once when scheduled, and another unassignment was due to the HH pursuing Section 8. The other remaining unassignment was from Family Promise OHN RRH, and the unassignment reason being unable to house within the CES time standards. Of the 28 referrals made in February, 13 families were housed. 5 families were housed with med-term RRH support; 3 to ASI HPO RRH, and 2 that were assigned to Family Promise OHN. 9 families were placed into Transitional Housing; 4 to ASI OOOK, 3 to CCH Ma'ililand and 2 to KWO Onemalu. 3 families were placed into permanent housing through State HPHA. There were 11 referrals in total made in Feb that went past the CES time standards and 8 of which were either housed or unassigned; there are 3 referrals that still remain active past the CES time standard. **Singles:**	

Darrell/China: The singles subpop had a total of 39 referrals, no PSH referrals were filled for the month of February, with exception to Congregate. The majority of the referral activity took place with EHV with 17 refs, and of those 9 were housed with an avg. of 64 days to house, 3 unassignments from HPHA all took place within 30 days. One rec'd an HCV also through HPHA, one tenant is remaining onboard with KPHC's New Beginnings program, as the LL did not want to facilitate repairs on a unit to pass HPHA inspection, and one unassigned due to maintaining a SO registration. There are still 5 active referrals open with HPHA that were assigned in February.

Steadfast Congregate PH program rec'd a handful of assignments, only 1 member was housed of the collective 8 assigned in February. 3 unassignments were due to clients reported as missing, 2 denials to program, sadly one member had passed away, and another did not maintain the eligibility criteria for Steadfast at the time, so an 1157 is being completed for that individual.

There were 6 assignments to RRH, 3 within the OHN program, and 3 with ASI HPO program. ASI housed 2 of those 3 referrals and 1 was housed at Kahauiki Village. For OHN, 2 of the 3 referrals were resolved and unassigned, 1 member was housed outside of CES support, and another client relocated to another island. A client was also reported missing in mid-February.

Singles TH has a few outstanding cases with WIN, so our team has followed up on any remaining work that needs to be done to house the clients on the referral sheet, and responses back from the WIN team were rec'd fairly quickly as the assignments are around 80 days. A client may have been missing for some time and clarification was needed on whether there was any interest on that individual taking the referral. There were some no call/no shows which likely contributed to the delay, and with NSMH, WIN has reached out to the agency on multiple occasions with limited response, so that assignment should have been unassigned much earlier.

Youth:

Morgan: In February, 8 referrals were made, 4 to PSH, 3 to RRH, 2 to YHDP and to ASI RYSE program. One referral is still open around 85 days, & awaiting responses from LL's. One referral was unassigned within 30 days due to denying resources. One to HK TLP program and housed within a day!

DV:

Morgan: 3 active outside of time standards; 1 remains active, 2 housed with CFS RRH and 2 unassigned to WIN RRH and enrolled with another program outside of CES. Another referral was unassigned due to the determination that other resources were needed. Intake avg. completed within 12 days for DV subpop, 9 days to unassign and avg. days to house around 44 days

Veterans:

Michael: We have been having struggles with people referred through SSVF due in part to BNL where referrals for lingering

	clients may not be a proper fit for them. For VASH, not as many unassignments, client denying services was the biggest unassignment reason. Avg. days to complete intake are high but have been unassigned due to missing. For PSH, VASH unassignments have happened very quickly at 5 days and for RRH, also reflect good data at 12 says to unassign. Vets are at an avg. of 30 days to house, none have been housed with SSVF for those referrals that occurred in Feb. One is open and the rest were unassigned. I shared the overall numbers with Mayor's Challenge on Monday and the numbers continue to shrink. 169 names on the BNL, which is the lowest it has been in several years.	
Meeting Adjourned	Meeting adjourned at 11:30am NEXT MEETING: Thursday, June 16th, 2022, 10am – 11:30am	