

# PARTNERS IN CARE

Oahu's Continuum of Care

*Our mission is to eliminate homelessness through open and inclusive participation and the coordination of integrated responses.*

## PIC CES Oversight Meeting Minutes

June 15<sup>th</sup>, 2023, 10AM – 11:30AM

### Attendees:

PIC: Sara Ironhill, Morgan Esarey, Julia Wolfson, Brandie Morales, Brynn Miranda, Michael Kleiber, Aubrey Pellicano, Joshua Roach, Joshua Fuentes, Jillian Canova

AlohaCare: Rhea Nuguid

Care Hawaii: Jennifer Tehotu

Catholic Charities: Hope Tucker

Child + Family Services: Jessica Oda

CORE Team: Jenny Neal

Domestic Violence Action Center: Christina Wu

EPIC Ohana: Chassidy Shino

HMSA: Karissa Cheng, Desiree Vea

Kaiser: Charisse Solomon

Ohana: Duke Maele

Queens: Danny Cheng (chair), Tiffany Mukai

United Healthcare: Roddy Marengo, Camille Simon

US Vets: Lindsey Kaumeheiwa, Macy Sevaaetasi

Waikiki Health: Richard Kaai

Discussion	Next Steps
<b>I. Welcome / Introductions</b> Safety Story Youth – finding creative housing solutions/pathways. Sometimes faced with a need for quick decision making when it comes time to get housed. Some youth have opted to join the military lately, some have opted to move in with others which is still a positive result.  Danny: OCCC discharged a vulnerable, quadriplegic client and sent them straight to Queens for a solution. There is a need to work through these challenges together and come up with more appropriate exit destinations.	
<b>II. Meeting Minutes</b> Motion to approve May 2023 minutes by Danny Cheng, seconded by Lindsey K.	May 2023 minutes approved
<b>III. Subpopulations Overview</b>  a) Families High placements overall ~50% Family PSH ~80% placed! RRH 50% TH 40%  A total of 190 referrals were made in the months of October 22 - March 23 As of today, 90 have been housed and 90 have been unassigned, there are still 11 referrals that were made in this time period that remain active.  20 to PSH 61 to RRH 110 to TH	CES/HMIS to look into data on the year in review, and/or a 5-year lookback rather than narrow timelines. CES to explore if there is a national average/standard. Danny suggests sharing out dashboards with housing programs to show them where they're at.

PARTNERS IN CARE, OAHU'S CONTINUUM OF CARE

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<p>87 referrals were open past the CES time standard  53 were housed within the time standards  51 that were unassigned within the time standards</p> <p>Looking more into time standards, <b>in the AVERAGE TIME SECTION:</b>  We can see that the majority of referrals that went past the CES time standards took place with RRH. Its taking on average 84 days to house a family in RRH which is 24 days over. Some barriers and things I continue to see are barriers with documentation, location preference, pets, employer documentation, not having income to show a LL that the family can sustain when subsidy ends.</p> <p>b) Singles</p> <ul style="list-style-type: none"> <li>• High number of referrals that was made from October to March (281)</li> <li>• Of those 281 referrals, <ul style="list-style-type: none"> <li>• 204 to PSH</li> <li>• 39 to RRH</li> <li>• 38 to TH</li> </ul> </li> </ul> <p>There were 27 individuals housed in January, which is nearly double the amount compared to the other months. 22 of those 27 households obtained housing through PSH resources.</p> <p>Time standards:</p> <ul style="list-style-type: none"> <li>• From the referrals made between Oct-March, 158 stay open past time standards. 57 were housed within time standards, and 69 were unassigned within time standards. With PSH programs, days to intake needs improvement. Particularly within the CCS subpopulation, we have seen an increase in the length of time it takes providers to complete and submit the CHV and DVL documentation prior to intake.</li> </ul> <p>c) Youth</p> <ul style="list-style-type: none"> <li>• Seeing a year or even 5 years in review would be beneficial for the youth system due to it being a small sub-pop that has grown its resources, especially since 2020 <ul style="list-style-type: none"> <li>○ 3 referrals made in February are still active <ul style="list-style-type: none"> <li>▪ Ryse Youth RRH - this youth only wants to be housed in Makaha d/t family support and son's school. Has also been declined from units in this area due to lack of rental and credit history which some LLs are not willing to look past. Difficulty securing a unit and working with LEP.</li> <li>▪ RYSE YHDP RRH - 2 are still open to this resource, one is moving in at the end of this month, one is actively viewing units and only open to the Windward side</li> </ul> </li> </ul> </li> <li>• Theme: it can be difficult to secure units when a household has 1 area they're open to, Makaha and Windward have been especially difficult but it is important to honor the client's wishes whenever possible. Conversations are consistently had to encourage clients to expand their search criteria.</li> <li>• 7 February referrals resulted in an unassignment <ul style="list-style-type: none"> <li>○ 6 youth ended up denying services from their February referrals <ul style="list-style-type: none"> <li>▪ Of those 6, 4 were unassigned from RRH, 1 from PSH and 1 from TH</li> <li>▪ Some deeper reasons for why they declined: one committed to joining the airforce and no longer needed housing, one decided to pursue other housing with their partner</li> </ul> </li> <li>○ 1 youth resolved their case by moving off island</li> </ul> </li> </ul>	<p>CES is exploring ways to further engage CCS CMs to participate in case conferencing/housing navigation</p>
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<ul style="list-style-type: none"> <li>• While 7 of the Feb referrals ended up being unassigned, 9 ended up being housed.</li> <li>• Theme: most common reason for unassignment within this time period of referrals has been youth denying services</li> <li>• Youth system overall remains on track with meeting CES time standards.</li> </ul> <p>d) Domestic Violence</p> <ul style="list-style-type: none"> <li>• Referrals have almost doubled from this time period to the 6 months prior. Placements have also doubled. What changed is that 2 RRH programs had their funding renewal, and FPH was added into the system as a housing provider.</li> <li>• DV BNL numbers: <ul style="list-style-type: none"> <li>○ Amount of people who need services based on having a VISPDAT completed. There is a much higher need for RRH compared to TH.</li> </ul> </li> </ul> <p>e) Veterans</p> <p>Making 10 referrals/month to US Vets SSVF, GPD receives as many as they can handle. Majority of people on the Vets BNL are receiving referrals, running out of people to refer to GPD TH specifically. Barrier is that there are a lot of denials for GPD due to place based/location.</p> <p>Unassignment reasons: missing client, client denied top 2 reasons. Resolved case: commonly for vets is that they moved off island. Different resource needed is a barrier and they normally end up on the HLOC Vets list. Vet system is focusing in on the different resource needed reason because any resource (TH, RRH, PSH) can result in this reason.</p> <p>6 month period didn't see a lot of housing placements from month-to-month, however May (not displayed) saw improvements.</p> <p>Vet time standards: Vets have a longer time frame to house (90 days). Denials of units has been a common theme.</p> <p>Average time: Intermittent contact extends the time it takes to house. Many referred to TH are intaked and housed the same day.</p>	
<p><b>IV. Resource/Policy Updates</b></p> <ol style="list-style-type: none"> <li>1. CES P&amp;Ps</li> <li>2. Tiebreakers <ol style="list-style-type: none"> <li>a. Emergency Housing Vouchers (EHVs) <ol style="list-style-type: none"> <li>i. Hawaii Public Housing Authority (HPHA)</li> <li>ii. City Public Housing Authority (City PHA) <ol style="list-style-type: none"> <li>1. Additional CES referrals needed to fill all 312 vouchers <ol style="list-style-type: none"> <li>a. Second chance households</li> <li>b. Move-on strategy (PSH, RRH)</li> </ol> </li> </ol> </li> </ol> </li> <li>b. Program utilization</li> <li>c. Data Committee</li> <li>d. Planning Committee</li> </ol> </li> </ol>	
<p>Meeting adjourned  NEXT MEETING: Thursday, July 20th, 2023, 10am – 11:00am</p>	