



# 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, August 18<sup>th</sup>, 2022

Join on your computer or mobile app:  
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Or call in (audio only):  
[+1 689-206-0354,746251232#](tel:+16892060354746251232)  
 Phone Conference ID: 746 251 232#

#### Attendees:

AlohaCare: Rhea Nuguid  
 CCH: Zoe Lewis  
 CER: Claire Fujita  
 CFS: Hannah Michnya, Robert Boyack  
 Gov's Office: Emma Grochowsky, Scott Morishige, Cheryl Bellisario  
 Hale Kipa: Malcolm Iwami  
 HCAP: Carla Kahala  
 HMSA: Amanda Carl, Desiree Vea  
 IHS: Connie Mitchel, Minda Gomez

KPHC: Marilyn Boutain  
 Keauhou Shelter: Richard Kaai  
 PIC: Michael Kleiber, Morgan Esarey, Wallace Engberg, China Moreira, Brynn Miranda, Laura Thielen, Joshua Fuentes  
 Ohana: Duke Maele  
 Queens: Daniel Cheng  
 US Vets: Macy Sevaaetasi  
 VA: Lindsey Kaumeheiwa, Art Minor

Topics	Discussion	Outcome
I. Welcome/ Introductions	Meeting called to order at 10:02 am	
II. Meeting Minutes	Scott had questions on the agenda. Is the Hale Kipa mentioned on the agenda from YHDP or OHANA funds. Minutes approved at 10:07 am by Scott Morishige, seconded by Richard Kaai.	Minutes Approved
III. Resource/ Policy updates	<p><b>a. OHN RRH</b>            Scott Morishige asked about the OHN update and that he had heard that the Case manager was going to be extended through next year. It was stated that PIC is working with the City partners regarding this.            Emma: For a family that is in OHN and theyre coming up to their deadline, is every pathway looked at before shelter needs to be the option. Berta – every client is worked with over the whole time in the program on an exit plan. Emergency shelter and unsheltered is the last option. Emma - do you think some of the landlords are pulling back their units because of the promise of just the one year? Berta – that is a very low number and we do work so hard on every one.</p> <p><b>b. EHV/HPHA</b>            Morgan - We are moving on pretty well. It's a slower process than hoped for.</p>	
IV. New Business	<p><b>a. Introduction of Dr. Danny is the new Chair.</b> Dr. Danny introduced himself to the committee.</p>	

<p>III. Resource/ Policy updates</p>	<p><b>b. CES Oversight Committee Refinement</b>  Scott: Regarding referrals from CES – because (Steadfast) had no awareness that their program is supposed to be receiving CES referrals, what’s the process for new programs that are awarded; How do we make sure that these programs are associated with CES or not?  Morgan: There’s no specific process outlined – CES should be notified. The program should reach out to CES and CES should reach out to the program.  Wallace: This is still a work in progress. As CoC continues, we will do checks/balances and will look into this.  Emma: We understand that this process happened during COVID. Figuring out a way that a CoC program has been funded – whose responsibility is it to notify (others)? This program in particular has been working outside of CES for a while. Can CES better meet those needs?  Scott: Is there a way to connect/close the gaps between funders &amp; PIC? How do we refine communication when funding is in process? Communication issues that can be fixed.  Connie: What Program?  Scott: Steadfast PSH  Emma: If we’re not all housing first, that’s ok but we should be honest about it. We need a feedback loop for those programs who aren’t going through CES but say they are. Why is this? For those who say they will not go through CES, why is that? Let’s update our P&amp;P’s to reflect what is good and true for our community vs saying we’re housing first or saying we’re 100% through CES but we’re not, and we brush it under the rug. We need better feedback loops.  Connie: We need people to understand that if we don’t read our contracts correctly there can be a lot of repercussions. IHS is dealing with not getting paid due to not following contracts exactly.  Scott: Regarding Steadfast PSH referrals through CES, has this been resolved? Has CES been sending this PSH program referrals?  Morgan: Not to my knowledge.  Scott: If we’re going to set rules, we should follow them. I don’t want to mention this and fall through a black hole. What impact will this have in the renewal process?  Wallace: That’s a planning issue; that’s with Lauren &amp; Elliott. Will follow up with Laura.</p> <p><b>c. Special NOFO – PAUSE/DID NOT DISCUSS</b> because Laura had to jump off to another meeting</p> <p><b>d. Financial Document Collection for Veterans – taken off agenda</b></p> <p><b>c. VI-SPDAT Work Group.</b> Brynn facilitated this meeting a couple of months ago. CES sent out requests for support from other CoC members. We have talked about reviewing assessment tools and have asked for assessment recommendations but have not received any. We’re not sure how to proceed. CES did get feedback from IHS and VA regarding the effectiveness of the tool and prioritization.  IHS: There is concern that folks are being referred down from PSH to RRH and they are not able to sustain. The VI score cut off for</p>	<p>CoC Planning and CES Oversight Committee to continue discussion around how to ensure program participation in CES as well as program following a housing first approach if they’ve written this in their contracts.</p> <p>CES to reach out to Steadfast about all of their PSH programs going through CES.</p> <p>CES to talk to HPO about housing readiness, income screening, and engagement as a means for RRH program’s prioritization. If</p>
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RRH is too high. Because the resource is so scarce, we need to figure out who will actually be successful in RRH.

Connie: we had to give back lots of money last year because we got referred too many people that we had to unassign.

Scott: We need to look at income to assist in determining what resource is appropriate. We could be setting them up for failure.

Minda: We have an issue with folks who are getting a fixed income not being able to self sustain due to income. Income is a huge factor that we need to pay attention to. For those who did not work during the pandemic, we have seen that folks are not going back to work.

Connie: Do we want to help people who are not going to make it, or if we want to cultivate another type of mindset. For those who want to go back to work or increase their income, this is what RRH should be used for. How many programs are tapering off on the program so that there may be more success?

Morgan: Timeframe of unassigning is too long at this point. We need to look at the data to see successes, who is not successful and why. CES can talk with funders to see how we can address this issue. Possibly asking HPO to allow for income to be a part of the RRH criteria.

Scott: I've seen in many meetings that there are several people who have automatically suggested a client be assigned to RRH. More than half of people being referred are unassigned so this is causing a backlog.

Morgan: we can look at income as part of the review by CES.

Connie: the Vispdad is a screening tool, it doesn't screen some things. We have to talk about how the Vispdad is administered. If they are at the shelter, they are able to get a job and then possibly move on, they have a better chance of being successful, but those with fixed income will always prevent them from succeeding. We need to focus on permanent housing versus RRH. Using the term 'housing ready' means different things to different people and has become taboo to say.

Emma: Housing Readiness is not simple. Can we propose something that will be more realistic about the expectations and successes that can be achieved?

Scott: can I ask the health plans to see if they have any thoughts.

Rhea: I think we should review the categories so that we can address some of these concerns. We are getting stuck with some folks regarding lack of resources.

Morgan: we can look at RRH referrals and their VI scores to analyze how VI score impact success. Looking at OHN might help with some ideas. Including income, we can look at how that affects referrals. We also need to reach out to funders to get their feedback. When we have Number Next meetings we do go over these items.

Scott: do you think it would be worthwhile to reach out to BTG to get some feedback? Their CES works very differently than PIC's but they might be running into similar issues.

Connie: I think the folks who go to a shelter can be more successful. If we talked about requiring documents at the outreach level, there's also more likelihood of engagement. If they are willing to engage at the shelter, they will probably be more successful. Making coming in the shelter as an incentive should be considered. Getting folks out of shelter after working with a Case Manager has been proven to be more successful.

this would be allowable in HPO contracts.

CES to reach out to BTG – Maude, Brandee, Makana about their RRH successes and unassignments.

CES to look at OHN, short-term, and medium-term RRH successes and unassignments.

	<p><b>d. Hale Kipa PSH</b>  Hale Kipa OHANA Zone funding is coming to an end, they've asked CES if we can refer as though the program is a RRH program rather than PSH due to closure.  Scott: before any decisions are made, can the State have a discussion with the programs first? It's inappropriate to discuss this with the whole committee at this time because contracts may be in negotiation. Can we please reach out to funders before this is publicized to the whole world.  Laura: it also is important that programs and funders reach out to the CoC so that we can deal with these issues.</p> <p><b>e. Special Request criteria</b>  Issue came up where a pregnant family is residing at HMO. Once baby is born, the family cannot stay at HMO. Is this a reason for a special request?  Scott: including pregnancy should be considered when assessing. I think there are concerns that infants are being discharged to the streets and the impact that has on the child. The family may not be able to care for the infant on the streets. I have seen some children born on the streets. Not sure what makes sense, but addressing it is important.  Connie: I don't want to see pregnancy as a means for a special request become an incentive to have children. We need to take this case by case so that we can address the different needs to the family.  Morgan: Under the special request prioritization criteria, you can select "other." Typically CES and HMO are looking at other shelters or programs families in circumstances such as this can go to once baby is born.  Scott: What kind of documentation is sufficient for special requests applying under "vulnerability to victimization?"</p> <p>For detailed report please see the CES Dashboard on the PIC website.</p>	<p>Scott and Emma following up with City on Ohana Zone funding</p> <p>CES taking this off agenda</p> <p>Circumstances covered in "other" special request criteria. Can take off agenda</p> <p>CES to look into what kind of documentation is sufficient for special requests applying under vulnerability to victimization criteria</p>
IV. Sub-populations Overview		
Meeting Adjourned	Meeting adjourned at 11:30am NEXT MEETING: Thursday, September 15th, 2022, 10am – 11:30am	