



# 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, September 15<sup>th</sup>, 2022

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

#### Attendees:

AlohaCare: Rhea Nuguid  
 CFS: Jessica Oda  
 City: Ailina Laborte  
 Gov's Office: Emma Grochowsky, Scott Morishige, Cheryl Bellisario  
 PIC: Michael Kleiber, Julia Wolfson, Wallace Engberg, China Moreira, Brynn Miranda, Laura

Thielen, Berta Maldonado Joshua Fuentes, Alex Dale  
 Ohana: Duke Maele  
 Queens: Daniel Cheng  
 CCH: Zoe Lewis  
 VA: Lindsey Kaumeheiwa, Art Minor

Topics	Discussion	Outcome
I. Welcome/ Introductions	Meeting called to order at 10:03 am	
II. Meeting Minutes	Minutes approved at 10:05 am by Scott Morishige and seconded by Danny Cheng	Minutes Approved
III. Resource/ Policy updates	<p><b>a. OHN RRH</b></p> <p>Berta: OHN was supposed to end on 9/30, but City gave permission to extend certain households within certain parameters. Extending just over 50 households that are waiting for voucher. Did not want them to lose housing for those with vouchers/leasing in place. Other clients who are exiting are going to self-sustain with family/friends, some waiting on voucher and PIC is following up with them.</p> <p>Duke: How long is the extension for? Until they're reassigned to another program?</p> <p>Berta: We're working toward March, but that date is flexible dependent on a number of things including funding.</p> <p>Scott: How many households are being potentially extended?</p> <p>Berta: Just about 50. The count changes day to day. This morning it is 52. Even some of those households are getting leased up to start their voucher on 10/1, for example.</p> <p>Scott: Is extension for both CM services and financial assistance?</p> <p>Berta: Yes</p> <p>Scott: If there is a family that fell out prior to extension being settled prior to extension being approved, could they be rehoused/reconnected to OHN?</p> <p>Laura: We are not moving people back into housing for people that have fallen out. Some may exit to homelessness after OHN is completely done. FPH and ASI are stepping away at the end of September and LEP and PIC will be working with the clients.</p> <p>Scott: For the 52, are additional staff coming on to PIC to assist?</p>	

Laura: Kind of. It's not additional positions, but we have filled 2 positions that were open. They are qualified to do both case management and LEP for this last bit of time and enable us with vouchers to do the 30-60-90-120 day check ins.

Scott: What is the connection between OHN and CES? In OHN they're considered housed now.

Julia: They'd need an active VI to be considered for future referrals.

Scott: Can CES track who has fallen out?

Berta: We did run a report recently and if I'm remembering correctly, there was a 12% of people who fell off and went back into the system. Numbers were looking good and we can track that data.

#### **b. EHV/HPHA**

Julia: No data at this time, CES is sending 10 referrals per week.

Laura: HPHA: Out of 182 vouchers allotted, 177 are active vouchers. Total leased up is 144. A few are still working on different things including new units etc., pending 5 new referrals. We overreached with the # of referrals and it's working out nicely due to some unassignments.

City: Allotted 312: total # of apps are 363 because we know some will not make it all the way through. We've had 184 referrals and 111 active vouchers. 62 pending approval for City.

Danny: Are these vouchers for 1 year

Laura: No, they are housing authority voucher that go through CES and are active for 9 years. Hope is that they will roll into regular Section 8 bucket after the 9 years for a yearly renewal. Known as the golden ticket for folks who will not be able to increase income.

Danny: Has there been any tracking over the years of the direct benefits of that i.e. recidivism to incarceration, hospital side, back into homelessness etc.?

Laura: We can ask Housing Authority for that data. We don't have access to that or collect it. These are the first vouchers that have been specifically for folks who are experiencing homelessness

Scott: For EHV's, I don't think there would be any study. EHV just came available very recently. Scott can check with Hakim if there is research on recidivism on HCVs in general. Scott can send to Danny and Laura if he finds anything, but wouldn't be EHV specific.

Laura: You have to go through a lot of hoops to get a voucher whether it's HCV or EHV, so hopefully most people are pretty high functioning but low earners or have been connected to CM (not required), but hopefully some of our folks can continue receiving CM past 1 year to stay stably housed.

#### **c. RRH prioritization**

BTG – CES reached out, BTG shared that main barrier on neighbor islands is unit acquisition and changing VI criteria for RRH wouldn't change anything.

HPO – CES is waiting to hear back

RRH Data

Michael: using OHN as a baseline, since there were no chronic referrals to OHN, and comparing HPO and ESG as RRH examples to see how unassignment rates compare between chronic and non chronic.

IV. New  
Business

IV. Sub-populations Overview

Looking at total housed, OHN has about 60% housed. Across the other programs it's lower. You can see that for chronic, there are quite a bit more unassigned than housed. These are small enough sets that I'm uncomfortable drawing too many conclusions.

Scott: I'm interested for ESG for the high unassignments for non chronics.

Brynn: It's short term, a lot of households that get referred need the longer-term support. The housing program sometimes unassigns due to the households not being able to sustain. The households that are able usually have Sec 8 or have saved \$ or employed and are able to sustain compared to those who are not, regardless of chronic status/

Scott: Is it possible to look at reasons for unassignments on this chart? Some of the reasons are: cannot find the person, concerns due to income. For chronics or non, is there a higher % of missing? I want to see if it's possible to go a layer down and see if chronics are unsheltered vs sheltered more often? Unsheltered would make the missing client reason understandable. It's hard to make conclusions based on just chronic vs non chronic or level of score.

Michael: Someone who's denying units would fall into denied services. People unsheltered are probably more likely to be missing than those who are sheltered. One thing I noticed is that these 3 reasons were the top 3 across chronic and non-chronic types (missing, different resource needed, denied services). Explaining the chronic side is something CES can do. These clients were likely recommended for ESG by the provider. As far as average days to house, I don't see a significant difference. I do see one slight outlier, non-chronic HPO chronics take a bit longer to unassign than non chronics. Families OHN – we had strict guidelines for referrals, so there is a quite narrow band in the numbers.

Scott: For singles vs families, average days to house is slightly less for singles compared to families. Average days to unassign for non-chronics is significantly less. Is that because for families the unit size can be harder to find than 1 bed or studio?

Michael: I'm guessing yes, that would make sense.

Berta: To add for OHN, family size and families with children somewhat have roots in their community (school, support system), can make housing search more difficult.

Brynn: I think it's the same across the board for HPO and ESG

Danny: Comment on the data from outside perspective, my suggestion would be sometimes it's hard to digest the data without some context for those who are not seeing this daily. Maybe clearly putting out time range, would be helpful to have some standards at least a 1 year lookback, we look at 3-5 year lookback on trends in populations, and looking at what the goal of the data is. Is there a national benchmark on housed vs unassigned? If not, could be worthwhile to create a benchmark to hold ourselves to. Maybe the goal is to shoot for 5-10% above what we've been doing before. Can be hard to digest these numbers without that.

Michael: Makes perfect sense. HUD outlines that CES can make 3 referrals for every 1 voucher requested. Automatically leads to unassignments of 66% because of this. 60% housed is pretty good by using that standard. We're showing this to work on determining if we want to change RRH prioritization.

Scott: Has anyone reached out to ESG? Could be helpful to reach out.

CES to work on data presentations: giving more context, going back further in time etc.

CES to reach out to ESG on RRH feedback

**d. Feedback loop between Planning and CES Oversight regarding program's CES participation**

**Steadfast:**

Brynn: Wallace, Julia and I were able to go through Steadfast data and fix anything on our end. We met with Linda and Maile with Steadfast to talk on referrals initially made to S+C, and selecting permanent Ohana for the households after the client was placed. CES was not aware that this was an option for S+C clients. We were able to talk through this with Linda and Maile and talk about possible fix and new workflow. We will discuss with Morgan upon her return and solidify workflow.

Laura: When people call programs different things than what is on their contract, Wallace does a great job clarifying this and making sure everything is clear for everyone. We are trying to streamline all of this to make sure we're ready to go and asking for setup information as soon as possible.

Scott: Related to that, I think this happens with other programs too. I've seen things come in for Steadfast HUP, goes through Erin Snyder. So many units are TH and so many are PSH. As you're refining, just make sure it's not only focused on just Steadfast/PH Ohana. It sounds like that's what you're working on.

Laura: What's difficult is we don't always know when a program starts if they don't draw down until the end of the 1st quarter. A program might shut down and another will open that looks almost the same and providers may continue entering into the closed program. We need to have really good communication to make sure we correct these things as quickly as possible.

**e. Special Request criteria**

-Documentation needed for "vulnerability to victimization" criteria

Brynn: Documents needed for vulnerability to victimization criteria, I tried to investigate special request history on that specific reason, but it ultimately would be processed the same as other special requests, listing the circumstances and what kind of victimization it is. Potential to see if homeless service providers/law enforcement could sign off on this type of special request. CES can look deeper into this.

Scott: I think there are some cases where a client cannot go to a medical provider but is victimized. A lot of times when people are physically assaulted, they may not go seek medical care. If there is a way for it to be documented somehow in the p&ps and special request criteria, that could be helpful.

Julia: Often victimization is checked off alongside another reason.

Scott: Is it just treating professionals that can sign off?

Julia: Yes, as of now but we can look to change that for the victimization reason.

**- Prioritization for vet-specific, non-VASH PSH. Can we prioritize vets who cannot be served by VASH (SOs, refusing VASH, bad history with VASH) even if they fall in other categories?**

Michael: One of the things I want to do with these vouchers is serve people who cannot be served by VASH. What I'm looking

CES to meet with Steadfast re: workflow for Steadfast program enrollments/referrals

CES to talk on documentation options for vulnerability to victimization, keep on agenda

for is some direction about how to skip to people who might be in other categories (falling into RRH etc.), even though the resource is PSH. This might require a special request. Looking to skip to people who can be served by VASH.

Scott: Can you explain what this resource would be?

Michael: It's a PSH resource targeted specifically to Vets. For US Vets PSH it is not HUD

Art: It is the VA

Michael: In the past, I've been able to refer people with a history of sex offenses to these programs which are the ones who cannot be served by VASH. There is a US Vets vet specific PSH program that goes through Quentin, not through Lindsey.

Emma: Is there a veteran carve out in the city HF contract and that's where the vouchers are? It's part of another existing program?

Michael: Yes, I believe that's the case.

Scott: I would have no issue with trying to find people in the PSH level who may not be eligible for VASH but are eligible for these other vouchers. Going into RRH range who need higher level, if this is a carve out from another funders voucher, it's important to understand the requirements of that contract, do they only allow PSH level or can they bypass that? Just need to make sure it aligns with the contract.

Michael: My expectation is that anyone in RRH would need a special request to access these vouchers. I will consider that.

CES to meet with Danny on Oversight refinement, data ideas, inviting additional stakeholders etc.

#### **a. New Committee Chair Welcome**

For those who are not aware, Danny Cheng is the new CES committee chair.

Danny: One thing I mentioned to Morgan is that I would like to see a broader perspective of the population. Something I've thought about is that we look at month to month data, but it's helpful to look at trends as well as monthly data. Looking at yearly/a couple of years can help guide and provide context. Scott has so much knowledge so I want to learn more and speak more knowledgeable about all the ins and outs on Oahu! Want to bring outside people in for outside people to hear once/month because it touches so many populations. There is something great in expanding out and listening in. Very valuable meeting for leaders in different areas.

Scott: If there is anything I can do to share some knowledge I have I am open to that. I think it would be helpful to get some different people to the table. These meetings tend to have PIC staff, gov's office, VA and health plans. It would be good if we could get additional stakeholders here.

#### **b. CES Oversight Committee Refinement**

Scott: Suggestion to look at some of the data in the context of other data that Wallace is putting together in dashboards to see if there are trends between the two (i.e. exits to housing/homelessness). If there is a way to see if we can have members of the committee help CES staff with things such as data flow, connect with funders, etc. I'd be open to helping with that.

Danny: Topic moving forward – how can we retain Scott's team in some way, change in administration etc.

**c. Special Notice of Funding Opportunities (NOFO) – Unsheltered Prioritization**

Julia: We wanted to take a moment to introduce the idea of unsheltered prioritization for the Special NOFO. If we are awarded, we will have to come up with prioritization for households that are eligible for the NOFO resources.

We met with our HUD TA to hear about what other communities are doing to create an unsheltered prioritization. HUD TA shared that HUD is really looking for communities with high numbers of unsheltered households to create system change regarding the way they think about outreach and wherever possible, begin housing navigation from day one. A lot of what she mentioned are things that we are already doing such as outreach specialists completing CHVLs and DVLs, engage with CES, and think of themselves as housing navigators. She also mentioned that HUD wants to see outreach providers working as one team to rapidly house people and focus on housing the unsheltered.

We do not want to incentivize people to be unsheltered. We're thinking that our first step in this process will be to define what unsheltered means in our community. We are still in the very early stages of thinking about this and will maybe focus on more next month once we've had a chance to do a bit more planning.

Laura: New funding, new resources, completely unexpected. We have at least 6 months to prep. If this is the intent going forward with HUD, hopefully we can create a program that will really address HUD's goals and our CoCs reality.

**a. Families – Brynn**

-Looking at June, a total of 51 referrals were made. 32 went to PH or EHV, 11 went to TH, 7 to RRH, 1 to PSH. 9 of the families referred were housed within time standards (1 CCH PSH, 4 TH, 3 ASI TH, 1 at CCH TH. 9 referrals unassigned within time standards (1 EHV, 2 RRH, 6 TH).

Of the 51 referrals made in June, 33 were active past time standards. 5 have been unassigned since. And 6 were housed. There are still 22 remaining active as of today. 20 of them are with EHV, 1 with GHP RRH, and one with ASI RRH.

For families – PSH is looking at 1 referral that completed intake within 25 days. Slightly past time standard.

RRH – average to complete intake was 13 days for 7 referrals. Within time standards.

TH – average of 6 days looking at 11 referrals.

Average # of days to unassign  
RRH – 13 days to unassign 5 referrals  
TH – 7 days to unassign  
PH – 67 days to unassign 4 referrals

Average number of days to house – 44 days for PSH, 61 days for EHV, 14 days for TH.

Alex: Why do you think there's such a high percentage of outside time standards here? Seems to be increasing

CES/PIC to identify unsheltered prioritization options

CES to look into reasons for families going over time standards.

CES/PIC/EHV to identify time standards for EHV.

Brynn: Didn't have too much time this week for a deep dive. Could investigate that and will get that back to you and the committee asap. Short answer – majority are EHV. Unfortunately I don't have the direct answer.

Scott: can someone from sec 8 office see this? Can we share with them? If EHV is impacting everything, is that impacting the homeless system?

Wallace: May want committee to look into this. Vet programs have a different time standard as does TH. OTS does include that. If as a committee we need to decide that it doesn't fall into the normal 60 day time standard we can change that and alter the report.

**b. Singles – China**

Singles – China June 2022 – 41 referrals made. Of the 41 referrals, 16 were for PH EHV, 14 were for PSH, 8 were for RRH, 3 referrals to TH. Of the 16 to EHV, 14 remained open past time standards. 2 unassigned within time standards – 1 over income and other client is deceased. Of the 14 active outside of time standards, 3 have since been housed. For PSH, 6 went to Steadfast Congregate, 5 MHK, 3 CCH, 4 active outside of time standards. 2 housed within time standards, 8 unassigned within time standards, one of the client previously declined group home so didn't fit their needs, one due to no contact from POR, one needed a HLOC, 1 not engaged w/CM & self-discharged program, 4 unassigned due to housing program filled to capacity. 4 active past time standards – one since unassigned due to client needing higher level of care. For RRH, all 8 were to IHS. 2 active past time standards. 6 unassigned within time standards. 1 client moved in with HCV, 2 denied services, one due to going into treatment and then going to move back to big island; other client already working w/Catholic Charities; 1 unassigned due to pregnancy & need more support (going to Mary Jane House), 1 client not doc ready. 1 client missing. Of 2 referrals active outside of time standards, 1 has since been housed. 3 TH – one to HCAP, 2 to WIN. One active outside of time standards, 2 unassigned within time standards. 1 client due to no contact from POR, 1 unassigned due to missing. 1 referral outside of time standards, client has since been unassigned due to needing a HLOC.

PSH – 14 referrals took 56 days on average to complete intake. RRH singles, 8 referrals made within time standards. No TH info. Average days to unassign PSH - standards, 9 referrals unassigned within took an average of 15 days to unassign. RRH – 6 referrals took avg of 9 days to unassign TH – 3 referrals took an average of 42 days to unassign. EHV – 2 referrals took an average of 20 days to unassign. AVG # of days to house – PSH within time standards 37 days, RRH – 65 days, EHV – took 69 days

Scott: For ESG, HUD is being strict on inspections (lead based paint etc). Are there any unassignments due to that? It's come up in other conversations.

Brynn: GHP, has not come up

Julia: IHS, has not come up

Scott: Normally, they would go by rule of thumb, if building was built past certain year no need to check for it. HUD more recently in audits brought up need for photos, provider has to document that the unit doesn't have lead paint. Provider was wondering how we'd even know this. Has it come up for OHN? May be worth asking providers.

CES to check in with RRH programs on lead-based paint inspections (if it's a barrier)

Julia: Can check in

**c. Youth- Julia**

4 referrals made in June  
-1 to RYSE YHDP PSH  
-1 to Hale Kipa Youth TH  
-2 to ASI RYSE Youth RRH

2 housed within time standards  
-1 placed at Hale Kipa TH within 5 days of referral  
-1 placed into ASI RYSE Youth RRH in less than 60 days of referral

2 still open past time standards  
-1 to RYSE YHDP PSH - still open due to waiting on the current tenant to leave the unit at a group home. Should be moving in within the next week or 2. CCS CM and RYSE team worked together to find a suitable housing environment for the client  
-1 to ASI RYSE YRRH - ended up being unassigned due to receiving an EHV!

**d. Domestic Violence – Jess**

3 referrals made, all to CFS TH program. 1 still active past time standards however they were eventually unassigned due to client denied. 1 housed within 18 days. 1 unassigned within time standards – provider shared that a different resource was needed.

It took avg of 20 days to unassign, and 1 was housed within 18 days.

**e. Veterans – Michael**

38 referrals made across all 3 resource types. Of those, only one has been housed so far. 13 unassigned and quite a few remain active. Recently, VASH has asked for a temporary pause for about 2 weeks to catch up on back log.

Intake is within time standards for PSH

# of days to unassign has gone over for RRH.  
Average # of days to house is 149 days. Might be pulled from those who have been referred to VASH for a very long time.  
Anytime anyone gets housed it skews the data quite a bit.  
RRH and TH are looking good.

Mayor’s Challenge data: One push is to try collecting documents across all programs. This number has been slowly creeping up which is great.

Avg number of days from referrals to housing, number has been creeping down. We’ll see if there is a trend.

For detailed report please see the CES Dashboard on the PIC website.

Meeting Adjourned	Meeting adjourned at 11:45am NEXT MEETING: Thursday, October 20th, 2022, 10am – 11:30am	
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