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, October 20th, 2022

Join on your computer or mobile app:
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+1 689-206-0354,746251232#
Phone Conference ID: 746 251 232#

Attendees:

AlohaCare: Rhea Nuguid
CER: Claire Fujita
CFS: Jess Oda, Robert Boyack
Gov's Office: Emma Grochowsky, Scott Morishige, Cheryl Bellisario
HMSA: Juanito Torres

PIC: Michael Kleiber, Morgan Esarey, Wallace Engberg, China Moreira, Brynn Miranda, Laura Thielen, Joshua Fuentes
Queens: Daniel Cheng
VA: Lindsey Kaumeheiwa, Art Minor, Rachelle Russo
Waikiki Health: Richard Kaai

Topics	Discussion	Outcome
I. Welcome/ Introductions	Meeting called to order at 10:05 am	
II. Meeting Minutes	Minutes approved 10:06 am (moved by Rhea, seconded by Juanito)	Minutes Approved
III. Resource/ Policy updates	OHN RRH Laura. FP and ASI contracts have ended for providing case management. PIC staff (Berta, Loke, Mel and Sara) will take over case management for the clients still in the program waiting for permanent housing (either new programs or self-sufficiency) to reduce the likelihood of recidivism. There are concerns about those who might need a higher level of care. Emergency Housing Vouchers • Morgan: Time standards. Referrals to EHV are longer than the general population. CES will try to define an appropriate time standard particular to EHV. This will remain on agenda until a new time standard is set. • Laura: CM capacity is putting pressure on time standards. The process does not have a lot of leeway for clients who might falter in the navigation stage. • HPHA • Nearly 160 households leased up. Will likely hit the goal of 312 by December. • City PHA Morgan - 50 or 60 leased up and over 100 referrals in process, EHV hopefully will start reviewing more applications, weve got more than 312 apps, and referred well over 100. There was a pause due to having to catch up. Laura -This is one of the hardest programs weve had to deal with. Non PIC staff are struggling to get	

	people in and continue to case manage going forward. There's so much to go through.	
III. Resource/ Policy updates	VI-SPDAT Workgroup -> RRH prioritization Looking for feedback from IHS and VA Morgan: CES to reach out to funders on their views. CES will continue to dive into data, will look at other programs to see how utilization has improved Feedback loop between Planning on CES Oversight and CES participation Morgan: Steadfast Data Quality issue resolved and we are assured that 100% of Steadfast referrals going through CES. Special requests Morgan: Clinical team (Madi, Juanito, Danny, Connie) put together by CES to get a better definition of "vulnerability to victimization" for special request consideration.	
IV. New Business	**Prioritization refinement** Veterans Codify VASH prioritization in CES P&Ps as follows: Referrals to VASH are based on the following areas of vulnerability*:* 1. *Families with minors* 2. *Chronic* 1. *To include any vets previously chronic, enrolled with GPD. Per HUD regulations* ***"Transitional Housing (TH): In general participants in TH do not meet the chronically homeless definition, unless the veteran or veteran household qualified as chronically homeless at the time of entry into VA homeless services and were served in a VA-funded TH program such as GPD. They would be eligible for both HUD-VASH and PSH."*** 3. *Elderly* 4. *Female* *Households with multiple vulnerabilities are prioritized.* *There is no distinction between each category.* *CES uses the general population prioritization matrix as a tie-breaker.* None opposed.	CES to add to P&Ps
	Youth • Through CC it's clear there is a gap in resources for youth with middle scores and a high number of disabilities. • Proposal to change PSH score range from 17-9 to 17-0 while leaving the disability numbers the same (3 or more – PSH1, 2 - PSH2, 1 – PSH3, 0 – PSH4). • Scott: Does score still matter? Can we underline that youth are still ranked by score?	CES to make the changes in the P&Ps

V. Sub-populations Overview	• Julia: Scores are still used to sort the BNL, higher scores are prioritized within each PSH category. (Please see tie-breakers in the CES P&Ps) • Julia: Low scores with high disabilities will still trigger CES to push for a reassessment. • Emma: Where are the disabling conditions being pulled from • Julia: VI SPDAT has clear questions (self-report) • Emma: Is this a possible solution to the problems of clients who are withholding answers on the VISPDAT for the larger population? Emma the VI score is not very accurate in assessing vulnerability, moving it below disabling conditions as a sorting feature might be helpful. • Scott: There seem to be some very small differences between clients who are getting referred and those who are not. • 1st: Emma 2nd: Scott (as individual) Special NOFO Laura: will be submitting 10/20/2022. Funding will hopefully be flowing in by March 2023. Mental-Health prioritization Scott: Should the CCS and AMHD population have its own prioritization matrix? Could this streamline the process? Morgan: CES is trying to refine the referral process for MH population. Will return to this topic later in the agenda. Staffing change on HMIS team Alex Dale is stepping down as HMIS manager, Josh Fuentes will be taking over the role. Vendor Switch • Laura:CoC has voted to switch HMIS vendors from Caseworthy to Bitfocus • Scott, well done Laura and HMIS team on this work. How will CES combine the difference in uses between HMIS and the CES tool suite? • Morgan: We want to keep some tools open to those that don't have HMIS training. Most other tools will be folded into HMIS. NNL and referral meetings would be within HMIS but the general CC meeting might remain in the Google Suite. Sup-populations Overview Singles (see data on dashboard on PIC website) • Scott: unassignment rates seem high for July. Can we have a focus group to address the two highest reasons for unassignments (missing, ct declined)? • Morgan: a lot of the unassignments were from programs that require MH code for eligibility. • China: there is not a large population to refer to these programs. • Emma: Unassigned due to housed-Is that resolved on their own or through another housing program? Declined services- does this happen with particular programs more than others (say, site-based programs)? • Scott: Can we look at unassignments by program type? How can we keep open referrals that will lead to unassignments from bottle-necking the system?		

CCS and AMHD (see data on dashboard on PIC website)

- Morgan: We are starting to assign non-CH clients to CCS programs (no CH on BNL). Some programs that do not have CM staff have put CES in a challenging spot in locating appropriate referrals.
- Scott: Can we request more funding to support CM staffing at these programs? What is the difference between the Steadfast on the one hand and KPHC and I.H.S. on the other hand? How does CES make referrals when the clients need CM but the program doesn't offer it.
- Morgan: CES does try to research which clients have CM services that can follow them (say, CIS).
- Scott: CM can mean many different things.
- Ohana CCS: China, Josh and Duke created a way for Duke to verify CCS data quality in HMIS.

Families (see data on dashboard on PIC website)

- A total of 56 referrals were made for the month of July, a very tiny increase from the month before.
- 32 or 57% of referrals for families went to PH EHV, of those referrals 25 or went past the CES time standards, 4 that have since been housed and 2 referrals that have since been unassigned due to not meeting program eligibility. As of today, -19 of the EHV referrals made in July are still open and active. CES is currently working with EHV and HMIS regarding EHV time standards. (Just read right off the dash)
- 10 or 18% of the CES referrals for families went to TH - of those referrals 2 went active past the CES time standards. 1 that has since been unassigned and 1 that has been placed.
- 8 or 14% went to RRH- 4 of those referrals remained active past the time standard, 3 that have since been unassigned and 1 that still remains active. 1 w/ ASI HPO RRH 37 days past CES time standards for Medium term RRH - HH size of 5, took 9 days to complete intake (below CES time standard of 14 days) lacked urgency in applying for units early on in the housing process, access to internet was a barrier at one point, but ASI gave option to go to there office to apply for units online. The delay did cause units to become unavailable and rented out to others instead. Other barriers for units considered were having to make 2x the income, another only had a 9 month lease. Currently 2 applications are in pending process.
- 6 or 11% were to PSH - 6 of those went active past the CES time standards all of which were eventually unassigned. 3 of the unassignments were due to No contact from POR and or CM agency, 2 of which the POR replied after unassignment, but at that point KP was short handed and declined to take a pause on taking referrals . 2 for resolved cases, one which recently came up that one of those were not actually resolved and still need assistance, CES will look to re-refer that family when KPHC has availability again13 of the family referrals made in June were Housed within the CES time standards, 5 that were housed past the CES time standards.

	18 of the 56 referrals were unassigned, 7 of them were unassigned within the CES time standard and 11 that went past the CES time standard but have since been unassigned. - Of the 56 referrals made in June, there were 16 that were ACTIVE past the CES time standard. There are still 20 that remain active as of today - 19 w/EHV 1 w/ ASI HPO RRH 37 days past CES time standards for Medium term RRH - HH size of 5, took 9 days to complete intake (below CES time standard of 14 days) lacked urgency in applying for units early on in the housing process, access to internet was a barrier at one point, but ASI gave option to go to there office to apply for units online. The delay did cause units to become unavailable and rented out to others instead. Other barriers for units considered were having to make 2x the income, another only had a 9 month lease. Currently 2 applications are in pending process. Youth RYSE is opening a new Youth Permanent Housing program! Details are still being ironed out, but the units will be located in town and the units are subsidized. I believe rent will be around \$500/month. There are a number of youth who are employed on the Number Next list and we're hoping to fill these spots within the coming months. RYSE and CES will be meeting to ensure that there is a prioritization in place for this resource. Domestic Violence Family Promise's new rapid re-housing (RRH) program – will start taking referral 11/1 Veterans - Inflow is up 20 on veteran BNL - Time-to-house is decreasing. - Document collection is increasing.	
Meeting Adjourned	Meeting adjourned at 11:35am NEXT MEETING: Thursday, December 15th, 2022, 10am – 11:30am	