



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, January 19th, 2023

Attendees:

- AlohaCare: Rhea Nuguid
- Catholic Charities Hawaii: Zoe Lewis
- Child and Family Services: Jessica Oda
- Family Promise: Morgan Barrett, Ryan Catalani
- Hawaii Health and Harm Reduction/Care Hawaii: Jennifer Tehotu
- IHS: Connie Mitchell
- Kaiser: Charisse Solomon
- Legal Aid: Connie Liu
- Ohana Health Plan: Duke Maele
- PIC: Morgan Esarey, Brynn Miranda, Julia Wolfson, Michael Kleiber, Brandie Morales, Lauren Thielen,
- Wallace Engberg, Joshua Fuentes
- Queens: Danny Cheng
- United Healthcare: Roddy Marengo
- VA: Lindsey Kaumeheiwa, Art Minor

Discussion	Next Steps
<p>I. Welcome / Introductions</p> <p>Safety Story</p> <p>EPIC/CWS shared different success stories that utilized different service providers within the COC:</p> <ol style="list-style-type: none"> 1. Family Promise: prevented homelessness for pregnant mother and worked with CFS to increase financial assistance 2. ASI: CM Bella assisted family with felony barrier to secure housing, allowing for reunification 3. KWO: Danni able to immediately place mother and children into emergency shelter for a mother who was almost attacked outside of POST. Family eventually transitioned to permanent housing. <p>IHS shared two success stories</p> <ol style="list-style-type: none"> 1. VA: Client with a medical barrier was able to move into an IHS medical respite home to stabilize safely and is now more likely to be successful in independent housing. Another Veteran was referred to IHS from the VA and was able to conquer substance abuse challenges and move into housing. 	
<p>II. Meeting Minutes</p> <p>December Minutes approved at 10:11am (moved by Danny Cheng, seconded by Zoe Lewis)</p>	Minutes Approved
<p>III. Goal Setting</p> <p>a. Hospitalized sub-population</p> <p>Danny:</p> <ul style="list-style-type: none"> • Focus on hospitalized patients as separate subpopulation • Identify social worker(s) to assist in coordination and have monthly meetings • Create flag in medical records to identify homeless patients • Less than 50% of hospital users are captured in HMIS <p>Connie:</p> <ul style="list-style-type: none"> • HIPAA barriers • Consider broadening CES system to share more info with hospital social workers 	Danny to reach out to Castle, Kapiolani, and Straub to get information on DV, women & children, veterans - ask if they have the resources and connections to connect homeless individuals to

<ul style="list-style-type: none"> • BAA IHS has with Queen’s allows agency to view information on hospitalization, emergency department visits. Can this be expanded to the broader COC? <ul style="list-style-type: none"> ○ Increase access to demographic information, location, treatment type • IHS has seen population of individuals with higher acuity drastically increase in shelters • What types of HLOC does COC need to advocate for? • Increase access to HMIS for hospital social workers <p>b. Incarcerated</p> <p>Danny:</p> <ul style="list-style-type: none"> • Research methods used in other COCs to get oversight on interaction and services for incarcerated population. <p>Laura:</p> <ul style="list-style-type: none"> • Safety Net Hui legislation <ul style="list-style-type: none"> ○ Senator Moriwaki - looking for improvements on systemic issues in the jails and increasing in-reach, getting services in place before inmates are released and focusing in-reach efforts towards housing. ○ Concerns: in-reach stopped due to COVID, lockdowns, lack of COs on the floor, systemic issues within the jails. ○ Laura can find out more from Senator Moriaki and share back with Oversight. <p>Connie:</p> <ul style="list-style-type: none"> • For a lot of folks coming out, employment is extremely important, almost more important than housing. There is a need for more TH and programming for people coming out. Providing a full subsidy for people re-entering is not sustainable if they do not have their own income. • There are different classifications of release: supervised release (parole/probation), maxed out release • Contact re-entry POC with Dept. of Corrections and Rehabilitations <p>Danny: Goal for this calendar year is to better understand this population, know what it looks like and build upon it. This could mean inviting folks from re-entry to talk about this subpopulation, its challenges, and give them HMIS access where needed.</p>	<p>services. Invite to this meeting if appropriate.</p> <p>CES to contact YHDP Diversion, re-entry with DPS/DCS</p> <p>Connie to connect CES with re-entry POC with Dept. of Corrections and Rehabilitations</p> <p>CES to research other CoCs collaborations with re-entry population</p> <p>Laura to follow up on Senator Moriwaki’s efforts and share back with the group</p>
<p>IV. Resource/Policy Updates</p> <p>a. Oahu Housing Now (OHN) Rapid Re-Housing (RRH)</p> <p>b. Emergency Housing Vouchers (EHVs)</p> <ol style="list-style-type: none"> a. Time standards b. Hawaii Public Housing Authority (HPHA) Notes from Loke: Trying to get an extension with HPHA to utilize what has not been spent down from the contract (roughly 5 months of spending). 3 more households to house to meet the 182 vouchers. The hope is to be able to provide training to households on how to recertify through EHV so they are equipped when PIC is no longer assisting. PIC is working with 60 households to get signatures for voucher orientations that HPHA couldn't find. c. City Public Housing Authority (City PHA) CES is referring all households we can in one batch. Length of time from referral to voucher is 3-4 months. PIC is trying to assist as much as possible to get these households in. <p>c. Program utilization CES reached out to HPO on any concerns they have on program utilization. Waiting to hear back. PIC meeting w/AUW to ensure grants are fully utilized and programs don’t go unspent.</p> <p>Connie:</p> <ul style="list-style-type: none"> • These programs turn over a lot of households to EHV. Utilization was highly impacted by EHV vouchers. <p>Morgan:</p>	<p>PIC meeting with AUW in the next month on consolidated grantees and their spend down</p>

<ul style="list-style-type: none"> • Able to reach non-chronically homeless CCS households on BNL and refer to Steadfast -> direct result of the positive effects of EHV resources. <p>d. Data Committee Stronger feedback loops, involving data committee to highlight info Wallace:</p> <ul style="list-style-type: none"> • EHV has been skewing housing placement data based on the current CES time standards. LOT to house has taken significantly longer due to extensive paperwork, number of clients referred at one time and staffing barriers. Need to redefine time standards for EHV. <p>Connie:</p> <ul style="list-style-type: none"> • Divide up time standards between PIC EHV program tasks and City/State PHA tasks. <p>e. Planning Committee f. Special Requests Workgroup</p> <ul style="list-style-type: none"> a. Documentation needed for “vulnerability to victimization” criteria <ul style="list-style-type: none"> i. Follow up with clinical team to define <p>g. Discharge from PSH programs</p> <ul style="list-style-type: none"> a. Ask programs to notify CES prior to discharge – CES P&P’s, Planning Committee, Written Standards CES is asking for more collaboration before discharge from a PSH program to avoid clients exiting to homelessness or reentering the system. Could be an Ohana conference with CES to weigh all options and see if a lateral transfer is possible 	<p>CES and Wallace to update EHV time standards so that it no longer skews data</p> <p>CES to send email discussion</p> <p>CES to work on ideas for how to incorporate discharge planning from PSH, bring back to oversight and planning</p>
<p>V. New Business</p> <p>a. CES Oversight Committee Refinement</p> <ul style="list-style-type: none"> a. Roles & Responsibilities of Oversight Committee b. Oversight description c. Oversight participation <ul style="list-style-type: none"> i. Who from PIC members are signed up for CES Oversight ii. Oversight committee to create a small group and assign people to reach out to missing stakeholders and encourage their participation Missing: Gov office, AMHD, Mayor’s office, dept of health, seniors losing their housing, lived experience, OLEC, APS, hospitalized, incarcerated, funders, Medicaid <p>b. Coordinated Assessment Workgroup c. Active / Inactive statuses on by-name list d. Medicaid</p> <ul style="list-style-type: none"> a. Follow up with Medicaid on how CIS can support PSH case management b. Follow up with Medicaid regarding what health plans can do for housing medically fragile households 	<p>CES to send out committee description, measures, and roles. Review first thing in Feb meeting.</p> <p>After Jan 31st, Elliot to send member list to CES</p> <p>CES to review 2022 attendees</p>
<p>Meeting adjourned at 11:32am NEXT MEETING: Thursday, February 16th, 2022, 10am – 11am</p>	