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 – 11AM, February 16th, 2023

Attendees:
AlohaCare: Rhea Nuguid
Catholic Charities Hawaii: Zoe Lewis
Child and Family Services: Jessica Oda
Kaiser: Charisse Solomon
MedQuest: Madi Silverman
Ohana Health Plan: Duke Maele
PIC: Morgan Esarey, Brynn Miranda, Julia Wolfson, Michael Kleiber, Brandie Morales, Lauren Thielen, Elliot Woods
Queens: Danny Cheng
United Healthcare: Camille Simon
VA: Lindsey Kaumeheiwa

Discussion	Next Steps
I. Welcome / Introductions Safety Story 1. Julia: Client referred to KPHC New Beginnings PSH. Client's mom providing temporary in-home care as process to assign 1147 services can take time. Creative solution to ensure safety in housing and eliminate barriers. 2. Danny: Queen's high utilizer facing behavioral health concerns for years. Patient submitted a complaint to Queens. Danny spoke with patient's family member and had a candid conversation about how compassion fatigue is common in systems of care. Helped him to humanize the situation.	
II. Meeting Minutes January Minutes approved at 10:16am (moved by Danny Cheng)	Minutes Approved

III. New Business
 a. CES Oversight Committee Refinement
    a. Roles & Responsibilities of Oversight Committee
       i. No suggested changes from committee
    b. Oversight description
       i. CES researching what HUD's bare minimum requirements are for an Oversight Committee
       ii. Measures: Danny suggests choosing a few of the 7 measures to focus on in data reporting
          1. Points 1 and 2 are not part of current Oversight dashboard, would need to be incorporated. 3-7 are included in dash. CES to speak to Clarity to see if 1 and 2 can be an auto pull to decrease what we're doing manually.
    c. Oversight participation
       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
	CES researching bare minimum HUD requirements for a CES Oversight Committee
	
	Queens reaching out to KPHC, hospitals, WCCHC
	
	CES to update Oversight invite to include new committee signups
	
	CES to work on incorporating CES Oversight Measures 1 and 2 in Clarity

b. Coordinated Assessment Workgroup
    a. CES has been in touch with HUD TA, waiting for their availability to begin planning for the workgroup. TBD
c. Active / Inactive statuses on by-name list
    a. Definition of active: Any open enrollment (other than a VISPDAT) or a VISPDAT within the last 90 days. In terms of keeping someone active, CES is looking to include ANY activity on the client profile such as case notes, uploading a document, etc. Goal is to only refer active households for housing referrals to maximize utilization of resources.
        ii. Danny: Do active status households tend to end in more success than inactive? Are we currently skipping inactive?
        iii. Michael: CES does not skip inactive households currently, but we have tracked that active people tend to have more placement success. Hoping to bring this question back once we get the tool working accordingly in Clarity.
        iv. Danny: Who upkeeps/owns HMIS?
        v. Laura: Upkeep of client data is whoever the main POC is, but PIC is the lead agency for HMIS and CES, we are the contracted agency to manage both systems per HUD's mandate.
        vi. Morgan: Providers will be able to utilize the 'care teams' feature within Clarity that displays all providers/health plan that are connected to the client. Need to define what makes someone active/inactive with Clarity, we don't want to screen out unnecessarily
        vii. Danny: Active/inactive could encourage providers to enter data consistently into HMIS. Maybe adjusting the enrollment timeline from 90 days to 120 days as it seems a bit tight.
        viii. Michael: The cost of screening out inactive is that high barrier clients are more difficult to engage. However, we're currently bearing the cost of resources going underutilized.
        ix. Lindsey: If enrollments are less cumbersome in Clarity, VA may consider using it
	fix 'statewide' HMIS committee to CoC wide in CES P&P's
	
	CES/HMIS to see what active/inactive will look like in Clarity, bring back to Data and Oversight Committees to vote on this as a prioritization method in the future.

d. Medicaid
    a. Follow up with Medicaid on how CIS can support PSH case management, concerns regarding CIS authorization overlapping PSH program intakes, and what health plans can do for housing medically fragile households
        i. CCS and CIS – one service must stop before the next one can start. Warm handoffs are difficult for those reasons. Care HI and Steadfast are trying to work this out.
        ii. Health plans/Medicaid have been working together to streamline and address issues. Per Madi: stepping back due to upcoming retirement. New leadership for CIS. Some changes will be made to CIS operations. Still working on the PSH CM piece and may reach back out to PIC/CES.
        iii. Duke shared that he has been able to facilitate warm handoff for CCS members enrolled in CIS by sending an email to the CCS CM to inform who the CIS CM is to encourage collaboration.
e. New Sub-populations
    a. Hospitalized
        i. Danny is continuing to reach out to hospitals who seem to be very overloaded currently. Also has tried contacting James Koshiba but hasn't had a reply back yet.
    b. Incarcerated
        ii. Julia contacted YHDP Diversion, CES is meeting with the team next week for overview of program and may invite to Oversight in the future
f. Family Sub-Committee, Thursday, February 23, 10 – 11am
    a. Presenting data and bringing up barriers/gaps within family system.
	Madi to send a CIS program overview to CES
	
	CES to follow up with Laura on Senator Moriwaki's efforts for re-entry and share back with the group

g. Oahu Initiative to End Veteran Homelessness
    b. The initiative is to create a team that targets Vets identified as needing a higher level of care outside of Vet system/CES resources. Identified 28 Veterans at the beginning of 2023, number has grown to about 35. 14 clients have since been removed due to cases resolved.
    c. Team right now is Michael and Macy S with US Vets
        i. Looking for a Peer Support Specialist and CM who specializes in behavioral health/substance use. Hoping to expand to include full-time staff to work on this specific list of people. In person check in taking place March 15 at Kaiser with the leadership team to give a report on progress and next steps
h. Kauhales
    a. Historically, it has been difficult for Kauhales to receive referrals through CES due to the units not being subsidized, resulting in higher rents. These units require income stability. These are great resources but might make more sense to utilize the LEP team to find clients to send.
    b. Morgan: If CES did referrals straight from the BNL, it would likely result in a lot of unassignments due to specific requirements
    c. Danny: Does not seem in alignment with CES efforts due to the various requirements
    d. Camille: LEP filling units at Kauhale's makes a lot of sense. Rent and utility relief programs run by CNHA and CCH could identify some people
	PIC/CES to meet with Kauhale gr antees

IV. Resource/Policy Updates
  a. Emergency Housing Vouchers (EHVs)
    a. Time standards
        i. CES removed EHV out of time standards in effort to not skew data on oversight report
    b. Hawaii Public Housing Authority (HPHA)
        i. Completed EHV contract. HCV waitlist could open soon, leave on agenda
    c. City Public Housing Authority (City PHA)
        i. City opened and closed regular HCV waitlist last week (2/6-2/10)
  b. Program utilization
    a. Working with AUW and consolidated grantees (KPHC, IHS, Steadfast)
  c. Data Committee
  d. Planning Committee
  e. Special Requests Workgroup
    a. Documentation needed for "vulnerability to victimization" criteria
    b. CES contacted Danny, Connie, Juanito to set a time to meet about the special request process. Waiting on reply.
  f. Discharge from PSH programs
    a. Ask programs to notify CES prior to discharge – CES P&P's, Planning Committee, Written Standards
	CES to work on ideas for how to incorporate discharge planning from PSH, bring back to oversight and planning

Meeting adjourned NEXT MEETING: Thursday, March 16th, 2022, 10am – 11:30am	CES to send March meeting data report to committee, asking members to review before the meeting