

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	
 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	CES researching
a. CES Oversight Committee Refinement	bare minimum
a. Roles & Responsibilities of Oversight Committee i. No suggested changes from committee	HUD requirements for a CES
b. Oversight description	Oversight
i. CES researching what HUD's bare minimum requirements are for an Oversight Committee	Committee
ii. Measures: Danny suggests choosing a few of the 7 measures to focus on in data reporting	Queens reaching out to KPHC,
1. Points 1 and 2 are not part of current Oversight dashboard, would need to be incorporated. 3-7 are	hospitals, WCCHC
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.	CES to update Oversight invite to include new
c. Oversight participation i. Who from PIC members are signed up for CES Oversight	committee signups
 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 to work on incorporating CES Oversight Measures 1 and 2 in Clarity

PARTNERS IN CARE, OAHU'S CONTINUUM OF CARE

200 North Vineyard Boulevard • Suite 210 • Honolulu, Hawaii 96817 • www.PartnersinCareOahu.org

 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 with the last 90 days. In terms of keeping someone active, CES is looking to include ANY activity on the client profile such as case other notes: uploading a document, etc. Goal is to only refer active include any success than inactive? Are we currently skipping inactive? ii. 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 on one we get the tool working accordingly in Clarity. w. Danny: Who upkeeps/owns HMIS? w. 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. w. 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 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. wiii. Michael: The cost of screening out inactive is that high barrier clients are less cumbersome in Clarity. VA may consider using it d. Medicaid a. Follow up with Medicaid on how CIS can support PSH case management, concerns regarding CIS suthorization overlapping PSH program intakes, and what health plans can do for housing medically regile households. i. Dicks shared that heals plans can do for housing medically fragile households are officult for those reasons. Care HI and Steadfast are trying to work this out. ii. Health plans/Medicaid have been working together to st			
 e. Active / Inactive statuses on by-neme list a. Definition of active: Any open enrollment (other than a VISPDAT) or a VISPDAT within the last 90 days. In terms of keeping some 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 and the only refer active situs households for housing referrals to maximize utilization of resources, once we get the tool working accordingly in Clarity, 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, but we have tracked that active seconds for 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. wi. 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 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. wiii. 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 metrulized. w. Lindsey: If enrollments are less cumbersome in Clarity, VA may consider using it. 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 scan 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 streamine next week for overview of program and may invite to Dver	b.	Coordinated Assessment Workgroup	*fix 'statewide'
 Active / Inactive statuses on by-name list 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 no the client profile such as cases notes, uplaading a document, etc. Goal is to only refer active households for housing referrals to maximize utilization of resources. ii. Damy: Do active status households tend to end in more success than inactive? Are we currently skipping inactive? iii. Michael: CES does not skip inactive housestion back once we get the tool working accordingly in Clarity. iv. Damy: 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 cuild encourage providers to enter data consistently into HMIS. Maybe adjusting the enrollement timeline from 90 days to 120 days as it seems a bit tight. vi. 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. i. CCS and CIS – one service must stop before the next one can stat. Warm handoffs are difficult for those reasons. Care H1 and Steadfast are trying to work this out. ii. Health plans/keed that he has been able to facilitate warm handoff for CCS metDrs = nonciled in CLS by sending an email to		a. CES has been in touch with HUD TA, waiting for their availability to	HMIS committee
 a. Definition of active: Ary open enrolliment (other than 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 and the book sholds for housing referrals to maximize utilization of resources. ii. Damy: Do active status households ted to end in more placement success. Hoping to bring this question back once we get the tool working people that 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 dont want to sorcere out unnecessarity viii. Michael: The cost of screening out inactive is that high barrier clients are more difficult to engage. However, we're currently barring the cost of resources going underuilized. ix. Lindsey: If enrollments are less cumbersome in Clarity. VA may consider using it d. Medicaid a. Follow up with Medicaid on how CIS can support PSH case management, concerns regarding CIS suthorization overlapping PSH program intakes, and what health plans can do for housing medically fraglie households. i. CCS and CIS – one service must stop before the next one can start. Warm handdfifs are difficult for those reasons. Care H1 and Steadfast are trying to work this out. ii. Health plans/Medical have been working together to streamline and address issues. Per Mad: stepping back due to upcoming retirement. New tedership for CLS. Some changes will be made to CL			
 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. Honjin tactive households currently. iv. Danny: Who upkeeps/owns HMIS? v. Laura: Upkeep of client data is whoever the main POC is, but PIC is the lead 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 will be able to utilize the 'care teams' 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. i. CCS and CIS – one service must stop before the next one can stat. Warm handoffs are difficult for those reasons. Care H1 and Steadfast are trying to work this out. ii. Health plans/Kedical dhave been working together to streamline and address issues. Per Mad: stepping back due to upcompain yreach 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. New Sub-populations Hospitalized i. Julia contacted YHDP Diversion, CES is me	C.		CES P&P's*
 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 active status households for housing referrals to maximize utilization of resources, in active? 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 for HMIS and CES agency agenc			
 notes, uploading a document, etc. Goal is to only refer active households for housing referrals to maximize utilization of resources. iii. Danny: Do active status households tend to end in more success than inactive? Are we currently skipping inactive? iii. Michaei: 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 to Data and Oversight. iv. Danny: Who upkeeps/ourse MIMS? 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 will Clarity, we don't want to screen out unnecessarily urganise that are connected to the client. Need to define what makes someone active/inactive will Clarity, we don't want to accertently into HMIS. Maybe adjusting the enrollment timeline from 90 days to 120 days as it seems a bit tight. viii. Michaei: The cost of screening out inactive is that high barrier clients are more difficult to engage. However, we're currently bearting the cost of resources going underutilized. i. Lindsey: If enrollments are less cumbersome in Clarity, VA may consider using it 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 raided at a transiting to work this out. ii. Health plans/Medicaid have been working together to streamline and address issues. Per Madi is tepping back to be upcoming refirement. New leadership for CIS. Some changes will be made to CIS operations. Still working on			CES/HMIS to see
 households for housing referrats to maximize utilization of resources. ii. Danny: Do active status households tend to end in motive? iii. Michael: CES does not skip inactive households 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 clent 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 void agas 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 oping underutilized. i. Lindsey: If enroliments are less cumbersome in Clarity, VA may consider using it 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 streamling and address issues. Per Madi: stepping back due to upcoming retirement. New leadership for CIS. Some changes will be made to CIS comerbers 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<td></td><td></td><td></td>			
 ii. Danny: Do active status households tend to end in more success than inactive? Are we currently kipping 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 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. ii. Duike shared that he has been able t			
 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. Danry: 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 resources going underutilized. i. CCS and CIS – one service must stop before the next one can start. Warm handoffs are difficult for those reasons. Care H and Steadfast are trying to work this out. ii. Health plans/Medicaid have been working together to streatiline and address issues. Fer 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 CIS some stred contacting James Koshiba but has thad a reply back yet. b. Incarcerated ii. Juia contacted YHDP Diversion, CES is meeting with the team mext week for overview of program and may invite to Oversight in the future CES to follow up with a display all providers back with arran on streat week for overview of program and may invite to Oversight in the future 		•	
 iii. Michael: CES does not skip inactive household's 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 with Clarity, we don't want to screen out unnecessarily viii. Michael: The cost of resources going underutilized. ix. Lindsey: If enroliments are less cumbersome in Clarity, VA may consider using it 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 CLS periodins. a. Hospitalized i. Juita contacted YHDP Diversion, CES is meeting with the team mext week for overview of program and may invite to Oversight in the future f. Family Sub-Committee, Thursday, February 23, 10 – 11am 			0
 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/origin to have more difficult to be and the contracted 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 viii. 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 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 Mail: 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. ii. Duke shared that ha 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<td></td><td></td><td></td>			
 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 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. 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 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 tragile 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/fleedicaid have been working together to streamline and address issues. Per Mad: 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. ii. Duke shared that ha been able to facilitate warm handoff for CCS members enrolled in CIS by sending an email to the CCS CM to infor			
 income 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 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 b. Incarcerated ii. Juli			
 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 undertuilized. ix. Lindsey: If enrollments are less cumbersome in Clarity, VA may consider using it 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 ha 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 b. Incarcerated ii. Julia contacted YHDP Diversion, CES is meeting with the team next week			
 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 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. Sill 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 v			
 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 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. 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 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 i. Danny is continuing to reach out to hospitals who seem to be very overioaded currently. Also has tried contacting James			luturo.
 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 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. 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 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 refirement. 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 i. Joanny is continuing to reach out to hospitals who seem to be very overloaded currently. Also has tried contacting			
 wi. 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 wii. 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. wiii. 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 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 CCM 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			
 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 viii. 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 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, Febr			
 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 viii. 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 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, Febr		vi. Morgan: Providers will be able to utilize the 'care teams'	
 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 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 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 			
 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 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. Junia 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 		that are connected to the client. Need to define what makes	
 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 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. 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 		someone active/inactive with Clarity, we don't want to	
 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 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		screen out unnecessarily	
 enrollment timeline from 90 days to 120 days as it seems a bit tight. wiii. 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 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 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 			
 bit tight. wiii. 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 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 			
 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 enroliments are less cumbersome in Clarity, VA may consider using it 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. 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 			
 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 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 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 			
 currently bearing the cost of resources going underutilized. ix. Lindsey: If enrollments are less cumbersome in Clarity, VA may consider using it 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 			
 ix. Lindsey: If enrollments are less cumbersome in Clarity, VA may consider using it 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. 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 			
 may consider using it 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. Hoospitalized 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 			
 d. Medicaid 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 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. 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 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. 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. Uncus bared 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 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. Incarcerated 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 		may conclude using it	
 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 	d.	Medicaid	Madi to send a
 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. Follow up with Medicaid on how CIS can support PSH case	CIS program
 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 			overview to CES
 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 			
 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 			
 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 			
 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 			
 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 			
 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 			
 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 			
 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 			
 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 			
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			
 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. Hospitalized 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. Incarcerated			
 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 	e.	New Sub-populations	
 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 			
Koshiba but hasn't had a reply back yet.CES to follow up with Laura on Senatorb. 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 futureCES to follow up with Laura on Senator Moriwaki's efforts for re-entry and share back withf. Family Sub-Committee, Thursday, February 23, 10 – 11amSenator Noriwaki's efforts for re-entry and share back with			
 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 			
 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 			•
next week for overview of program and may invite to Oversight in the future f. Family Sub-Committee, Thursday, February 23, 10 – 11am Moriwaki's efforts for re-entry and share back with			
in the future for re-entry and for re-entry and f. Family Sub-Committee, Thursday, February 23, 10 – 11am share back with			
f. Family Sub-Committee, Thursday, February 23, 10 – 11am share back with			
	f		-
	••		

	<u></u>		
g.	b.	nitiative to End Veteran Homelessness 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. 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.	Kauha		PIC/CES to meet
		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.	with Kauhale gr antees
	b.	o o o o	
	-	in a lot of unassignments due to specific requirements	
	C.	Danny: Does not seem in alignment with CES efforts due to the various requirements	
	Ь	Camille: LEP filling units at Kauhale's makes a lot of sense. Rent and	
	u.	utility relief programs run by CNHA and CCH could identify some people	
IV. Res	source/l	Policy Updates	
		ency Housing Vouchers (EHVs)	
	a.	Time standards	
	b.	 i. CES removed EHV out of time standards in effort to not skew data on oversight report 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.		m utilization	
		Working with AUW and consolidated grantees (KPHC, IHS, Steadfast) committee	
c. d.		ng Committee	CES to work on
u. e.		l Requests Workgroup	ideas for how to
0.		Documentation needed for "vulnerability to victimization" criteria	incorporate
		CES contacted Danny, Connie, Juanito to set a time to meet about the	discharge
		special request process. Waiting on reply.	planning from
f.		rge from PSH programs	PSH, bring back to
	a.	Ask programs to notify CES prior to discharge – CES P&P's, Planning	oversight and
		Committee, Written Standards	planning
	g adjour M⊑⊑⊤IN		CES to send March meeting
INEAT		IG: Thursday, March 16th, 2022, 10am – 11:30am	data report to
			committee, asking
			members to
			review before the
			meeting