



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, March 30th, 2023

Attendees:

PIC: Morgan Esarey, Julia Wolfson, Michael Kleiber, Brandie Morales, Lauren Thielen, Sara Ironhill, Joshua Fuentes, Berta Maldonado

AUW: Kayla Keehu-Alexander

CCH: Ruth Tuinei, Lanaytte Paia, Nikki Gregory, Zoe Lewis, Adrian Contreras

CFS: Jessica Oda

Epic Ohana: Chassidy Shino

Family Promise: Morgan Barrett

HMSA: Alyssa Jaravata, Desiree Vea

Medicaid: Madi Silverman

Queens: Aiyana Kanaokaole, Danny Cheng, Jaylene Benigno

UHC: Roddy Marengo, Camille Simon

US Vets: Richard Kaai, Macy Sevaaetasi, Troy Moreno

YWCA Oahu: Alaisa Skelton

Discussion	Next Steps
<p>I. Welcome / Introductions</p> <p>Safety Story</p> <p>CCH Housing First PSH: Client was a lateral transfer from US Vets Housing First PSH program after falling out of housing/unsuccessful placements. CCH offered client several units which were either denied by client due to trigger areas or denied by the landlord. Client was in and out of the hospital during the referral, and had anxieties about areas of the island and ensuring she had in home care established through her healthplan. After losing engagement for weeks at a time, client was unassigned. Client advocated for herself and felt her unassignment was unwarranted. After review between CES, CCH and the healthplan, the referral was reopened on conditions that the client would engage and move forward with setting up in home care and accepting a unit. Client is now housed!</p>	
<p>II. Meeting Minutes</p> <p>February Minutes approved at</p>	Minutes Approved
<p>III. New Business</p> <p>AUW Consolidated PSH Grant Review and Discussion</p> <ul style="list-style-type: none"> • Kayla: We are accountable for 305 vouchers to be occupied with the \$5.6 million grant. A chunk of that goes to staff, 305 vouchers have been used. There is money left over but the current subrecipients are running into barriers of getting everyone housed in a timely manner. The current grant cycle ends 5/31/23, the remaining funds can provide rental assistance through the end of June (if payment is submitted for June by 5/31). <ul style="list-style-type: none"> i. AUW has sent out a notice seeking subrecipient(s) to team with IHS, Steadfast and KPHC. AUW can add 1-2 more subrecipients. The case management and support services are priorities. ii. Goal is to house about 15 clients by the end of May 2. Prioritization for AUW PSH referrals 	How can CES improve process for CHVL/DVL to ensure that is streamlined

<ul style="list-style-type: none"> • All HUD CoC grants prioritize chronically homeless households. A UW is the only grant that can provide services to people who are not chronically homeless. • CES requests that the committee assist with approving special requests for 3 households that are not chronic (outlined below) • CES suggestions to try to get people referred and housed as quickly as possible: <ul style="list-style-type: none"> i. Option 1: Disregard VI score. Refer clients based on the chronic homeless status and having CHVL/DVL verified regardless of VI score <ul style="list-style-type: none"> 1. CES is already doing this. For those who have high VI, they are on the pathway to be referred to PSH already. There are however several households who have a score of 10, and if they had a score of 11 they'd be in the PSH range. CES looked at all chronic households who have CHVL and DVL and found 32 households. This number could go up if more providers upload the necessary documents for referral. ii. Option 2: Disregard chronic homeless status and VI score. Refer those with CCS/AMHD case management <ul style="list-style-type: none"> 1. This comes to x households. CES is talking to CIS to see what their capacity is to support these households under the program. • Per CES Policies and Procedures, CES is already able to: <ul style="list-style-type: none"> i. Refer current RRH program participants to PSH. Provider would have to document that head of households met CH criteria prior to RRH enrollment. <ul style="list-style-type: none"> 1. Clients could lease in place (if current LL will accept PSH funds) 2. The voucher would follow the client if they needed to move. Rent reasonableness, cost of unit etc. Is the same across RRH and PSH ii. EHV – can house in PSH if they fall in the ranges above. This would be the move on strategy. • Youth PSH <ul style="list-style-type: none"> i. When clients age out, youth agencies are serving clients who are no longer in their age range. CES can do lateral transfers to adult programs when appropriate • Danny: has this happened in the past? What has PIC done before? Do we have a process outlined? <ul style="list-style-type: none"> 1. CES could refer the next 15. We talk about the next ~100 every other week but docs (CHVL/DVL) seem to be the barrier to getting referral. Clients may be disengaged adding to that barrier. What we've been doing to mitigate is only refer clients who have CHVL and DVL that are required for housing placement (eligibility docs). 2. Danny: eats away at the point of having a list, why wait in line if the line will be thrown off 3. Laura: I monitor spenddowns for all the grants. Programs must do their drawdowns so we can see this. We get a quarterly report from HUD that says they're on track, or not. We follow the guidelines of prioritization until situations like this occur. Not a perfect process, but that's why we have the Oversight Committee to assist us in decision making 	<p>CES to investigate why those at the top of the list are being skipped, how to engage these households</p>
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<p>4. CES echoes Danny’s point. Why would we ever skip the most vulnerable households</p> <p>ii. Roddy: this could be an opportunity to serve those who might fall through the cracks (based on VI score, not being chronic etc.)</p> <p>iii. What makes an agency equipped to handle the subrecipient role? They must be able to pay for vouchers and get reimbursed.</p> <ol style="list-style-type: none"> 1. Kayla: A handful of agencies are interested, interviews being scheduled 3/30 and 3/31. Looking for a 4th subrecipient for the next grant cycle as well as this has been a problem over the last few years. AUW is on board with assisting those who maybe don’t have the score but absolutely need the resource, even if they don’t check all the boxes. 2. CM piece has been a barrier. 2 of 3 don’t have in house CM and they outsource to other agencies. There is limited oversight due to it being an outside agency. Dream request is to have clients who have CM already. 3. Laura: Or a program that has in house CM to serve as the 3rd of 4th subrecipient <ul style="list-style-type: none"> • Vote: <ol style="list-style-type: none"> i. Danny votes to prioritize chronically homeless households regardless of VI score ii. Roddy: votes to prioritize those who have a history of homelessness but might not meet chronicity at this time (so they don’t have to stay on street just to meet chronicity for the resource they need) iii. All in favor, none opposed to CES prioritizing households with CCS/AMHD coverage regardless of chronic homeless status <ol style="list-style-type: none"> 1. Not looking to completely bypass the list, asking for permission to go further down the list outside of prioritization if necessary 	<p>CES to identify 15-20 households with CCS/AMHD coverage to refer once AUW signs on subrecipient(s)</p>
<p>IV. Program/Sub-Pop Updates</p> <ul style="list-style-type: none"> • Special requests for PSH prioritization <ul style="list-style-type: none"> ○ Poorly Konman <ul style="list-style-type: none"> ▪ Currently housed at ASI Ohana Ola, not chronically homeless. Family of 9 (or 10). 2 adults and 7-8 minors. Head of household has kidney failure since summer of last year has been in and out of hospital and attending dialysis. Unable to perform ADLs. Spouse’s health conditions are worsening. He and their 18 y/o daughter provide care. All children are in elementary or high school. They were working prior to the health issues, became hospitalized in June and haven’t been able to work since. The other half had to help care for her and his condition also worsened, keeping him from working. ▪ ASI has linked them with SSI benefits, they only were allotted about \$241/month. They also speak Chuukese. ASI is working closely with AlohaCare to set up care coordination. ▪ All in favor, none opposed to moving family on to PSH (AUW Consolidated grant) ○ Puamaole Cook <ul style="list-style-type: none"> ▪ CCH team is tied to case. Severity of need: Family of 4 (3 children). 2 children are with client’s mother so she can focus on her mental health that is declining. She is currently ineligible for PSH due to lack of chronicity. Client has been in TH since April 	<p>CES to prioritize all 3 households for PSH through the AUW Consolidated Grant, or first available.</p>

<p>of 2021. Discussing special request for her case. Had heart surgery in 2022, continuous condition. 2 holes in heart, one closed and one is growing. Also has mental health diagnoses which is deteriorating at this time. Family does not have CCS or AMHD</p> <ul style="list-style-type: none"> ▪ Nikki: doctor was willing to write a note in support of her getting PSH ▪ Richard Kaai votes in support of moving forward to PSH <ul style="list-style-type: none"> • Recommendation to focus on client's mental health services/supports ▪ All in favor, none opposed to moving family on to PSH (AUW Consolidated grant) <p>○ Ander Andreas</p> <ul style="list-style-type: none"> ▪ Ander had a special request and was referred to PSH 2 years ago. Unassigned due to hospitalization on Big Island and entered a long-term care facilitated. Has since returned back to Oahu. Healthplan working on getting in home care as gf is providing currently but she has a job. ▪ Because of his last 2 years of hospitalization, he is no longer chronic but needs the resource ▪ PSH is seemingly his last option. <ul style="list-style-type: none"> • Tried Palolo housing but he was denied due to credit score • He has applied for Honolulu area Public Housing. Waiting on eligibility. This could serve as graduation from PSH if he gets it ▪ All in favor, none opposed to moving family on to PSH (AUW Consolidated grant) <p>V. Program/Sub-Pop Updates</p> <ul style="list-style-type: none"> a. Singles b. Families c. Veterans <ul style="list-style-type: none"> a. Oahu Initiative to End Veteran Homelessness d. Youth e. Domestic Violence 	<p>CES is working on extensive data reporting</p>
<p>Meeting adjourned NEXT MEETING: Thursday, April 20th, 2022, 10am – 11:00am</p>	