# 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, April 20th, 2023

**Attendees:**
PIC: Morgan Esarey, Julia Wolfson, Michael Kleiber, Brandie Morales, Brynn Miranda, Laura Thielen, Sara Ironhill, Joshua Fuentes, Aubrey Pellicano

Catholic Charities: Zoe Lewis
Child & Family Services: Jessica Oda
HMSA: Karissa Cheng
IHS: Connie Mitchell
Mana Pono Holomua: Thelma (Angel) Heath
Medicaid: Madi Silverman
Ohana: Duke Maele
Queens: Danny Cheng
United Healthcare: Camille Simon
Veterans Administration: Lindsey Kaumeheiwa, Art Minor
Waikiki Health: Richard Kaai

| Discussion | Next Steps |
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| **I. Welcome / Introductions**<br>Safety Story<br>• Connie: Client on street for a long time, was at Tutu Bert's house and he was finally supported. ACT order was completed for him. He is now housed! Several hands on deck for this case.<br>• Danny: Call with MHK, PIC, and Queens about appropriateness of discharge/utilization of community resources for a subset of chronically homeless, medically vulnerable population. Years ago, we would've been siloed and likely wouldn't have had this conversation together.<br>• Angel: Working with a family at-risk of homelessness for about 4 months. Collaborating with CCH and Hawaiian Council to divert them from being homeless. Received the assistance they needed to avoid homelessness! | CES to incorporate a story from a recently homeless household to speak to their housing navigation experience |
| **II. Meeting Minutes**<br>All in favor, none opposed to approving March 2023 Oversight Minutes. | Minutes Approved |
| **III. New Business**<br><br>Oversight Committee Refinement<br>I. Oversight Description<br>a. CES researching HUD requirements and other CoC CES Committees<br>i. Brandie: Found a lot of similarities with other CoCs. Tells us our community is in a good place.<br>1. Interesting points<br>a. Participation: One CoC generated a list of who they need represented on the committee for each program type. Suggestion to not exceed 25 members to leave room for | |

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| feedback/conversation. Representatives include a range of races, lived experience, etc.<br>b. Marketing: making information about CES accessible and able to be translated into different languages (including HMIS forms, VISPAT etc.)<br>c. Introducing new access points/programs to the committee/CoC in general.<br>2. Opportunity to file grievances and appeals<br>a. Connie: suggests having a suggestion/solution box<br>3. Evaluation ideas from other CoCs<br>a. Rank and review of participating programs<br>b. Attendance at CES meetings<br>c. Acknowledging/accepting referrals within time standards<br>d. Focus on lived experience<br>4. Definition of roles is uniform in other CoCs (CM vs housing specialist etc.)<br>II. Oversight Participation<br>a. Missing stakeholders<br>i. Need to pull Gov's and Mayor's office back in to Oversight<br>III. Coordinated Assessment Workgroup + Reimagining a Racially Just and Equitable CES<br>a. CES is working with HUD TA to outline necessary steps to tackle changing the assessment<br>i. Connie: suggests being careful working with HUD TA. Wants to acknowledge that our community is very unique.<br>b. Mini lab: focuses on improving CES processes to focus on racial equitability within the system<br>IV. Active and inactive statuses on BNL<br>a. CES would like to wait until we can put numbers to this to see if it should be implemented and how it might impact referrals/the BNL<br>b. On previous BNL, we had a column that captured the first two bullet points (open enrollment other than the VI, and VISPDAT completed within the past 90 days). Based on that about 20% of the BNL were considered inactive and based on this policy, would be skipped until active.<br>c. The bar for keeping a client active is low. The floor for how many would remain active would be ~80%.<br>d. Connie: What if there are people on the list who are high need but cannot live independently or sustain housing. If someone needs a higher level of care, can we focus on foster home/remove from list when this is identified?<br>e. Madi: CES needs to lean on the health plan, encourage 1147 and see if they qualify for nursing facility level of care. There is a different set of CM who finds homes for them. Foster homes are normally for people who can benefit from being in the home. These are not apartments.<br>f. Connie: High need for more foster homes in our community. When we try sending people to ICF, a lot of people don't want to go d/t having to use income for rent. Social supports are important to consider with foster homes.<br>V. New sub-populations<br>a. Hospitalized<br>b. Incarcerated<br>i. CES has begun conversations with the Going Home Consortium (Big Island) and other re-entry experts to gain knowledge and learn more about processes to better serve this sub-pop. | PIC to explore incorporating a suggestion/solution submission box to the PIC website<br><br>CES exploring how to further incorporate equity and lived experience<br><br>Danny reaching out to James Koshiba re: participation capacity<br><br>CES to lean on health plans to identify people who need HLOC and find housing options for them (per Madi). Need foster home CM training from Medicaid.<br><br>Add HLOC to CES agenda<br><br>PIC to administer a survey to partners to see who is serving the incarcerated population |

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| ii. Madi: making sure we know who can get into services early while in prison, how much access they actually have. There are programs on the mainland that hire CHWs with lived experience of being incarcerated | |
| IV. Resource/Policy Updates<br>a. CES Policies & Procedures<br>a. No COVID risk factors entered since Nov 2022, should we remove from P&Ps?<br>i. All in favor, none opposed to removing COVID risks from P&Ps. Special request policy would be another option if COVID risks are still impacting a household.<br>b. Program Utilization<br>a. AUW Consolidated Grant: pending official sub-recipient. CES has 15-20 households ready for referral to PSH.<br>c. Special Request refinement<br>a. CES has revised the severity statement template for treating providers, adding clarification on the purpose of the form, and prompting the provider to specify how stable housing will improve the patient's condition. Keeping on agenda for further conversation. | CES to remove COVID policy from P&Ps |
| Meeting adjourned<br>NEXT MEETING: Thursday, May 18th, 2022, 10am – 11:00am | CES will aim to cover items from the original agenda in May's meeting |