



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, May 18th, 2023

Attendees:

PIC: Laura Thielen, Sara Ironhill, Julia Wolfson, Brandie Morales, Michael Kleiber, Aubrey Pellicano, Joshua Roach

AlohaCare: Rhea Nuguid
 Catholic Charities: Lanaytte Paia, Zoe Lewis, Ruth Tuinei
 Child & Family Services: Jessica Oda
 Domestic Violence Action Center: Lydia Pavon
 Ohana: Duke Maele
 Family Promise: Morgan Barrett
 HMSA: Karissa Cheng, Lydia
 IHS: Connie Mitchell
 Kaiser: Charisse Solomon
 Mana Pono Holomua: Angel Heath
 Queens: Danny Cheng, Tiffany Mukai
 Veterans Administration: Lindsey Kaumeheiwa, Art Minor
 United Healthcare: Roddy Marengo
 Waikiki Health: Richard Kaai, Troy Moreno

Discussion	Next Steps
<p>I. Welcome / Introductions Safety Story</p> <ul style="list-style-type: none"> Danny: Queens Care Coalition highlight. About 2 years into the program, noticed that average life expectancy of patients being navigated were quite low. Started to hold an annual ceremony to honor those who have passed. Focus less on what got them to that point, but more about the person themselves and honoring their lives. 	
<p>II. Meeting Minutes Motion to approve April 2023 Oversight Minutes made by Danny Cheng, seconded by Lindsey Kaumeheiwa</p>	<p>April 2023 Minutes Approved</p>
<p>III. Resource/Policy Updates</p> <p>a. CES P&Ps</p> <p>i. "Greatest collective length of homelessness" tiebreaker language change to "earliest date current homeless occasion began"</p> <ul style="list-style-type: none"> From creating our prioritization within Clarity, Aubrey has found that greatest collective length of homelessness is actually referring to "earliest date current homeless occasion began". Connie: I thought we wanted to see if people were homeless many times, their whole history rather than just the current episode. I think this was the intent. People who have been on the street for a really long time but were not captured in HMIS might be more in need of housing. 	<p>CES to present additional options for tiebreakers to committee to meet</p>

<ul style="list-style-type: none"> • Morgan: I don't think CaseWorthy implemented this the way they thought we did. We can look at updating this tiebreaker in the future. We could look into the first program enrollment, first date added to BNL. For now, we would like to inform the committee which data point is actually being used and adjust the language as such so the prioritization is easy to understand. <p><i>All in favor, none opposed to updating language to reflect the true data point on this tiebreaker.</i></p> <p>ii. Family tiebreakers – calling for a vote to add “earliest date current homeless occasion began” as tiebreaker #5</p> <ul style="list-style-type: none"> • Aubrey identified that we need an additional tiebreaker within the family system. Typically for families, it comes down to family size for TH availability and other factors that normally don't require us to go far into the tiebreakers, however we need a 5th tiebreaker for any instances outside of this. • Family Number Next meeting attendees voted for “earliest date current homeless occasion began”. The other options to vote for were “greatest utilizer of ER” and “greatest age”. <p><i>All in favor, none opposed to adding “earliest date current homeless occasion began” as the 5th tiebreaker for the family system.</i></p> <p>iii. BNL, CQ, and Active / Inactive policy</p> <ul style="list-style-type: none"> • In Clarity, providers will have to click “refer to community queue” after submitting a VISPDAT into Clarity. This puts them on CES's radar as they are in need of housing. Households who have no activity in Clarity for 90 days will be considered inactive and will be removed from the CQ. Activity examples include but are not limited to: case notes, document uploads, check-ins, etc. <ul style="list-style-type: none"> ○ The household will still appear on the BNL as long as they have an active CE program enrollment but would not receive a housing referral. Goal is to minimize the referral of non-engaged households to programs that an engaged person could otherwise take advantage of. • Aubrey: If the person is matched, they are still eligible for another referral. They'd remain on the queue so they can receive concurrent referrals if needed. <p>b. Special Request for non-chronic family in MLTH requesting for PSH</p> <ul style="list-style-type: none"> • CCH household. Single mom with daughter, not currently chronic due to TH but might have episodic chronicity prior to their placement at TH. Have history of homelessness as early as 2020. Mom unable to make BH appts, lack of childcare. • Ruth: Working with client for a long time and became more engaged and aware of issues as of recent. Has trauma, PTSD, major depression. Brought her forth to committee for assistance. • Lanaytte: CCH was recently made aware that she's working with therapist. Waiting for 1157 approval. Shows client was homeless as of 2020 but homelessness stems back to 2017. Long history of homelessness. Unfortunately, providers she was working with prior to Maililand were unable to find any other placement other than Maililand so she was placed into TH. Prevented her from getting PSH which is what she really needs. Can she please be considered for PSH through Family Promise? 	<p>the “greatest collective length of homelessness” intent</p>
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<ul style="list-style-type: none"> • Connie: If she doesn't get a CM from CCS right away, is FPH able to sustain them in housing and provide the supportive services? If a CM does not get assigned, want to make sure FPH can provide that support. • Morgan Barrett: Yes, we provide housing case management services under our program. They will put the client in contact with resources and advocate for the client to gain additional wrap around services. • Lanaytte: She is working with team at Hale Wai Vista and will continue to case manage her even if she moves on to FPH PSH. <p><i>All in favor, none opposed to approving special request for prioritization to PSH from TH (non-chronic)</i></p> <p>c. Emergency Housing Vouchers (EHVs)</p> <ul style="list-style-type: none"> i. Hawaii Public Housing Authority (HPHA) ii. City Public Housing Authority (City PHA) <ul style="list-style-type: none"> • We are on track to utilize all 312 vouchers by deadline of September. We might reopen folks who were declined d/t lack of docs, over income etc. in case we have any open vouchers to use. The City has been moving incredibly quickly and great progress is being made. <p>d. Program utilization</p> <ul style="list-style-type: none"> i. AUW Consolidated Grant – 4th sub recipient <ul style="list-style-type: none"> • Family Promise is officially the 4th sub-recipient of the AUW Consolidated Grant! They have gotten started with referrals as of this week. • Laura: We may see some money left on the table for this cycle as it was a process getting a new sub-recipient on board. Hopefully we will be able to plateau this grant and draw down as much as we can next cycle. • Angel: what is the requirement for the subrecipient? Angel is doing fundraising with support from other organizations. The funding is not enough to provide more services and bring more clients to the organization. Interested in getting more funding for her org. • Laura: Applying for any grants associated with the CoC through HUD would be through the NOFO process. NOFO should be released in the coming months. Can talk offline about this process. <p>e. Data Committee</p> <p>f. Planning Committee</p>	<p>CES to explore not displaying the responses in real time when conducting Teams polls</p>
<p>IV. New Business</p> <p>a. Coordinated Assessment Workgroup</p> <ul style="list-style-type: none"> • Workgroup took place last Weds at noon. Had HUD TA from ICF present HUD requirements for CE assessment. Provided us with the process and paths forward to achieve this. PIC team will be meeting again with ICF this week or next to dial in on next steps and a workplan. Recording will be posted to the PIC site if it's not there already. <p>b. NAEH: Reimagining a Racially Equitable and Just CES Lab</p> <ul style="list-style-type: none"> i. Feedback survey <ul style="list-style-type: none"> • Michael attending the NAEH conference in DC in July. Attending virtual minilabs regularly. Homework is to obtain feedback from participants on their experience navigating through CES into housing. CES is hoping to also create a survey for providers and their experience. • CES working out format in which the survey will be administered, accessibility, etc. 	

<ul style="list-style-type: none"> • Connie: Does everyone who gets placed through CES do a satisfaction survey? • Morgan: No, CES does not administer this. • Laura: Through M&E, we are checking on this in agency P&Ps. Can look at incorporating this. All the programs monitored thus far have had a satisfaction survey/policy within their P&Ps. <p>c. CES Oversight Committee Refinement</p> <ul style="list-style-type: none"> i. Oversight description – CES researching HUD requirements and other CoC CES Committees ii. Data Measures to focus on iii. Oversight participation <ul style="list-style-type: none"> 1. Missing stakeholders <p>d. New Sub-populations</p> <ul style="list-style-type: none"> i. Hospitalized <ul style="list-style-type: none"> • Connie: we may need more advocacy with DHS and DOH. Not enough places for people to go. It is their responsibility to encourage this and incentivize it. They need to assess the hospitals and see how many people they're seeing need this LOC. • Danny: Yes, DHS DOH and Gov's office. There is a bit of an uncomfortable situation happening for a while now. Hospitals tend to target each other and local gov's. Hospitals are getting cited for not providing adequate care or places for people to go. Need legislation for this likely. ii. Higher Level of Care iii. Incarcerated <ul style="list-style-type: none"> • CES met with DPS, discussed their bottlenecks and asked what services are being provided during and after incarceration. CES will be meeting with Dan Mistak of Community Oriented Correctional Health Services (COCHS) to discuss advocacy efforts re: healthcare for the incarcerated/re-entry population and if/how our CoC can get involved. • Angel: interested in programs we have set up for this population. After the program is completed, they don't have security of where they will go. Parolee discharged straight from OCCC to Queens. • Richard Kaai: attended a session on housing issues, substance abuse, etc. that incarcerated were having. There is nowhere for them to go. DPS seems to be trying to figure out next level of care. Once released they are off paper. Not being tracked. Richard will send us info if there is another resource fair in the future. <ul style="list-style-type: none"> ○ Survey to see which PIC partners are serving the incarcerated population iv. Oahu Initiative to End Veteran Homelessness 	<p>PIC to explore if PIT count asks about aging/medically frail/HLOC pop. If it doesn't, see if we can add.</p> <p>Danny to send CES case story on Queens patient discharged from OCCC</p>
<p>Meeting adjourned NEXT MEETING: Thursday, June 15th, 2022, 10am – 11:30am</p>	