



# 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 Advocacy Committee Meeting Nov 7, 2017 12:00-1:30 MINUTES

**Attendees:** Marya Grambs, Natalie Okeson, Carla Houser, Betty Lou Larson, Rebecca Yonamine, Gavin, Natalie, Mike Goodman, Deborah Smith, Carla, Rebecca, BL, Jason, Racquel, Tom, Larry Chung

**On phone:** Greg Payton,

Agenda Topic		Outcome/Action
I. Call to Order	Chair Gavin Thornton called the meeting to order at 12:01pm	
II. Introductions		
III. Approval of Minutes	Minutes of October 3, 2017	Approved
IV. Continuing Business		
A. Meeting with Scott Morishige	<p>Betty Lou, Gavin, Natalie, and Marya met with Scott to talk about planning for the Leg, and PIC priorities, and to see what he has been hearing in meetings with legislators.</p> <p>Major points:</p> <p>(1) Outreach funding that we are seeking that we've always prioritized is at risk. Legislators expressing concern about appropriations for outreach; lack of understanding about how those dollars are being spent and what the ROI. We've been trying to develop one-pagers that make quick points on our priorities: Outreach, HF, RRH, affordable housing, LEAD. Outreach is so difficult to convey because it's about building relationships and how to you quantify the results of those relationships. Carla: Coordinated Entry oversight committee – the same people are still on the streets. "We have to house people. Make a choice. CES is supposed to get most vulnerable, but they take the longest." Only 30% who are contacted by Outreach get housed. Maybe that's a positive number! What about 100% of people housed in HF were contacted by outreach.</p> <p>(2) Greg: mental health, addiction, youth, and families:</p>	Put right shelter for youth on legislative advocacy.

	<p>different approaches. Definition of success differs. Some go to shelter, HF; need get some of them on psychiatric medication to get them stable before getting them into any services.</p> <p>(3) Last year's 1.5M included youth outreach. Last year's appropriation went to Office of Youth Services. <u>No one knows where it went.</u> Advocacy for Right Shelter for Youth – stabilization first, rather than unification. Only choice right now is to go to emergency shelter – then either reunited, or go into to Foster system.</p> <p>(4) Youth outreach sees adults with the youth. YO serves them as well. Only out there at night.</p> <p>(5) Convene all outreach agencies to tell their story. CES is going to get outreach workers together. Jen is going to organize them.</p> <p>(6) Gavin: outreach on one-pager:</p> <p>(7) How many in HF come from outreach. Can tell how many come from emergency shelter?</p> <p>(2) second point: legislators seem to be interested in funding for very low-income group, public housing. 30% of AMI. Highest demand. Most impact for homeless. So, we are going to prioritize this model, through public housing.</p> <p>Betty Lou: TOD, focus on equitable development, including very low-income housing. Priority.</p> <p>Alternative structures: domes. Modeled after Waianae boat harbor. \$10K w/o bathroom or kitchen.</p> <p>(3) Scott's priority: maintain current level of funding.</p> <p>(4) Housing ASAP – getting families from unsheltered to sheltered. Housing First for families. Get families out of transitional shelters in a timely manner.</p>	
	Meetings with legislators – Brower, DeLaCruz, Green, Luke, Mizuno. Will schedule a core group meeting.	
Legislative bfast	Gladys is in process. Need handout for breakfast. Mid-January	
Next steps		
B.		
C. Housing presentation	<p>Investor buys small building dedicated to PIC, providers get together to fill the building. 95% full.</p> <p>Big hole: provider who would be master lease holder – need hui of providers who might have rent subsidies</p> <p>Big hole is getting all things ready to go.</p> <p>Identify property – 60-day window. Provider must be willing to be master leaseholders, makes sure there is onsite care – project based, live in; agreements with other providers with rent subsidies</p> <p>Is this feasible? Workable? Develop a small subgroup.</p>	

	<p>I.H.S. is already doing this for the youth. MHK would do it if there were a group of providers with vouchers and clients. Need supervision on-site. Live-in resident.</p> <p>Greg wants to talk to VA/us vets – lots of VASH vouchers. Would work with 2-3 providers.</p> <p>Will present at PIC meeting. January.</p> <p>Talked to Jen offline – interest by Rotary Oahu to provide a risk fund for damages to units. Jen’s putting together a proposal. Each donate \$1,000 for a risk fund.</p> <p>Annual conference.</p>	
Next meeting	December 5, 2017	
Adjourned	1:10	

Minutes by Marya Grambs