



# 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 BOD Meeting Minutes  
200 North Vineyard Boulevard, Suite 210  
September 6 2018

**Attendees:** Carla Houser, Tom McDonald, Norm Baker, Marc Alexander, Maile Montallana, Gavin Thornton, Kim Cook, Jon Berliner, Marya Grambs, Robert Boyack, Mario Avalle, Kristy MacPherson, Jason Kasamoto, and Sharon Baillie; **Phone:** N/A.

Topic	Discussion	Outcome/Action
Call to Order	PIC Chair Jon Berliner called the meeting to order at 10:03 a.m. All who were present introduced themselves.	
	<p>Christy MacPherson, Executive Director of F.A.C.E. (Faith Action for Community Equity) introduced herself, and provided a handout on a proposed partnership between FACE and PIC.</p> <ul style="list-style-type: none"> <li>- To organize and mobilize the homeless community by involving them in activities that would provide them with an avenue to civic engagement. Would include a constituent-wide listening process, leadership development and support from the broader FACE membership on their issues.</li> <li>- FACE will foot the bill for Half Day Leadership Event</li> <li>- A lot of young people are weary of the faith and religion. Is it really all inclusive?</li> </ul> <p><b>Director Transition</b> – No updates yet. Will be checking in with Brandon AUW HR to help with search. Done some interviews. Those that we have interviewed are not the right fit. Thank you to Norm for facilitating and making Brandon available in this search.</p> <p><b>501(c)(3)</b> – All of the items that were collected were turned over to attorney. Documents signed. There may be documents that need to be put together. Hopefully submitted soon. Personalized letter to IRS to expedite 501c3 status.</p> <p><b>HMIS</b> Norm laid out options for the HMIS Administrator and Data committee has recommended an HMIS Manger/Data Coordinator, Data Assistant and to retain an external consultant which is currently contracted to Daniel Gore or someone similar for more of the higher end reports</p> <p>Norm – Extend Daniel through December 2018, while we work on a more thorough RFP process him through December. Work on a more formal RFP process in the meantime.</p> <p>Eventually have the PIC Staff equal 4 people – Executive Director, Planning Coordinator, Data/HMIS Coordinator and HMIS Assistant - Daniel will be on the outside as a consultant doing higher end needs.</p> <p>User Fees – Table the user fees discussion put on the agencies. Want a letter from the board to the medical community, so they will see the value and take on part of the fees. CES has identified those folks in HMIS who have United Health Care or AlohaCare. Can they pay based on a percentage of their client load.</p> <p>Kim asked what the resistance is of having agencies pay. Carla noted that smaller agencies have no money to pay for user fees, who aren't required to participate and might pull put if charged. Jon noted that any org that receives CoC funding can build the cost or user fees into their budget/grant. Other agencies don't have the CoC funding don't have the means or mechanism.</p> <p>Marc noted that the CCHNL is going to have grantees enter into CES. HMIS expenses will potentially be included as a line item.</p>	<p>FACE is non-partisan. Members have their own political issues. We do not take up issues that are divisive. We do not take on abortion or same sex message. Very careful that we don't talk about that. Historically, work on housing, jobs, etc. No force of religion.</p> <p>Gavin moved and Marya seconded to accept FACE's proposal and to put them on the agenda at the next PIC General Meeting. Passes 8-0-0.</p> <p>Marc thanked everyone for agreeing to collaboration, as this is a critical piece</p> <p>Carla motioned and Marya seconded to get letter of support of HMIS/CES that will be geared towards our medical providers/hospitals. Passed 8-0-0.</p>

	<p>Kim – Membership side can get more money, size of organization can factor in for that fee. We have a lot of value in our group. Due to a lack of paid staffing through PIC/staffing transitions currently, we need to ask for help in supporting this organization's operation.</p> <p>Marya noted this is a great argument to get funding from health insurers.</p> <p>Carla – We need about \$90,000 to operate HMIS. Norm mentioned</p> <p>Tom – PIC manages 600 vouchers, \$150ish a voucher.</p> <p>Norm – The CCHNL has given us \$30,000 every year from CBDG for HMIS. HPO is willing to put this as an allowable cost for HPO contracts. We need the additional \$90,000 to operate.</p> <p>Table the CES g-suite link discussion, will bring up another time. CES gets buried in the PIC website.</p> <p><b>2018 NOFA</b> We are at the tale end. As inclusive as ever. Made significant changes and progress. Bonus project is in tier 1, as well as new project by reallocation. It has pushed down some existing projects down in tier 2. If we don't get funding the tier 2 may get pushed down. The evaluation committee, modified to planning, to bod for approval with some modifications. Some strong opinions in the end. Narrative is being worked on it. We have 12 days. Due on September 18<sup>th</sup>. We need draft narrative, consolidated application posted to website. Posted to website at least 48 hours prior.</p> <p><b>DV Bonus</b> – bring more resources to DV and maximize chance of money, CFS and WIN doing a Joint RRH project. CFS is taking lead, working budget out. Jon thanked and acknowledged everyone on all of the work that took place on this NOFA. Tom - We need to improve our internal monitoring, long way to go to. Had a great evaluation committee and some provided ways to improve rubric for next year.</p> <p><b>CES</b> September 1, 2018 officially a funded mandate.</p> <p>Jay and Morgan highlighted a special case for prioritization. This family consist of a severely disabled mother and child under 18 who needs a kidney transplant. They lost Chronic status when moved into Transitional Housing. Transplant contingent on permanent housing. HUD wants PIC to make decision, downside that an agency would be out of compliance if taking this family without chronic status – however having this letter from PIC would help with this.</p> <p>P&amp;P's families with minor children. Families with adults and children are currently looked at the same, CES wants to prioritize families with children under 18 before families with adult children.</p> <p>Tom – HPO is going to re-procure all of their shelters – we are all on 4.5-year contracts, Ulu Ke Kakui got cut off for landlord issues. Prevention and diversion – trying to get people into permanent housing and bypass the system rather than going into ES and TH.</p> <p><b>Advocacy</b> – Nailing down priorities for the upcoming legislative session.</p> <p><b>Awareness</b> – 180 registrants so far, max is 350. As of October 16 – 50% balance for location is due, equaling \$11,160.12. Brief overview of breakout sessions was provided</p> <p><b>Communications</b> – still working on homeless information card and received a bunch of FAQ's. Awareness Conference to be in newsletter. Working on a CES Communications plan.</p> <p><b>Organizational Development</b> – Will be working on the upcoming BOD elections, PIC Annual Fees, Membership Recruitment, etc.</p>	<p>Marya moved and Gavin seconded that the PIC BOD write a letter of support for this family to help get PSH referral through CES, contingent upon review of HUD correspondence.</p> <p>The CES P&amp;P's were approved as amended. Sharon will send out to the larger PIC listserv.</p>
Next Meeting	October 4, 2018 at PIC – Suite 210 from 10:00 a.m. to 11:30 a.m.	