



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.

MINUTES

PIC Board of Directors Meeting

Thursday, November 1, 2018

10:00 AM – 12:00 PM

200 North Vineyard Boulevard, Suite 210

Attendees: Jonathan Berliner, Carla Houser, Jason Kasamoto, Maile Montallana, Monique Weisman, Gavin Thornton, Marya Grambs, Tom McDonald, Anna Stone, Kim Cook on the phone, Sharon Baillie

Agenda Topic	Discussion	Outcome/Action
Call to Order	Meeting called to order by 10:05 a.m.	
Approval of Minutes	<p>The Board reviewed the October minutes. Jason Kasamoto made a motion to approve the minutes as presented. Carla Houser seconded. The minutes were approved with edits.</p> <p>Monique Weisman of Aloha United Way presented a Finance report on behalf of Norm Baker who couldn't make it today. (Handouts available)</p>	Motion Passed
Continuing Business: Legislative Priorities - Gavin Thornton, Advocacy Chair	<p>Marya circulated the proposed 2019 legislative priorities. The Board will vote to adapt these or not. The priorities are based on prior years' experience, the focus groups as well as from discussions among Committee members. Funding homeless services (outreach, rapid rehousing and housing first, plus recently LEAD and the Family Assessment Center) comes down to the basic concept of funding homeless services proven to be effective. The only change is the dollar amount. In the past, programs were separated but in the last 2 years the legislature has given a bucket of money for all the programs combined. Last year the legislature approved \$10M for outreach, housing first and rapid rehousing and \$5M for enforcement, then made separate appropriations for LEAD and the Family Assessment Center which valued under \$1M. With the 2019 proposal, we are asking for \$15M for homeless services (without enforcement). It is a significant ask.</p>	

In the past we've asked for appropriation for affordable housing; \$200M for the rental housing revolving fund – now we are trying to make affordable housing a baseline. This is the type of investment needed to solve the homeless problem we are facing. There is a focus on PSH; it costs more serving them on the streets than in housing. Over the course of the summer, I've developed an analysis of what that would cost. Current price tag is \$722M. Rounding that we are asking for \$75M this year and on to the next 10 years to do PSH work. We propose to ask that when money is spent on PSH, the use of Innovative housing design, i.e. modular housing be considered. Another significant push that hasn't been done in the past is getting these appropriations in the base budget – and get them secured to plan further in to the future.

Next bucket is Rental and Homelessness Prevention Funding. This was not a priority in the past but we are proposing to include CSHI: emergency assistance, a one-time financial shot in the arm for those about to be homeless. Plus, a Pilot Program for Kupuna living on fixed income and have no way to earn more.

We propose the implementation of Assisted Community Treatment (ACT) for persons in degraded circumstance, they don't know they are ill and refuse medication. With ACT, an organization or individual can legally get the person to get treatment.

HBBill 2021 was approved in the past to set up a facility for 8 clients for 12 weeks to stabilize people. Also, the Office of Public Guardian has the authority to consent to medications even to the person's objection but the agency is reluctant; We propose adding a phrase 'they have the right to consent including psychiatric drug.' To make it clear they have that ability. We want training. Finally, to have a dedicated Attorney General for ACT and a dedicated Family Court judge and a dedicated guardian in the Office of Public Guardian to do ACT - An ACT task force needs to form a team. It is up to PIC to push for initiatives to implement ACT. This is the time to raise concerns if there are any.

Justin Phillips shared he has ACT patients from other States who looking for meds and services.

Marya Grambs: we need people to testify. If we pass this today then Scott Morishige can bring these

	<p>proposed priorities to the Hawaii Interagency Council on Homelessness which can also approve and support.</p> <p>Anna made a motion to approve the proposed 2019 Legislative priority issues as presented by the Advocacy Committee. Justin Phillips seconded.</p>	Motion Passed
<p>Continuing Business: Executive Director Search - PIC Chair Jon Berliner</p>	<p>PIC Chair Jon Berliner announced that Sam Millington (Maui) stood out among the candidates; credentials have been verified, and interviewers have been impressed. We may now offer him the position of Executive Director. Sam wants to know the Board is prepared to work with him to support the process. ED may be hired December '18.</p> <p>Gavin Thornton made a motion to extend an offer to Sam Millington the position of Executive Director, through AUW, on the condition the fully loaded cost of hiring is within the budget. Marya Grambs seconded.</p>	Motion Passed
<p>Continuing Business: 501(c)(3) Update – PIC Chair Jon Berliner</p>	<p>The 501c3 application is moving forward with the Attorney, though it has been slow.</p>	
<p>Continuing Business: MOU with AUW- Monique Weisman, Community Impact Director, AUW</p>	<p>Marya Grambs made a motion to approve the MOU with AUW for PIC employees. Seconded by Gavin Thornton.</p> <p style="text-align: center;">***</p> <p>[Jay King will reach out and work together with Health plans to support HMIS financially. Ohana, WellCare has voiced their support for it, with minimal requirements on PIC. (Grant agreement available for review. Health plans want to have access to info of patient who are in HMIS)]</p> <p>Gavin Thornton made a motion to pursue Health Plans to support HMIS. Marya Grambs seconded.</p>	<p>Motion passed.</p> <p>Motion passed.</p>
<p>Continuing Business: HMIS Update – Carla Houser, Data Chair</p>	<p>The Data committee approved all the required sequel changes CES has asked and what Daniel Gore has recommended. Changes are defined and will inform the HMIS advisory council tomorrow. Daniel will submit the estimate to Norm Baker. Ex. There are 6 specific vendor issues with Caseworthy that Daniel is working with provider, including merge functions and the consent button. (PIC members of the Advisory Council are Carla Houser, Heather Lusk, Norm Baker and Daniel Gore).</p> <p>“A number of youth fall off the BNL because there is no reporting tool for the young people we are encountering in outreach,’ according to Carla Houser, who is also Executive Director of RYSE. The program</p>	

	<p>is not created for the youth system. Youth providers should talk how the outreach programs should be and establish it, with Board approval.</p> <p>Data is starting from scratch in customization and rebuilding. There is huge backlog, PIC's overall position is to automate at the appropriate time. It is not possible right now.</p> <p>Carla proposed and motioned to approve Hawaii Health & Harm Reduction Center and Aloha Care to become new HMIS users. Several people seconded.</p>	Motion passed.
<p>Continuing Business: CES Update - Tom McDonald, Planning Committee Chair/CES Oversight</p>	<p>CES Oversight Committee head Tom McDonald distributed handouts. He noted a recent policy change regarding time standards in housing, shifting from implementing a general time standard to having a specific time standard, as response to a referral.</p> <p>In the handout is a Matrix which shows 5 different programs having different standards going from 30 days to 90 days e.g. Veteran RRH. Safe Haven may request to reactivate – a different standard because of the difficulty of locating clients.</p> <p>Justin Phillips objected to the idea that there is a different standard for outreach providers vs. Safe Haven. He noted expectation may be difficult to meet especially with the migration of the homeless when for example, a VISPADT is done one day and the person disappears. It is difficult to follow the timeline. Not everybody has big teams. Outreach workers are different from Case Managers, each agency has a different process. We need to have a standard but it shouldn't be used to pit agencies against another.</p> <p>Chair Tom responded saying fourteen days or show activity at least. Show active participation. He assured the group that his committee is not trying to punish the providers. The consequences are: without active participation the person might be unassigned and returned in the by name list and assigned to another provider and/or affect prioritization. HUD doesn't have consequences for high unassignment rates.</p> <p>Sharon Baillie shared that the CES Oversight meetings are made up of Funders and Administrators, there are no outreach providers present. Chair Jon Berliner shared that is an important piece.</p> <p>Gavin made a suggestion to make it discretionary</p>	

	<p>stating “may be unassigned’ instead of “will be unassigned.” Gavin Thornton made a motion to approve the proposed change, as amended to say: “CES time standards for housing shall serve as guidelines during the referral for matching and housing placement process. If a provider is not able to meet these housing placement benchmarks with their client, then any client without a record of active participation for housing placement may be unassigned after the CES administrators contact the outreach/housing provider to determine the status of the case after which they may be returned to community queue.”</p> <p>Tom McDonald seconded.</p> <p>Vote: 7 Yes, 1 No (Justin), 1 yes w/hesitation (Anna)</p>	<p>Motion passed.</p>
<p>Continuing Business: Membership Fees - Kim Cook, Organizational Development Chair</p>	<p>Handouts of membership fee structure proposal are available. Organizational Development Committee discussed 3 options:</p> <p>Tiered approach – health plans and government agencies can contribute more to the membership in exchange for the understanding of the value of the membership. Individual \$50, Org \$150, Health Plans and Government Agencies \$300.</p> <p>Second option is CoC funded agencies and non-funded – Individual \$25, CoC non-funded \$100, Coc funded agencies \$250 and health plans and government agencies \$500. (Not fully supported by the Committee but it is an option).</p> <p>Flat rate - Individual \$25 Organization \$100 – an increase from the current \$80 fee.</p> <p>Community Membership category, no official vote.</p> <p>Membership on a time line – all the current members have until Feb 28 to reapply at full price. Any new agencies may join on a semiannual basis (January and June). This is going to help with tracking.</p> <p>Marya Grambs made a motion to approve a tiered approach, semiannually. Individual \$50, Org \$150, Health Plans and Government Agencies \$500. Seconded by Gavin Thornton.</p>	<p>Motion passed.</p>

<p>New Business: Point in Time Count – Sharon Baillie, Planning Coordinator</p>	<p>PROPOSED PITC date is January 28 Monday – 6p.m. to midnight with follow days on 29th and 30th. Anna Stone made a motion to approve the proposed PITC on January 28, 2019. Gavin Thornton seconded.</p> <p>PITC training is scheduled on January 4, 2019 at The Salvation Army Kauluwela Corps. 296 Vineyard Blvd. Honolulu HI 96789</p>	<p>Motion passed.</p>
<p>New Business: Shelter of Wisdom</p>	<p>Discussion re Shelter of Wisdom is tabled.</p>	
<p>Adjournment</p>	<p>Meeting adjourned by 12:35 p.m.</p>	
<p>Next Meeting</p>	<p>Thursday, December 6, 2018 10:00 AM – 12:00 PM Call-in number: (515) 604-9577, Access code 131975</p>	
<p>Minutes Prepared by:</p>	<p>Anna Stone</p>	