Hawai‘i Interagency Council on Homelessness (HICH)

Meeting

July 1, 2014

9:30 a.m. – 1:00 p.m.

Minutes

Council Attendees:

Colin Kippen Chair

R. Malia Taum-Deenik DHS

Lori Tsuhako DHS Homeless Programs Office

Lynn Fallin DOH

Elaine Young DLIR

Mark R. Mitchell DPS

Janice Takahashi DBEDT

Kamana’o Mills DHHL

Tamah-Lani Noh DOD

Deja Ostrowski OHA

Russell Suzuki Dep. Attorney General

Cassandra Bennett DOE

Jo Jordan House of Representatives

Ben Park HPHA

Jun Yang and Pam Witty Oakland for Mayor of City and County of Honolulu

Kaloa Robinson for Mayor of Hawaii County

Jan Shishido for Mayor of Maui County

Greg Payton PIC

Maude Cummings BTG

Andrew Dahlburg DVA

Mark Chandler HUD

Dave Rolf Business Representative

Absent: Representatives from Senate, Kauai County, and Faith Community

Guests: Steve Balcom DOH/AMHD, and Mariam Chase (via teleconference)

9:36 am Welcome by Colin Kippen, HICH Chair. Roll taken, quorum established, meeting called to order.

Motion by Kamana’o Mills, second by Lori Tsuhako, to approve the meeting agenda as posted. Question called. Agenda approved by HICH as posted. (see attached agenda)

Motion by Janice Takahashi, second by Lori Tsuhako, to adopt the HICH meeting minutes of 2-12-14. Discussion ensued. Spelling of Betty Lou Larson’s name corrected in minutes. Question called. Minutes approved by HICH.

Motion to calendar two meetings of the HICH on 9-9-14 and 10-22-14 at 9:30 am at the State Capitol made by Lori Tsuhako, seconded by Janice Takahashi. Question called. Meeting dates approved.

9:47 am Public testimony accepted.

Ms. Kat Brady of the Community Alliance on Prisons spoke on the impact of drug addiction on an individual or family’s stability and their ability to access affordable public housing, particularly housing at the Hawaii Public Housing Authority. Ms. Brady advocated for more treatment programs to assist in their rehabilitation so that they will be able to obtain and be successful in obtaining and remaining in permanent housing.

Mr. Dave Cannell spoke against Housing First, the program, because of the high cost of providing housing and treatment at the same time. He felt funds could be better used to provide low cost housing such as converting shipping containers to affordable and inexpensive housing rentals. He emphasized to those present that building affordable housing is possible if we all commit ourselves to this goal.

Mr. Don Crescimanno shared that he has been working with an experienced and reputable architect for approximately two years to design affordable housing constructed out of converted shipping containers. He asked why the state was not able to execute a contract with this architect to fund development of a prototype of this shipping container conversion.

9:53 am Chair Colin Kippen reviewed the HICH’s state plan to end homelessness. He summarized each of the four sections of the plan: retooling the crisis response system, increasing access to stable and affordable housing, improving health and stability, and increasing economic stability and self- sufficiency. He briefly explained Hale O Malama and its creation of a system to coordinate intake, assessment, navigation into permanent housing, and the provision of necessary services.

He stated that the HICH’s efforts are consistent with the priorities and requirements of the federal HEARTH Act, the plans and priorities of the federal Housing and Urban Development department (HUD), the federal department of Veteran’s Affairs (VA), the priorities of the United States Interagency Council on Homelessness (USICH), the priorities and plans of the Hawaii Interagency Council on Homelessness (HICH), the priorities of Partners In Care as expressed in their grant application to HUD for federal funding, the State and City programs targeted funding for the chronically homeless under the Housing First banner, the federal grant to the Department of Health of the State of Hawaii from the Substance Abuse and Mental Health Services Administration(SAMHSA) grant for the provision of services to those who are chronically homeless and who participate in the Housing First Pathways program, and the national 25 Cities Initiative to End Homelessness.

Chair Kippen summarized that national trainers were brought to Hawaii at no expense to our community to train our community of service providers and state and federal agencies on creating this coordinated system in October of 2013, February and June of 2014. The trainings we received in October and February became a nationally sponsored initiative by the VA and HUD in March of 2014 and a team of key members from Honolulu were invited to Washington DC to participate in the 25 Cities Initiative at that time. The Honolulu community has the second highest rate of chronic homelessness per capita in the nation and the intention of the 25 cities initiative is to address chronic and veteran homelessness. The national goal is to end veteran homelessness by 2015 and to end chronic homelessness by 2016. The national plans adopted as a result of the 25 city initiative are wholly consistent with Hale O Malama, created and adopted here in Hawaii as of October of 2013.

Chair Kippen introduced Greg Payton who is the Chair of Partners In Care, the continuum of care for Oahu established under HUD guidelines.

Greg Payton explained the slides titled “Hale O Malama, Retooling the Homeless Crisis Response System, Retooling Our Current System for Homeless Services, and Vision For Hale O Malama.” He stated that for the first time ever a coordinated system has been created by Hale O Malama. He said that creating this system began with the selection of an assessment tool by all of the members of PIC. This tool was then used to assess those who are homeless, and, for the first time ever, will inform us of the needs of those who are homeless and the housing and other services they require, community by community. He said we will then be able to map the resources available to meet the needs of those individuals in a coordinated fashion, so that the homeless individual will be able to get the right amount of housing and other services required. Mr. Payton said this approach is a business model consistent with national evidence based best practices that have been made available to our community by national trainers and officials from HUD, the United States Interagency Council on Homelessness, and the Department of Veterans Affairs. He said that our efforts to build this system are consistent with the federal HEARTH Act, with national policies promulgated by HUD, the USICH and the VA, and will increase our effectiveness as well as positioning Oahu to be more competitive in future federal grant competitions because we have adopted a data driven coordinated intake, assessment, and housing placement system. He said this system has allowed us to streamline services, reduce duplication, and enable sharing of scarce resources by our service providers. He said it has enabled us to augment our data base so that we know whether the homeless we serve require permanent supportive housing, rapid rehousing, or market homeless solutions and the services available and required to meet their needs.

A colloquy occurred between various members about the importance of having identification as a gateway requirement to access housing and other government funded services, including health care. A comment was made by the audience that sweeps and confiscation of homeless individual’ s property may lead to the loss of key identification documents which may adversely affect their ability to access services, housing and employment.

A further colloquy occurred amongst various members about the percentage of homeless individuals who have income and the response by members was that approximately 50% of the homeless have either employment, SSI, Disability, retirement, or other income. (The Homeless Service Utilization Report for 2013 provides data on this point.)

Mr. Brian Matson, assistant to Colin Kippen, presented next as regards the powerpoint slide titled “Hale O Malama: A three Phased Effort.” Mr. Matson again reviewed the progression of events, beginning with the recruitment of national trainers to assist us “free of charge” here in Hawaii in October of last year to establish a baseline. One of the first hurdles was to be able to define how many people we are housing on a daily, weekly, and monthly basis. Due to limitations in the timeliness in the way the data is collected and reported, we did weekly calls to housing placement agencies to determine how many individuals we were actually housing. The group set a goal to house 28 individuals a month.

A second boot camp was held again featuring national trainers “free of charge” in February of 2014 to review, vet, and select a common assessment tool. After review and research, the VI-SPDAT was selected. This tool has since been adopted by Partners In Care as their common assessment tool. Adoption of a common assessment and intake process is a key requirement of the HEARTH Act, of HUD regulations and future HUD funding, of the VA, of the USICH Plan to End Homelessness, and of the State of Hawaii plan to Retool the Homeless Response System. A plan was made at the boot camp to assess 500 homeless individuals in each of two geographic regions on Oahu and to increase the on-the-ground trainings and coordination available to the service providers.

A third set of trainings were held to create a system to match individuals with available housing units. We were assisted by the VA and HUD through the 25 cities initiative in Washington DC coordinated by the national trainers who assisted us in Hawaii in October of 2013 and February of 2014. We networked with key HUD and VA leaders, with national homeless subject matter experts, and with other communities with high rates of homelessness and discussed the Performance Management Communication Platform (PMCP) that will be made available to us with the private support of the Google and Home Depot Corporations. Once the data is entered into this tool it will enable our service providers to immediately be able to understand all of the services and programs for which a given homeless individual may qualify. It will enable our service providers to better collaborate and share resources, and will allow them to know where services they are not able to provide for a homeless individual may be located. It will help to make our outreach workers and case managers much more effective.

Andrew Dahlburg, Director of Homeless programs for the Department of Veterans Affairs in Hawaii and a key participant in the HICH and Hale O Malama spoke next as regards the power point slide titled “Leveraging HUD and VA Support: The 25 Cities Initiative.” He said the Honolulu community has the 2nd highest rate of chronic homelessness in the country. He spoke about the positive aspects of our participation in the 25 cities initiative sponsored by HUD and the VA. He said it is reassuring to have the support of national leaders in improving our situation. He said our Hale O Malama initiative is creating a rational, systemic process to marshal data and resources to address homelessness.

Scott Morishige, executive director of PHOCUSED, spoke next about the powerpoint slide titled “What Have We Learned So Far”. He explained the prescreening tool known as the VI-SPDAT and its assessment of the domains of homelessness, social, mental, and physical wellbeing, the scoring levels and their relationship to permanent supportive housing, rapid rehousing, and mainstream housing. He explained what the data are telling us about the needs within our homeless community for permanent supportive housing, rapid rehousing, and mainstream housing. He highlighted the average age of those homeless individuals who score in the higher ranges and who require permanent supportive housing are an average of 62 years of age and have been homeless on the streets for 8 years. He said our goal is to complete 1000 surveys by September of 2014. Scott also explained that there are two versions of the VI-SPDAT, one for individuals, and another for families.

Brian Matson spoke next about the powerpoint slide titled “PMCP Process for Matching/ Placement.” He described the monthly case management meetings where the match between the front end and the back end of the system occurs. He referred to a recent 60 minute national news report which described the successes of this program in Nashville, Tennessee.

Scott Fuji, a policy analyst with PHOCUSED, spoke next about the powerpoint slide titled “Phase 3: Resource Matching.” He explained how the front and back end of the system operates, and how together this system enables a predictable, effective and measurable “matching” for a homeless person or family in need of housing.

Lori Tsuhako, Administrator of the Homeless Program’s Office for the Department of Human Services of the State of Hawaii, spoke next about the slide titled “Next Steps.” She explained how the data we are collecting will enable targeted funding and measurement of our efforts to address homelessness, how case conferencing is increasing the number of homeless who are “housing ready”, how the Performance Management and Communications Platform and our existing Homeless Management Information System (HMIS) will be integrated and support our efforts, and how the coordinated intake, assessment and housing placement (CAHP) system will be used to more efficiently place homeless individuals who score in the permanent supportive housing, the rapid rehousing, and the mainstream housing resources range into the appropriate level of housing. (see attached)

Mark Mitchell commented on the need to rapidly rehouse those at the lower levels of acuity lest they eventually become chronically homeless. He also commented on how difficult it is to house those who are chronically homeless and who have been on the streets for a long time and who have many health and other issues that may make it difficult for them to be matched to housing.

Colin Kippen advised that the “Retooling the Crisis Response System” working group has been reconstituted with members Lori Tsuhako and Andrew Dahlburg now serving as the co-chairs.

Janice Takahashi of the Hawaii Housing and Finance Development Corporation (HHFDC) of the Department of Business, Economic Development and Tourism (DBEDT) spoke next as relates to “Increasing Access to Stable and Affordable Housing,” another pillar of the State of Hawaii Plan to end homelessness. She reviewed the microunit initiative being undertaken at the University of Hawaii Graduate School of Architecture and the retrofitting of containers being undertaken at the Honolulu Community College. She explained that microunits will reduce the per unit cost of construction, will meet a huge need for more affordable downtown rentals, and are a viable housing option within downtown Honolulu. She stated that a site has been identified where these microunits may be built within the HCDA. She also mentioned the 2014 legislature’s effort to increase revenues to the Rental Housing Trust Fund by enabling 50% of the conveyance tax revenues to flow into the Rental Housing Trust Fund for this purpose. She said these additional funds will allow more affordable housing to be built. She indicated that its costs an average of 350 K to build one affordable housing unit, and the lower the income of an individual or family has, the larger the subsidy for construction and operating costs must be. She indicated that HHFDC is looking for ways to increase the amount of affordable housing it is able to build, especially for those at or below 60% of Area Median Income.

Lori Tsuhako spoke next about the SAMHSA grant received by the State DOH to provide the wrap around services for those individuals who are housed under the State’s Housing First program, which she selected a vendor for last week. She said that partnership will enable the State to build a sustainable means to provide the necessary services required for a homeless person who requires services to maintain their health and their housing.

Jun Yang of the City Housing Department spoke next about the City’s efforts in creating a City Housing First program. He said the Administration has identified Housing First as an evidence based best practice that they support. He said they intend to have the City’s Housing First program align with the State’s Housing First program and with the Hale O Malama initiative, which he was a founding member of and which he and the Administration support. He said he expects that they will appropriate approximately 3 million dollars to this City Housing First initiative and that entry into these units will be through the Hale O Malama coordinated intake, assessment, and placement process. He said they expect to have a vendor selected and a contract entered into for this City Housing First project by sometime in October of 2014. He estimates that they will allocate 25k per year for services and 12 k a year for housing for each individual. He said the City is committed to allocating 10 of their Housing First units to provide housing for those enrolled in the DOH SAMHSA grant.

Jun Yang also indicated that over 40 million in capital funds for the development of housing units have been appropriated to provide the housing stock for affordable housing to support the City’s housing first program. Mr. Yang stressed the need for all of us to help build alliances between the community, the private sector and the government, and to overcome the NIMBY attitude that makes it difficult to provide housing for the most needy in our communities.

David Rolf asked a question about the relationship between housing and the health of those who are homeless and Mr. Yang answered that a person who is stably housed will have better health outcomes, because housing is an effective medical intervention. Colin Kippen stated that would that we could write and fill a prescription for housing for every chronically homeless disabled person that is living unsheltered on the streets who has substantial medical issues, and who may be over consuming taxpayer funded services like 9-1-1, emergency room, and hospital services. If we had housing for these individuals, these other taxpayer funded health and medical services would substantially decrease and the individual’s health and stability would improve.

Mr. Don Cresciamanno and Mr. David Cannell spoke in favor of providing housing to the homeless, because in their experience the lack of housing causes a person’s health to drastically decline.

Lynn Fallin, Deputy of the Department of Health, and Mariam Chase, from SAMHSA were introduced and presented on the next pillar of the State plan, “Improving Health and Stability.”

Ms. Fallin indicated that over the past three years health services that previously had been cut were being restored. Case management and crisis support were two of the key services affecting the homeless population. DOH expanded eligibility for these programs consistent with national standards and policies.

Ms. Fallin stated that a review of state health data indicates that the homeless population health outcomes are poor, that these chronically homeless individuals consume a disproportionate amount of public services, and that their outcomes can be improved by the adoption of an evidence based practice of housing first in conjunction with the provision of supportive services. She indicated that was why the state applied for and was awarded a 2.1million dollar SAMHSA grant to serve the chronically homeless who are suffering from mental illness, substance abuse, or both. The State’s application was founded on the Housing First Pathways Model. It is expected that approximately 120 chronically homeless people will be able to be served in the program over the 3 year grant award. Housing First principles will guide the program. She concluded by saying that the Hale O Malama initiative is providing a system for health, housing, outreach, and case management systems to work together.

Mary Brogan from the DOH spoke next. She wrote the grant to SAMHSA for the DOH and commented on the partnerships and collaborations which have occurred and are occurring under the Housing First Pathways Program. She referred people to Sam Tsemberis’s Housing First presentation. She indicated that a consumer advisory board needs to be created as part of the HICH’s involvement in this grant. She also said that there is a need for bridge housing to augment the State and the City’s Housing First initiatives. She said that the State DOH has applied for additional funds from SAMHSA that have recently become available.

Steve Balcom of the DOH who is the crisis service coordinator and specialized residential treatment coordinator for the Adult Mental Health Division spoke next. He said Hale O Malama is providing a structure to enable disparate governmental agencies to coordinate and work together to better address the needs of the chronically homeless with serious mental health issues. He said that SAMHSA provides 300 k a year for homeless outreach services, and AMHD provides an additional 500 k per year to provide outreach to those with serious mental health issues. He said the Hale O Malama common assessment tool provides a means to better and more effectively identify, track, and provide housing services to this chronically homeless population with mental health issues. Outreach workers under this programs are using the coordinated intake and assessment (CAHP) system that is part and parcel of Hale O Malama.

Mr. Rolf asked Mr. Balcom a question about the data he has collected and Mr. Balcom responded. Mr. Balcom said that he is willing to present his data at a future meeting of the HICH if invited to do so.

Lorraine Lunow-Luke from the Hawaii Pacific Health (HPH) next presented. She said that HPH desires to enter into a MOU with the HICH and to become part of the Hale O Malama initiative because they see the value in identifying the chronically homeless so that Hale O Malama is assisted in providing housing and other services to them. She related that those individuals who are chronically homeless frequently present at their ER and Hospital for treatment and that their health outcomes are less than desired because their underlying condition of living unsheltered on the streets is not being addressed. By being part of the Hale O Malama system, HPH believes it can help to identify and assist the chronically homeless to obtain the housing and services they need, increase positive health outcomes for the chronically homeless, and decrease the frequency of emergency room and hospital visits. The rationale for HPH’s involvement is consistent with the rationale behind the DOH’s application for the SAMHSA grant, and is consistent with the state and city’s Housing First program. (see attached)

David Rolf asked how many homeless individuals visited their facilities. Ms. Lunow-Luke indicated that from April 2013 to April 2014 179 homeless patients were identified as being homeless and, of these, 71 individuals were identified as having 2 or more visits to their hospital in a year, whereas 35 had 4 or more visits in a year.

David Cannell asked a question about the role of the social workers in this process and Ms. Lunow-Luke indicated that they were crucial. Ms. Lunow-Luke indicated that staff and HPH will be working together to help move this process forward.

The HICH approved the MOU with HPH after a motion was made by Mark Mitchell and seconded by Pam Witty Oakland.

Director Jay Takai from the DLIR spoke next on “Increasing Economic Stability and Self Sufficiency,” the fourth pillar of the State Plan to End Homelessness. He indicated that an increase in the minimum wage was passed by the Hawaii State Legislature in the 2014 session and was signed into law by the Governor on May 23, 2014.

Mr. Kippen indicated that the recurring theme is that we are attempting to create a systemic response to homelessness that retools the crisis response system, increases affordable housing, increases health and stability, and increases economic stability and self-sufficiency. He emphasized that raising the minimum wage is part of increasing the possibility that a person earning a minimum wage will be able to survive and will not become homeless.

Rep. Rhoads asked when the Point In Time numbers will go down and what impact Act 221, the Community Assisted Treatment Law, will have on these numbers. Mr. Kippen answered that we are continuing to expand the accuracy, coverage, and scope of our annual point in time count which has actually caused our annual homeless numbers to go up. Mr. Mitchell answered Rep. Rhoads second question and said that the Community Assisted Treatment Law went into effect for private providers in January of 2014 and will go into effect for State agencies in July of 2015.

Elaine Young from DLIR indicated that Director Takamine supports the work of the HICH to end homelessness, especially as it relates to creating jobs for individuals and families.

Pam Witty Oakland thanked the Hawaii Pacific Health System for their collaboration and assistance with Hale O Malama.

Motion to Adjourn was made by Lori Tsuhako, seconded by Jun Yang. Vote unanimous to adjourn.

12:50 pm