

Hawai'i Interagency Council on Homelessness (HICH)  
Meeting  
December 4, 2013  
10:30 a.m. – 12:00 p.m.  
Minutes

Council Attendees:

Colin Kippen	Chair
Lori Tsuhako	DHS Homeless Programs Office
Lynn Fallin	DOH
Mark Mitchell	DPS
Janice Takahashi	DBEDT
Kamanao Mills	DHHL
Tamah-Lani Noh	DOD
Deja Ostrowski	OHA
Russell Suzuki	Dep. Attorney General
Steve Shiraki	DOE
Jo Jordan	House of Representatives
Ben Park	HPHA
Jun Yang for	Mayor of Honolulu
Kaloa Robinson for	Mayor of Hawaii Island
Andrew Dahlburg	DVA
Mark Chandler	HUD
Dave Rolf	Business Representative

Absent: Representatives from DHS, DLIR, Senate, Kauai County, Maui County, Partners in Care, Bridging The Gap and Faith Community

Guests: Wendy Nihoa, Mary Brogan, Chris Rocchio, Nancy Haag, Jesse Wu, Representative Romy Cachola

1. 10:42 a.m. The Chair Called the Roll and established Quorum.
2. 10:43 a.m. Meeting was called to order by HICH Chair Colin Kippen, who gave welcoming remarks. The Chair announced that there are two action items on the Agenda: Approval of the Agenda, and Set next Meeting and Adjourn (vote required).
3. 10:45 a.m. First Order of Business: Action on Agenda. Motion to Approve the Agenda was made by Mark Mitchell and Seconded by Janice Takahashi. The Chair opened the floor for discussion seeing none the Chair Called the Question. The Motion passed unanimously.
4. 10:46 a.m. Chair gave an overview of the meeting agenda.
5. 10:48 a.m. Chair Kippen opened the floor to Public Testimony. 3 individuals spoke
  - a. Cynthia Rezentes, Leeward Housing Coalition, discussed a situation in EWA where a developer conducted a private property "clean-up" with little notice to

community outreach. She said prior notification is crucial so that service providers can assist the homeless in finding space in an emergency or transitional shelter.

b. Michael Peacock, Hawaii Vet 2 Vet, Inc., announced that their peer support service was expanding to the neighbor islands. He is recruiting for an Executive Director for his non-profit corporation.

c. Louis Galdeira, Waianae Community liaison for Councilmember Pine, said there are abuses of City zoning by property owners allowing homeless individuals to camp on their lands without the proper permits and without necessary sanitation. DPP is responsible and has issued notices of violation

6. 10:55 a.m. Chair Kippen opened the floor for Voluntary Updates by members.

Dave Rolf spoke to touch base on the "Icon" discussion from a previous meeting. He provided a handout of an image he designed (see attached). Chair Kippen interjected a reminder of the Icon Local and the work Burt Lum is doing to design Icons and computer applications for obtaining information on the location and access to homeless services.

Janice Takashi updated members on the work of the Housing group in conjunction with the UH SOA Arch 690 graduate students, Joyce Noe, Brian Takahashi and Jenny Lee. They are working on a prototype for a 10+ story building consisting of micro units of approximately 300 s.f. each. The group is close to having a design for display.

Mark Mitchell gave a quick update on the implementation of the Assisted Community Treatment Order, SB310 (Act 221), The Assisted Community Treatment Order goes into effect for the community and private providers on January 1, 2014, and becomes effective for state-funded providers on June 1, 2015. He has been meeting with Julio *Harera* (A/G's office) and Judge Browning and other family court justices who are mapping out the forms and procedures to be utilized in petitioning and authorizing involuntary orders to treat an individual in the community. HPD has been actively working to adopt internal policies and procedures as well. The Medical Director of AMHD, is reviewing the interplay between conditional release orders (criminal court orders) and "Assisted Community Treatment Orders" (civil court orders). The preference is to use ACTO's for minor, non-violent, misdemeanor offense because they are "civil" rather than "criminal" Chair Kippen thanked MM for the update and Russell Suzuki from the AG's office for assisting in this effort.

Andy Dahlburg gave a report on the success of the Veteran's November Stand-down, led by Catholic Charities Hawaii, conducted in collaboration with 100+ service providers, which 70 homeless vets attended. A Statewide Stand-down is being planned. He announced that Tim Cantwell of Cloudbreak is currently developing a 50 unit project for homeless vets in collaboration with US Vets in Kalaeloa.

Mark Chandler from HUD said they anticipate a reduction in grant funds of about 5%. In the future, grantees will be measured on results and performance. MC said the

Assistant Secretary of HUD is involved in Hale O'Malama being coordinated by the Chair of the HICH.

Jun Yang stated that the City is about to announce the RFP Housing First grantee. The Housing First program is contingent upon the successful sale of 12 properties which is expected on 3/31/14. The initiative should roll out on April 2014.

Chair Kippen presented an update on the "Rapid Results Boot Camp" (Hale O'Malama) which has been held in 45 cities across the country. Honolulu was selected by national leaders as a target community based on our high number of chronically homeless individuals per capita (2<sup>nd</sup> highest in the nation). The goal is to improve our rate of placing the Chronically Homeless into permanent housing.

National experts came to Honolulu to facilitate a 2 day training on October 3<sup>rd</sup> and 4<sup>th</sup>, 2013. The local 100 day initiative is called Hale O' Malama.

A common assessment tool (vi-SPDAT) has been selected and adopted and approved by Partners in Care for use across the network of service providers. Training on the tool is underway.

We currently do not have a system for assessing homeless needs and aligning them with available resources and assets. Hale O'Malama is collecting data from service providers weekly on chronically homeless individuals who have been permanently housed and the asset/resource used to house them. The 100 day Celebration will be held at the end of January 2014.

11:12 a.m. Chair Kippen opened the floor for Training by the State Dept. of Health to the HICH on a Grant Applied for and Received by Them from Substance Abuse and Mental Health Services Administration (SAMHSA) Relating to Assisting Chronically Homeless Individuals With Substance Abuse or Co-Occurring Substance Use and Mental Health Disorders. He introduced Nancy Haag, Chief of the Alcohol and Drug Abuse Division of DOH, and communicated how excited he is that the Dept. was awarded this 3 year grant. Chair Kippen also thanked Director Lynn Fallin for her leadership and assistance in writing this successful grant application. LF gave a brief overview of the grant and acknowledged and thanked the OPIE staff, led by Karen Krahn, for their work.

Mary Brogan and Christopher Rocchio joined Nancy Haag in facilitating a PowerPoint presentation on the 3 year grant which was awarded to the state DOH on 9/30/13, see attached overview handout and PowerPoint.

Member Dave Rolf asked what success for this population is defined as. He reflected on a quote in Shakespeare "All Things Are Ready If Our Minds Be So" From King Henry the Fifth. Of those targeted 600 Chronically Homeless, they couldn't accept any of those services if their mind wasn't ready, in other words the people he encounters on the street are not ready; they don't want the help being offered. How do you determine that person that will be in part of the success rate will be 80% of the people will be out working at a job and totally on their feet? Is there an end?

Lynn Fallin responded that success for this population means that they are stably housed as they work on their substance abuse and other issues. Overtime the expectation

is that they will remain housed and will progress in meeting treatment objectives Success is that 80% stay in housing.

Jun yang said that the chronically homeless are currently high users of service; therefore they are incurring costs which are non-recoverable, such as 911 calls, ER visits and extended hospital stays.

Andy Dahlburg stated that the VA has embraced the Housing First model for many years through the HUD VASH program. He said they presently have 365 vouchers through-out the pacific islands.

Chair Kippen reflected on the existing data on 911 service utilizers. 8 out of 10 highest users of 911 are homeless individuals. One CH individual had 142 E.R. visits in one year at a cost of \$1,000.00 per visit. He reminded the membership that Housing First is a Medical intervention.

7. 11:57 a.m. Chair Kippen Thanked the DOH for writing the grant application and announced that the next meeting of the HICH will be convened on December 18, 2013, from 1:00 pm to 3:00 pm in State Capitol Room 309. Meeting adjourned.



STATE OF HAWAII  
**DEPARTMENT OF HUMAN SERVICES**  
Benefit, Employment and Support Services Division  
820 Mililani Street, Suite 606  
Honolulu, Hawaii 96813

COLIN KIPPEN • Governor's Coordinator on Homelessness • Telephone 808 586-0974

**Agenda**

Hawaii Interagency Council on Homelessness (HICH)

December 4, 2013

10:30 am to 12:00 noon

Hawaii State Capitol Room 329

10: 30 a.m. Call to Order, Taking of the Roll, and Introduction of Members

Overview and Approval of Agenda (Vote)

Public Testimony Taken (Approximately 3 minutes per person.)

Voluntary Updates By HICH Members of Recent Activities Relating to Ending Homelessness.

Training by the State Department of Health to the HICH on a Grant Applied for and Received by Them from the Substance Abuse and Mental Services Administrator Relating to Assisting Chronically Homeless Individuals With Substance Use or Co-Occurring Substance Use and Mental Health Disorders.

Nancy Haag, Chief, Adult Drug and Alcohol Division, State of Hawaii Department of Health.

Mary Brogan, Office of Performance Improvement and Evaluation, State of Hawaii Department of Health.

Chris Rocchio, Office of Performance Improvement and Evaluation, State of Hawaii Department of Health.

Discussion Amongst HICH Members of SAMHSA Grant.

12:00 noon Set Next Meeting Date and Adjourn. (Vote).



## Hawaii Pathways Project

### Overview

The ***Hawaii Pathways Project*** is a three-year grant awarded to the Department of Health, Alcohol and Drug Abuse Division. The grant is entitled the *Cooperative Agreement to Benefit Homeless Individuals for States (CABHI-States)* funded by the Substance Abuse and Mental Health Services Administration.

The *Hawaii Pathways Project* will:

- Assist chronically homelessness individuals with substance use or co-occurring substance use and mental health disorders through assertive outreach, case management, and treatment services.
- Provide the Pathways Housing First model, the only evidence-based program recognized by the National Registry of Evidence-Based Programs and Practices that provides comprehensive housing and treatment services without preconditions of the individual's alcohol or drug use.
- Focus on attaining high fidelity to the model.
- Assist in building sustainable partnerships, infrastructure, and practices through a partnership with the Hawaii Interagency Council on Homelessness (HICH) and the development of a Statewide Plan.

The *Hawaii Pathways Project* has four goals:

- Goal 1: Individuals served will live in sustainable, permanent housing.
- Goal 2: Individuals will receive Medicaid and other mainstream entitlements.
- Goal 3: The project will provide community-based evidence-based treatment for substance use and psychiatric disorders that is client driven and recovery oriented.
- Goal 4: The project will provide a range of recovery resources and supports including peer navigation and peer support.

Over the next three years, the *Hawaii Pathways Project* will serve a minimum of 120 unduplicated individuals (40 in each year). The Hawaii Pathways Project Service Team will deliver Pathways Housing First through a team that includes clinical services, intensive case management, housing, vocational and peer support. It will help enroll individuals into 3rd party networks, and will assist 15 agencies (150 unduplicated individual practitioners within these agencies) with enrollment in 3rd party networks.

### Target Population

The target population is chronically homeless individuals with substance use or co-occurring substance use and mental health disorders. Chronic homelessness is defined as in the McKinney-Vento Homeless Assistance Act, as amended by S. 896 of the "Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and means, with respect to an individual or family, that the individual or family— (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency

shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions.”

In addition, the target population includes a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all of the requirements described above prior to entering that facility.

### **Pathways Housing First Overview**

Housing First, a program developed by Pathways to Housing, Inc., is designed to end homelessness and support recovery for individuals who are homeless and have severe psychiatric disabilities and co-occurring substance use disorders. Pathways' Housing First model is based on the belief that housing is a basic right and on a theoretical foundation that emphasizes consumer choice, psychiatric rehabilitation, and harm reduction. The program addresses homeless individuals' needs from a consumer perspective, encouraging them to define their own needs and goals, and provides immediate housing (in the form of apartments located in scattered sites) without any prerequisites for psychiatric treatment or sobriety. Treatment and support services are provided through an Assertive Community Treatment (ACT) team consisting of social workers, nurses, psychiatrists, vocational and substance abuse counselors, peer counselors, and other professionals. These services may include integrated dual disorders treatment, illness management and recovery, and supported employment.

Consistent with the principles of consumer choice, Housing First uses the harm reduction approach in its clinical services to address both substance abuse and psychiatric issues. The treatment team recognizes that consumers can be at different stages of recovery and that interventions should be tailored to each consumer's stage. Consumers' tenancy is not dependent on their adherence to clinical treatment, although they must meet the obligations of a standard lease. The team works with consumers through housing loss, hospitalization, or incarceration and helps consumers obtain housing after these episodes. While consumers can refuse formal clinical services, the program requires them to meet with a team member at least four to six times per month to ensure their safety and well-being.



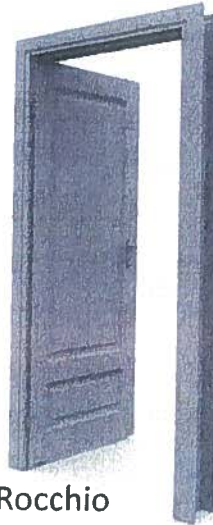
## Hawai'i Pathways Project

December 4, 2013

Hawai'i State Department of Health

Alcohol and Drug Abuse Division (ADAD)

Nancy Haag, Mary Brogan, and Christopher Rocchio



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## CABHI

- Cooperative Agreement to Benefit Homeless Individuals (CABHI) for States
- A **3-year grant** through the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Awarded to 11 states in this funding period
- First year award: **\$711,818**

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## CABHI Grant Requirements

- Infrastructure - a State Interagency Council and a Statewide Plan
- Not less than 78.75% for treatment services
- Assist clients to **attain permanent housing**
- Use peer navigator(s)
- Use evidence-based practice(s)
- Review and use performance data
- Serve a minimum of **40 individuals per year**
- Train community agencies on how to become Medicaid and other 3rd party network providers

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## Target Population: Chronically homeless with substance use or co-occurring substance use and mental health disorder

*"Chronic homelessness"* as characterized under the McKinney-Vento Homeless Assistance Act, as amended by S. 896 of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 means, with respect to an individual or family, that the individual or family

- (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter;
- (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and
- (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability, post traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions."
- In addition, a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days shall be considered chronically homeless if such person met all of the requirements described above prior to entering that facility.

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## Hawai'i Pathways Project

- Assist in building sustainable partnerships, infrastructure, and practices through a partnership with the HICH
- Assist clients through assertive outreach, case management, treatment services, vocational services, and housing services.
- Provide the **Pathways Housing First** model, the only evidence-based program recognized by the National Registry of Evidence-Based Programs and Practices that provides comprehensive services **without preconditions** of the individual's alcohol or drug use.
- Focus on attaining **high fidelity** to the model.

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## Project Goals

1. Participants will live in sustainable, permanent housing.
2. Participants will be assisted to apply for Medicaid and other mainstream entitlements.
3. Provide evidence-based treatment for substance use and psychiatric disorders that is client-driven and recovery-oriented.
4. Provide a range of recovery resources and supports including peer navigation and peer support.

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## What is Housing First?

- A program that **provides immediate access to permanent housing** and **support services** with a philosophy of **consumer choice**.
- Consumers are **not required** to participate in psychiatric treatment or attain a period of sobriety in order to obtain housing.

## Goals of Housing First

- Increase access to permanent housing and effective supports for persons with substance use or substance use and mental health disorders
- Change providers' beliefs about consumers' capabilities
- Transform existing housing and treatment systems to align with consumer preferences and values

## What is Housing First (continued)

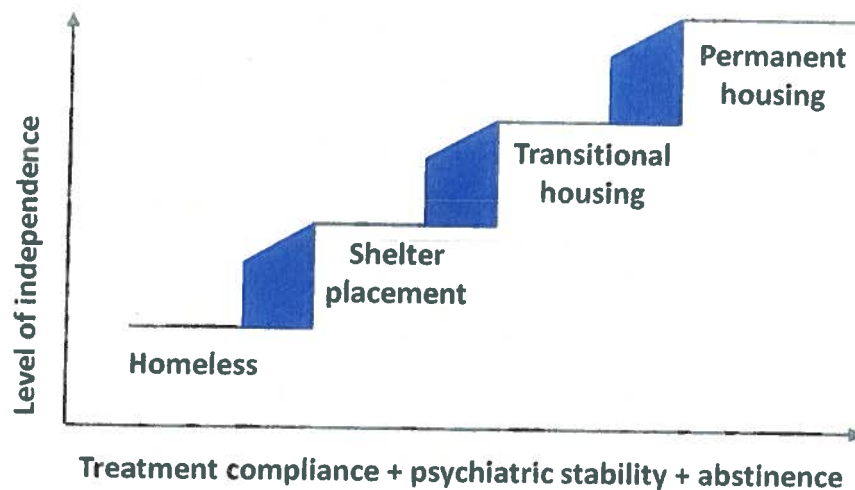
An **evidence-based** consumer-driven program rooted in the principles and philosophy of:

- ✓ Psychiatric rehabilitation
- ✓ Harm reduction
- ✓ Consumer movement
- ✓ Recovery-oriented practice
- ✓ Social Justice: Housing as a basic human right

 Pathways to Housing

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## Traditional System- Not Housing First



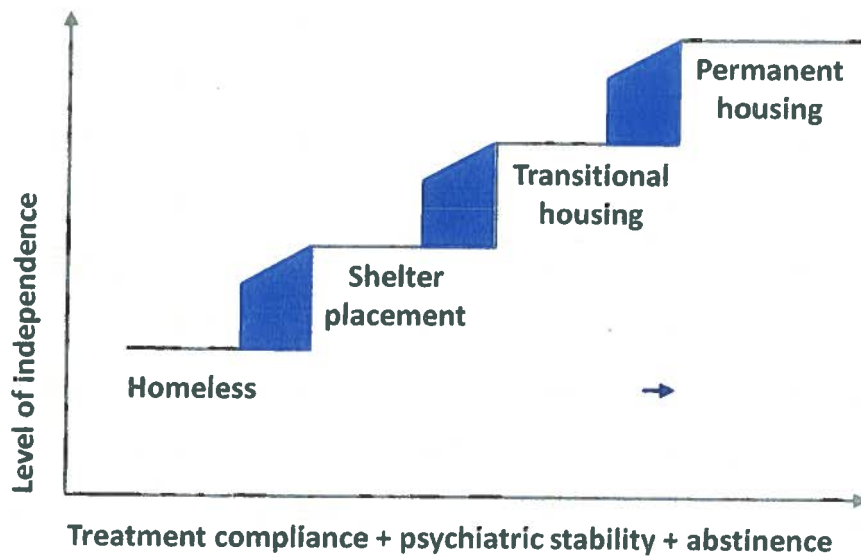
 Pathways to Housing

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## What do consumers want?

- Almost every person who is homeless wants **housing first**
- Will accept housing and services on own terms
- Consumer driven approach very effective in engaging people into housing and treatment

## Intervention re-design: Housing First





## Core Principles

- Consumer Choice
- Separation of Housing and Services
- Recovery Oriented Services
  - Acceptance
  - Empathy
  - Autonomy
  - Affirm
  - Compassion
- Community Integration



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## Hawai'i Pathways Project Service Team

- **Housing Services**
  - Housing Specialist (1)
- **Mental Health and Substance Abuse Treatment**
  - Psychiatrist or Family Nurse Practitioner (1)
  - Team leader (QMHP and CSAC)
  - Case Managers (3)
  - Nurse case manager (1)
  - **Peer Navigators (Hawai'i Certified Peer Specialist; 2)**
  - Employment Specialist (1)

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## Evaluation

- **Process**
  - Fidelity, Service Utilization, and Quality Improvement
- **Outcomes**
  - Alcohol and drug use
  - Housing stabilization
  - Crime and involvement with criminal justice
  - Education and employment
  - Progress towards own personal recovery goals
  - Quality of life
  - Satisfaction of services
  - Social connectedness
  - Use of higher intensity services

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## Hawai'i Pathways Project & HICH

- **HICH Taskforce**
  - Appointed by Chair through MOAs
  - Added a person who has experienced homelessness and in recovery, a SOAR representative, and current CABHI grantee (IHS)
- **Statewide Plan**
  - Address chronic homelessness
  - Due in Month 2

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## Other HICH Roles

- Attend Pathways to Housing training
- Review Disparities Impact Statement/Plan
- Review service needs of focus population; map resources and barriers.
- Assess needs for policy changes or development
- Recommend legislative action
- Review participant data on timeliness and barriers in using streamlined Medicaid application process
- Disseminate Peer Specialist and Navigation training

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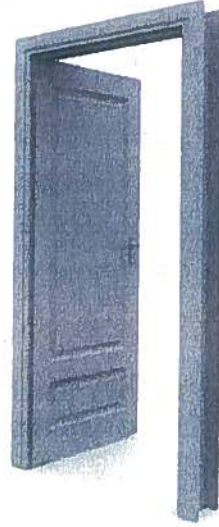
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## Questions

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