Agenda

Hawaii Interagency Council on Homelessness (HICH)
Monday, June 17, 2019
10:00 a.m. to 12:00 p.m.
Honolulu International Airport Conference Facilities
Interisland Terminal Conference Room 3 & 4
300 Rodgers Boulevard
Honolulu, HI 96819

I. Call to Order, Taking of the Roll

II. Overview and Approval of Agenda (Vote)

III. Approval of Minutes (Vote)
   a. Regular Meeting Minutes, April 29, 2019

IV. Public Testimony (One minute per testifier)
   a. Public testimony on any agenda item shall be taken at this time.

V. New Business
   a. Discussion and possible action regarding the formation of a working group, in
      accordance with House Concurrent Resolution 36, Session Laws of Hawaii 2019, to
      prioritize homeless efforts in the area surrounding the Hawaii Children's Discovery
      Center pursuant to HRS §92-2.5 (b)(2). (Vote)

      Discussion will include information from:

      i. House Concurrent Resolution 36, “Urging the Governor’s Coordinator on
         Homelessness and the City and County of Honolulu to come together and prioritize
their homelessness efforts in the area surrounding the Hawaii Children’s Discovery Center by convening a task force.”

b. Discussion and possible action regarding the appointment of a member of the Hawaii Interagency Council on Homelessness to serve on a working group established by Senate Bill 1494 CD1, Session Laws of Hawaii 2019, to evaluate current behavioral health care and related systems and identify steps that may be taken to promote effective integration to more effectively respond to and coordinate care for persons experiencing substance abuse, mental health conditions, and homelessness. (VOTE)

Discussion will include information from:

i. Senate Bill 1494 CD1, “Relating to Health.”

VI. Continuing Business

a. Hawaii State Framework to Address Homelessness and ten-year strategic plan to address homelessness, including specific strategies, tactics, and metrics and examining the intersection between local initiatives and federal initiatives to address homelessness.

Discussion will include information from:

i. Collaborative Quality Consulting, in regard to evaluation work related to the Ohana Zones pilot program established by Act 209, Session Laws of Hawaii 2018.

ii. Partners in Care, in regard to technical assistance efforts to address unsheltered homelessness by the U.S. Interagency Council on Homelessness, U.S. Department of Housing and Urban Development, and National Alliance to End Homelessness.

iii. Hui Aloha, in regard to work with houseless communities in Waianae, Waimanalo, and Kakaako.

iv. Review of key achievements related to the Hawaii State Framework to Address Homelessness and ten-year strategic plan to address homelessness in Hawaii.

VII. Permitted Interaction Group

a. Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5 to review and recommend potential revisions to the ten-year strategic plan to end homelessness, and the Hawaii State Framework to Address Homelessness.

VIII. General Announcements

A. Chairperson and Staff Reports: April / May / June 2019

• Accomplishments / Highlights
• Planned Activities
B. Written Reports from Council Members. The following written updates are provided for the Council’s consideration and review (the full write-ups for each representative will be provided):

- Department of Human Services (DHS) and Homeless Programs Office (HPO)
- Department of Health (DOH)
- Department of Labor & Industrial Relations (DLIR)
- Department of Public Safety (PSD)
- Department of Business, Economic Development, and Tourism (DBEDT)
- Department of Hawaiian Home Lands (DHHL)
- Department of Defense (DOD)
- Office of Hawaiian Affairs (OHA)
- Department of the Attorney General
- Department of Education
- Hawaii State House of Representatives
- Hawaii State Senate
- Hawaii Public Housing Authority
- County of Hawaii
- County of Kauai
- County of Maui
- City & County of Honolulu
- Continuum of Care for Oahu, Partners in Care
- Continuum of Care for Hawaii Island
- Continuum of Care for Maui
- Continuum of Care for Kauai
- U.S. Department of Housing and Urban Development
- U.S. Department of Veteran Affairs
- Faith-based community
- Business community

IX. Executive Session

Pursuant to H.R.S. §92-7(a), the Council may, when deemed necessary, hold an Executive Session on any agenda item without the written public notice if the Executive Session was not anticipated in advance. Any such Executive Session shall be held pursuant to H.R.S. §92-4 and shall be limited to those items described in H.R.S. §92-5(a). Discussions held in Executive Session are closed to the public.

X. Topics for Upcoming Meetings

A. Open for Council Suggestion

XI. Meeting Schedule

The following Council meetings are proposed for the 2019 calendar year:

- Monday, September 16, 2019, 10:00 a.m. to 12:00 p.m.
XII. **Adjourn (Vote)**

A mailing list is maintained for interested persons and agencies to receive this board's agenda and minutes. Additions, corrections, and deletions to the mailing list may be directed to the Governor’s Coordinator on Homelessness (GCH) at Hawaii State Capitol, 415 S. Beretania St., Room 415, Honolulu, Hawaii 96813; Telephone (808) 586-0193 Fax (808) 586-0019; or e-mail gov.homelessness@hawaii.gov. Agendas and minutes are also available on the internet at http://humanservices.hawaii.gov/bessd/home/hp/hawaii-interagency-council-on-homelessness-high/high-meeting-agenda-and-minutes/.

If you require special assistance, auxiliary aid and/or service to participate in this event (i.e. sign language interpreter; interpreter for language other than English, or wheelchair accessibility), please contact the GCH at (808) 586-0193 or email your request to gov.homelessness@hawaii.gov at least three (3) business days prior to the meeting. We will try to obtain the auxiliary aid/service or accommodation, but we cannot guarantee that request will be filled.
I. **Call to Order, Taking of the Roll.** Roll taken and there was a quorum established with 21 out of 27 members. The meeting was called to order at 10:05 a.m. by the Chair.

Chair Morishige welcomed everyone and noted that all material was sent out electronically. Council members were asked to sign up at the registration desk if they did not receive handouts in advance of the meeting. Members of the public were also asked to request a copy of materials from staff and were advised that a sign-up list was available to receive a copy of the meeting packet and handouts by e-mail.

The Chair provided a brief overview of the agenda for today’s meeting and thanked the council for their continued work and participation. The Chair also welcomed special guests Mr. Chris Pitcher and Ms. Heather Dillashaw of ICF, who will be providing technical assistance regarding the Homeless Management Information System (HMIS) to Partners in
II. Overview and Approval of Agenda. The Chair presented the agenda for review and asked for a motion to approve the agenda.

Motion to approve the agenda was made by Ms. Menino and seconded by Ms. Mitchell. The Chair opened the floor for discussion, and seeing none, the Chair called the question. The motion passed unanimously.

III. Approval of Minutes. The Chair reminded members that the December 17, 2018, meeting minutes were included in the members' packets. The Chair provided time for members to review the minutes and asked if there were any additions/corrections.

Mr. Rolf asked the Chair to clarify the purpose for canceling and rescheduling the meeting originally scheduled for March 18, 2019.

The Chair responded that a technical error resulted in a delay with posting the HICH agenda to the State calendar in compliance with the Sunshine Law. Due to the delay, the meeting was postponed to a later date.

Noting no further comments, the Chair asked for a motion to approve the minutes of the December 17, 2018, Hawaii Interagency Council on Homelessness meeting.

Motion to approve the minutes was made by Ms. Menino and seconded by Mr. Rolf. The Chair called the question. The motion passed unanimously.

IV. Public testimony. Chair Morishige opened the floor to public testimony. The public was asked to keep testimony limited to no more than one minute.

a. Ms. Karen Carlen
Ms. Carlen introduced herself as a tenant and president of the Senior Residences at Iwilei Association. Ms. Carlen stated that security is the main concern of both tenants and businesses in the area, noting that local residents have dealt with complete sidewalk obstruction along Iwilei Rd. prior to the implementation of the Sit/Lie ordinance. Ms. Carlen noted that City and State enforcement efforts are ineffective, as individuals simply wait for the crews to leave the area or temporary relocate to private property. During the past several years, Ms. Carlen recounted ongoing instances of drug trafficking and violence, including a recent sexual assault and possible drug overdose along Iwilei Rd. Ms. Carlen stated that the only safe option is to identify land where unsheltered individuals can go, rather than spending money on enforcement activities. Ms. Carlen also suggested that government invest in ongoing security presence in the Iwilei area to deter individuals from congregating and engaging in unwanted activities.

Chair Morishige acknowledged Ms. Carlen's comments and noted that later agenda items will be discussing data and vacancies in shelter and other housing programs within the community, which may be helpful in understanding the options available to people experiencing unsheltered homelessness.

In response to the Chair's comments, Ms. Carlen added that she has met with the Honolulu Police Department, the Police Commission, and the Department of Public Safety, and stated that the actions discussed in those meetings should be executed.

b. Mr. David Cannell
Mr. Cannell commended Ms. Carlen's previous statements and expressed doubt toward
the progress made toward getting people housed. Mr. Cannell referenced an article describing environmentally-friendly tiny homes to potentially be used for homeless housing. Mr. Cannell recounted his family's experiences while homelessness, noting that he and his wife had been criminalized for living in poverty. Mr. Cannell was critical of the nationwide lack of commitment to getting people off the streets and public spaces, remarking that individuals living outdoors experience shorter lifespans than those who are housed. Mr. Cannell expressed support for the Singapore plan proposed by Senator Chang to reduce the cost of homelessness while diverting funds from shelters and programs that are ineffective.

Chair Morishige thanked Mr. Cannell for his testimony and asked him to provide copies of the tiny home article to staff for distribution.

Ms. Maesaka-Hirata arrived at 10:24 a.m. Quorum was revised to reflect 22 out of 27 members present.

Mr. Rolf departed at 10:32 a.m. Quorum was revised to reflect 21 out of 27 members present.

V. New Business

a. Discussion regarding data and data systems related to homelessness, including the Homeless Management Information System (HMIS), Coordinated Entry System (CES), By-Name List (BNL), and other available public data related to homeless systems performance. The discussion will include current and future plans to resource and sustain the various data systems related to homelessness. The council may request additional data from the Continua of Care and other parties as needed. (Vote)

The Chair introduced Ms. Brandee Menino, Chair of Bridging the Gap (BTG), to discuss data collection and on behalf of the counties of Maui, Kauai, and Hawaii. The Chair asked members to hold questions until both presenters concluded their presentations.

Presentation by Ms. Brandee Menino, Bridging the Gap.

Ms. Menino introduced herself and special guests Mr. Carlos Peraro and Ms. Alison Hinazumi on behalf of Ka Mana O Na Helu, the new HMIS lead and collaborative applicant for Bridging the Gap.

Ms. Menino provided a brief overview of the 2019 Point in Time (PIT) Count results for the neighbor islands, highlighting a 2% overall decrease in the total number of people experiencing homelessness on the night of January 22, 2019. A 7% reduction in unsheltered homelessness was observed across the three counties, and the Continuum observed significant decreases in family and veteran homelessness.

Ms. Menino asked Mr. Peraro and Ms. Hinazumi to introduce some of the new PIT dashboards and specific breakdowns for subpopulations.

Mr. Peraro further described the observed trends among families and veterans. Overall, family homelessness decreased by approximately 18% since the 2018 PIT Count. Veteran homelessness decreased by approximately 3%.

Ms. Hinazumi displayed samples of several system performance dashboards developed for BTG, including the total numbers of individuals experiencing sheltered and unsheltered homelessness and specific subpopulations (e.g. veterans, chronically homeless, people with disabilities, etc.). The dashboards allow users to select view aggregate data for the past five years across all three counties.

Ms. Menino discussed the implementation of the Coordinated Entry System (CES) beginning
in 2017. The CES process developed in conjunction with C. Peraro Consulting allows providers to receive multiple referrals to maximize efficiency. Case conferencing is convened by County staff.

Mr. Peraro explained that all three counties use a unified system for CES that is based out of the current HMIS system. Mr. Peraro's team has created an automated referral system within the HMIS to maximize efficiency and ease of use for providers across counties.

Ms. Hinazumi further clarified that the CES process, from the point of assessment to program assignment, operates in real-time. Because of the automated process, staff resources are not needed to sort and filter the By-Name List in accordance with the prioritization criteria and funder requirements. BTG has noticed an increase in the number of referrals being requested, as well as positive feedback regarding the built-in email notification system.

Mr. Peraro summarized future planning for BTG's data collection and reporting. At this time, BTG will continue to use the current HMIS software and will focus efforts on building out additional dashboards and customized reports within the system.

Presentation by Ms. Connie Mitchell, Partners in Care.

Ms. Mitchell introduced herself as the new Chair of Partners in Care (PIC), the Continuum of Care for the island of Oahu.

Ms. Mitchell provided a brief overview of the purpose of the HMIS and the By-Name List, which is to provide evidence of system-wide progress and to connect households to the Coordinated Entry System. Service providers have cited numerous concerns with the current HMIS system, including dissatisfaction with the vendor and the lack of reports that accurately reflect the services being provided. Ms. Mitchell also identified several drawbacks to the development process within the organization, such as an ongoing lack of stable executive leadership and changes with the contracted HMIS administrator and key board members.

Ms. Mitchell explained that PIC has taken various steps to solidify its data operations, including the recent hiring of a Data Manager and current recruitment of a Data Specialist. The current HMIS administrator serves on a part-time basis, and PIC is seeking to decrease reliance on external parties to administer and manage data systems.

Ms. Mitchell also shared PIC's efforts to increase data sharing capacity between homeless service providers, health plans, and hospitals. Some examples of the cross-system data sharing include the Joint Outreach Center (JOC) pilot between the Institute for Human Services, Hawaii Homeless Healthcare Hui, and the Queen's Care Coalition. PIC is seeking to expand data sharing capacity to other organizations and systems, such as Emergency Medical Services, the Department of Public Safety, the Department of Education, and Child Welfare Services.

Ms. Mitchell introduced Mr. Jay King and Ms. Morgan Esarey of Aloha United Way, who currently administers the CES platform for PIC.

Ms. Esarey explained the history of the CES mandate by HUD, which was intended to shift the housing placement process from being program-centered to person-centered. The current model emphasizes on finding the right programs for the individual seeking assistance, rather than requiring the individual to seek assistance from multiple programs.

Ms. Esarey described the current CES platform used by PIC as an online, cloud-based communication platform that allowed staff to implement features that did not currently exist in the HMIS database. The platform is consistent with HUD technical guidance regarding the use of CES platform separate from the HMIS system.

Ms. Esarey also described several functions of the CES team, including hosting case conferencing meetings on a weekly basis at different locations across the island and
maintaining the special request for prioritization process. Real-time information regarding active referrals is available to all service and housing providers within the CES platform. Since its implementation, the CES team has processed over 3,600 referrals, and has successfully referred all chronically homeless families to housing resources at the end of March 2019.

Ms. Mitchell summarized the overview of PIC's CES system and remarked that the case conferencing meetings convened by the CES team have been helpful in bringing service providers, healthcare plans, and other stakeholders together.

Discussion and Questions.
The Chair summarized the three main data spheres discussed by both Continua: PIT Count data, CES By-Name List data, and the collective data of all households enrolled in homeless services within the HMIS. The Chair also asked Mr. Brackeen III to clarify any specific data collection measures linked to performance metrics within State contracts.

- Mr. Brackeen III explained that the Homeless Programs Office within the Department of Human Services utilizes the HMIS system to evaluate programs according to the deliverables proposed in the service contracts. HPO began implementing these performance-based contracts approximately two years ago to be more aligned with HUD's recommendations, and contracts with C. Peraro Consulting to administer performance metric reports for HPO.

The Chair asked Mr. Alexander to describe the City & County of Honolulu's engagement with C. Peraro Consulting as a contracted vendor.

- Mr. Alexander stated that the City & County of Honolulu maintains a separate contract with C. Peraro Consulting to create reports for the City's participation in the Built For Zero initiative focused on veteran homelessness. The Mayor's Office of Housing also uses these reports to develop the City's public dashboard system to highlight progress made toward ending homelessness. Mr. Alexander noted that the City & County of Honolulu is one of the few municipalities nationwide that publishes its target numbers related to homelessness.

The Chair remarked that some providers had expressed dissatisfaction with the current HMIS vendor and asked both presenters to clarify whether their respective Continua may be deciding to switch vendors.

- Ms. Menino stated that BTG will not be switching vendors at this time.
- Ms. Mitchell stated that PIC has not yet made a final decision, and that the evaluation of the current system is still ongoing.

The Chair asked Ms. Mitchell if PIC had an estimated timeline for this decision-making process.

- Ms. Mitchell stated that PIC will be renewing the current contract with the vendor for one year while other options are considered.

The Chair stated that, while each Continua retains a separate HMIS administrator, HPO also retains a separate contract for program evaluation of State-funded programs in all counties.

- Ms. Mitchell clarified that each Continua oversees the HMIS, although HPO has contracted a separate party to provide reports from the HMIS.

The Chair inquired as to the impact of a decision by either or both Continua to change HMIS vendors.

- Mr. Brackeen III stated that any change to the current HMIS vendor would have a significant impact on the State's ability to monitor contract performance.
Mr. Chandler remarked that the HMIS system is intended to meet the needs of the Continua of Care, not the State.

The Chair asked each County representative to clarify whether the County contracts for HMIS reporting services.

- Mr. Alexander stated that the City & County of Honolulu does maintain a separate contract for HMIS reports and requires all contracted providers to input data into the HMIS.

- Ms. Tsuhako stated that the County of Maui requires contracted providers to input data into the HMIS, but the County has not invested funds into the HMIS system at this time.

- Ms. Graham stated that the County of Kauai requires contracted providers to input data into the HMIS.

- Ms. Hirota also stated that the County of Hawaii requires contracted providers to input data into the HMIS.

The Chair restated the importance of understanding all stakeholders' current investments in the current HMIS system.

- Ms. Mitchell offered a perspective from a service provider, noting that the Continua still retain the ability to select another software vendor.

The Chair asked if there is any current funding for the CES platform on Oahu.

- Mr. King explained that the CES platform is currently embedded into Aloha United Way's IT infrastructure. He added that there is currently no fee or charge to users to access the CES platform.

The Chair noted that there had been previous questions about security and data sharing, and asked representatives from HUD and the VA to explain how these issues have been addressed.

- Mr. Chandler stated that HUD's policy has always been to find ways to lower barriers to serving individuals needing assistance.

- Mr. Taylor stated that the VA has recognized the importance of treating homelessness as a crisis, and encouraging providers to share information as appropriate to help immediately resolve an individual's homelessness situation.

- Mr. King added that the health plans on Oahu have been working with the CES team to improve communication and stated that providers have embraced this new approach to data sharing.

The Chair asked Ms. Menino to share BTG's data sharing policy.

- Ms. Menino stated that the local chapters of BTG must approve an organization's request to have HMIS access, after which the request will be sent to the BTG Board of Directors for final approval. This access would also include data sharing with other partner agencies. Ms. Menino stated that BTG has also recently implemented a fee structure for participating organizations.

The Chair asked if PIC is considering a similar fee structure.
Ms. Mitchell stated that the PIC Board will be evaluating a proposed fee structure later in the week.

The Chair emphasized the importance of understanding the different data sources, and noted that HMIS only captures data on those who are engaged in services or known to outreach providers.

Ms. Mitchell added that, in the early stages of CES implementation, some individuals without a connection to a service provider were included on the By-Name List.

Ms. Mitchell asked if the State has any plans to fund development of the HMIS system.

The Chair responded that the reallocation of State contract funds toward the HMIS system would likely result in funding being diverted from existing programs. However, the Chair noted that it is important for the State and the Council to understand which agencies are picking up the cost for the system administration.

The Chair asked if the Council could convene regular check-ins with each Continua regarding data collection, fees, etc. to inform potential policy recommendations.

Mr. Chandler estimated that the average cost of administering an HMIS system had been approximately $200,000 and suggested that the State might be asked to pay for the types of reports being requested. Mr. Chandler asked special guest Mr. Chris Pitcher to elaborate on the actual costs of administering and maintaining an HMIS system.

Mr. Pitcher responded that the actual costs of administering an HMIS system vary in each community.

The Chair further clarified that obtaining a monthly update from the Continua regarding these discussions would still be helpful, as several HICH member agencies have made data requests to one or both Continua (e.g. OHA, DOE, MQD, etc.).

Ms. Menino stated that the Hawaii HMIS Advisory Council meets with HUD technical assistance providers monthly to discuss some of these matters.

Ms. Mitchell suggested that agencies with an interest in data from the HMIS contribute to the cost of the HMIS system.

The Chair entertained a motion to request data reports from each Continua.

Special guest Mr. Pitcher stated that the HUD TA provider has been working with both Continua for several years, and PIC has experienced challenges due to many of the reasons stated earlier by Ms. Mitchell. Mr. Pitcher stated that the groups will be meeting this week to address some of these ongoing issues related to data management and collection.

The Chair stated that it may be helpful for the Council to obtain reports on the outcomes of these meetings.

Mr. Pitcher stated that there will be a public report documenting the activities paid for by HUD funds.

Mr. Chandler asked the Chair to clarify the frequency of the requested information and which entity would be paying for it.
• The Chair stated that the intent is to get a report similar to those that HICH members are already being asked to provide, as conversations about data are difficult to have without this information.

Special guest Mr. King asked the Chair if the Council is requesting minutes from the meetings and work groups focused on HMIS data.

• The Chair affirmed that the Council is seeking high-level updates for situational awareness regarding any changes to either Continua's data collection or management policies.

Ms. Menino noted that the statewide group does not make decisions regarding policies, as those decisions are made at the local Continua levels. Ms. Menino added that BTG's policies are available on their website.

The Chair again entertained a motion to request data reports from each Continua. Motion was made by Mr. Brackeen and seconded by Mr. Rolf. The Chair called for the question. The motion passed unanimously.

b. Discussion regarding efforts to address homeless individuals who are frequent users of health and criminal justice programs. The discussion will include an overview of programs to target frequent users of these systems, such as the FUSE Initiative, Law Enforcement Assisted Diversion (LEAD) program, Intensive Case Management (ICM) Pilot, HELP Honolulu, and the Queen's Care Coalition.

The Chair noted that Ms. Mitchell had addressed these items in the earlier presentation and proceeded to the next agenda item.

Mr. Hirai departed at 12:04 p.m. Quorum was revised to reflect 20 out of 27 members present.

VI. Continuing Business

a. Discussion regarding legislative advocacy priorities for the 2019 session of the Hawaii State Legislature.

The Chair referenced the written updates provided by Senator Ruderman and PIC, noting the following legislative priority measures for the 2019 session:

• SB 471 – funding for Housing First, Rapid Rehousing, Family Assessment Center, and street outreach
• HB 1312 - $50 million infusion into the Rental Housing Revolving Fund
• SB 1124 and SB 567 – streamlining Assisted Community Treatment orders and appropriating $100,000 to the Department of Health to assist with legal proceedings
• HB 999 – establishes the position of the HICH Chair in statute
• SB 398 – State procurement training for homeless service providers, particularly smaller agencies or those in rural areas

b. Hawaii State Framework to Address Homelessness and ten-year strategic plan to address homelessness, including specific strategies, tactics, and metrics and examining the intersection between local initiatives and federal initiatives to address homelessness.

The Chair referenced the Systems Performance Report included in the HICH materials packet for members to review.
Ms. Graham departed at 12:06 p.m. Quorum was revised to reflect 19 out of 27 members present.

VII. Permitted Interaction Group  
a. Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5 to review and recommend potential revisions to the ten-year strategic plan to end homelessness, and the Hawaii State Framework to Address Homelessness.

The Chair stated that the Permitted Interaction Group continues to meet on a regular basis.

VIII. General Announcements

A. Chairperson and Staff Reports: January/February/March 2019

The Chair shared the staff report for the period from January through March 2019 and noted that a copy of the report will be provided. Chair Morishige also introduced new staff members Mr. Justin Limasa and Mr. Randy Gonce.

B. Written Reports from Council Members.

The following written updates are provided for the Council’s consideration and review (the full write-ups for each representative will be provided):

- Department of Public Safety (PSD)
- Department of Health (DOH)
- County of Hawaii
- County of Kauai
- County of Maui
- City & County of Honolulu
- Continuum of Care – Honolulu
- Department of Human Services, Homeless Programs Office
- Department of Hawaiian Homelands (DHHL)
- Office of Hawaiian Affairs (OHA)
- Department of Education (DOE)
- Hawaii Appleseed Center for Law and Economic Justice
- Queen’s Care Coalition
- Faith-based Representative
- Hawaii Public Housing Authority (HPHA)
• Department of Defense (DOD)
• Hawaii State House of Representatives
• Hawaii State Senate

Ms. Mitchell added that the Faith-Based Summit is being held this Saturday, May 4th at Aloha Tower.

Mr. Alexander stated that the City & County of Honolulu is hosting two training sessions with Iain De Jong on May 17th. The trainings will be held at Catholic Charities Hawaii.

IX. Executive session

Pursuant to H.R.S. §92-7(a), the Council may, when deemed necessary, hold an Executive Session on any agenda item without the written public notice if the Executive Session was not anticipated in advance. Any such Executive Session shall be held pursuant to H.R.S. §92-4 and shall be limited to those items described in H.R.S. §92-5(a). Discussions held in Executive Session are closed to the public.

The Chair stated that an Executive Session is not necessary at this time.

X. Topics for upcoming meetings

The Chair asked members to contact his office with additional suggestions for upcoming meetings. The office can be reached at 586-0193 or by e-mail at gov.homelessness@hawaii.gov.

XI. Meeting schedule

The following Council meetings are proposed for the 2019 calendar year:

• June 17, 2019, 10 a.m. to noon
• September 16, 2019, 10 a.m. to noon
• December 16, 2019, 10 a.m. to noon

XII. Adjourn

Chair Morishige entertained a motion to adjourn. Motion was made by Ms. Maldonado and seconded by Ms. Menino. The Chair called the question. The motion passed unanimously. The meeting was adjourned at 12:11 p.m.

MINUTES CERTIFICATION

Minutes prepared by:

Emma Grochowsky
Homelessness Community Development Specialist

Approved by the Hawaii Interagency Council on Homelessness at their Regular Meeting on April 29, 2019:
[ ] As Presented [ ] As Amended

Scott S. Morishige, MSW
Chair
Purpose of the Evaluation

1. To understand the impact of Housing First and Ohana Zones on improving access to permanent housing

2. To identify what is required to improve access to permanent housing, and, ultimately, end homelessness in Hawaii.

Evaluation Approach

**Typical**
- Specific focus
- Partial view of the system

**Implementation Science**
- Systems approach
- Comprehensive view of the system
Data Collection
- Direct observation
- Ethnography
- Materials Review
- Interviews

Results?
1. Annual progress reports (3 years)
2. Opportunity for feedback and input throughout
3. Recommendations detailing what is required to end homelessness in Hawaii

Home Sweet Home
The following four performance benchmarks are used to evaluate the implementation of the Hawaii State Framework to Address Homelessness and ten-year strategic plan to end homelessness:

1. **COUNT**
   - Number of people experiencing homelessness according to the statewide Point in Time Count.

2. **CAPACITY**
   - Number of permanent housing beds for people experiencing homelessness in Hawaii.

3. **HOUSING PLACEMENTS**
   - The percentage of people exiting a homeless program that are placed into permanent housing.

4. **LENGTH OF STAY**
   - The average number of days a person is enrolled in a homeless program, such as shelter.

### COUNT — ESTIMATED NUMBER OF HOMELESS PERSONS IN HAWAII

The statewide Point in Time count decreased by nearly since 2016. The number of individuals in transitional shelter has steadily declined since 2014 – from 2,651 to 1,223. Meanwhile, the number of individuals in emergency shelter has steadily increased during that same period – from 1,162 to 1,587.

The number of unsheltered individuals has decreased slightly since 2016, but still represents over half of individuals (56%) in the count.

### CAPACITY — NUMBER OF BEDS FOR HOMELESS PERSONS

The number of permanent housing beds for people experiencing homelessness increased 244% since 2014 – from 1,298 to 4,469.

The overall number of beds in the statewide Housing Inventory Count, including shelter and permanent housing beds, increased over 43% during that same period.

The increased capacity reflects increased levels of state, county, and federal support.
Between January 1, 2019 to March 31, 2019, 52% of individuals exited homeless programs to a permanent housing placement.

The total number of individuals exiting to permanent housing between January 1, 2019 to March 31, 2019 was 1,836.

From April 2018 to March 2019, the percentage of individuals exiting to permanent housing has fluctuated between 52-55%.

Between the fourth quarter of calendar year 2018 and the first quarter of calendar year 2019, the average length of stay in homeless programs increased from 171 days to 203 days.

As of March 31, 2019, the average length of stay in emergency shelter is 104 days, and for transitional shelter is 234 days.

Length of stay is a key measure of efficiency within the homeless service system.

Data for the performance benchmarks are obtained from the following key sources:

**Statewide Point in Time Count.** The count is an unduplicated count of sheltered and unsheltered homeless persons on a single night in January, and is conducted annually. Data is submitted annually to the U.S. Department of Housing and Urban Development.

**Housing Inventory Count.** The count is an inventory of programs that provide beds dedicated to people experiencing homelessness. Data is submitted annually to the U.S. Department of Housing and Urban Development.

**Homeless Management Information System (HMIS).** The HMIS is a local data system used to collect client-level data for programs providing housing and services for people who are experiencing homelessness or at risk of homelessness. Data related to permanent housing placements and length of stay in homeless programs are derived from the HMIS.

For more information, please contact 586-0193 or gov.homelessness@hawaii.gov.
Department of Health
Adult Mental Health Division (AMHD)

Project Activities:

- Recently HUD and the State of Hawaii AMHD (Mark Chandler and Edward Mersereau and staff) met to discuss ways to best serve program clients eligible for housing assistance with HUD and AMHD funding. Areas discussed included program funding issues related to housing projects principally funds by AMHD, projects funded through HUD CoC funding; HUD grant agreement terms, and AMHD’s priority to house AMHD and CCS clients with a need to house clients exiting the State of Hawaii State Hospital. As a result of this meeting HUD and AMHD agreed that PIC and BTG housing agencies receiving AMHD and HUD funding must comply with the terms of their funding agreements. For multiple funded projects with AMHD and HUD funding, in which the CoC grant agreement identifies AMHD as a partner/match, the AMHD clients, which includes CCS, must be given priority through the CES placement to ensure grant/funding agreement compliance. All three Huis are currently under development. Maui LEAD Hui met on March 11, Kauai LEAD Hui is scheduled to meet March 27th. The Hawaii LEAD Hui meeting is TBA. All three Huis are in the process of completing MOAs with service providers and LOAs with law enforcement and prosecutor’s offices.

- The AMHD homeless outreach providers continues to provide homeless outreach statewide with the contracted providers increasing their staff. The statewide coverage assists with providing homeless outreach in areas that were previously difficult to reach due to limited staff. Homeless outreach case managers have also received training to complete SSI/SSDI applications in the SOAR program to increase the application approval rates. The homeless outreach workers on Oahu are also participating in the Joint Outreach Center in China town with efforts to increase their engagement with homeless individuals. While continuing to link individuals with appropriate services in the community.

- The AMHD provides statewide group home and independent housing with various levels of care for 693 consumers statewide. Level of housing for adults with a serious mental illness or co-occurring disorder. The housing services are 24-hour, 8-16 hour, Semi-Independent and Supported Housing

Current Housing Activates:
Total Bed Capacity in housing programs-693
- 24 Hour group homes-197
- 8-16 Hour group homes-260
- Semi-Independent group homes- 145
- Support Housing-91

Next Step Actions:
- Awarding community providers for the Intensive Case Management Programs for Homeless and High Utilizers.
Department of Health
Hawaii CARES

- Hawaii Coordinated Addiction Resource Entry System (CARES) is scheduled to go live in October of this year. Hawaii CARES provides coordinated access and referral management for all DOH contracted treatment services within the state. It provides a single point of entry for the community for substance abuse treatment services and allows the state to coordinate referrals and waitlists. It also allows the department to develop universal screening, access, intake and consent process for all providers.

Wahiawa Project

- The Wahiawa project seeks to bridge the gap in the service continuum between ER/Psychiatric inpatient and lower acuity community treatment resources for individuals with severe and chronic homelessness, substance abuse and mental illness. The project would provide 30 or so short term sub-acute stabilization beds where individuals could be supported and linked in their care as they move from the streets, the ER, or other acute level of care to longer term community supports and services.

HB 1013, SB 1124 and SB 1494 TASKFORCES

- During the last session, the Legislature passed three separate bills that task the Department with addressing and evaluating gaps in the behavioral health system of care including those related to ACT, involuntary commitment and the MH1 transport and evaluation systems. Our goal is to address all three of the taskforces holistically to develop action steps toward better implementation of the law and to operationalize the statutes in a way that more effectively realizes their intent. A brief description of each law is provided below.
  - The department held its first task force meeting on May 29th with over 50 attendees representing multiple stakeholders. Additional meetings will be held monthly between now and next session.

HB1013

This measure tasks the Department of Health with evaluating the laws and policies surrounding the process used for involuntary hospitalization for psychiatric evaluation (often referred to as MH-1). In conjunction with other community stakeholders, the department will determine steps to take under this measure to better respond to individuals who are mentally ill and often chronically homeless. The overall goal of the measure is to improve access to care for these individuals, so they are off the street and provided the care that they need.

SB1124

This measure tasks the Department of Health, in conjunction with the focus of HB1013 above, to evaluate and implement better methods for developing orders to treat individuals with mental illness in the community who are often not aware of the depth of their mental illness, are often seen as chronically homeless and who would not otherwise seek or accept psychiatric treatment. The measure focuses on developing protocols that allow health workers the ability to treat individuals who are “unable, without supervision and with the assistance of others, to satisfy the need for nourishment, essential, medical care, including treatment for mental illness, shelter or self-protection, so that it is probable that death, substantial bodily injury or debilitation would occur unless adequate treatment were not afforded”.

The overall goal of the measure is to allow health and community workers to treat severely mentally ill individuals so that they are able to live in a stable manner within the community.
SB1494
This measure tasks the Department of Health to look at the overall substance abuse and behavioral health care system and take active steps to improve access to care across the state for its most vulnerable people who suffer from behavioral health issues. It requires the Department to develop an action plan to coordinate the various programs and services more effectively so that quality care is provided while reducing duplication of effort and resources. This measure enhances the above two bills in that it takes a global view of the behavioral health care system, where the other two are focused on individual components of the system, and incorporates the work of the other measures to strengthen the overall system and to link and sync services for people who need them.

Department of Health
LEAD (Law Enforcement Assisted Diversion)
Project Activities:
- Penny Hanohano is the LEAD project manager and is touch with Heather frequently. WE are currently in the process of scheduling our first meeting and training with Heather in July on Kauai.
- Mary Scott-Lau is meeting with Camille from HMSA on Kauai Friday, 6/14 to talk about collaboration on LEAD.
- On June 26 we will be meeting with Kauai Chief of Police, Todd Raybuck, and prosecuting attorney Justin Kollar to become part of the LEAD project. They are very enthusiastic.
- Also on the 26th we are meeting with ED of Malama Pono Health Services to join the HUI.

Next Step Actions:
- Schedule HUI and training meeting and begin active outreach and services.

Department of Health
Honolulu Lead Hui Manager: Hawaii Health and Harm Reduction (HHHRC)
Project Activities
- Pilot Activities
  - 1st Year Program Evaluation Report
- Training and support of Neighbor Island pilot development
  - Regular weekly hours at the Chinatown Join Outreach Center, July 1st.
- Barriers
  - Prisons continue to undertreat medically vulnerable clients, particularly those suffering from SUD.
    - Client recently taken into custody but not given medication to prevent delirium tremens. Client has a history of struggling with chaotic alcohol use and has been treated previously by prison staff. Client had to be taken to the emergency room for seizures related to alcohol withdrawal.
  - Clients are often released from custody without their personal effects, clothes (given paper gowns), or ID. Items are left at the prison, clients—regardless of behavioral or physical health capacity—are expected to return to prisons in order retrieve them.
  - Communication between city & state prosecutors and the Judiciary.
    - Clients who are incarcerated by the state have been issued bench warrants for not being present at district court proceedings. No known system for transporting clients to lower court hearings while incarcerated.
Client’s low retention rate in shelter

- A lot of clients present with interest in shelter that is topically motivated by the threat of arrest or citation.
- Clients who are entered into shelter that are not genuinely motivated and ready are not likely to be retained in shelter care for long. If they are placed far away from their other providers, this can sometimes cause an unnecessary break in vital services like medical care. If they are not able to build rapport with shelter staff or meet shelter requirements, these break in services can sometimes leave gaps in care.

Current LEAD Client Activities
- Total enrolled: 52
- Currently Active: 38
- # enrolled from outreach activities: 2
- # enrolled from other Social Contact: 4
- # enrolled from law enforcement: 46
- # referred to Mental Health services: 10
- # referred to SUD services: 23

Next Step Actions
- Continued engagement with PSD to provide support for medically fragile clients and encourage best practice.
- Working to provide rich rapport with clients to get an accurate assessment of goals regarding shelter
  - If shelter is not the goal, working with client to find support in ways that meet the needs of the community and that of the client.
- Working with the community and other providers to facilitate training on accurate information on SMI, SUD, and Houselessness. Providing the communities with these vulnerable populations with tools to engage safely and appropriate referral resources, in addition to discouraging unnecessary and unsafe vigilantism.

**Department of Health**
Big Island Lead, Hui Manager: BISAC
Project Activities:
- All MOAs and LOS completed
- 4 of 5 trainings completed
- Meeting with Mitch Roth and Dale Ross to discuss rollout plan. As a result another meeting is scheduled for this Friday with the Kona Multi-disciplinary team.

Current LEAD Client Activities:
- Total enrolled: 0

Next Step Action:
- Final training in July and implementation estimated to begin in July-August.
Department of Labor and Industrial Relations

- As for the GIA’s appropriated by the legislature, the only grant that we are aware of that specifically targets the homeless is One Ninety Nine (CIP #), SLH 2018. This grant has not been contracted yet pending the grantee’s ability to secure a loan and/or other MOF and submission of the further information to OCS. Once the grantee fulfills the necessary requirements, OCS will compile the release of funds packet and route to BUF for the review and approval by the Governor for the release of funds.
- Our Employment Service contracts are for Low Income Persons and Legally Permanent Residents. The target population is the low income community earning at or below 185% FPG. There is no specific breakout for homeless.
- The GIA for Dynamic Solutions may be in the grants bill, HB809. As of June 7, 2019, this bill has not been enacted yet.

County of Hawai‘i

Current Initiatives

- Kealahou Assessment Center on Hawaii Island is scheduled to open during the month in July 2019, offering up to 50 emergency beds single men who are experiencing homelessness.
- On June 1, 2019, Neighborhood Place of Puna opened up a Family Assessment Center in Hawaiian Paradise Park – offering services, resources and emergency shelter for up to 9 families. As of June 11, 2019, the FAC was at full capacity.
- On June 1, 2019, at the request of its partner agency, the County approved an amendment to a Memorandum of Agreement, broadening the definition of eligibility for the Sacred Hearts Emergency Shelter to include individuals who are experiencing homelessness which may or may not be connected to the Kilauea Eruptions.
- Working on finalizing design of a West Hawaii Assessment Center and Affordable Housing Project. Phase I of the project will include an Assessment Center and 20-30 emergency beds for single individuals.
- Project Vision Hawai‘i has implemented their HieHie Mobile Hygiene Program.
- LEAD Program – Law Enforcement Assisted Diversion Program will be launch in West Hawaii in July 2019. LEAD is an innovative program, supported by Hawaii County’s Police Chief and Prosecuting Attorney will give law enforcement officers a non-arrest option when dealing with minor offenses by homeless individuals. Hawai‘i County Lead Agency: Big Island Substance Abuse Council.
- Continuing work with Community Partners in creating a plan to implement a Financial Empowerment Center (FEC). This planning provides an opportunity for the County to break down silos, gain a better understanding of existing assets-building programs, identify and fill any gaps in services, while also piloting free-financial counseling services. The FEC will launch sometime in early 2020.

Department of Human Services

Homeless Programs Office (HPO)

- HPO currently has 8 staff members
- HPO currently working to fill 3 vacant positions, 1-Office Assistant, and 2-Program Specialists
- HPO continues to monitor contracts. Monitoring efforts continue to help and support providers with recent changes in the homeless service provision model from “housing readiness” to Housing First.
• The Request for Proposals (RFP) for Homeless Shelters posted on January 18, 2019 was cancelled on April 12, 2019. HPO will re-procure in the near future.

• The RFP for Family Assessment Centers posted on February 22, 2019 was awarded on April 15, 2019; (1) Catholic Charities Hawaii for the Kaka’ako Family Assessment Center and (2) Neighborhood Place of Puna for Hale Iki Family Assessment Center.

• The RFP for the Coordinated Statewide Homeless Initiative (CSHI) posted on March 29, 2019 was awarded on May 10, 2019 to Ka Mana O Na Helu as the Master Contractor. Procurement by Ka Mana O Na Helu for subcontractors statewide anticipated to take place in July 2019.

• HPO currently working on a variety of trainings to support Homeless Providers. Training anticipated to take place as early as August 2019 with on-going trainings throughout the next fiscal year. Training topics will focus on strategies to strengthen contract expectations, Housing First approach, and other models essential to the Housing First approach.

**Department of Education**

Update:

• The week of the Homeless Awareness Conference we will host someone from SchoolHouse Connection to convene dialogue around supporting unaccompanied youth -- kids that are homeless and not in the custody of parent or legal guardian.

• Community participation is welcomed.
A person is considered “homeless” if...

1. They are living in a place not meant for human habitation, in an emergency shelter, or a safe haven.
2. They are living in transitional housing.
3. They are exiting an institution where they have resided for 90 days or less and were living in a situation described in 1 or 2 prior to entering the institution.
4. They are fleeing or attempting to flee a domestic violence situation and lack any other housing resources.
5. They are imminently losing their housing within the next 14 days.

**PREVENTION AND DIVERSION** programs offer one-time financial and supportive services to help households avoid becoming homeless, or to facilitate a quick return from homelessness into stable housing.

**STREET OUTREACH** programs meet unsheltered households where they are and assist them with connecting to homeless services and other mainstream resources.

**EMERGENCY AND TRANSITIONAL SHELTERS** provide short-term accommodations for individuals and families. Households work with case management staff to transition to permanent housing in the community.

**RAPID REHOUSING** programs offer temporary rental assistance and supportive services for a limited period of time, typically between three to twelve months.

**PERMANENT SUPPORTIVE HOUSING** provides long-term housing with supportive services for people with disabilities. Permanent supportive housing includes site-based subsidized housing and tenant-based vouchers.

**ACCESSING RESOURCES THROUGH THE Coordinated Entry System**

The U.S. Department of Housing and Urban Development (HUD) requires all communities receiving federal funds for homeless programs to utilize a Coordinated Entry System (CES) for housing resources. CES utilizes a system of vulnerability-based prioritization for limited resources, rather than a first-come, first-serve waitlist. Long-term, service-intensive resources are assigned to households with high levels of need, while short-term, “light touch” resources are assigned to households with less acute needs. On Oahu, CES policies and procedures are maintained by Partners in Care, Oahu’s Continuum of Care. The Continuum of Care for the neighbor islands, Bridging the Gap, oversees CES for Maui, Kauai, and Hawaii counties.

**HOUSING PROGRAMS**
- **Diverted** to other community resources to help resolve housing crisis.
- **Coordinated Entry** refers household to homeless housing resources based on level of need and availability.

**Notes**
- Diversion may occur at any time during the process. Homeless households are always encouraged to seek resolution outside the homeless service system when possible.
- Completion of a V-SPDAT does not guarantee that a household will be referred for any resource, or the resource of their choice.

Households seeking assistance must be referred to the Coordinated Entry System (CES) by a qualified service provider. Households should contact their service provider directly with questions about housing referrals.
Many public workers interact with people experiencing homelessness on a frequent basis, whether or not it is a part of their regular duties. While most people have the desire to help those who need it, the process may seem confusing or daunting. To ensure people experiencing homelessness receive the help they want and need, it is critical for anyone offering assistance to be mindful both of their own abilities and those of the programs and agencies that offer services.

**Before the encounter...**

- **Understand your capabilities.**
  Know what you are able to do (e.g., make a phone call for someone, answer a question about programs that are available, or just listen) and when you might need to refer the person to other resources. Do not offer resources that you are unable to provide.

- **Be mindful of safety for all persons involved in an encounter.**
  Do not put yourself or others at risk. If the situation seems unsafe or uncomfortable, ask for help or report the situation to a qualified service provider so they can follow up.

- **Be aware of the many issues impacting a person who is unsheltered.**
  Homelessness is rarely the only issue impacting a person living outside, but it is usually the most visible. The person may have a variety of needs (e.g., physical or mental health issues, domestic violence, substance abuse, etc.) that require specialized care outside of homeless services. Properly addressing these special needs often takes repeated encounters and progressive engagement with the person needing help.

**When you encounter someone who is unsheltered...**

- **DO**
  - Determine whether the person is experiencing a medical emergency, including mental health and overdose. Follow appropriate procedures to notify emergency services.
  - Introduce yourself and explain why you are approaching them. You are there to offer help, but the person might not know that right away.
  - Ask the person if they need any help and what kind of help they need. Allow the person experiencing homelessness to tell you what types of resources they are looking for. Acknowledge that the person might not want your help at that time.

- **DO NOT**
  - Pressure the person to accept offers of shelter or other services. If the person declines, offer to leave them with a provider’s contact information in case they change their mind later.
  - Enter a person’s living space without permission. Respect the person’s boundaries and possessions.
  - Make promises to the person that you cannot keep. Do not commit yourself or others to services or resources that you cannot provide. Unkept promises erode trust between people who are homeless and those who offer help.

When contacting an outreach provider...

In most cases, it is best to refer individuals to outreach providers who are specially trained to triage their needs. When contacting an outreach provider, remember to:

- Give as much information as possible, especially the person’s full name and a detailed description of what they look like and where they are. This will help the provider locate the person and coordinate a response. Outreach workers may already be familiar with the person seeking help.

- Respect the provider’s limitations. Due to the volume of outreach requests, they might not be able to respond immediately or follow up with you after an encounter.

- Allow the provider to work with the person to assess their needs. The provider will need time to build rapport with the person to ensure they are linking them to the appropriate resources.

Call 9-1-1 if the person is experiencing a medical emergency, or is presenting a danger to themselves or others.

Homeless outreach programs are not equipped to provide emergency response to people experiencing acute medical or psychiatric crises.
In the United States, the nationwide aging of the overall population has been correlated with the aging of adults born in the "Baby Boomer" generation. Similarly, the aging of the population of adults experiencing homelessness has experienced similar growth rates, with some estimates predicting the number of homeless older and elderly adults to triple over the next ten years. Homeless programs in Hawaii currently serve a large number of adults age 51 and older, many of whom are expected to age in place within the homeless service system.

**PREMATURE AGING**
Unsheltered homeless adults in their fifties generally exhibit the health conditions of stably housed adults who are twenty to thirty years older.

**MEDICAL COSTS**
Stable housing has been correlated with reduced medical costs among chronically homeless adults.

**LIFE EXPECTANCY**
Unsheltered homeless adults experience higher mortality rates than their sheltered and housed peers.

**Percentage of participants age 51 and older in the STATE RENT SUPPLEMENT PROGRAM**
- 43%

**Percentage of participants age 51 and older in PERMANENT SUPPORTIVE HOUSING**
- 21%

**Percentage of participants age 51 and older in EMERGENCY SHELTERS**
- 30%

**Total number of individuals ages 51 and over enrolled in homeless programs in 2018**
- 19,215
- 4,741
- 227
- 3,673
- 550
- 442

**Individuals served by homeless programs in 2018**
- 19,215

**Individuals ages 51 and over served by homeless programs in 2018**
- 4,741