DAVID Y. IGE
GOVERNOR

OFFICE OF THE GOVERNOR
STATE OF HAWAII
STATE CAPITOL
HONOLULU, HAWAII 96813

Agenda

Hawaii Interagency Council on Homelessness (HICH)
Monday, December 16, 2019
10:00 a.m. to 12:00 p.m.
Daniel K. Inouye 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, September 16, 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 strategies to address the intersection between homelessness and health, and the formation of a working group pursuant to H.R.S. § 92.-2.5 to explore this intersection further and make recommendations for action to the full council. (**Vote**)

       Discussion will include information from:

       i. A presentation by the National Council for Behavioral Health (NCBH) regarding work to explore the intersection between homelessness and the behavioral health system regarding homeless individuals with severe mental illness.

     ii.   A review of the statewide expansion for the Law Enforcement Assisted Diversion (LEAD) program.

     iii. The Corporation for Supportive Housing (CSH) recent Data Sharing Landscape Assessment in Hawaii, including the role of the council in addressing issues related to data regarding homeless individuals encountered in the homelessness, criminal justice, and healthcare systems.

b. Discussion and possible action regarding the adoption of legislative advocacy priorities for the upcoming 2019 session of the Hawaii State Legislature, including alignment with the Hawaii State Framework to Address Homelessness and the United States Interagency Council on Homelessness strategic plan. **(Vote)**

Discussion will include information from:

     i.   A presentation by Ms. Katy Miller, United States Interagency Council on Homelessness

     ii. A summary of Ohana Zone projects funded by Act 209, Session Laws of Hawaii 2018

     iii. A summary of programs to address homelessness in tourist and resort areas funded by Act 86, Session Laws of Hawaii 2018.

VI.   <u>Continuing Business</u>

a. Discussion and possible action regarding revisions to the 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. **(Vote).**

Discussion will include information from:

     i.   Hawaii State Procurement Office regarding planning and implementation related to Act 162, Session Laws of Hawaii 2019, which establishes a training program on government procurement and other relevant procedures for nonprofit organizations that offer homeless outreach services or manage homeless housing programs in rural areas of the State.

     ii. A review of 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. A review of efforts to develop community-centered housing for individuals and families transitioning out of homelessness.

     iv. A 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.

    b. Report and discussion of the permitted interaction group established pursuant to Hawaii Revised Statutes (H.R.S.) §92-2.5 and 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.

VIII. General Announcements

    A. Chairperson and Staff Reports: October / November / December 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, March 16, 2020, 10:00 a.m. to 12:00 p.m.
- Monday, June 15, 2020, 10:00 a.m. to 12:00 p.m.
- Monday, September 21, 2020, 10:00 a.m. to 12:00 p.m.
- Monday, December 21, 2020, 10:00 a.m. to 12:00 p.m.

XII.   Adjourn (Vote)

Item III.

Regular Meeting Minutes

(September 16, 2019)

Hawaii Interagency Council on Homelessness (HICH)
Honolulu International Airport Conference Rooms 3 & 4
Monday, September 16, 2019
10:00 a.m. – 12:00 p.m.

Council Attendees:

Mr. Scott Morishige	Chair
Ms. Daisy Lynn Hartsfield for	Director of the Department of Human Services (DHS)
Mr. Harold Brackeen III	Administrator of the Homeless Programs Office of DHS
Mr. Eddie Mersereau for	Director of the Department of Health (DOH)
Mr. Leonard Hoshijo for	Director of the Department of Labor & Industrial Relations
Ms. Jodie Maesaka-Hirata for	Director of the Department of Public Safety (PSD)
Mr. Craig Hirai for	Department of Business, Economic Development, and Tourism (DBEDT)
Ms. Cynthia Rezentes for	Director of the Department of Hawaiian Home Lands (DHHL)
Mr. Bruce Oliveira for	Adjutant General of the Department of Defense (DOD)
Ms. Carla Hostetter for	Chairperson of the Office of Hawaiian Affairs
Ms. Melissa Lewis for	Attorney General
Ms. Toby Portner for	Superintendent of Department of Education (DOE)
Ms. Maigee Chang for	Hawaii State Senate
Mr. Ben Park for	Executive Director of the Hawaii Public Housing Authority
Mr. Marc Alexander for	Mayor of the City & County of Honolulu
Ms. Sharon Hirota for	Mayor of the County of Hawaii
Ms. Lori Tsuhako for	Mayor of the County of Maui
Ms. Laura Thielen	Continuum of Care for the County of Honolulu
Ms. Brandee Menino	Continuum of Care for the County of Hawaii
Ms. Makana Kamibayashi	Continuum of Care for the County of Kauai
Ms. Maude Cumming	Continuum of Care for the County of Maui
Mr. Andy Taylor	U.S. Department of Veterans Affairs (VA)
Mr. Mark Chandler	U.S. Department of Housing & Urban Development (HUD), Office of Community Planning & Development
Mr. Daniel Kaneshiro	Faith-Based Representative

Absent: Representative from the Hawaii House of Representatives; Representative for the Mayor of the County of Kauai; and Business Community Representative.

Staff: Mr. Justin Limasa, Homelessness Assistant; Mr. Jason Kasamoto, Homelessness Special Assistant and Public Affairs; Ms. Emma Grochowsky, Homelessness Community Development Specialist; Ms. Lily Young, Deputy Attorney General

Special Guests: Mr. John Vedder, State Procurement Office; Mr. Christopher Amandi, State Procurement Office

I.   **Call to Order. Taking of the Roll.** Roll taken and there was a quorum established with 22 out of 27 members. The meeting was called to order at 10:03 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 requested members of the public to present their questions and comments on agenda items during the designated time

for public testimony, as presenters would only be able to answer questions from Council members during their presentations.

II.   **Overview and Approval of Agenda**. The Chair presented the agenda for review and recommended a revision to the order of presentations to accommodate the presenters' schedules. The Chair recommended to move item VI(a)(ii), followed by the remaining items in section VI, ahead of item V. The Chair asked for a motion to approve the revised agenda.

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

Mr. Taylor arrived at 10:07 a.m. Quorum was revised to reflect 23 out of 27 members present.

III.   **Approval of Minutes.** The Chair reminded members that the June 17, 2019, 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. Chandler elected to share updates regarding one of the outstanding questions at the end of the meeting.

Seeing no additions or corrections at this time, the Chair asked for a motion to approve the minutes of the June 17, 2019, Hawaii Interagency Council on Homelessness meeting.

Motion to approve the minutes was made by Ms. Portner and seconded by Ms. Maesaka-Hirata. The Chair called the question. The motion passed unanimously.

Mr. Kaneshiro arrived at 10:10 a.m. Quorum was revised to reflect 24 out of 27 members present.

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.   **Mr. David Cannell**
Mr. Cannell recounted his and his family's lived experiences of homelessness, and noted a distinct rise in the number of people experiencing homelessness since the 1950s and 1960s. Mr. Cannell attributed this to the rise of capitalism and monopolization of wealth in the United States.

Chair Morishige thanked Mr. Cannell for his testimony.

V.   **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.**

Chair Morishige provided the Council a brief overview of the history of the Homeless Management Information System (HMIS) in Hawaii, describing how the current HMIS system transitioned to each Continuum of Care maintaining their own HMIS lead agency. The Chair also reviewed each CoC's responses to the Council's previous request for resource needs, noting the following:

- Management and operation budgets vary greatly between the two CoCs.

- o Bridging the Gap's annual HMIS budget from revenues collected is around $246,000.
- o Partners in Care currently receives $124,000 from HUD to maintain the HMIS, and is applying for an additional $75,000 in HUD CoC funding to expand HMIS capacity.
- BTG and PIC maintain separate Coordinated Entry Systems.
  - o BTG contracts Ka Mana O Na Helu to provide both HMIS and CES administration services.
  - o PIC currently has 1.5 FTE dedicated to HMIS training and administration, and maintains a contract with a third-party consultant for additional technical support. PIC has 3 FTE dedicated to CES administration, and receives $300,000 from HUD CoC funds to support CES operations.
- BTG and PIC have identified different resource needs for their HMIS and CES systems.
  - o BTG does not foresee a need for additional financial or staffing resources at this time.
  - o PIC anticipates the need for an additional $80,000 - $90,000 in funding from user fees or other outside sources, in addition to the requested $200,000 in CoC funding.

The Chair reminded the Council that this information was initially requested to better inform the Council's ability to support the needs of both CoCs. Since the time of the request, PIC had voted to separate its HMIS database from the existing database shared with BTG. The abrupt nature of the decision to split from the joint database has many implications for providers who operate in both CoCs, as well as for the collection and analysis of statewide data trends. The Chair was also concerned that State agencies who contribute data into the HMIS were not involved in discussions regarding the split or any potential requests for the use of State general funds to support HMIS operations.

Discussion and Questions.
Chair Morishige asked Ms. Menino and Ms. Thielen if their CoCs had any comments in addition to those submitted in their written reports.

- Ms. Menino added that BTG also has County partners who convene the CES processes for their respective counties at no cost to the CoC, which contributes to overall cost savings.

- Ms. Thielen stated that PIC has been experiencing ongoing difficulties with updating or modifying the HMIS database to meet the needs of partner agencies. These difficulties have been due to numerous delays and inaction on behalf of outside parties, and as a result, the entire CoC elected to move toward a separate HMIS system.

The Chair asked Ms. Thielen to clarify the statement regarding a unanimous vote across the CoC, citing communication from multiple providers to voice their concerns and confusion about the timelines for the split.

- Ms. Thielen clarified that, although the PIC Board voted unanimously to approve the separation, PIC membership has been aware of these ongoing challenges and has been abreast of the desire to separate from BTG for the past year.

The Chair asked Ms. Hartsfield and Mr. Mersereau for their comments on PIC's decision to move forward with a separate HMIS database.

- Ms. Hartsfield stated that Deputy Director Betts had met with Ms. Thielen, but the department did not become aware of PIC's decision until the written materials for the

HICH meeting were distributed. Ms. Hartsfield stated the department is concerned about the impacts on State-funded providers and is seeing legal guidance regarding potential impacts to existing contract requirements.

- Mr. Mersereau added that the Department of Health had not been aware of discussions to move toward a separate database, and voiced his concerns over synergy with the department's long-term data-integration goals.

- Ms. Thielen responded that she met with Mr. Brackeen in June to request more coordination with the HMIS lead agency for BTG, as there had been multiple allegations of tampering with the system. However, Mr. Brackeen declined to include other PIC stakeholders in potential meetings to discuss the HMIS, and noted that BTG's HMIS lead agency also refused offers to meet.

- Ms. Menino stated she was unaware that the HMIS lead agency had refused any meeting offers, noting that she had always been responsive to communication with PIC. Ms. Menino and Ms. Cumming remarked that they had come to Oahu to meet with PIC the previous week, and were surprised to learn that PIC had already made a decision to create a separate HMIS database.

- Mr. Chandler reiterated that the decision to split remains a choice between the two CoCs. HUD has invested several years of technical assistance regarding this issue, and feels that the situation has become too much of a distraction from the work of ending homelessness. In response to concerns regarding the availability of statewide data, Mr. Chandler added that the State can request data for its programs in the same manner used by HUD.

The Chair asked for a clarification of the timeline for the separation of HMIS databases.

- Mr. Chandler explained that the HMIS software vendor, Caseworthy, cannot proceed with creating a duplicate copy of the database for PIC without getting authorization from BTG. PIC intended to have the database cloned by the time of the HICH meeting, but is now hoping to have a mechanism in place to accomplish this by Wednesday, September 18th.

- Ms. Lewis expressed concern with the apparent lack of planning, noting that it will be difficult for the State to support service providers if there is no plan in place. In addition to addressing the legal issues regarding client data ownership, Ms. Lewis was concerned for the continuity of services for clients who move between counties.

The Chair asked representatives from other government agencies to share comments and questions on behalf of their departments.

- Ms. Rezentes expressed concern for the DHS Homeless Programs Office, since the department will now be required to access two systems.

- Ms. Hostetter stated that OHA currently has a MOU in place with PIC for data sharing, but does not currently have one with BTG for the same purpose.

- Ms. Maesaka-Hirata stated that the Department of Public Safety does not have access to the HMIS database at this time, but had requested access in December 2018. Due to PSD's statewide services, a split in the HMIS database would be concerning.

- Ms. Portner asked if the decision to split should be considered final at this point, or if there was any room to mediate the differences between both sides.

- Mr. Oliveira deferred to Mr. Taylor to discuss potential impacts on services for veterans experiencing homelessness. Mr. Taylor stated that the local VA currently works with five CoCs, including CoCs in Guam and American Samoa. The VA has had ongoing concerns regarding the data quality in reports generated from the HMIS, as there are large variations in the numbers of homeless veterans reflected on multiple reports. Mr. Taylor is hopeful that the HMIS separation will allow the CoCs to address data quality and reliability issues.

- Mr. Brackeen III stressed the significance of the HMIS to evaluate contracted providers' performance metrics, as agreed upon with the providers. HPO currently collects this data directly from HMIS, but the department is unsure if this will continue to be possible with a change in databases.

- Mr. Alexander expressed interest in learning about how other states collect aggregate data and common metrics, and how other CoCs address data ownership concerns. Mr. Alexander observed that many providers, in addition to those required by HUD, enter data into the HMIS, and that providers and stakeholders have been working to improve data and report quality. Based on feedback from other communities, Mr. Alexander stated that a unified system appears to have several benefits.

- Ms. Thielen shared the concerns regarding data quality, and reiterated that PIC's new HMIS team has been working closely with providers to improve data entry, as well as clean up existing data.

- Ms. Tsuhako disclosed that she is a member of the Board of Directors for Ka Mana O Na Helu, the HMIS lead agency for BTG. However, in her role with the County of Maui, she noted that the County does make a small monetary contribution to HMIS operations and is worried about how the State will continue to administer its existing contracts that rely on the HMIS.

- Ms. Hirota expressed concern for service providers who may be required to enter data into multiple systems if the HMIS is not accessible to funders. Ms. Hirota was also concerned about a client's data being inaccessible to other providers if the client should relocate between CoCs.

The Chair emphasized the need to ensure the split in HMIS databases does not cause additional expenses or burdens, and that quality data will still be available. The Chair also stressed the importance of repairing fragmented relationships to the greatest extent possible.

The Chair introduced special guest Mr. John Vedder to present information regarding Act 162, SLH 2019, which establishes a training program on government procurement and other relevant procedures for nonprofit organizations that offer homeless outreach services or manage homeless housing programs in rural areas of the State.

Presentation by Mr. John Vedder.

Mr. Vedder introduced himself on behalf of the State Procurement Office, and provided a brief overview of the parameters of Act 162. SPO and HPO staff have been working closely together to develop a training curriculum that will increase the knowledge base and capacity for providers interested in homeless services, especially for providers in rural areas of the state.

While funds have not yet been released, the training plan is being developed to address common questions regarding submitting proposals/bids, government procurement systems, federal and state contracting requirements, and strategies for providers to influence the state's planning process. Training sessions are expected to begin in early January 2020, and outreach will be conducted to ensure maximum exposure to current and prospective providers. SPO will also be expanding online training available to providers, and remains committed to long-term engagement with community partners.

VI.   **New Business**
a.   **Discussion regarding new partnerships to address homeless subpopulations, including the recently awarded Youth Homeless Demonstration Project (YHDP) for the Honolulu Continuum of Care.**

Youth Homeless Demonstration Project (YHDP)

The Chair introduced Ms. Laura Thielen and Ms. Carla Houser, representing PIC, to share updates regarding the Youth Homeless Demonstration Project (YHDP).

Ms. Thielen described the collaborative process of applying for the YHDP grant and the important role that the Oahu Youth Advisory Board played. PIC was awarded $3.8 million from HUD for youth-specific projects during this competition.

Ms. Thielen explained that PIC will use the first eight months to create a plan to utilize the funds, and will be hiring a manager to oversee this process. PIC will issue a RFP after the planning process.

Ms. Houser added that the letters of support received from both the City and the State, along with the active participation of the youth, strengthened PIC's proposal to HUD. The OYAB was also representative of different subpopulations of youth, including parenting youth, former foster care youth, youth who have been diagnosed with a mental illness, etc.

The OYAB selected four focus areas during the proposal process: affordable housing for youth, expanded services for pregnant and parenting youth, specialized services for youth subpopulations, and resources for unaccompanied minors.

The Chair thanked Ms. Thielen and Ms. Houser for their presentation.

Law Enforcement Assisted Diversion (LEAD)

The Chair briefly summarized the State's current efforts to expand the Law Enforcement Assisted Diversion (LEAD) pilot program to the neighbor islands, where services provided by DOH providers will be paired with shelter and stabilization beds for participants experiencing homelessness.

The Chair added that Oahu and neighbor island LEAD staff, along with a staff member from the Office of the Governor's Coordinator on Homelessness, are currently attending a training with the LEAD National Support Bureau in Seattle, WA. The training will help local providers and funders to better coordinate services with key stakeholders.

b.   **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)**

The Chair stated that this task force has been meeting regularly to discuss progress and challenges in the Kakaako area. The Chair highlighted the recent successes of the resource fair

coordinated by PIC and the members of the Ka Poe O Kakaako encampment. However, balancing the needs of enforcement and security with ongoing services continues to be a challenge.

- Mr. Alexander added that the City & County of Honolulu has been very clear in communicating its approach and future plans for the 42 acres of the Kakaako parks and surrounding areas that are in the process of being transferred to the City's jurisdiction. The City's concern is for the safety and well-being of all community members, and the long-term goal is to ensure the parks will be accessible to everyone.

The Chair concluded that the task force will be making recommendations to the State legislature emphasizing the need to balance services and enforcement, along with getting direct input from people experiencing homelessness.

c. **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)**

The Chair noted that the Council has already voted to include a member on this task force.

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.**

This agenda item was addressed in earlier discussions.

VIII. **General Announcements**

A. **Chairperson and Staff Reports: July/August/September 2019**

Chair Morishige shared the staff report for the period from July through September 2019 and noted that a copy of the report is included in the meeting packet.

Mr. Chandler provided his update regarding a question raised at the previous meeting on June 17, 2019. Mr. Chandler presented Hui Aloha's housing concept to the national HUD offices in Washington, D.C. for the purposes of clarifying whether this housing model would meet HUD's standards of permanent housing. The HUD national offices stated that if the housing units have sustained illumination (e.g. electricity or other source that could be turned on/off at any time, for any period of time), the units could be considered permanent housing. Mr. Chandler noted that a temporary illumination source, such as a solar electricity system that could not be operated during nighttime hours, would not meet HUD's requirements. The housing units, as described, would not be eligible for Section 8, but may qualify for CoC rental assistance funding if they meet the City's building code.

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, Homeless Programs Office*

- *Department of Hawaiian Home Lands (DHHL)*

- *County of Hawaii*

- *County of Maui*

- *City & County of Honolulu*

- *County of Kauai*

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:

- December 16, 2019, 10 a.m. to noon

XII. **Adjourn.**

Chair Morishige entertained a motion to adjourn. Motion was made by Ms. Tsuhako and seconded by Mr. Alexander. The Chair called the question. The motion passed unanimously. The meeting was adjourned at 12:00 p.m.

MINUTES CERTIFICATION

Minutes prepared by:

_____   _____
Emma Grochowsky   Date
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   Date
Chair

Item V. a. i.

National Council for Behavioral Health,

Hawaii SMI Contract

Introduction to the Hawaii SMI-Homeless Contract

Wednesday, October 2nd, 2019
10:00am–11:00am HST

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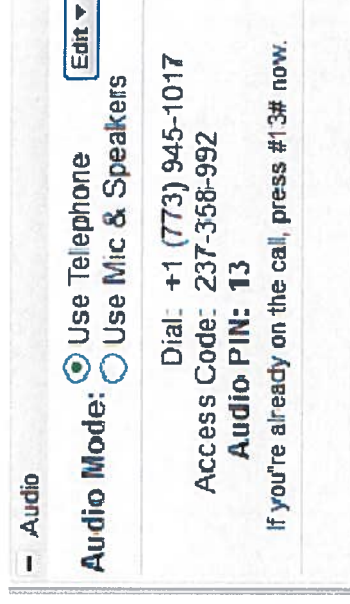
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How to Ask a Question

Prefer to write?

Type into the question box and click "send."

On the phone?

"Raise your hand" and we will open up your lines for you to ask your question to the group.

National Council for Behavioral Health Team Members

Frannie Yin, MHA

Project Coordinator

Ayla Colella, LMHC

Director of Practice Improvement

Kate Davidson, LCSW

Assistant Vice President of Practice Improvement and Consulting

Laura Leone, DSW, MSSW, LMSW

Integrated Health Consultant

Hawaii Core Implementation Team Members

Pankaj Bhanot

Director
State of Hawaii
Department of
Human Services

Cathy Betts

Deputy
State of Hawaii
Department of
Human Services

Harold Brackeen III

Administrator of
the Homeless
Programs Office

Mimari Akatsu Hall

Policy Director
State of Hawaii
Department of
Human Services
Office of the
Director

Hawaii Core Implementation Team Members, *Continued*

Daisy Lynn B. Hartsfield

Special Assistant to the Director of Human Services
State of Hawaii Department of Human Services

Katherine Korenaga

Community and Project Development Director Deputy
State of Hawaii Department of Human Services

Edward Mersereau

Deputy Director, Behavioral Health Service Administration
State of Hawaii Department of Health

Scott Morishige

Governor's Coordinator on Homelessness

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Hawaii Core Implementation Team Members, Continued

Meredith Nichols

Assistant Administrator/ Deputy Medicaid Director State of Hawaii Department of Human Services, Med-QUEST Division

R. Malia Taum-Deenik

Project Specialist State of Hawaii Department of Human Services Office of the Director

Project Goal

Engage in a partnership of guidance and support with Department of Human Services in Hawaii to improve shelter services for homeless individuals with severe mental illness (SMI), with or without a co-occurring substance use disorder

Support Hawaii Bill 1051

Project Phases

PHASE 1

Targeted demonstration working with 1-2 existing shelters and thinking about improvements, shifts, and changes to shelters

PHASE 2

Creation of a new 8-bed shelter system for homeless population with SMI, with or without co-occurring substance use disorder

Steering Committee

Purpose: Provide project support and guidance to NC Team and to the Hawaii Core Implementation Team (CIT)

- Includes Core Implementation Team (Leadership Group)
- Will also include 1-2 representatives from each organization/entity that is considered a key stakeholder or additional community members

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Project Deliverables

- Literature Review
  - Back end research on models and best practices for shelter systems as part of the overall environmental scan

- 2-Day Environmental Scan (October 10-11th)
  - Series of meetings/interviews with stakeholders to gain insight and understand what is currently working and what can be improved upon

- 4-Day Kick-Off Site Visit and Steering Committee Convening (December 17 - 20th)

- 14 Additional On-Site Days
  - Will include trainings in Evidence-Based Practices

- Planning and Coaching Calls
  - Topics can include overall progress on action plans, discussions with stakeholders, discussions with specific shelters, etc.

- 6 Webinars
  - Topics will be determined based on HI team's needs

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Timeline
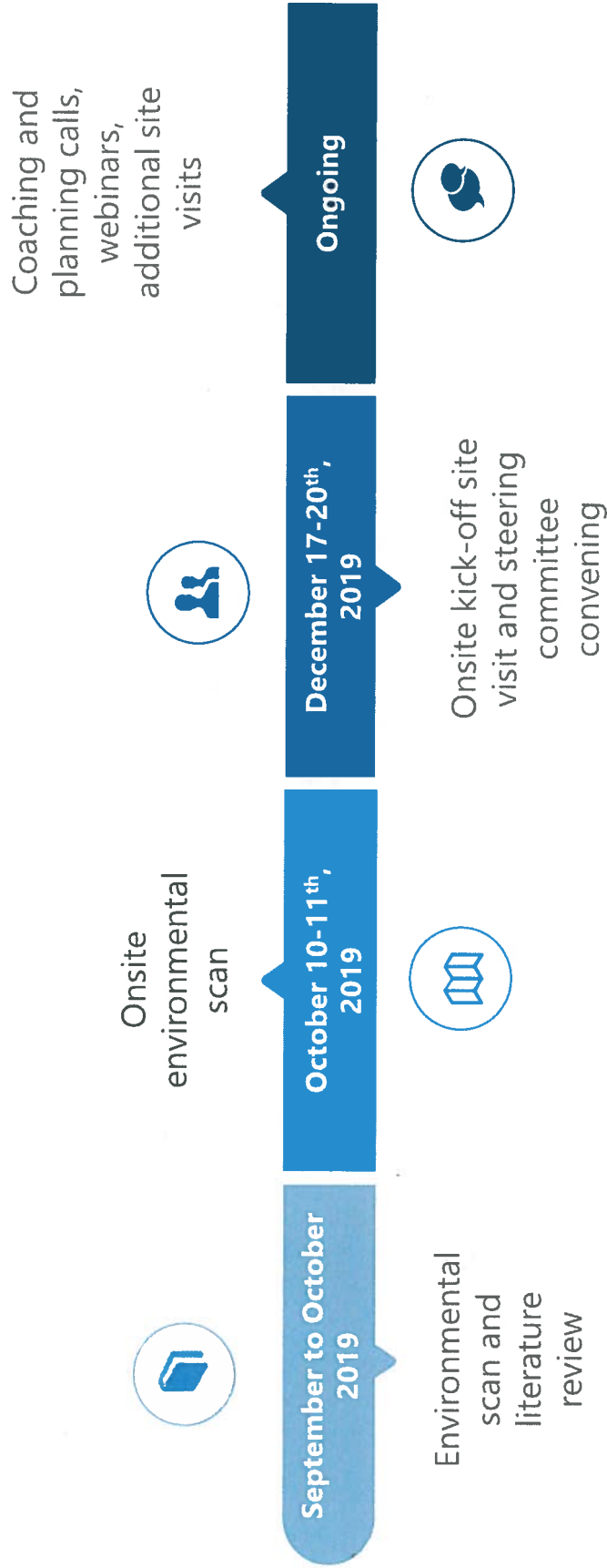
September to October 2019

Environmental scan and literature review

October 10-11th, 2019

Onsite environmental scan

December 17-20th, 2019

Onsite kick-off site visit and steering committee convening

Ongoing

Coaching and planning calls, webinars, additional site visits

In-Person Environmental Scan – October 10 and 11th

Goal: Understand the current shelter system through a series of meetings and interviews and gain insight into the culture and community so groundwork can be laid moving forward

- Two days will consist of brief convenings in the morning and then a series of meetings/interviews with stakeholders during the day
  – Preferable to have smaller individual interviews rather than larger group interviews
- Will include discussions with crisis/respite services, law enforcement, medical centers, Department of Health, Department of Housing, Department of Human Services, and other groups
- At end of visit, Laura and Kate will provide initial thoughts to the team
- After completion, NCBH will combine information from environmental scan with background literature review, which will help determine next steps

In-Person Environmental Scan – October 10 and 11th

- Agenda considerations
  - Introduction meeting
  - Wrap up meeting
  - Shelters to visit
- Questions for consideration for stakeholders
  - How are you currently addressing homelessness?
  - To what extent do the current operational definitions of homelessness impact the services accessed and provided
  - What currently works well in the delivery of shelter and care for the homeless?
  - What could be improved in the delivery of shelter and care for the homeless?
  - Who would you like to collaborative with more?
  - What are the barriers and struggles in the delivery of shelter and care for the homeless?
  - What innovative program and ideas would you like us to consider in improving the delivery of shelter and care for the homeless?
  - What has the impact of coordinated entry process been on the shelter process
  - What would be helpful to you in this process of improving the delivery of shelter and care for the homeless?

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Questions and Further Discussion
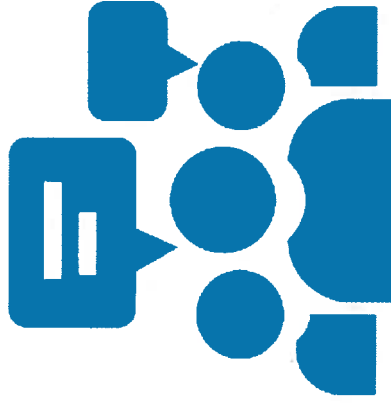
Thank You

Please feel free to reach out with any questions:

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Ayla Colella: AylaC@thenationalcouncil.org
Frannie Yin: FrannieY@thenationalcouncil.org

Item V. a. ii.

Law Enforcement Assisted Diversion

Law Enforcement Assisted Diversion Honolulu 1-Year Program Evaluation Report

October 1, 2019

Prepared by:
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This report presents the status of the Hawai'i Health and Harm Reduction Center (HHHRC) Law Enforcement Assisted Diversion Honolulu (LEAD HNL) pilot program for State of Hawai'i. This report includes background information on the program, the evaluation approach, and program implementation and presents outcomes and impacts for project period July 1, 2018 and July 31, 2019. It concludes with recommendations based on these findings.

This report was prepared by the University of Hawai'i at Mānoa LEAD Program Evaluation Team with important contributions from the LEAD Honolulu Hui.

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I. LEAD Honolulu 1-Year Program Evaluation Report

Executive Summary

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LEAD Honolulu 1-Year Program Evaluation Report
Executive Summary

Program Background

- The goal of LEAD HNL is to reduce recidivism for minor offenses by referred clients in an effort to reduce the burden on the criminal justice system and improve clients' health and wellness. The program aimed to achieve this by engaging clients in social services aimed at addressing housing, substance use, behavioral health, and health issues.

- As of the date of this report, LEAD HNL diversion referrals have not begun. Therefore, all referrals described in this report came through social contact. Social contact referrals have been conducted in collaboration with HPD's Health Efficiency Long-term Partnership (H.E.L.P.) initiative and the Sheriff Division of the Hawaiʻi Department of Public Safety (Sheriff's Division) in collaboration with the Governor's Office on Homelessness.

- Between July 1, 2018 and July 31, 2019, 47 individuals were referred to LEAD HNL through social contact referral. Of those 47 referred clients, 37 were enrolled in and received services through LEAD HNL.

Client Background

- The majority of enrolled clients were female (60%) compared to 51% of referred clients, suggesting females were slightly more likely to engage in LEAD services after referral.

- Nearly half of enrolled clients were Hawaiian/Pacific Islander (49%), with over half of enrolled clients being multiracial (54%).

- The majority of enrolled clients were single (41%) and had completed high school or received a GED (41%).

- At referral, 92% reported currently experiencing homelessness, with the vast majority living unsheltered (84% of those experiencing homelessness).

- 78% reported using Methamphetamine, 68% reported using alcohol, and 33% reported using opioids and/or heroin in the last six months.

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Findings

- Over the period under study, service use increased over time, particularly the use of case management, medical service, transportation assistance, and permanent housing services.

- On average, clients had 55% fewer cited encounters with law enforcement after referral to the LEAD HNL program.

- LEAD HNL clients decreased the time they spent unsheltered by 38%, on average, a drop from 21 days a month unsheltered to 13 days unsheltered at last assessment. There was also an increase in the time clients spent in emergency (138%) and transitional shelters (90%). Finally, despite large percentage increases in clients who obtained permanent housing, clients were still unlikely to be living in a shared apartment (an average of 3.61 days a month) or an independent apartment (1.61 days a month) at last assessment.

- LEAD HNL clients across all assessments cited permanent housing services as one of their highest needs.

- Clients indicated using methamphetamines the most days a month (17 days on average, with 15% reporting no use) compared to other substances across all assessments. Marijuana was the second most frequently used substance at 6 days a month at first assessment, followed closely by opioids/heroin (5 days) and alcohol (5 days). No other drugs surpassed an average of one day a month at first assessment.

- The average number of days a month clients (who self-reported use) used methamphetamines decreased by 18% (from 17 days a month to 14 days a month, with 23% reporting no use), while alcohol use increased by 51% (an increase from just under 5 days a month to just over 7 days a month).

- Hospital admissions increased from 10% of clients reporting being admitted to the hospital in the previous month at first assessment to 13% at last assessment. A small increase in hospital admissions is not unexpected given that many of the clients suffered from untreated medical conditions prior to obtaining services.

- Emergency room visits decreased from 32% of clients reporting visiting them in the previous month to 19% at last assessment.

- Notable gains were observed in clients' quality of life while in the program. They include improvements in hope for the future, social support, and mental health. Although, it should be noted that while clients' general health and quality of life have improved, they continue to fare much worse than the average adult living in Hawai'i.

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Conclusions

- The LEAD HNL program achieved its primary goal of reducing recidivism rates of program clients. At the time of this report, this achievement was accomplished solely through social referral, which lacks the potential threat of legal action if clients do not engage with the program following referral.

- Our evaluation found notable improvements in the stability of housing experienced by clients since enrollment in the program as well as their overall quality of life. Specifically, participants increased the amount of social support they received, reported decreased stress, and improved mental health. They still reported considerable substance use but operating under a harm reduction model, these are considerations that might be best addressed after a period of stabilization in other aspects of clients' lives.

- We recommend the expansion of the program across the entirety of the County, City & State. We also strongly recommend the introduction of the diversion arm of the program. With the potential costs savings associated with reduced emergency room use and the decreased burden on the criminal justice system, this program will likely result in net savings as well as improving the lives of those who participate.
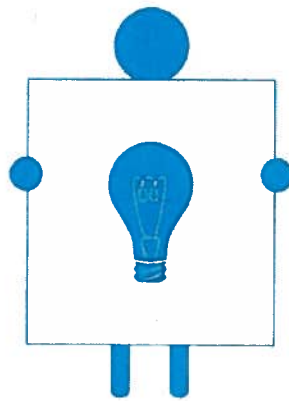
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II. LEAD Program Background

The LEAD Model

Law Enforcement Assisted Diversion (LEAD) is a diversion program that aims to improve public safety and to reduce criminal behavior.[1] Under the LEAD program model, law enforcement officers connect low-level, non-violent offenders or individuals at high risk of arrest with social service providers in lieu of arrest. The LEAD program is unique from other diversion programs in that:

- diversion occurs pre-booking instead of after arrest;
- LEAD provides participants with immediate case management; and
- LEAD is a collaborative effort, involving law enforcement, community organizations, and public officials.[2]
- LEAD was funded and supported by the Hawai'i State Department of Health, Alcohol and Drug Abuse Division (ADAD). ADAD is also an active LEAD Hui Participant.

The original LEAD program in Seattle, Washington showed successful outcomes. After three years of operation, a 2015 study found that LEAD participants were 58% less likely to be arrested after enrollment in the program compared to a control group that went through "system as usual" criminal justice processing.[3] Additionally, preliminary program data collected by case managers indicated that LEAD improved the health and well-being of people struggling with poverty, drug use, and mental health problems. Furthermore, the collaboration between stakeholders, who were often otherwise at odds with one another, proved an invaluable process-oriented outcome.[4]

LEAD Honolulu

In collaboration with Hawai'i Department of Health and the Office of the Governor's Coordinator on Homelessness, the Hawai'i state legislature funded the current program through the Alcohol and Drug Abuse Division (ADAD) in 2017. The "LEAD HNL" pilot launched July 1, 2018 and has aimed to follow the original LEAD model by focusing specifically on people whose criminal activity is due to behavioral health issues. LEAD's intensive case management further aims to help individuals, many of whom have cycled in and out of jails and prisons, receive the assistance they need to face complex issues (e.g., homelessness, substance use, and mental illness).[5]

In addition to aiming to improve individual wellbeing, **LEAD HNL aims to help Hawai'i decrease recidivism rates, address overcrowded correctional facilities, and transform Hawai'i's criminal justice system from punitive to rehabilitative.** Given that nearly three fourths of Hawai'i's jail and prison population are incarcerated for misdemeanors, petty misdemeanors, technical offenses, or violations[6]—the kinds of offenses targeted by LEAD—the program is well-positioned to help address these systemic issues.

> **LEAD Hui:** A major component of LEAD HNL is the engagement and coordination of services with key stakeholders. The "LEAD Hui" is a group of over 30 organizations who meet 1-2 times per month to coordinate the implementation of LEAD. Members include homeless service providers, substance use treatment facilities, and representatives from the Department of Health, Honolulu Police Department (HPD), the Governor's Office on Homelessness, and the Alcohol and Drug Abuse Division (ADAD).

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III. Program Implementation

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The evaluation team monitored program implementation as well as client and community-level outcomes. This section focuses on program implementation, examining the referral and enrollment processes and service provision. Data sources included archival data, field notes from case management meetings, staff interviews, and client surveys.

LEAD Referrals

LEAD clients are identified through referrals from community partners. These referrals can include both social contact referrals and diversion referrals. Individuals who are perceived to be high risk for arrest are eligible for LEAD through **social contact referral**. Individuals who have committed low-level, non-violent offenses are eligible through **diversion referrals**.

Mode of Referral

Diversion referrals. Eligible offenses include, but are not limited to trespassing, littering, park closure violations, sit/lie offenses, and open container violations. Individuals who have committed violent offenses in the last 10 years (e.g., drug traffickers, promoters of prostitution, sex offenders, and those exploiting minors) are ineligible for LEAD HNL.[4] In place of an arrest or citation, LEAD-trained officers refer individuals directly and immediately to LEAD HNL staff.

As of the date of this report, diversion referrals have not begun due to LEAD HNL still being in the process of facilitating a partnership with HPD and the Prosecutor's Office. Therefore, all referrals described in this report came through social contact, as described below.

Social contact referrals. The primary avenue for social contact referrals in the LEAD HNL program has been in collaboration with HPD's Health Efficiency Long-term Partnership (H.E.L.P.) initiative and the Sheriff Division of the Hawai'i Department of Public Safety (Sheriff's Division) in collaboration with the Governor's Office on Homelessness. H.E.L.P. is a collaboration of police officers, social service workers, and advocates who jointly conduct outreach aimed at providing connecting individuals to shelter and/or detox services.

Other social contact referral methods include direct recommendations from officers or Sheriff deputies. In addition to accompanying HPD on H.E.L.P. Honolulu operations, LEAD staff regularly accompany the Sheriff's Capitol Patrol unit on patrols in the Iwilei area and to Community Outreach Court.

Since July 1, 2018, 47 individuals have been referred to LEAD through "social contact."

Fig. 1 Mode of Referrals ($N = 47$)
- HELP HNL (n=26) — 56%
- Sheriff's Division (n=18) — 38%
- Community Outreach Court (n=2) — 4%
- Point-in-Time (n=1) — 2%
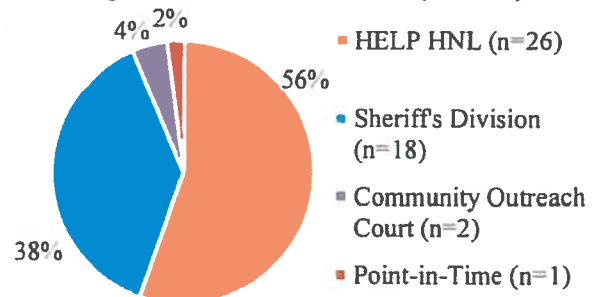
- Of these 47 referrals, the majority (56%) were through the H.E.L.P. program (See Fig. 1).

- Over a third (38%) were referred from the Sheriff's Division (See Fig. 1).

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Fig. 2 Referral Locations

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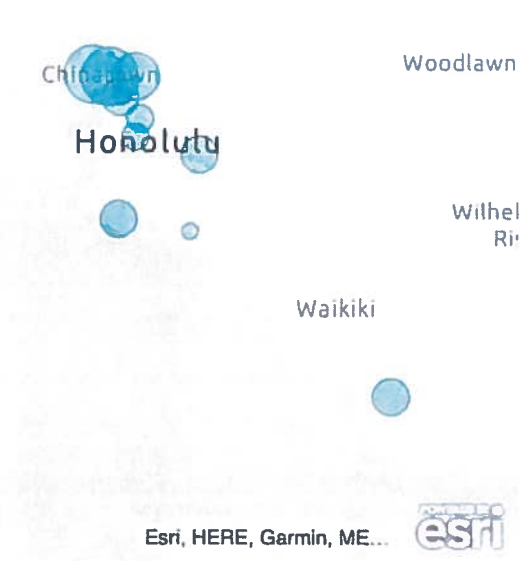
The majority of referrals were from the 96817 zip code area (68%, $n = 32$), which includes Iwilei ($n = 14$), A'ala Park ($n = 9$), River Street ($n = 5$), Chinatown ($n = 3$) and Pauahi ($n = 1$) (See Fig, 2).

Of the seven people who were referred from zip code 96813, two were referred from Community Outreach Court, two were referred from the grounds of 'Iolani Palace, and three were referred from Kaka'ako.

Of the four people referred from 96814, one was referred from Ala Moana, and three were referred from Thomas Square Park. Another three people were referred from Kapi'olani Park (96815).

Intake Procedures

Once the referred individual has accepted the referral, LEAD HNL staff arrive on-site to conduct an initial intake and to schedule a follow-up appointment to complete a full needs assessment and begin to link the client with services.

The following sections present client demographics for LEAD referred clients:

- At referral, **92% reported currently experiencing homelessness**, with the vast majority living unsheltered (84% of those experiencing homelessness).

- **78% reported using methamphetamines**, 68% reported using alcohol, and 33% reported using opioids and/or heroin.

Fig. 3 Referred Client Age ($N = 47$)

- 18-29 years (n=5)
- 30-39 years (n=6)
- 40-49 years (n=11)
- 50-59 years (n=20)
- 60-69 years (n=5)
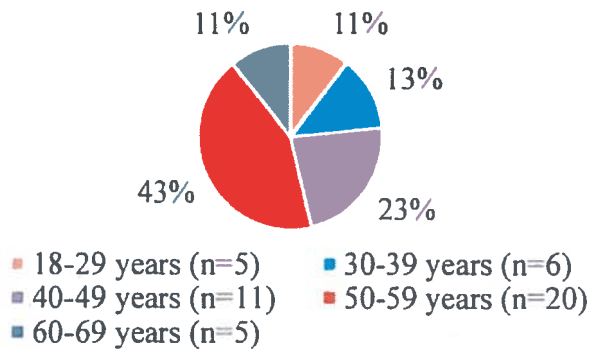
Fig. 4 Referred Client Gender ($N = 47$)
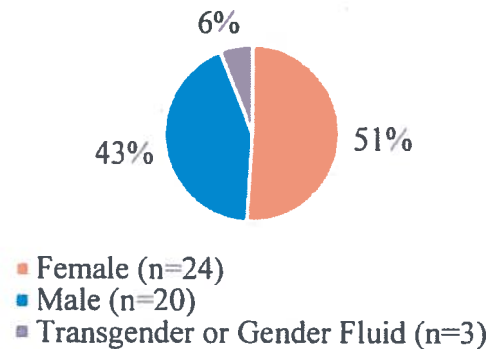
- Female (n=24)
- Male (n=20)
- Transgender or Gender Fluid (n=3)

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Referred Clients' Demographics

- Client age at referral ranged from 18 to 69 years, with a median age of 51, and the majority of clients (43%) being between 50 and 59 years of age (See Fig. 3).

- A slight majority (51%) of the 47 referred clients were female (See Fig. 4).

- Clients could identify with more than one race by selecting multiple races/ethnicities (i.e., select all that apply) on the intake form. Of the 47 clients, 57% identified as multiracial (See Fig. 5).

- A majority of referred clients also identified as Native Hawaiian/Pacific Islander (NHPI) (55%) (See Fig. 5).

Fig. 5 Referred Client Ethnicity

Ethnicity	Percentage
Multiracial (n=27)	57%
Native Hawaiian/Pacific Islander (n=26)	55%
Caucasian/White (n=19)	40%
Filipino (n=8)	17%
African American (n=7)	15%
Chinese (n=6)	13%
Japanese (n=6)	13%
Puerto Rican (n=5)	11%
American Indian (n=4)	9%
Hispanic (n=4)	9%
Portuguese (n=2)	4%
Samoan (n=2)	4%
Micronesian (n=2)	4%
Korean (n=1)	2%
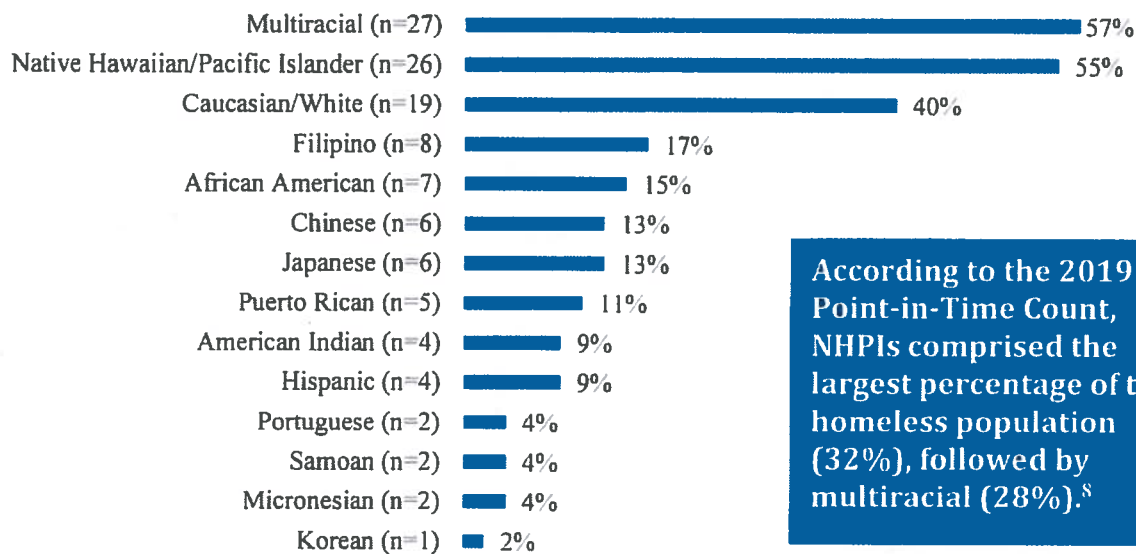
> According to the 2019 Point-in-Time Count, NHPIs comprised the largest percentage of the homeless population (32%), followed by multiracial (28%).[8]

Compared to the overall population on Oʻahu, NHPIs and multiracial individuals are overrepresented in referred LEAD clients. NHPI and multiracial individuals made up 24% & 23% of Oʻahu's population in 2017,[7] compared to 55% & 57% of LEAD referrals, respectively. However, the program's referred client racial breakdown reflects recent data showing that NHPIs and multiracial individuals are disproportionately represented in the homelessness population on Oʻahu, comprising 50% and 33% of the unsheltered homeless population.[8] Additionally, data shows that Native Hawaiians are over-represented in the prison population.[9] Thus, the referred clients' racial composition roughly reflects those most likely to experience homelessness and/or have been incarcerated on Oʻahu.

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LEAD Enrollments

Out of 47 individuals referred to LEAD, 37 are enrolled in LEAD. Clients who have completed a long intake and needs assessment (LINA) with a LEAD case manager are considered enrolled in the program. LEAD case managers provided intensive follow-ups, calls, client scheduling and meetings, and other intensive avenues to aid in turning referrals into enrolled clients. Currently, this assessment is the only requirement for participation.
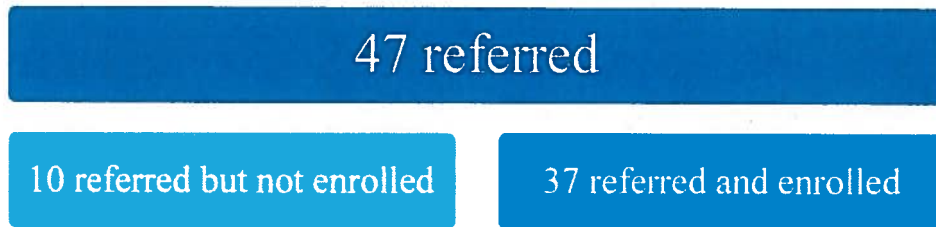
Enrolled Client Demographics

The majority of the 37 enrolled clients (46%; $n=17$) are between 50 and 59 years of age. The majority of clients (60%; $n = 22$) are women and have graduated high school or obtained their GED (70%; $n = 26$). About a quarter have not completed high school (27%; $n = 10$). Thirty percent ($n = 11$) have attended some college.

Fig. 6 Enrolled Client Age ($N = 37$)

- 18-29 years (n=3)
- 40-49 years (n=8)
- 60-69 years (n=5)
- 30-39 years (n=3)
- 50-59 years (n=17)
- 70-79 years (n=1)
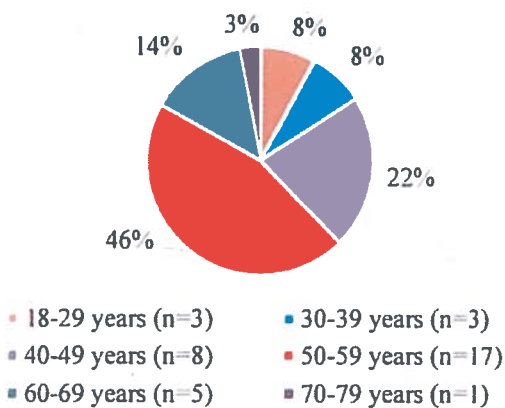
Fig. 7 Enrolled Client Gender ($N = 37$)

- Female (n=22)
- Male (n=12)
- Transgender or Gender Fluid (n=3)
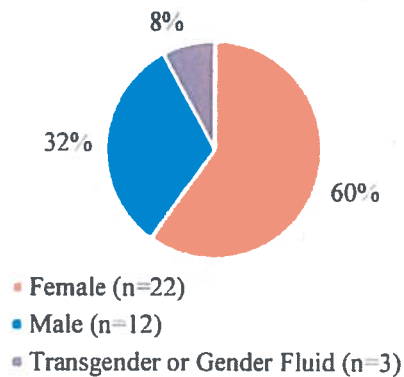
Client age at enrollment ranged from 24-70, with a median age of 53. The majority of enrolled clients are in their fifties, with 46% ($n=17$) being 50-59 years of age; 22% ($n=8$) being 40-49 years of age; 14% ($n=5$) being 60-69 years of age; 8% ($n=3$) being 30-39 years of age; 8% ($n=3$) being 18-29 years of age; and 3% ($n=1$) being 70-79 years of age (See Fig. 6).

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Fig. 8 Enrolled Client Highest Level of Education ($N = 37$)

- 9th - 11th Grade (n=10)
- Graduated or GED (n=15)
- Some College (n=11)
- Missing (n=1)
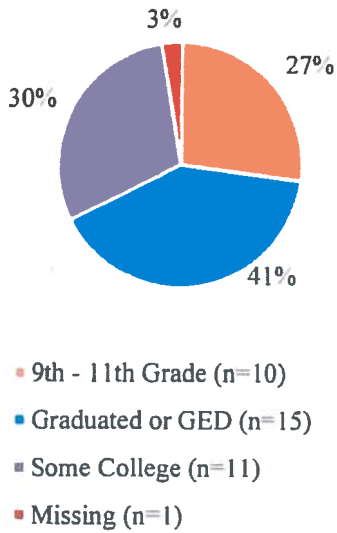
The majority of enrolled clients identify as female, with 60% ($n=22$) identifying as female, 32% ($n=12$) identifying as male, and 8% ($n=3$) identifying as transgender or gender fluid (See Fig. 7).

The majority of enrolled clients have graduated or received their GED, with 41% ($n=15$) reporting graduating high school or receiving their GED; 30% ($n=11$) reported attending some college; and 27% ($n=10$) reported attending 9th-11th grade (See Fig. 8).

The majority of enrolled clients are single, with 41% ($n = 15$) of clients reporting never being married; 30% ($n = 11$) reporting being divorced; 22% reporting being separated ($n = 8$), and 3% ($n = 1$) reporting being widowed. Only two clients reported being married ($n = 1$) or part of an unmarried couple ($n = 1$) (See Fig. 9).

Fig. 9 Enrolled Client Family Status

- Unmarried Couple (n=1)   3%
- Never Married/Single (n=15)   41%
- Separated (n=8)   22%
- Widowed (n=1)   3%
- Divorced (n=11)   30%
- Married (n=1)   3%
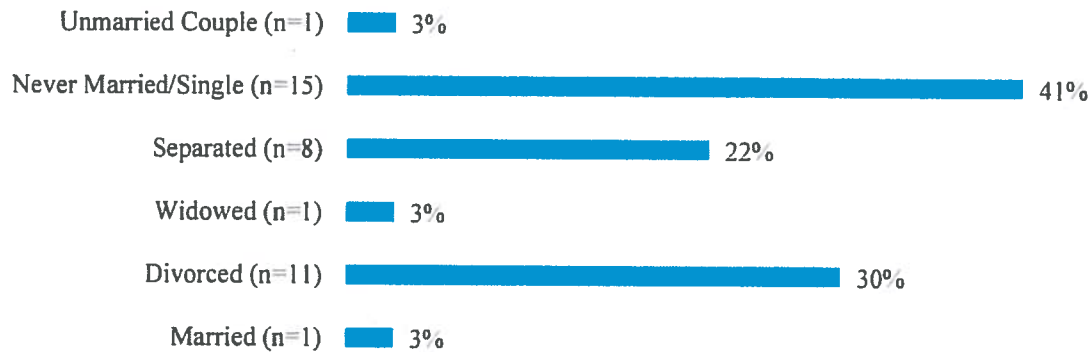
- Enrolled clients were able to select more than one ethnicity on the LINA form, and the majority of enrolled clients identified as multiracial (54%; $n = 20$), and 49% ($n = 18$) of enrolled clients identified as NHPI (See Fig. 10).

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Fig. 10 Enrolled Client Ethnicity

Ethnicity	Percentage
Multiracial (n=20)	54%
Hawaiian/Pacific Islander (n=18)	49%
Caucasian/White (n=15)	41%
Filipino (n=7)	19%
Chinese (n=6)	16%
African American (n=5)	14%
Japanese (n=5)	14%
Hispanic (n=4)	11%
Puerto Rican (n=4)	11%
American Indian (n=3)	8%
Portuguese (n=2)	5%
Korean (n=1)	3%
Samoan (n=1)	3%
Micronesian (n=1)	3%
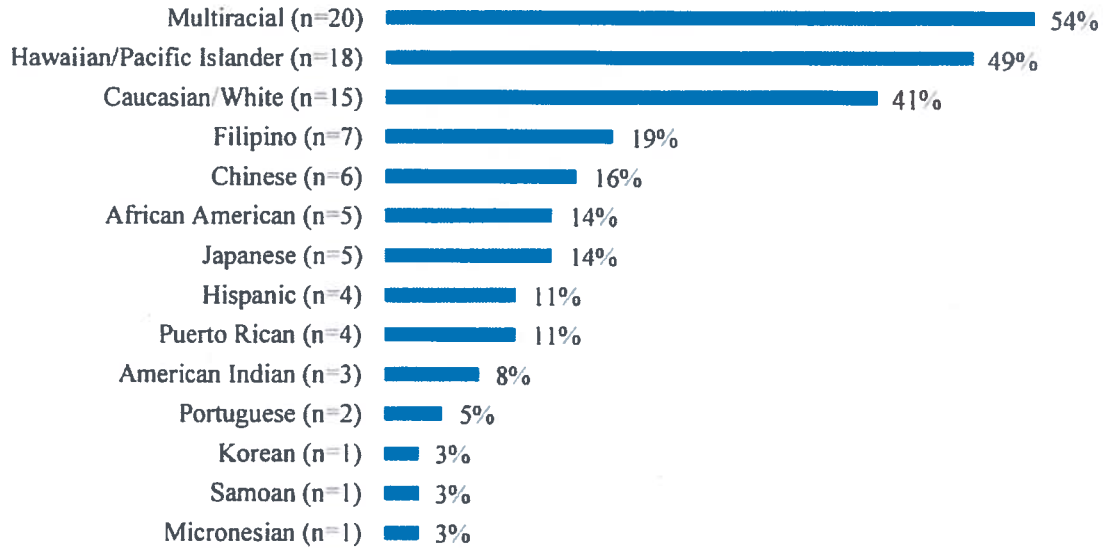
Thus, the plurality of enrolled clients are single, multiracial cisgender women with at least a high school degree between the age of 50 and 59.

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Service Engagement

After enrollment, LEAD case managers provide intensive case management services to help connect clients to other services. About 86% ($n = 32$) of the 37 enrolled clients are actively engaging in LEAD case management services. Five individuals are not actively working with their case managers by choice but are still considered LEAD clients.

47 referred	
10 referred but not enrolled	37 referred and enrolled
	5 enrolled but not engaged	32 enrolled and engaged ("active")
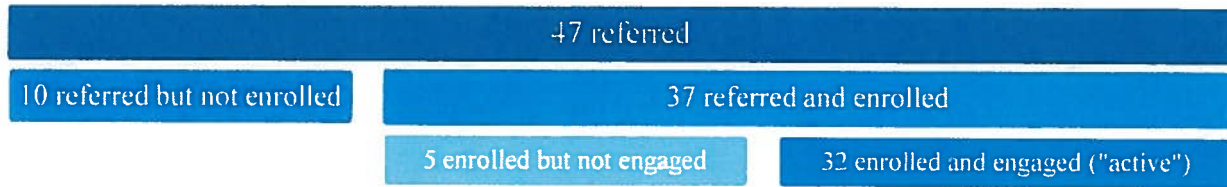
The following section demonstrates the amount of time case managers devoted to LEAD clients, calculated by data collected from service utilization records.

Fig. 11 Average Number of Hours Case Managers Spent Per LEAD Client Per Month*

Referred but not Enrolled Clients (n=9)	0.15
Enrolled but not Engaged Clients (n=5)	2.77
Active Clients (n=32)	5.51

*Missing data on an enrolled but not engaged client

- Case managers spent an average of 5.51 hours per LEAD client per month for active clients compared to 0.15 hours a month for clients who were referred but not enrolled. However, these hours do not reflect all of the hours that case managers spend looking for clients and some other client assistance (See Fig. 11).

- Within these groups, considerable variations existed by client. For example, for active clients, time spent ranged from less than 30 minutes to more than 13.5 hours per month.

  - This range in time spent is expected because LEAD does not force clients to engage in services, and clients who need more services likely require more hours than clients with more stability.

- The amount of time spent also varies within the same person by month. For example, a client who exceeded 35 hours in their second month in the program averaged very few hours in subsequent months.

For active clients, time spent with case managers ranged from less than 30 minutes to more than 13.5 hours per month.

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Services Needed and Services Used

The following section presents clients' self-reported services needed and services used. Clients provided the type of services they would like to utilize (Fig. 12) as well as services used within the past 30 days (Fig. 13) at baseline and at subsequent follow-up time periods.

"My goal is still to get permanent housing."
– LEAD Client

Operational Work Group: LEAD HNL utilizes weekly meetings to discuss and coordinate care with community partners, such as representatives from HPD, the Governor's Office on Homelessness, and the funding agency ADAD.

Fig. 12 Client Services Needed over Time in the Program

Services Needed	Baseline (n = 24)	3 Month Follow-up (n = 26)	6 Month Follow-up (n = 25)	9 Month Follow-up (n = 19)
Case Management	100%	66%	36%	53%
Permanent Housing	88%	77%	80%	79%
Transportation Assistance	75%	62%	52%	68%
ID Assistance	71%	62%	40%	42%
Mental Health Services	71%	66%	48%	53%
Disability Services (including SSI & SSDI)	67%	46%	52%	53%
Medical Services	67%	66%	40%	63%
Clothes Closet	63%	50%	48%	32%
Soup Kitchen or Food Pantry	58%	54%	48%	79%
Day Center	54%	31%	24%	53%
Transitional Housing	38%	23%	28%	0%
Legal Services	33%	23%	12%	42%
Substance Abuse Treatment	33%	15%	8%	16%
Job Readiness, Job Search, or Emp. Assistance	29%	19%	16%	11%
Emergency Shelter/Temp Housing	29%	19%	8%	5%

- At baseline, the majority of clients who answered this question indicated needing 10 of the 15 listed services, with 100% indicating needing case management services. At 9-month follow-up, 53% still wanted case management services (See Fig. 12).

- Over three quarters of clients who responded indicated also needing permanent housing (88%) and transportation assistance (75%) at baseline.

- ID assistance dropped dramatically from 71% at baseline to 42% at 9-month follow-up. At 9-month follow-up, transportation assistance and permanent housing services continued to be reported as needed by the majority of clients (68% & 79%, respectively).

- The number of clients needing soup kitchens or food pantries increased from 58% to 79% from baseline to 9-month follow-up and was tied with permanent housing as the most-needed service at 9-month follow-up.

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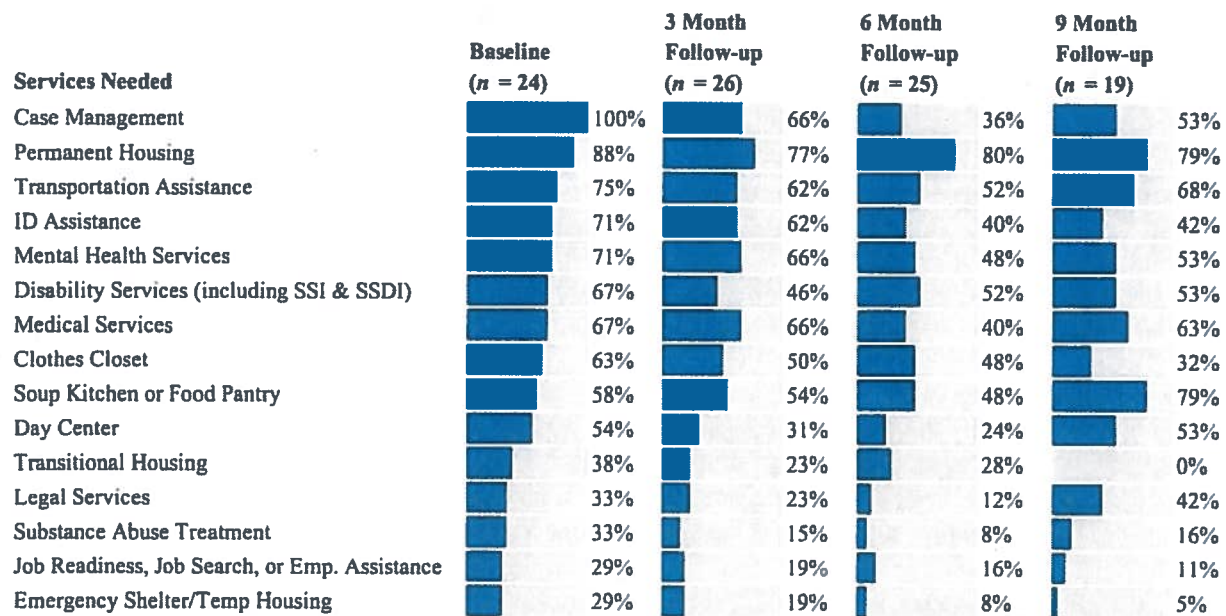## Fig. 13 Client Services Used over Time in the Program

Services Used	Baseline (n = 24)		3 Month Follow-up (n = 26)		6 Month Follow-up (n = 25)		9 Month Follow-up (n = 19)	
Soup Kitchen or Food Pantry		67%		58%		72%		68%
Medical Services		58%		62%		68%		79%
Clothes Closet		46%		62%		56%		32%
Emergency Shelter/Temp Housing		42%		39%		48%		37%
Transportation Assistance		33%		54%		64%		74%
Day Center		29%		31%		40%		63%
Case Management		29%		77%		84%		95%
Mental Health Services		29%		35%		28%		47%
Substance Abuse Treatment		25%		27%		20%		11%
ID Assistance		17%		39%		48%		37%
Disability Services (including SSI & SSDI)		17%		23%		40%		21%
Transitional Housing		17%		35%		24%		11%
Legal Services		13%		23%		20%		11%
Permanent Housing		8%		15%		32%		37%
Job Readiness, Job Search, or Emp. Assistance		0%		4%		8%		5%

- The majority of clients indicated using only two services—soup kitchens (67%) and medical services (58%)—at baseline. This is in stark contrast to findings that the majority of clients indicating **needing** ten services at baseline. At follow-up, the majority of clients were using soup kitchens, medical services, transportation assistance, day centers, and case management (See Fig. 13).

- The percentage of clients using each service increased for every service except clothes closets, emergency shelters, substance abuse treatment, transitional housing, and legal services.
  - The percentage of clients using substance abuse treatment, transitional housing, and legal services increased at 3-month follow-up, suggesting that clients did access needed services.
  - Similarly, the percentage of clients using emergency shelters increased at 6-month follow-up. Given the increase in usage of permanent housing, it is likely that emergency and transitional housing were no longer needed at 9-month follow-up.

- Use of case management increased substantially from 29% to 95%. Given that at baseline, case management was needed by 100% of clients who answered this question, the substantial increase suggests that clients are receiving needed services (See Fig. 13).

- Use of medical services, transportation assistance, and permanent housing increased substantially, suggesting that clients were receiving more comprehensive, wrap-around services.

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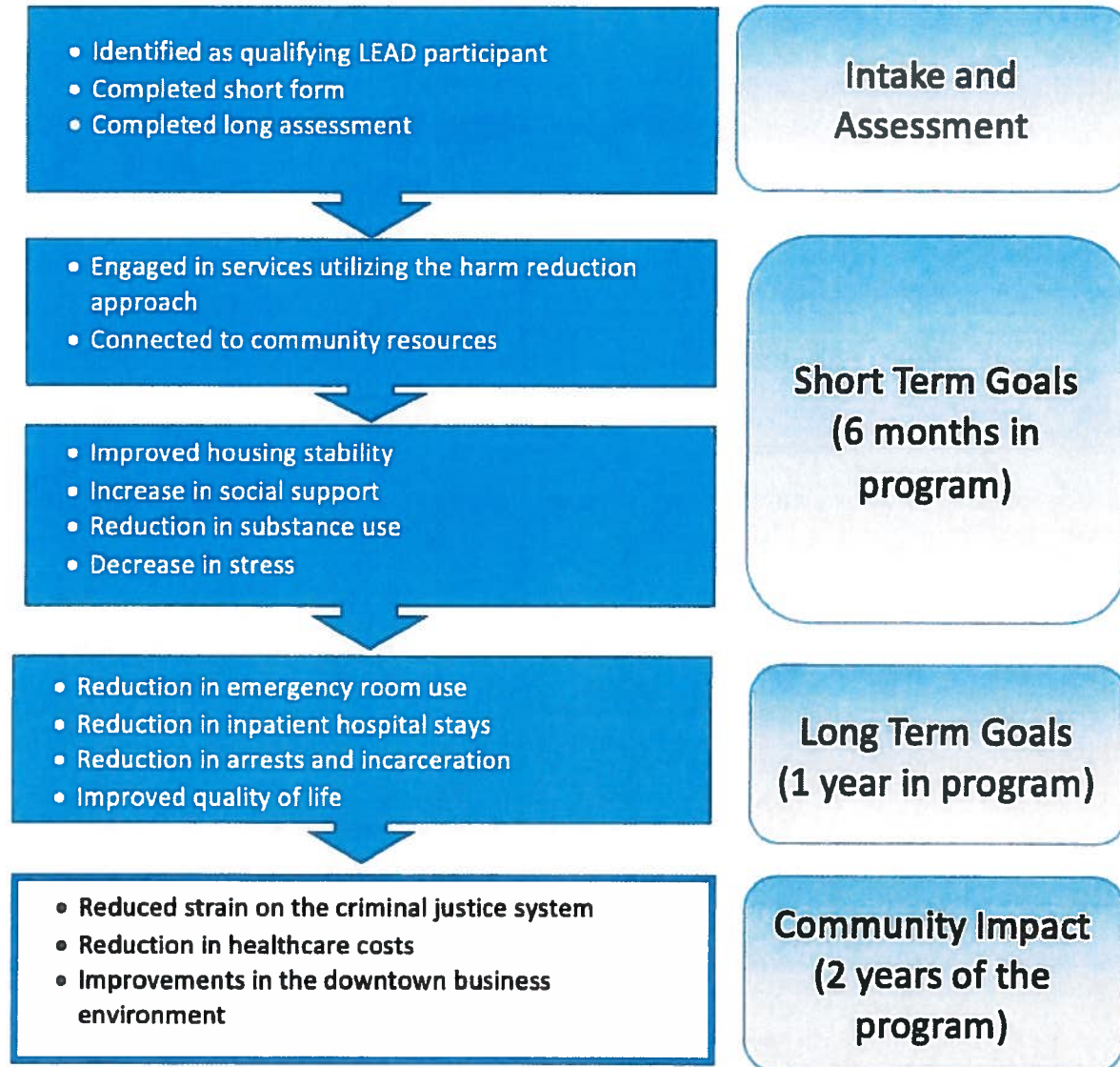
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IV. Outcomes & Impacts

In addition to examining program process, the evaluation team assessed program outcomes and impacts based on goals identified in the LEAD Theory of Change (Fig. 14 below). This section of the report assesses program progress toward participants' short-term goals and long-term goals, as well as a brief description of harm reduction as it pertains to the goals of the LEAD program.

Fig. 14 LEAD Theory of Change

• Identified as qualifying LEAD participant • Completed short form • Completed long assessment	**Intake and Assessment**
• Engaged in services utilizing the harm reduction approach • Connected to community resources • Improved housing stability • Increase in social support • Reduction in substance use • Decrease in stress	**Short Term Goals (6 months in program)**
• Reduction in emergency room use • Reduction in inpatient hospital stays • Reduction in arrests and incarceration • Improved quality of life	**Long Term Goals (1 year in program)**
• Reduced strain on the criminal justice system • Reduction in healthcare costs • Improvements in the downtown business environment	**Community Impact (2 years of the program)**

What is a "harm reduction approach?" *Harm reduction attempts to reduce the adverse consequences of drug use among persons who continue to use drugs. It developed in response to the excesses of a "zero tolerance approach". Harm reduction emphasizes practical rather than idealized goals. It has been expanded from illicit drugs to legal drugs and is grounded in the evolving public health and advocacy movements.*
[Single, E. (1995). Defining harm reduction. Drug and Alcohol Review, 14(3), 287-290.]

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Short-Term Goals

Short-term goals include increased housing stability and social support and decreased substance use and stress.

Housing Stability

The evaluation team assessed changes in housing by examining the number of days lived in different locations for the last 30 days at baseline and follow-up. Of the 37 enrolled clients, 31 clients completed at least the baseline and a follow-up assessment. The time between baseline and last assessment for these clients ranged 2-10 months, with an average of 6.8 months.

At baseline, the average number of days spent living on the street was 20.83. The average was 12.90 days at the last assessment, showing a 38% decrease.

 # Days sleeping on street/park/beach

⬇ **38%**

> The percentage of clients who did not sleep unsheltered the entire previous month increased from 13% at first assessment to 48% at the last assessment.

On the other hand, the average number of days spent in an emergency shelter and transitional shelter increased from 2.10 and 2.03 days to 5.00 and 3.07 days, respectively.

 # Days staying in emergency shelter

⬆ **138%**

 # Days living in transitional housing

⬆ **90%**

The average number of days living in a shared or independent apartment also increased from less than one day for both shared and independent apartments to 3.61 and 1.61, respectively.

> The percentage of clients who lived in an independent apartment for the entire previous month increased from 0% at first assessment to 10% at the last assessment.

 # Days living in shared apartment

⬆ **303%**

 # Days living in independent apartment

⬆ **442%**

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While the average number of days spent sleeping on the streets was higher than other sleeping locations at both first and last assessment, the average decreased by 38% from 20.83 days at first assessment to 12 days at last assessment.

The average number of days spent in independent apartment increased 442%, from 0.67 days at first assessment to 3.61 days at last assessment.

These findings suggest that LEAD clients are spending less time on the streets and more time in shelter or housing since enrolling in the program.

What has changed in your life since starting LEAD?

"I'm off the streets and in a shelter"
– LEAD Client

"From living homeless to transitional home to being close to permanent housing"
*– LEAD Client*

Substance Use

Using self-reported substance use data, evaluators assessed changes in LEAD clients' substance use and engagement in treatment services.

Clients indicated using methamphetamines the most days a month compared to other substances. However, the number of days using methamphetamines decreased by 18% from 16.90 days at first assessment to 13.90 days at last assessment (See Fig. 15).

Fig. 15 Average Number of Days Used Each Substance in Past Month at First & Last Assessment
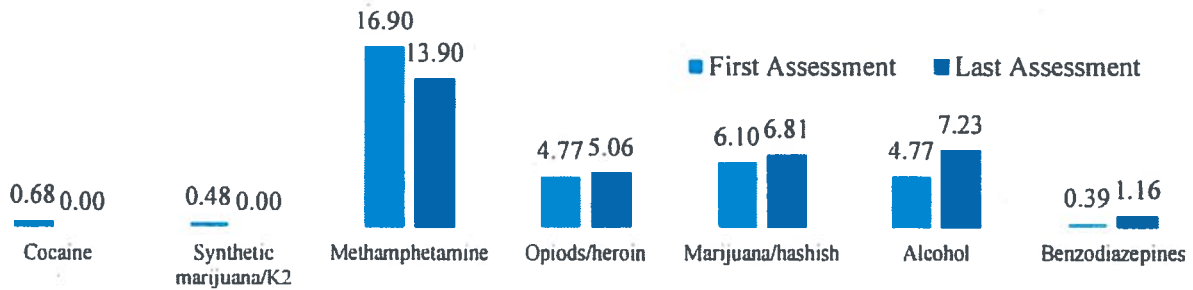
The average number of days per month using opioids, marijuana, and benzodiazepines increased slightly from 4.77, 6.10, and 0.39 days to 5.06, 6.81, and 1.16, respectively. Alcohol use also increased from 4.77 days a month to 7.23 days per month (51%; see Fig. 16). Please note that benzodiazepines are sometimes used to help reduce the impact of Alcohol Withdrawal Syndrome (AWS).

> **12 out of 37 enrolled LEAD clients engaged in some type of substance use service, such as substance use counseling in the last 3 months of the assessment period.**

- The percentage of clients who reported no methamphetamine use in the previous month increased from 15% at first assessment to 23% at the last assessment.

Fig. 16 Percent Change in Substance Use from First to Last Assessment
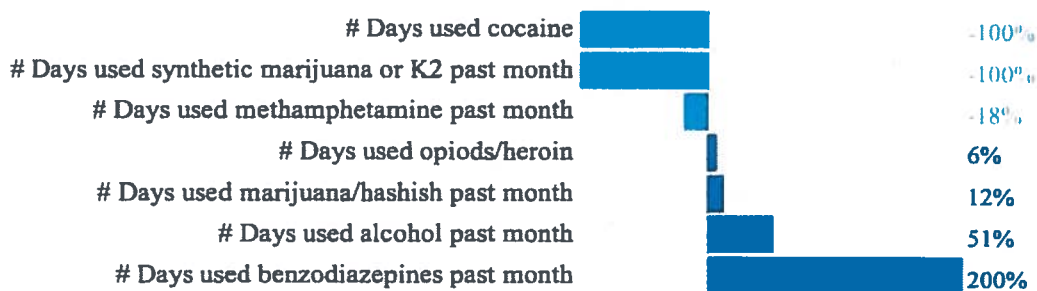
"I was living on the streets. I was addicted to drugs and was always in jail. Life was hopeless. This program helped me get into treatment, helped me with clean and sober living. I am no longer addicted to drugs or homeless. I now have hope I didn't have before." – LEAD Client

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Stress

Clients showed overall improvement in perceived stress from their first assessment to their last. Clients saw the most gains in the number of days they felt hopeful about the future, increasing from an average of 9.06 days to 14.68 days a month, a 62% increase (Fig. 17).

Fig. 17 Change in Client Perceived Stress from First to Last Assessment

	First Assessment	Last Assessment	Percent Change
Days felt unable to control the important things in life	3.53	3.35	-5.05%
Days felt difficulties could not be overcome	3.52	3.42	-2.75%
Days felt that things were going their way	2.52	2.90	15.38%
Days felt confident about ability to handle personal problems	3.03	3.48	14.89%
Days felt hopeful about future	9.06	14.68	61.92%

"[I like] the emotional support and to have someone I can trust and talk to honestly. I love the program" – LEAD Client

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Long-Term Goals

Long-term goals for clients include decreased reliance on emergency and hospital usages, decreased recidivism, and increased client quality of life. While it is likely that program-related impact on these goals has likely not been reached, the following section examines current progress.

Emergency and Hospital Use

While hospital admissions increased from 10% of clients at first assessment to 13% at last assessment, emergency room visits in the past month decreased from 32% of clients to 19% at last assessment (Fig. 18).

While hospital admittance rates did increase slightly, increased use is expected among people who have otherwise ignored persistent medical issues prior to receiving services. Over time, it is believed that hospital admission rates will likely decline.

These findings suggest progress toward reducing strain on healthcare services.

Fig. 18 Changes in Client Usages of Emergency Rooms and Hospitals in Past Month from First Assessment to Last Assessment

	First Assessment	Last Assessment	Percent Change
% gone to the emergency room in the past month	32%	19%	-40%
% admitted to hospital in the past month	10%	13%	33%

Crime and Recidivism

The evaluation team examined recidivism for LEAD clients using criminal citations recorded in eCourt Kokua, which provides "access to public information from traffic cases, District Court criminal, Circuit Court criminal, Family (Adult) Court criminal and appellate cases."[10] Evaluators examined records for three years prior to LEAD referral and the period after referral through July 1, 2019.

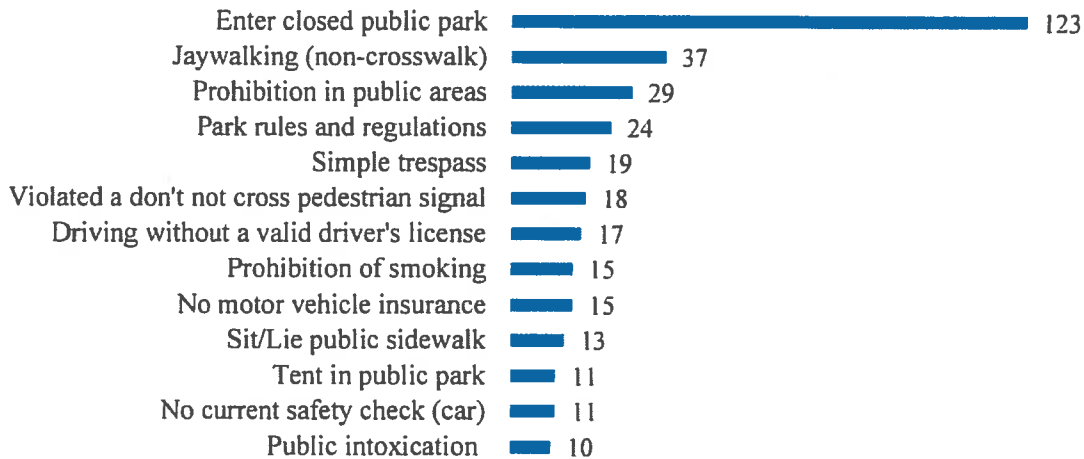*"LEAD has made me want to stay out of trouble."- LEAD Client*

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In the three years prior to the start of the LEAD program, the most commonly cited offenses among enrolled LEAD clients was entering a closed public park, followed by jaywalking, drinking in public areas, and disobeying park rules and regulations, including a variety of separate citations that were essentially different versions of sit/lie on a public sidewalk.

Fig. 19 Number of Citations by Regulation Issued to LEAD Clients in the 3 Years Prior to Referral - Most Frequently Issued

Regulation	Number
Enter closed public park	123
Jaywalking (non-crosswalk)	37
Prohibition in public areas	29
Park rules and regulations	24
Simple trespass	19
Violated a don't not cross pedestrian signal	18
Driving without a valid driver's license	17
Prohibition of smoking	15
No motor vehicle insurance	15
Sit/Lie public sidewalk	13
Tent in public park	11
No current safety check (car)	11
Public intoxication	10

After being adjusted for the number of months clients participated in the LEAD program, on average, clients received 62% fewer total citations per month after referral into LEAD and had 55% fewer cited encounters with an enforcement officer (See Fig. 20).

The average number of cited encounters per year, per client before LEAD ranged from 0-31 and 0-10 after starting LEAD.

Fig. 20 Cited Ecounter Frequency Per Client, Per Year

Number of Citations

3.05

1.36

Prior to LEAD   After Referral to LEAD

55%
Frequency of Cited Encounters[a]
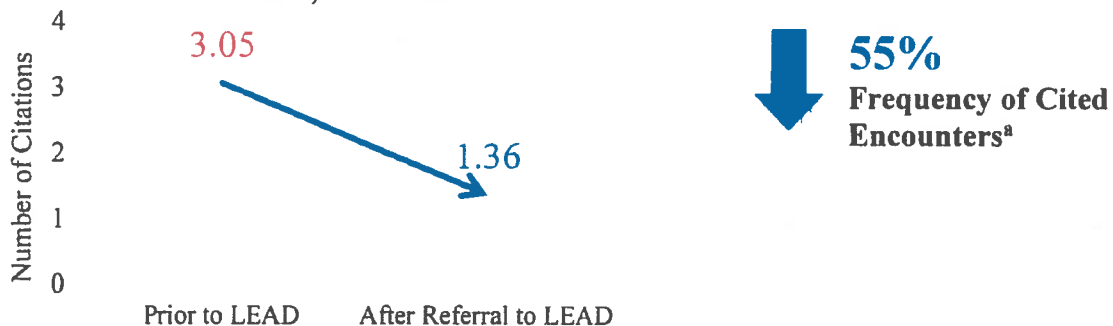
[a] Citations were calculated by averaging the number of encounters that resulted in receiving at least one citation prior to (starting three years before being referred to LEAD) and after starting the LEAD program. Data were adjusted for the number of months each client was in the program.

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Client Quality of Life

Clients' quality of life was assessed through self-reported physical and mental health, social support, and frequency of trauma within the past 30 days.

Clients saw improvements on several indicators of quality of life. Clients increased in the number of times they attended community groups and participated in recreational activities (Fig. 21). They also experienced noticeable increases in the amount of support available to them if they were to need assistance or support (Fig. 22).

Fig. 21 Change in Community Support from First to Last Assessment

	First Assessment	Last Assessment	Percent Change
Times visited a spritual group in the last 30 days	2.32	2.29	-1.39%
Times attended a community group in the last 30 days	0.29	0.52	77.78%
Times engaged in recreational activities in the last 30 days	6.03	8.90	47.59%
Times participated in a support group in the last 30 days	1.77	0.39	-78.18%

Fig. 22 Change in Social Support from First to Last Assessment

	First Assessment	Last Assessment	Percent Change
Someone to help you if you were confined to bed.	2.42	3.26	34.67%
Someone to take you to the doctor if you need it.	2.65	3.29	24.39%
Someone to share your most private worries and fears with.	2.77	3.30	18.95%
Someone to turn to for suggestions about how to deal with a personal problem.	2.90	3.39	16.67%
Someone to do something enjoyable with.	2.84	3.19	12.50%
Someone to love and make you feel wanted.	2.84	3.03	6.82%

Range: 1 = *Not at all*, 5 = *All of the time*

Clients saw gains in mental health, sleep, and energy. The number of mentally unhealthy days decreased by 17%; the number of days anxious decreased by 18%; the number of days depressed decreased by 13%; the number of days not getting enough sleep decreased 19%; and the number of days full of energy increased by 38% (Fig. 23).

However, physical health did not see the same gains. While number of days in pain and days of activity limitation decreased slightly, the number of physically unhealthy days increased by 17%.

These findings suggest the physically vulnerable state of LEAD clients and reflect previous findings that perceptions of physical health decline after gaining stability.[xi]

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Fig. 23 Change in Client Health and Wellbeing from First to Last Assessment

	First Assessment	Last Assessment	Percent Change
General health (excellent (1) - poor (5))	3.58	3.74	4.50%
# Physically unhealthy days past month	14.10	16.55	17.36%
# Mentally unhealthy days past month	21.42	17.71	-17.32%
# Activity limitation days past month	17.87	16.65	-6.86%
# Days in pain past month	14.70	14.58	-0.81%
# Days depressed past month	20.81	18.19	-12.56%
# Days anxious past month	22.23	18.19	-18.14%
# Days not enough sleep past month	21.29	17.32	-18.64%
# Days full of energy past month	8.27	11.39	37.75%

Clients saw reductions in frequencies of traumatic experiences from first to last assessment. Experiences with trauma decreased by 30%, and witnessing trauma decreased by 6%. Overall, experiences with trauma was infrequent (Fig. 24).

Fig. 24 Frequency of Experiences with Trauma—Never (1) to Very Often (5)—from First to Last Assessment

	First Assessment	Last Assessment	Percent Change
Experienced violence, trauma, or sexual maltreatment/assault within or outside of the family in past month.	2.71	1.90	-29.88%
Witnessed someone close to you being hit, kicked, slapped, or otherwise physically or emotionally hurt in past month.	2.10	1.97	-6.21%

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While LEAD clients improved on many indicators of health and wellbeing, it is important to note that they still scored well above state and national averages on these indicators (Fig. 25).

- According to data from the CDC BRFSS,[xii] in 2018, the average adult living in Hawai'i experienced 3.42 physically unhealthy days per month, compared to 16.55 per month experienced by the LEAD HNL sample at their last assessment.

- The average adult living in Hawai'i experienced 3.26 mentally unhealthy days per month, while LEAD HNL clients experienced 17.71 at their last assessment.

- While the LEAD HNL clients have made some progress in their overall quality of life, particularly in their mental health, they still experience difficulties much greater than the average adult living in Hawai'i.

Fig. 25 LEAD Clients Compared to General HI Population in Number of Unhealthy Days
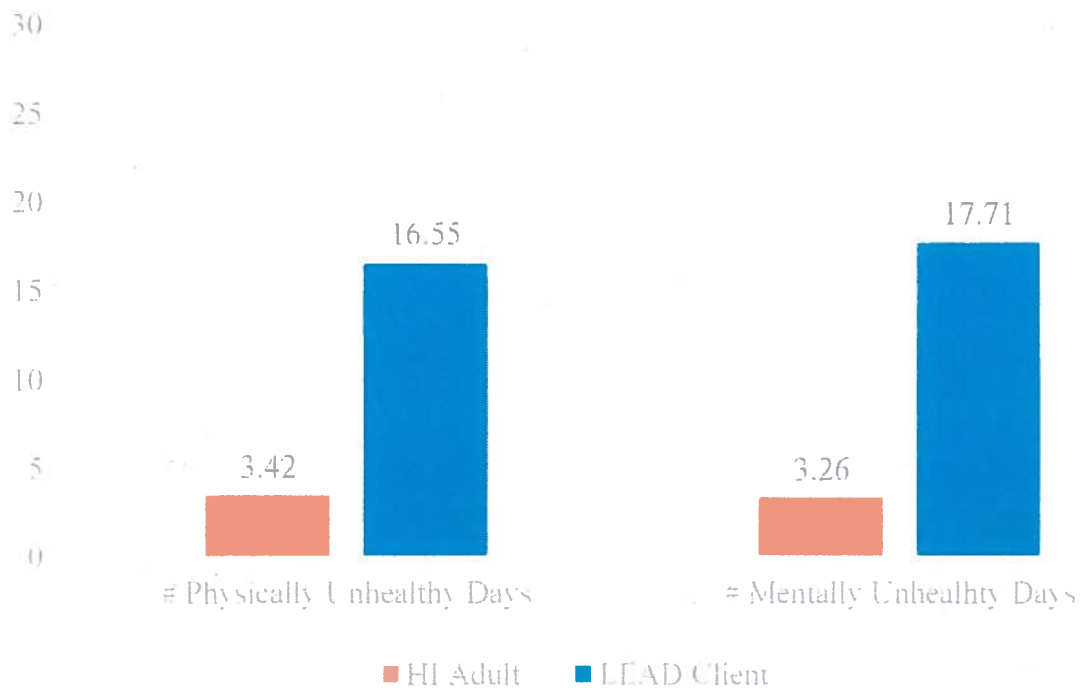
Conclusions

- While LEAD HNL has not begun diversion yet, the program is currently operating at capacity, relying on social referrals from HPD's H.E.L.P. initiative, the Sheriff's Division, and other community partners.

- Sixty-eight percent of the 47 referred clients are actively engaged with LEAD case management services, while 5 are enrolled but not engaged and 10 were referred but not enrolled.

- Client service use has increased. Use of medical services, transportation assistance, and permanent housing has increased substantially, suggesting that clients are receiving more comprehensive, wrap-around services.

- Permanent housing continues to be one of the most pressing needs for LEAD clients. While the percentage of clients who lived in an independent apartment for the entire previous month increased from 0% at first assessment to 10% at the last assessment, 90% of the participants still need to be permanently housed.

- The number of cited encounters for enrolled LEAD clients dropped by 55%, suggesting that LEAD is reducing recidivism for clients at a high risk for arrest.

- While substance use increased slightly for some substances, the most often used substance for LEAD clients was methamphetamines, which decreased by 18% over time in the program.

- Clients have improved significantly on indicators of quality of life from first to last assessment. They have seen increased hope for the future, decreased stress, decreased trauma, and increased mental wellbeing.

  o Despite these notable improvements, clients still score well below national averages on indicators of physical and mental health.

  o Additionally, the number of physically unhealthy days increased 17%. This uptick in physically unhealthy days mirrors other findings that after 3-6 months of housing or stability, clients often experience a dip in wellbeing.[xiii]

- Overall, results suggest that socially referred LEAD clients are improving on indicators established in the LEAD Theory of Change and that the program is on track to achieve projected community impacts.

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V. Recommendations

Based on findings related to program implementation and outcomes, we make the following recommendations for the program, funders, and community stakeholders.

Recommendations for the Program

- For LEAD HNL to continue to work with local law enforcement, the prosecutor's office and other criminal justice agencies to seek reconciliation over a working relationship in order for diversion to begin.

- Continue to seek permanent housing services for clients.

- Develop culturally appropriate and community-based approaches to harm reduction initiatives because of the high percentage of Native Hawaiian and Pacific Islander clients.

- Consider addressing increases in alcohol use, perhaps encouraging engagement in treatment services or creating new community support groups for LEAD clients.

- Consider expending additional resources and time per month to outreach to enrolled but not engaged clients.

- Develop a triage protocol for individuals referred to or encountered by LEAD HNL through social contact referral who are not suitable for the program/unable to join the program due to saturation, but need assistance nonetheless in order to triage (link and sync) those individuals out to other local service providers.

Recommendations for Funders & Other Stakeholders

- We strongly encourage the state prosecutor's office to seek reconciliation over a Memorandum of Agreement (MOA) in order for diversion to begin. While the program has been successful, we anticipate greater success when the program can operate with full fidelity to the program model, which stressed diversion.

- We strongly encourage operational work group training of law enforcement to create a better link-and-sync between partners.

- Development and implementation of training for law enforcement on how they can participate in the implementation of LEAD is highly encouraged.

- While we did not assess the cost-effectiveness of this program, in the first year, only taking into account the large drop in cited encounters (55%) and emergency room use (40%), it is very likely that the financial benefits outweigh the financial costs of the program. This, paired with clear improvements in the well-being of clients, inclines us to recommend the expansion of the program across the entire County of Honolulu.

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VI. Next Steps

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For Evaluators

- Continue collecting survey and archival data.

- Conduct interviews with clients to identify barriers to achieving personal goals.

- Examine key differences in service utilization and history of clients with different program status (i.e., enrolled but not engaged, referred but not enrolled, and active).

- Pursue data recourses to estimate the financial costs vs. benefits of administering the program.

- Pursue the inclusion of an acuity scale to clients upon client enrollment and then every three months thereafter.

- Ensure LEAD HNL meets regularly with outer island LEAD stakeholders to provide technical assistance.
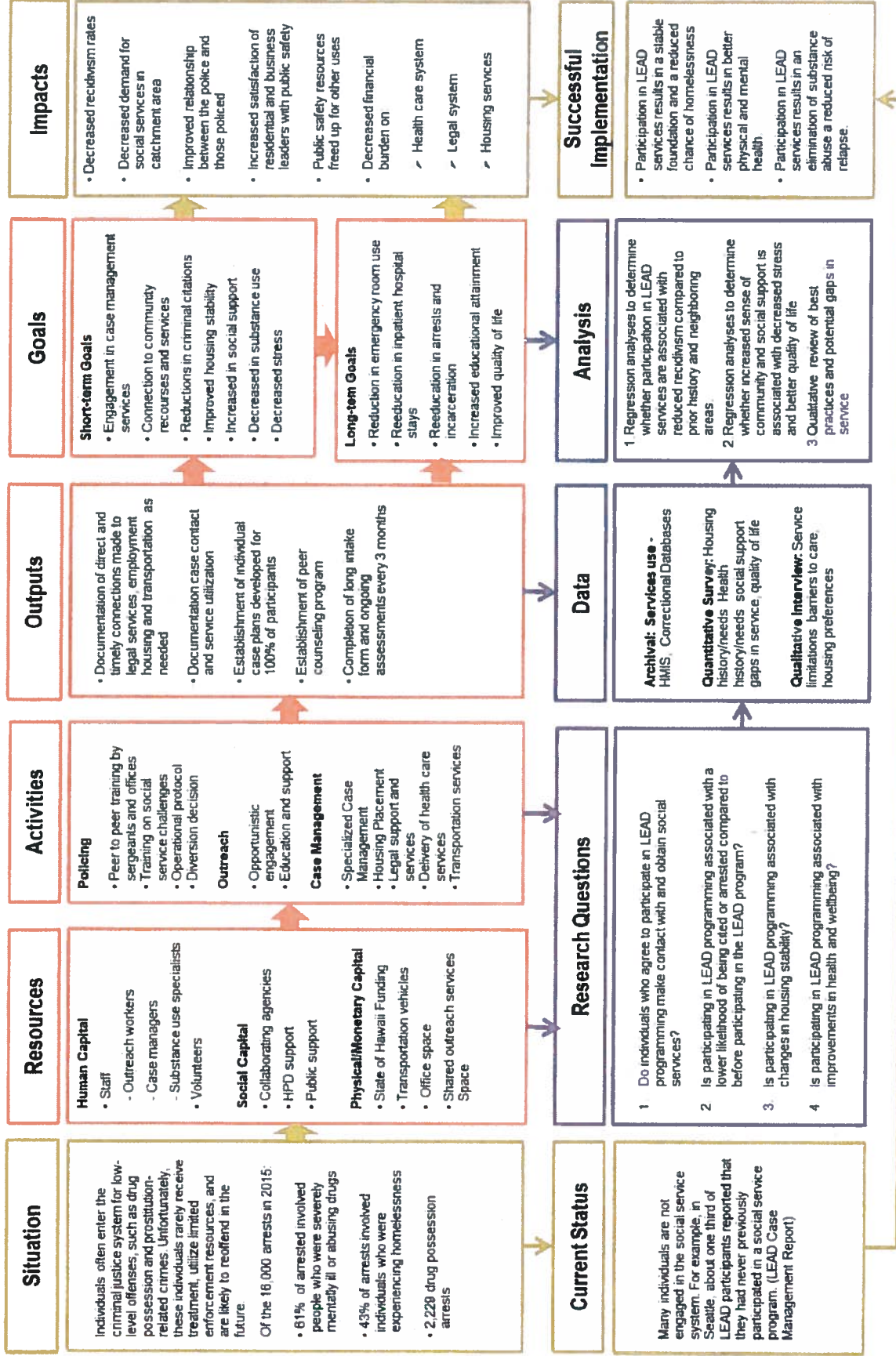
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I. Appendices

A. The Law Enforcement Assisted Diversion (LEAD) Program Logic Model

Situation

Individuals often enter the criminal justice system for low-level offenses, such as drug possession and prostitution-related crimes. Unfortunately, these individuals rarely receive treatment, utilize limited enforcement resources, and are likely to reoffend in the future.

- Of the 16,000 arrests in 2015:
- 61% of arrested involved people who were severely mentally ill or abusing drugs
- 43% of arrests involved individuals who were experiencing homelessness
- 2,229 drug possession arrests

Resources

Human Capital
- Staff
  - Outreach workers
  - Case managers
  - Substance use specialists
- Volunteers

Social Capital
- Collaborating agencies
- HPD support
- Public support

Physical/Monetary Capital
- State of Hawaii Funding
- Transportation vehicles
- Office space
- Shared outreach services Space

Activities

Policing
- Peer to peer training by sergeants and offices
- Training on social service challenges
- Operational protocol
- Diversion decision

Outreach
- Opportunistic engagement
- Education and support

Case Management
- Specialized Case Management
- Housing Placement
- Legal support and services
- Delivery of health care services
- Transportation services

Outputs

- Documentation of direct and timely connections made to legal services, employment housing and transportation as needed
- Documentation case contact and service utilization
- Establishment of individual case plans developed for 100% of participants
- Establishment of peer counseling program
- Completion of long intake form and ongoing assessments every 3 months

Goals

Short-term Goals
- Engagement in case management services
- Connection to community recourses and services
- Reductions in criminal citations
- Improved housing stability
- Increased in social support
- Decreased in substance use
- Decreased stress

Long-term Goals
- Reduction in emergency room use
- Reeducation in inpatient hospital stays
- Reeducation in arrests and incarceration
- Increased educational attainment
- Improved quality of life

Impacts

- Decreased recidivism rates
- Decreased demand for social services in catchment area
- Improved relationship between the police and those policed
- Increased satisfaction of residential and business leaders with public safety
- Public safety resources freed up for other uses
- Decreased financial burden on
  - Health care system
  - Legal system
  - Housing services

Successful Implementation

- Participation in LEAD services results in a stable foundation and a reduced chance of homelessness
- Participation in LEAD services results in better physical and mental health
- Participation in LEAD services results in an elimination of substance abuse a reduced risk of relapse.

Current Status

Many individuals are not engaged in the social service system. For example, in Seattle about one third of LEAD participants reported that they had never previously participated in a social service program. (LEAD Case Management Report)

Research Questions

1. Do individuals who agree to participate in LEAD programming make contact with and obtain social services?
2. Is participating in LEAD programming associated with a lower likelihood of being cited or arrested compared to before participating in the LEAD program?
3. Is participating in LEAD programming associated with changes in housing stability?
4. Is participating in LEAD programming associated with improvements in health and wellbeing?

Data

Archival: Services use - HMIS, Correctional Databases

Quantitative Survey: Housing history/needs Health history/needs social support gaps in service, quality of life

Qualitative Interview: Service limitations barriers to care, housing preferences

Analysis

1. Regression analyses to determine whether participation in LEAD services are associated with reduced recidivism compared to prior history and neighboring areas.
2. Regression analyses to determine whether increased sense of community and social support is associated with decreased stress and better quality of life
3. Qualitative review of best practices and potential gaps in service

B. Evaluation Methodology

This program evaluation report will focus on the implementation of LEAD in urban Honolulu between July 1, 2018 and July 31, 2019. In particular, the evaluation strives to:
- Understand aspects of LEAD HNL process and implementation;
- Assess adherence to LEAD fidelity and extent of necessary program modifications;
- Detect outcomes and impacts; and
- Examine achievement of goals and objectives.

This program evaluation report outlines progress achieved thus far and explains the program evaluation plan in more detail.

Process and Implementation

In an effort to document the intended program process, the program evaluation team, in collaboration with HHHRC, developed a logic model that details program activities (e.g., identification of vulnerable people, case management services, etc.) and expected outputs (e.g., number of people identified, number of services needed, number of services received). Additionally, the logic model lists anticipated short-term goals, long-term goals, and overall program impacts and delineates the process that leads to the attainment of these goals and objectives.

Program Fidelity

Fidelity refers to the degree to which a program is implemented as intended.[5] Sometimes programs must be adapted to better fit the communities in which they are implemented. However, it is important to measure fidelity by tracking what components are changed and what components are implemented as intended in order to assess which components can be changed and still achieve program effects. LEAD advances 6 primary goals:

1. **Reorient** government's response to safety, disorder, and health-related problems.
2. **Improve** public safety and public health through research based, health-oriented and harm reduction interventions.
3. **Reduce** the number of people entering the criminal justice system for low level offenses related to drug use, mental health, sex work, and extreme poverty.
4. **Undo** racial disparities at the front end of the criminal justice system.
5. **Sustain** funding for alternative interventions by capturing and reinvesting justice systems savings.
6. **Strengthen** the relationship between law enforcement and the community.[1]

Many components of LEAD can be adapted to fit local needs and circumstances. However, there are certain core principles that are essential in order to achieve the transformative outcomes

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seen in Seattle. Those include: (i) LEAD's harm reduction/Housing First framework, which requires a focus on individual and community wellness rather than an exclusive focus on sobriety, and (ii) the need for rank-and-file police officers and sergeants to be meaningful partners in program design and operations.[1] In order to be considered a LEAD model, programs should contain most of the components outlined above.

Outcomes and Impacts

The overall outcomes and impacts of the LEAD model include decreasing Hawai'i recidivism rates, addressing overcrowded correctional facilities, and transforming Hawai'i's criminal justice system from punitive to rehabilitative. With the successful implementation of the LEAD model, outcomes will include engagement in services, a reduction in criminal activity, and improvements in health and well-being.

Specific Goals and Objectives

There are several goals that LEAD services attempt to achieve. Short-term goals are focused on physical aspects of clients' daily lives. These include improved housing stability, increase in social support, reduction in substance use, decrease in stress, as well as increasing engagement in services and connection to community resources. Long-term goals focus on stability and include reduction in emergency room use, reduction in inpatient hospital stays, reduction in arrests and incarceration, and improved quality of life.

The anticipated progression of these outcomes and potential impact of the program were outlined in the LEAD Theory of Change (Figure 14). In addition, the overall program logic model is outlined in Appendix A.

The following research questions – as stated in the Logic Model (Appendix B) – address four main areas of concern:

1. Do individuals who agree to participate in LEAD programming make contact with and obtain social services?

2. Is participating in LEAD programming associated with a lower likelihood of being cited or arrested compared to before participting in the LEAD program?

3. Is participating in LEAD programming associated with changes in housing stability?

4. Is participating in LEAD programming associated with improvements in health and wellbeing?

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LEAD HNL Measures

Informed by best practices, the program evaluation team works closely with frontline staff at HHHRC to capture data that helps understand how the LEAD program works in urban Honolulu.

LEAD HNL case managers work with clients to address their specific needs and challenges by offering services directly at HHHRC and also serve as a liaison between other community service providers. Data is collected throughout this process in the following way:

Honolulu LEAD Client Screening Form: Collects demographic and contact information for data follow-up, as well as provides an initial introduction of the client to the case manager, which may include:

- social services clients currently receive
- social services clients are interested in receiving
- recent substance use history
- housing situation

Honolulu LEAD Intake and Needs Assessment (LINA) – LEAD HNL staff follow up with clients to collect more in-depth information about them:

- housing
- history of houselessness
- substance use
- social support
- community engagement
- stress levels
- risky behavior
- general health
- history of chronic conditions and treatment
- social services clients currently receive
- social services clients are interested in receiving
- recent arrest information
- recent hospitalization information

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Honolulu Follow-up LEAD Intake and Needs Assessments (F-LINA): Case workers use a shortened version of the LINA called the F-LINA to follow-up with clients regarding the in-depth information collected during the LINA. Our measurement timeline is listed below.

HMIS: Used to examine housing and social service history for clients.

eCourt Kokua: Used to calculate client recidivism.

WITS Database: Used to calculate service provision and case management hours.

Data collection frequency

Measure	Intake	Administration of Measure by Month

Measure	Intake	1 month	3 months	6 months	9 months	12 months
Honolulu LEAD Client Screening Form	X					
Honolulu LEAD Intake and Needs Assessment (LINA)		X				
Honolulu Follow-up LEAD Intake and Needs Assessment (F-LINA)			X	X	X	X
Qualitative Interviews with LEAD HNL Service Providers						X
Direct Service Summaries & Feedback	Ongoing					
Interaction with law enforcement histories (eCourt Kokua)	Ongoing					
Hours billed for LEAD staff interactions with clients (WITS database)	Ongoing					

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C. Evaluation Timeline

July-August 2018:   Develop assessment tools and protocols.

Begin recruiting program clients through social contact referral.

Initiate surveying of program clients using the Honolulu LEAD Client Screening Form and the Honolulu Long Intake and Needs Assessment (LINA) form.

September-October 2018:   Continue recruiting program clients.

Established and continued widespread surveying of each program participant.

November-December 2018:   Continue recruiting program clients.

Continued surveying of program clients.

Initiate surveying of program clients using the Honolulu Follow-up LEAD Intake and Needs Assessment (F-LINA).

Released Honolulu's Law Enforcement Assisted Diversion (LEAD) Progress Status Report.

January-February 2019:   Stopped recruiting new clients.

Continued surveying of program clients.

March-April 2019:   Continued surveying of program clients.

Conducted Zoom training on intake and assessment tools (i.e., LEAD Client Screening Form, LINA, and F-LINA) with Maui LEAD team.

Released Honolulu's Law Enforcement Assisted Diversion (LEAD) Program Evaluation Plan.

May-June 2019:   Continued surveying of program clients.

July-August 2019:   Continued surveying of program clients.

Conducted staff interviews.

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Gathered data on billable hours spent by case managers with program participants using WITS database

Gathered data on encounters with law enforcement experienced by program participants before and after being enrolled in the program using eCourt Kokua database.

Begin to analyze 1-Year evaluation findings.

August-September 2019:   Continue to analyze 1-Year evaluation findings.

Write-up and report 1-Year evaluation findings.

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[1] About LEAD. (n.d.). LEAD, Law Enforcement Assisted Diversion. Retrieved from http://leadkingcounty.org/about/

[2] Ibid.

[3] Collins, S. E., Lonczak, H. S., and Clifasefi, S. L. (2015). LEAD Program Evaluation: Criminal Justice and Legal System Utilization and Associated Costs. *Harm Reduction Research and Treatment Lab University of Washington – Harborview Medical Center*. Retrieved from https://docs.wixstatic.com/ugd/6f124f_2f66ef4935c04d37a11b04d1998f61e2.pdf

[4] LEAD National Support Bureau (n.d.). Background on LEAD. Retrieved from https://www.leadbureau.org/about-lead

[5] LEAD. (n.d.). Hawaii Health and Harm Reduction Center. Retrieved from https://www.hhhrc.org/lead

[6] HCR 85 Task Force. (2017). *Interim report of the HCR 85 Task Force (on effective incarceration policies and improving Hawaii's correctional system) to the legislature for the regular session 2017*. State of Hawaii. Retrieved from http://www.courts.state.hi.us/wp-content/uploads/2016/07/HCR_85_TASK_FORCE_INTERIM_REPORT.pdf

[7] U.S. Census. (2018). Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties: April 1, 2010 to July 1, 2018, 2018 Population Estimates. Retrieved from: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=PEP_2018_PEPSR6H&prodType=table

[8] Partners in Care: Oʻahu's Continuum of Care (2019). The Oʻahu 2019 Point-in-Time Count Comprehensive Report. Retrieved from https://www.partnersincareoahu.org/sites/default/files/PIC%202019%20Oahu%20PIT%20Count%20Report%20-%20FINAL.pdf

[9] Prison Policy Initiative (n.d.). Hawaii profile. Retrieved from https://www.prisonpolicy.org/profiles/HI.html

[10] Hawaiʻi State Judiciary (2019). eCourt Kokua. Retrieved from https://www.courts.state.hi.us/legal_references/records/jims_system_availability

[11] Pruitt, A. S., & Barile, J. P. (2017). Housing First program, year two evaluation. Prepared for the City and County of Honolulu and the Institute for Human Services, Honolulu, H.I.

[12] U.S. Center for Disease Control (2018). Behavioral Risk Factor Surveillance System. Retrieved from https://www.cdc.gov/brfss/index.html

[13] Pruitt, A. S., & Barile, J. P. (2017). Housing First program, year two evaluation. Prepared for the City and County of Honolulu and the Institute for Human Services, Honolulu, H.I.

Item V. a. iii.

Corporation for Supportive Housing, Data Sharing Landscape Assessment in Hawaii

Data Sharing Landscape Assessment in Hawaii

An assessment of data sharing efforts and opportunities in Hawaii

CSH

Table of Contents

Introduction & Background

01

+ *Project Purpose & Objectives*

+ *Methodology*

+ *Policy Background*

Project Purpose & Objectives

This project seeks to identify opportunities for data sharing to support housing opportunities for frequent users across multiple systems, such as homelessness, justice, and healthcare. Work on the project was conducted between July and September 2019.

The framework and approach is based largely on the ongoing work in over 30 communities across the country implementing CSH's signature Frequent Users Systems Engagement (FUSE) initiative. FUSE is an evidence-based, data-driven model, which identifies community-determined frequent users across systems, connecting them to housing and wrap-around services that meet their needs.

In Hawaii, in response to the state's homeless crisis, stakeholders are interested in launching a local FUSE initiative. The first step is to thoroughly understand the data landscape from multiple angles.

- *What kinds of data are stored and how?*

- *What data is used to help connect people to housing?*

- *Is data shared with other organizations or sectors already?*

- *If so, how can these efforts be leveraged and improved in the future?*

This assessment, combined with observations and insights from key stakeholders about what has and has not worked well, currently and in previous efforts, will provide a national perspective on best and promising practices related to data sharing and supportive housing.

This perspective will drive one of our primary goals, to tailor recommendations to local needs, particularly recognizing Hawaii's distinctive geography, history, and cultural relevance.
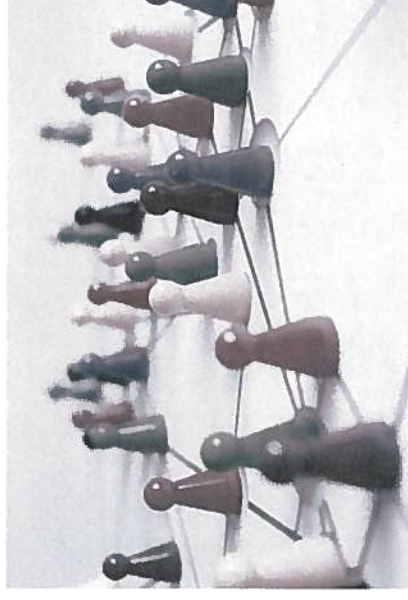
Objectives:

1. *Conduct Data Sharing Landscape Assessment*

2. *Produce a set of recommendations to advance supportive housing, particularly focusing on the FUSE model*

REPORT METHODOLOGY

Initial Research & Document Review
July 2019

- Search and review of policies, reports, meeting minutes, funding applications
- Scan of governmental organizations and non-profit service providers
- Research of healthcare and Medicaid Managed Care Organizations (MCOs) and other programs available to members experiencing homelessness or with experience across multiple systems

Phone Conversations
July 2019

Structured meetings with stakeholders from a wide range of organizations, both governmental and private. Questions centered around organizational role and mission in system, work with data and data sharing, challenges and opportunities to improve.

In-person, Deep-dive Meetings
August 2019

Based on initial phone conversations and additional research, in-person meetings were conducted in Honolulu with a select amount of stakeholders* who are responsible for data, policy, or programs implementation at a systems level.

*Because of a then-pending and unreleased RFP for Medicaid services, CSH was unable to speak with the Hawaii State Med-QUEST Division or other DHS stakeholders.

Follow-up & Recommendation Review
August/September 2019

- During in-person meetings, additional insight was gathered which required research or follow-up conversations.
- The final draft set of recommendations were shown to a small group of stakeholders to review and provide feedback

POLICY BACKGROUND

The focus of this work and the recommendations made are to support the vision of connecting frequent users of multiple systems to supportive housing. While certainly there are improvements to IT, programs and process on an operations level, at the system and policy level much hinges on the implementation of the Medicaid waiver (commonly known as the 1115) obtained by the State of Hawaii. The waiver includes Medicaid reimbursement for tenancy supports which are implemented in this case by the Hawaii Department of Human Services, Med-QUEST Division, which administers Medicaid.

In September 2019, Med-QUEST released the Request for Proposals (RFP) for MCOs, which among other things, requires MCOs to contract with service providers for housing to more comprehensively support members in housing and coordinate services and integrate communication between members' plans, healthcare providers, and housing providers.

This project presents a critical and timely opportunity for both housing and healthcare systems to plan accordingly and implement the strategies and processes that support data quality, sharing, and integration. Not only is it directly responsive to the goals of this RFP and the waiver requirements, it is best practice to reduce emergency service usage and costs. Most importantly, these strategies facilitate the connection of supportive housing to the most vulnerable and frequent service users, who are often overlooked because the full extent of their service history across systems is not visible to any one system.

Awards will be announced January 2020, with new services provided to members by July 1, 2020.
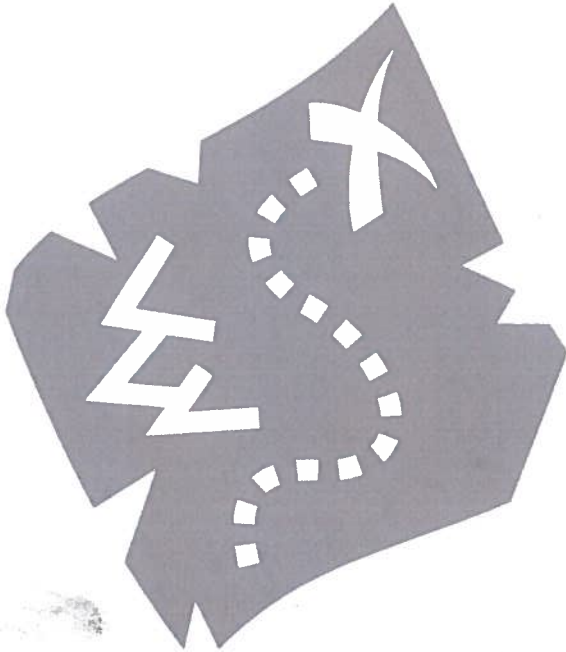
Summary of Findings by Stakeholder

02

+ *Continuums of Care (CoC)*

+ *Service Providers*

+ *The Queen's Medical Center – Queen's Care Coalition*

+ *United Healthcare – myConnections*

+ *State Organizations & Agencies*

Continuums of Care (CoCs) – Homeless Services System

In Hawaii, there are two CoCs, one representing Honolulu City and Oahu, and the other representing the "balance of state" (BoS), meaning the neighboring islands.

Each CoC has a lead organization: in Honolulu, the lead is Partners in Care (PIC) and in the BoS CoC the lead is Bridging the Gap (BTG). CoCs have broad latitude to determine programming, funding, policies, priorities, and data organization and sharing.

Both CoCs share an instance of the federally mandated data management system for homeless services, HMIS. Each CoC has selected HMIS administrators who interface with each other and the software vendor, Caseworthy. HMIS administrators set up programs, conduct user training, maintain the system and data privacy, and are often first-line technical assistance for community service providers and users.

The data that HMIS collects is guided by HUD data standards, but communities are allowed to collect data on custom points as long as all HUD elements are included. These custom elements allow for addressing local and specific challenges or policy priorities for the communities. HMIS data should be viewed and cultivated as a strategic resource for the communities and the state. Few data sources can match the comprehensive level of detail on programs, services, and persons experiencing homelessness and is a critical tool in planning, policy, and addressing gaps.

Conversations across stakeholders indicated that there was low confidence in the HMIS system and data. HMIS data needs to be a central piece of every systems-level discussion and decision in a community to plan in real time the services and housing for the people experiencing homelessness then and in the future.

Without confidence in HMIS, service providers will input minimal or poor quality data making it unusable. Planning and surveying need will not be data-driven, preventing the community from thoroughly understanding the realities of homelessness and responding.
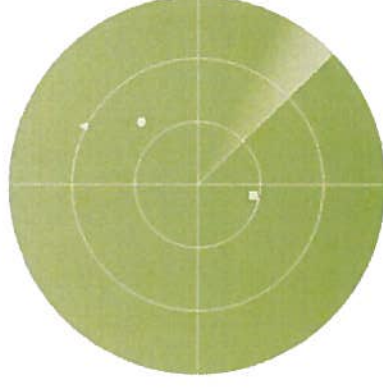
Continuums of Care (CoCs) – Homeless Services System

| *Responsibilities of the CoC*	*Challenges in the Hawaii CoCs*
HUD Annual Reporting: CoCs must submit a count of all persons experiencing homelessness (PIT count), an inventory of all housing resources (HIC), and a report on system performance measures (SPMs) for federally funded programs.	The PIT counts in both CoCs showed an overall decrease in homelessness. On Oahu, unsheltered homelessness rose 12% and exceeds sheltered homelessness for the first time. Shelter availability, reluctance to access shelter, and data quality with the sheltered count which is conducted through bed reporting in HMIS may be factors.
HMIS Administration: Oversees the database used for all homeless services data. CoCs select and work with a vendor and may designate an HMIS admin separate from the CoC organization for day-to-day operations.	Joint management of HMIS between the CoCs has been challenging. Differences in approach, policy, objectives, and interpretations have paralyzed HMIS development. Service providers and non-traditional partners have expressed apprehension using HMIS, which is integral to understanding homelessness in a community. As of September 2019, the PIC CoC had decided to separate out the Oahu portion of the database to have more direct control over its functionality.
CoC Program Administration: Federal competitive funding stream which requires evaluation of programs, reallocation and budget decisions, and systems planning.	Though recently increasing, funding for HMIS and staff for data administration is low for CoCs of their size. HUD provides limited opportunities throughout the year to obtain more HMIS funding, but these are competitive (i.e., not guaranteed) and often funding for direct programs is prioritized over data infrastructure.
CES Implementation and Prioritization: Coordinated Entry arranges community resources to assess and connect the most vulnerable to needed and scarce resources, like PSH. CoCs establish policies and procedures for assessment, matching, and prioritizing.	Lack of trust in and use of the HMIS leads to a lack of data quality. The tools used for CES prioritization, like the by-name list, use HMIS data, but are managed outside HMIS. This makes it hard to keep information up-to-date and of quality when attempting to locate and house people. This is a community decision which eases the administration of CES, but does not resolve the underlying data quality issues in HMIS on which CES tools like the by-name list are based.

Service Providers

The consequence of the system-level and CoC-level challenges are felt in real terms by providers in the community and impact their ability to deliver services.
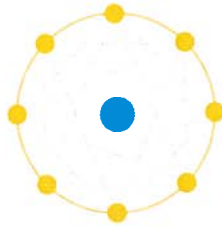
HMIS Administration

HMIS is a major sticking point in the community for direct service and housing providers, as well as other supportive service providers. One provider had great interest in participating in HMIS, but had no idea where to start to sign the necessary agreements, train staff, obtain credentials, and start inputting information. Providers required to use the current system as HMIS described one of the major challenges that they encounter.

Data Collection & Services Coordination

Street outreach efforts in Honolulu particularly are not coordinated in fanning out over the entire geography. Many teams saturate areas like Downtown or Kaka'ako and overlook other areas with need. Data collection for outreach in most communities is difficult, the HMIS issues in Hawaii compound this challenge by not collecting data in real-time. Instead, they rely on paper forms and notes which could get lost, not entered, or ignored. Tablets were provided to outreach teams at one point by a different HMIS vendor. Use of the tablets was spotty, and even given quality data, the systems did not sync with community HMIS.

Gap in Permanent Housing Resources

Without exception, service providers cited a lack of permanent housing, particularly supportive and affordable housing as a critical challenge. Much of the progress to lower the homeless count number has been done *despite* the affordability and supportive housing gap. With Federal resources being scarce and competitive, they are not enough to make up the core of Hawaii's need for supportive housing. That need is then compounded by both lack of any housing and limited land resources.

The Queen's Healthcare System – Queen's Care Coalition

THE QUEEN'S MEDICAL CENTER 1859

Mission Statement

To fulfill the intent of Queen Emma and King Kamehameha IV to provide in perpetuity quality health care services to improve the well-being of Native Hawaiians and all of the people of Hawaii.

The Queen's Medical Center (Queen's) is one of the busiest emergency rooms in the state. It was estimated that the ER sees 60% to 70% of patients experiencing homelessness, the balance being seen by ERs at Hawaii Pacific Health or Kaiser Permanente. The Queen's Care Coalition is a program led by the emergency room medical director and a team of social workers to navigate high-utilizing patients to housing.

In the last year, Queen's partnered with the local CoC to gain access to HMIS and provide vulnerability screens on patients experiencing homelessness in the system. This gives the CoC a better picture of a patient's vulnerability, which in turn leads to the community prioritizing those who are medically fragile for housing. These patients may otherwise not be found or prioritized by the homeless system.

The strong partnership with the CoC has led to a one-time match between the highest-priority people on the community's by-name list, and the top 50 utilizers of Queen's services who were experiencing homelessness. The by-name list orders all known persons experiencing homelessness in a community by vulnerability as determined by the community. The higher on the list one is, the more likely to be prioritized for housing and supportive housing.

The results of the CoC/Queen's match were stark: the 1st priority patient for Queen's appeared as 84th on the CoC by-name list. This type of mismatch is not uncommon in communities that link healthcare to homelessness information. The next step in communities has been to establish ongoing matches and monitor and adjust prioritization criteria or set up other housing for frequent users through a FUSE approach.

United Healthcare – myConnections

United Healthcare Hawaii operates the myConnections program, which works with hospitals and health centers to navigate and refer any Medicaid participants from any of the Medicaid MCOs to community resources that range from transportation and food to housing and ongoing health and preventative care. The program collects survey information about members' needs and found that the second highest need is housing (the first being food resources). Based on these surveys, myConnections recruits partners to refer members and follow-up.

While the referrals seems to be working well for those who get connect and meet the need, the main challenge is ensuring that a connection was made between the member and the resource. Returned data from providers, if any, comes in the form of phone calls, emails, and maybe batch Excel sheets, which are hard to compile and track.

The data from the program demonstrates a system challenge in coordinating data and resources, particularly for referrals to the homeless service system. The refusal rate to emergency shelter is not surprising. Emergency shelters vary in quality, service offerings, and rules, and the refusal rate speaks to a need in the community to continue to standardize shelter services and monitor those standards.

Creating a bridge between HMIS and myConnections, if done properly, may assist in locating patients. Multi-systems data could be referenced to see where patients have most recently been seen or used services. They could hopefully then be contacted and engaged in supportive services with providers.

myConnections Statistics:
(Oct 2018 – July 2019)

- 27,500 screenings
- 1,132 report at least one need
- ~350 report living situation as a need
- 41% of people with living situation need report being housing unstable
- 507 referrals made to housing resources or homeless services

Referral Result	*Emergency Shelter (327 referrals)*	*Homeless Outreach (85 referrals)*
Need Met	6%	6%
In Progress	8%	8%
Ineligible	8%	12%
Need Met, Other	8%	25%
Refused	**52%**	**18%**
Unable to Contact Patient	**18%**	**31%**

Statewide Organizations & Agencies

One of the core social determinants of health is housing, and specifically supportive housing for some who experience homelessness, are frequent users of emergency medical services, and/or cycle in and out of jail. The significant overlap of the homeless, health, and justice populations and the effort to identify, locate, and prioritize their housing is an interdisciplinary challenge that requires coordinated and sustained government leadership.

As in most jurisdictions, the government response to these three systems is split among agencies and offices across all levels of government. The Hawaii Department of Human Services has in its purview the **Homeless Programs Office (HPO)**, which coordinates the state-wide response to homelessness and is the HUD collaborative applicant for BTG. The HPO funds many agencies serving populations experiencing homelessness, though the proportion of funding has diminished over time as the City of Honolulu has picked up a greater share.

Department of Human Services, through the **Med-QUEST Division**, manages the Hawaii Medicaid program and most of the other public benefits programs (TANF, SNAP, GA). Med-QUEST will continue to administer the recently renewed 1115 waiver, which includes the new community integration services which are targeted to support populations experiencing homelessness.

The **Hawaii Interagency Council on Homelessness ("Interagency Council")** was set up to coordinate the statewide and local response to homelessness which is inclusive of healthcare and housing governmental and non-governmental agencies and organizations. In particular, the Interagency Council could be able to influence data sharing policy in Hawaii, including potentially merging the two CoC's HMIS data into one warehouse across the state (see Section 4). Membership appears to currently be limited across government and not-for-profit agencies but could be expanded to include membership of MCOs in the state.

Short-Term Recommendations

03

- *+ Recommendations Summary*
- *+ HMIS Best Practice*
- *+ Data Sharing & Data Matches*
- *+ Establishing a Funders' Collaborative*
- *+ Improving PIC HMIS Implementation*
- *+ Collaborate and Execute a Multi-MCO Data Match with PIC*

RECOMMENDATIONS SUMMARY, pt. 1

Recommendation	Details	Potential Timeline
1. Implementing and monitoring HMIS best practices	The top priority should be to resolve the governance challenges of the shared HMIS software. Additionally, building back system trust with service providers by showing the value of their data, and collaboratively focusing on data quality as a community, using standard HUD reports as rally points.	Some steps could be implemented immediately, others can be implemented within a year. Trainings and meetings on HUD System Performance Measures could take longer to integrate into the administration and governance structure of the CoCs.
2. Develop data sharing and data matching protocols and processes	As an intermediate step toward full data integration, data systems and HMIS in particular should develop formal processes, agreements, and standards for non-traditional, non-law enforcement partners (e.g.; School districts, MCOs, hospitals, libraries) to read/write into databases.	Planning could start immediately. Depending on time to draft and work through legal and CoC governance structures, it could take up to a year to develop and launch.
3. Establishing a Funders' Collaborative	A "funders' collaborative" which brings public, private, and philanthropic funders together to better align resources across homeless services. Using public and restrictive dollars for long-term durable housing solutions and using private unrestricted dollars to fund innovation or fill gaps in program budgets that are not allowable expenses for public funding. During CSH's stakeholder interview process, this concept was raised as a way to fund PIC's efforts to improve HMIS data, but we see this as a broader, and much more far-reaching effort for Hawaii.	Planning the collaborative could start immediately and the Governor's Office expressed a desire to lead it; alternatively, it could be led by AUW, which is similar to the model in other communities. After launch, a collaborative could start making impacts inside of a year if properly staffed and attended. Tapping into the hospitality and tourism sector for support is an additional option that has lent political support to efforts in other jurisdictions.

RECOMMENDATIONS SUMMARY, pt. 2

Recommendation	Details	Potential Timeline
4. Improving PIC HMIS Implementation	During the time CSH was conducting this landscape assessment, the HMIS database shared by the CoCs was split off. As of mid-September 2019, AUW and PIC are now managing their own HMIS implementations. Critical to this improvement will be the following items: management of CES and the by-name list within the database, security protocols with sharing the by-name list, more effective capture of healthcare/MCO provider, and improvement of outreach services	The work on this has already begun, and ideally would be completed long before the new MCO contracts are set to begin. In the interim, MCO partners can begin meeting with PIC to discuss their needs, the type of data they want to collect and know about members, and what would be critical to helping programs like myConnections improve services and outcomes.
5. Plan and Execute a Multi-MCO Data Match with PIC	PIC reported having executed a data match against one MCO's systems. For a cost, the HMIS data was sent to that MCO and the overlap examined. This model – particularly with an improved database – is something that could happen with other MCOs and even be set up as something regularly occurring.	Once the MCO contracts are announced and providers known, the timing would be right to sit down with AUW and PIC to begin outlining these data matches.

Long-Term Recommendations

04

+ *Recommendations Summary*
+ *Queen's Care Coalition Model & Replication*
+ *State Interagency Council on Homelessness*
+ *State-Wide Data Warehouse*

RECOMMENDATIONS SUMMARY, pt.1

Recommendation	Details	Potential Timeline
1. Queen's Care Coalition Model Replication and Expansion	Replicating this model where hospitals are tracking frequent users, particularly of their patients experiencing homelessness means hospital staff regularly access and input HMIS data, physicians provide policy and community leadership, and hospital management and CoC leadership support these efforts, all make this project a potential national model. There is potential as well for this model to expand to other-than hospitals: for example, an MCO could adapt it for members that are high cost consumers of emergency health services	Finding the right community and champions for this project and convincing stakeholders of value and assuaging concerns may be the biggest hurdle. Under even the most optimal conditions it still may take a year or longer to get to launch.
2. Strengthening the State Interagency Council on Homelessness	The Interagency Council must become the backbone where statewide challenges and solutions are discussed and agreed on. Membership could be expanded to include MCO representation, particularly in light of the 1115 opportunities. Additionally, the Council must obtain clarity on its authority in state structures and secure participation from the senior and principal members by focusing on the system-wide and statewide agenda.	Much of the work to strengthen the Council is underway. Though the continuous development of a statewide agenda is still a year or more from completion, as it must be adjusted and monitored for changes and improvements.

RECOMMENDATIONS SUMMARY, pt. 2

Recommendation	Details	Potential Timeline
3. Statewide Data Warehouse	Hawaii Department of Health's Data Warehouse project provides either a foundation or model for other systems to participate. At a minimum, homeless data (including outreach) and Medicaid data should be joined to coordinate care, verify referrals and outcomes, and house the most vulnerable in as close to real time as possible. Other systems can and should be included, such as justice and behavioral health. Due to the Med-Quest RFP, CSH could not interview relevant parties involved in planning the warehouse.	The system setup and planning could be a year or more. Then, each system that would need to participate to make the system effective could take time to clear both technical and legal hurdles before fully participating.

About

05

- + *About CSH*
- + *Acknowledgements*
- + *Questions & Feedback*

ABOUT CSH

CSH is a national non-profit that works across four lines of business, including training and education, lending, consulting and assistance, and policy reform.

*Building on nearly 30 years of success developing multi and cross-sector partnerships, CSH engages broader systems to fully invest in solutions that drive equity, help people thrive, and harness data to generate concrete and sustainable results. By aligning affordable housing with services and other sectors, CSH helps communities move away from crisis, optimize their public resources, and ensure a better future for everyone. More information at **csh.org**.*

Acknowledgements

Thank you to United Healthcare Group for their generous support, and to all the partners, stakeholders, and colleagues who gave their time and insight to this project.

Aloha United Way

Hawaii Department of Human Services

Hawaii Department of Health

Hawaiian Community Assets

Homeless Programs Office, Hawaii DHS

Partners In Care

Scott Morishige, Governor's Coordinator on Homelessness

The Institute for Human Services

The Queen's Medical Center

United Healthcare - myConnections

Waikiki Health

QUESTIONS & FEEDBACK

Questions, concerns, and feedback about this project can be directed to Kim Keaton (kim.keaton@csh.org), Director, Data and Analytics or Ian Costello (ian.costello@csh.org), Program Manager, Data and Analytics at CSH.

Item VII b.

HCR 36 (SLH 2019) Report

Report to the Thirtieth Hawaii State Legislature 2019

In Accordance with
House Concurrent Resolution 36 on the Establishment of a Task Force
to Prioritize Homelessness Efforts in the Area Surrounding the Hawaii
Children's Discovery Center

Hawaii Interagency Council on Homelessness
Governor's Coordinator on Homelessness
Department of Human Services
December 2019

House Concurrent Resolution 36, Session Laws of Hawaii 2019 (HCR 36, SLH 2019), requests the Governor's Coordinator on Homelessness to convene a task force to work together to develop strategies and a plan that will assist individuals and families facing homelessness around the Hawaii Children's Discovery Center.   In addition, the resolution requests the task force develop strategies and a plan that will protect the Hawaii Children's Discovery Center and surrounding areas by preventing unsanitary conditions, littering, vandalism, property damage, trespassing, unlawful entry, and other criminal or illicit activity.

Pursuant to HCR 36, SLH 2019, the Governor's Coordinator on Homelessness (Coordinator) established a task force to carry out the requested activites. As Chair of the Hawaii Interagency Council on Homelessness (HICH), the Coordinator also convened a meeting of the HICH and established the task force as a permitted interaction group of the council. The task force met during the summer and fall of 2019, as a number of jurisdictional changes were occurring in the Kakaako Makai area immediately surrounding the Hawaii Children's Discovery Center.

This report summarizes the findings and recommendatons of the HCR 36, SLH 2019 task force, and provides an overview of the current status of homeless activities in Kakaako Makai.

I.   **Overview of the HCR 36, SLH 2019 task force.**

    A. Purpose.

The purpose of the task force is as follows:

- To prioritize homelessness efforts in the area surrounding the Hawaii Children's Discovery center;
- To develop strategies that will "assist individuals and families facing homelessness around the Hawaii Children's Discovery Center and outline the tasks and responsibilities of each stakeholder;" and
- To develop strategies that will "protect the Hawaii Children's Discovery Center and surrounding areas by preventing unsanitary conditions, littering, vandalism, property damage, trespassing, unlawful entry, and other criminal or illicit activity."

The task force shall also submit a report of its findings and recommendations, including any proposed legislation, to the Legislature no later than twenty days prior to the convening of the Regular Session of 2020.

    B. Task Force Membership.

The task force consists of the following members, including representatives from the HICH, government agencies, legislative offices, law enforcement agencies, social service providers, community advocacy groups, and individuals experiencing homelessness:

- Mr. Scott Morishige, Governor's Coordinator on Homelessness (Chair);
- First Deputy Sheriff Reid Ogata, Hawaii Department of Public Safety;
- Ms. Kim Bowman for Speaker Scott Saiki, Hawaii House of Representatives;
- Senator Sharon Moriwaki, Hawaii State Senate;
- Councilmember Carol Fukunaga, Honolulu City Council
- Ms. Loretta Yajima, Hawaii Children's Discovery Center;
- Ms. Lindsey Doi, Hawaii Community Development Authority;
- Mr. David Rolf, Business Sector Members of the HICH;
- Ms. Laura E. Thielen, Partners in Care;
- Captain Mike Lambert, Honolulu Police Department;
- Major Ryan Nishibun, Honolulu Police Department; and
- Mr. Marc Alexander, Executive Director of the City & County of Honolulu Office of Housing
- Mr. Alani Apio, Hui Aloha
- Mr. John Kaulupali, Ka Poe O Kakaako

    C. Task Force Meetings

The task force met four times during the summer and fall of 2019 on the following dates:

- June 24, 2019
- July 25, 2019
- September 4, 2019
- December 12, 2019

II.   Discussion of the Task Force.

A. Jurisdiction of Kakaako Makai Parks.

During the timeframe that the task force was convened, the jurisdiction of the Kakaako Makai Parks – including Kakaako Waterfront Park, Kakaako Gateway Parks, and the Hawaii Children's Discovery Center – was in the process of being transferred from the Hawaii Community Development Authority (HCDA) to the City & County of Honolulu (City).   Much of the discussion of the task force was focused on the status of the transfer of jurisdiction between the two government entities.

The intent of the transfer of jurisdiction was to more clearly identify and delineate responsibilities for maintenance and law enforcement authority in Kakaako Makai. Prior to the transfer, maintenance and law enforcement responsibility was split between multiple agencies including the City, HCDA, Hawaii Department of Public Safety (PSD), and the Honolulu Police Department (HPD). The transfer was completed on November 1, 2019 with the City & County of Honolulu taking responsibility for maintenance and law enforcement jurisdiction of the Kakaako Makai Parks.

B. Social Services for Homeless Persons in Kakaako Makai.

In June 2019, Partners in Care and HPD conducted a coordinated outreach to develop a "By Name List" of homeless individuals in Kakaako Makai.   A total of 62 individuals were identified during the coordinated outreach.

Of the 62 identified individuals, only a small number (14) had an active enrollment with a homeless program in the Homeless Management Information System (HMIS). Of this number, a smaller number (10) had been assessed for housing using the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), which is a triage and assessment tool used by homeless service provider agencies.

A review of the 62 identified individuals also indicated that only half (31) had current health insurance coverage, with only one (1) individual receiving case management services through a managed care plan.

The task force discussed the results of the survey and determined that additional efforts were needed to strengthen connection to services for homeless individuals in the area.   A suggestion was made to better connect representatives from the community advocacy organization Hui Aloha and the homeless community Ka Poe O Kakaako with service providers from Partners in Care. This suggestion resulted in the convening of a series of meetings between the three groups, as well as the convening of a targeted service fair held in September 2019.

C. Resource needs of the Hawaii Children's Discovery Center.

A number of concerns were identified by the Hawaii Children's Discovery Center related to vandalism and criminal activities that were not necessarily connected to the neighboring homeless encampments in the area.   During discussions related to these concerns, the Hawaii Children's Discovery Center shared the need for additional resources to support security for center staff and

visitors, including additional fencing and lighting for the area, as well as additional security surveillance equipment.

The task force followed up on a legislative Grant-in-Aid that had been provided to address the security concerns, and the Governor released funding for the Grant-in-Aid in September 2019. The Hawaii Children's Discovery Center is currently in the process of contracting out for necessary security measures utilizing the funding provided by the Grant-in-Aid.

II.   Task force recommendations.

The task force agreed upon the following specific recommendations to assist homeless individuals and families, and respond to concerns related to vandalism and other criminal activities in Kakaako Makai:

- Support additional security improvements to the Children's Discovery Center (e.g. fencing and increased lighting);
- Sustain and strengthen partnerships between law enforcement and social service providers through continuation of the Honolulu Police Department's Health, Efficiency and Long-Term Partnerships (HELP) outreach program and targeted outreach fairs;
- Sustain and strengthen partnerships between social service providers and the houseless community; and
- Activate the Kakaako Makai parks for public use through repair and maintenance projects, and the engagement of community stakeholder groups.

In addition, the task force recommends sustained levels of funding to maintain key homeless services necessary to address homelessness in the Kakaako Makai area, such as:

- Homeless Outreach
- Emergency Shelter
- Housing assistance programs that provide financial assistance to assist with necessary housing costs, such as Rapid Re-Housing, Housing First, and the State Rent Supplement Program
- Programs that divert homeless individuals from the criminal justice system, such as the Community Outreach Court or Law Enforcement Assisted Diversion (LEAD).

III.   Intersection with the HICH.

The Coordinator, who serves as chair of the HCR 36 task force, also serves as the chair of the HICH.   A recommendation was made at the June 2019 regular meeting of the HICH to formalize the task force as a permitted interaction group of the HICH, and to forward any recommendations of the task force to the HICH for formal adoption and further action.

The findings and recommendations of this task force were shared with the HICH at its regular meeting in December 2019, and a recommendation was made to incorporate the suggestions of this task force as part of the legislative priorities adopted by the HICH for the 2020 legislative session.

Item VIII b.

Written Reports from HICH Members

Written Updates to the Hawaii Interagency Council on Homelessness
December 16, 2019 – 10:00 a.m. to 12:00 p.m.
(Reports consolidated by the office of the Governor's Coordinator on Homelessness)

Department of Human Services (DHS) and 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 posted a Request for Proposals (RFP) on August 19, 2019 for Homeless Shelters and held required Statewide orientation meetings. HPO received a total of 34 proposals on October 21, 2019. The "Provider Selection" and "Notice of Statement of Findings and Decisions" that was scheduled for Wednesday, December 4, 2019 has been re-scheduled to Monday, January 13, 2020.
- HPO posted a Request for Information (RFI) on September 9, 2019 for Homeless Outreach services. HPO continues to design and develop the service specifications for Homeless Outreach services.
- HPO continues to monitor contracts. Monitoring efforts continue to help and support providers with changes in the homeless service provision model from "housing readiness" to Housing First.
- HPO continues to develop a variety of trainings to support Homeless Service Providers. Trainings are anticipated to take place 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 Public Safety

PSD continues to work with community partners to align our programs for those transitioning from prison to the community. We are currently working with DOH on referrals to the newly launched Cares. In addition, we continue to work with DHS on the newly formed Partners in Collaboration to identify families and families with children needing assistance with transition.

Department of Defense (DOD)

We have assisted seven (7) Veteran clients who disclosed being homeless throughout the State in the last three months...one was a referral from the Governor's office for a Homeless Veteran on Maui. In all instances, we provided them supportive services and put them in contact with our respective VA Homeless Program Coordinator on island for further actions to include shelter and referral services.

Additionally, we are working with the VA Homeless Community Service Project Lead in planning for a Veterans Homeless Stand Down on the Leeward Coast (Waianae) in May/June 2020...the VA Project Lead is now working with private non-profits in the area in setting up this special event to meet the needs of Veterans in that region of Oahu.

Department of Education

- Purposity is a community crowd source platform. Since November's launch, we've been able to help 97 students in u stable housing by matching individual student needs to individual community donors, all through the Purposity app. This is a call to action (requesting everyone to download the free app, sign up with an email, and follow Hawaii Public Schools).
- https://drive.google.com/a/k12.hi.us/file/d/0BxcsmNfTGbDrSkp5ci1Pc21nZ2dmeG11Mmp5Vi1NTDBBTTY0/view?usp=drivesdk) is an infographic with last year's data that also illustrates the structure of the EHCY (Education for Homeless Children & Youth) program.

- DOE has placed a teacher on the Windward side, to work with students at RYSE to re-engage in school.

Hawaii Public Housing Authority
HPHA STATE RENT SUPPLEMENT PROGRAM
Governor Ige has approved an increase of $750,000 in his budget for the State Rent Supplement Program for the upcoming 2020 Legislative Session. The requested funding will enable the HPHA to fund all State Rent Supplement vouchers at the current authorized reimbursement rate. The current base appropriation for the HPHA's State Rent Supplement Program is unable to support the current program participants and the HPHA may have to suspend assistance to participating families.

SCHOOL STREET REDEVELOPMENT PROJECT
$2.5M HPHA School Street Predevelopment Funding
School Street Offices Site predevelopment activities, design, entitlements and site improvements (Plans, Design & Const)
The HPHA partnered with nonprofit Retirement Housing Foundation and has signed a Master Development Agreement to redevelop the HPHA administrative offices at 1002 N. School Street. The master plan has evolved with extensive input from residents, community leaders and stakeholders, elected officials, government and service agencies to envision a project that will include 800 elderly affordable rental units, HPHA offices, and retail uses that best serve the surrounding community.

LUMP SUM PUBLIC HOUSING DEVELOPMENT, IMPROVEMENTS, AND RENOVATIONS, STATEWIDE
$20M for Capital Improvements that include plans, design, construction, and equip. to develop, upgrade, or renovate public housing facilities, including ground and site improvements, modernization of elevators, infrstrctr., equip., appurtenances, and all related and associated project costs for public housing development, improvements, and renovations, statewide, including funds for permanent and non-permanent cip project related positions.

City & County of Honolulu
New Projects and Programs
- Mayor Kirk Caldwell led a press conference on Dec. 12 to unveil the new Kumuwai residences for kūpuna located in McCully–Mōʻiliʻili. The project was developed by the city's Department of Land Management and features 30 studio units (29 units and 1 resident manager unit), laundry facility and office for support services for chronically homeless kūpuna, those considered at-risk of falling into homelessness, and those who earn 50% of area median income (AMI) or below. A preference for seniors who live in the council district was also added to support the immediate

community. A total of 60 housing vouchers are being provided to the city through the state's 'Ohana Zone funding. The Kumuwai residences will be utilizing 20 of these vouchers, with the remaining 40 already designated to specific sites (to be announced later).

- The city's new HONU: Mobile Homeless Outreach and Navigation for Unsheltered Persons has been launched! Another state 'Ohana Zone funded projected, the unveiling of HONU was held on Dec. 11 with opening at Waipahu Cultural Garden on Dec. 13.
  - o Inflatable structures unveiled to handle homelessness issues, Star Advertiser (12/12/19)
  - o HONU FAQ (12/2/19)
  - o HONU has hope for the homeless, Star Advertiser (10/23/19)
  - o Pop-up shelters, Star Advertiser, 10/20/19
- On Nov. 26, Mayor Caldwell announced Hale Mauliola's new self-contained sewer system and grey water garden. The 5,000-square-foot project utilizes 1,500-2,000 gallons of grey water monthly and lowers sewer operation costs to around $5,000 monthly. The project saves money, provides employment training opportunities, and has a positive impact on the environment and our homeless clients who reside at Hale Mauliola.
- The City Department of Community Services released the name of the provider for its new Landlord Engagement Program: Partners in Care. This program is intended to create a link between landlords with vacant units and households experiencing homelessness and at risk of become homeless. Landlord incentives and supports are funded, as well as support for direct assistance to clients in finding appropriate housing and preventing evictions. More information is available at Partners in Care's Landlord Engagement Program (LEP) webpage.

Working Together throughout O'ahu
- At the annual Statewide Homeless Awareness Conference (Nov. 15), we released our new pamphlet, "Addressing Homelessness Together." We distributed copies widely, including to our city council, state legislature, and congressional delegation. Please feel free to download, print, and share the pamphlet. You may also contact us at 808.768.4675 or officeofhousing@honolulu.gov to pick up copies.
- Members of the Honolulu Mayors Challenge team – dedicated to ending veteran homelessness – attended the Community Solutions Built for Zero Learning Session in Denver, Oct. 21-23. One of our strategies is to target chronically homeless veterans (125 as of December 9th), and use more frequent and focused case management to move them more quickly into permanent housing.
- Mayor Kirk Caldwell requested Honolulu Hale be illuminated in the color purple from the evening of Thursday, Nov. 21 through Sunday, Nov. 24 in recognition of Hunger and Homeless Awareness Week. Laura Thielen, executive director of Partners in Care, remarked, "Every person who is experiencing homelessness has a story, and as the lights at Honolulu Hale turn purple to remind us of the thousands among us who go to sleep on our streets, please consider how you as an individual can respond to the crisis."
- The Office of Housing's very first AmeriCorps VISTA, Ramon Meraz, successfully completed his service at the end of November. We are very grateful to him and his positive impact in several areas, including outreach to the LGBTQ+ community. We wish Mr. Meraz the very best as he prepares for his next chapter.
- For the first time, the Office of Housing, under the leadership of VISTA Ramon Meraz, organized with Partners in Care and Residential Youth Services & Empowerment (RYSE) to march in the

2019 Honolulu Pride Parade (Oct. 19). We also débuted the official Oʻahu 2020 Census logo with our tagline, Everybody Counts.
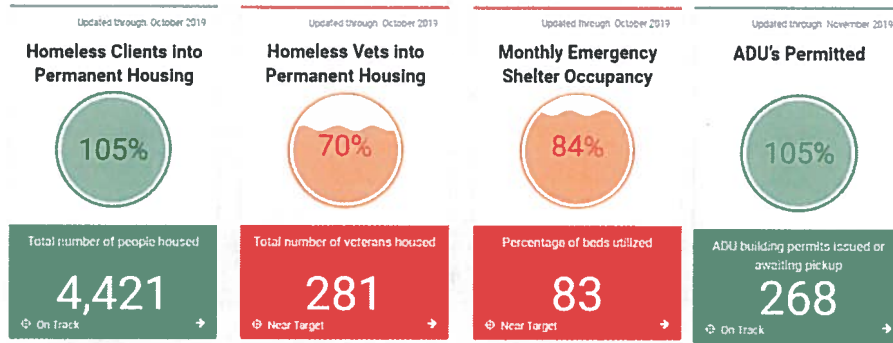

- On Dec. 9, the Office of Housing welcomed our new VISTA, Ryan Beckley, who is originally from Atlanta, GA. His work during the next year will focus on communications strategy, including community engagement. Welcome aboard Mr. Beckley!
- The City Department of Community Services also announced the appointment of Jorene Barut as their new information specialist. She can be contacted at jorene.barut@honolulu.gov. Ms. Barut has previously served in various communications positions in the Hawaiʻi State Legislature, Department of Education, and in other public and private organizations.

Measuring, Learning, and Sharing
- The City Housing First Year 4 Evaluation Report: Examining client, community, & societal impacts of Housing First on Oahu (2019) is now available online. **Main conclusion: After four years, 84% of Housing First clients have not returned to homelessness.**
- One of the gurus of homelessness, Iain De Jong, has just published his book, The Book on Ending Homelessness. This is a must read for everyone seeking to address homelessness in their community.
- The Mayor's Office of Housing continues to utilize social media through Instagram and our YouTube Channel, in addition to our Twitter and Facebook presence. Our website, www.honolulu.gov/housing, is our main portal for up-to-date information on affordable housing and homelessness for Honolulu. New videos include:
  - Homelessness on Oʻahu: How the community can help those in need by working with service providers (11/7/19)
  - Conversation on Outreach Navigation Program with Dr. Chad Koyanagi and Connie Mitchell (11/4/19)
  - Mayor Caldwell's Cabinet Work Day at Kahauiki Village (10/2/19)
- Our Honolulu Dashboard was updated with October and November data. On homelessness and housing see:

Updated through October 2019	Updated through October 2019	Updated through October 2019	Updated through November 2019
Homeless Clients into Permanent Housing	**Homeless Vets into Permanent Housing**	**Monthly Emergency Shelter Occupancy**	**ADU's Permitted**
105%	70%	84%	105%
Total number of people housed	Total number of veterans housed	Percentage of beds utilized	ADU building permits issued or awaiting pickup
4,421	281	83	268
⊕ On Track	⊕ Near Target	⊕ Near Target	⊕ On Track

County of Kauai:

- Nov. 18, 2019 Kauai Community Alliance hosted Project Connect, for H.A.W.. The event was successful as we had 40 individuals attend this event.
- December 5, 2019, Kauai County held a blessing for the island's first Adolescent Treatment and Healing Center (ATHC). The ATHC is assist minors who suffer from substance abuse, and help with the healing for the affected families. The
- Kauai County Reps organized a homeless outreach in November and December in the areas of Wailua Golf Course and Salt Pond Beach, to inform individual of available services for them.
- Kauai Community Alliance just voted in new leadership effective Jan. 2020.

County of Hawaii

- Keolahou Emergency Shelter and Assessment Center on Hawaii Island opened in early October and had its formal blessing on November 8, 2019. The shelter currently provides 25 emergency shelter beds for single men. The County continues to work through the final phase of the renovation work. Upon completion of all work, the shelter will provide a total of 50 beds. HOPE Services Hawai'i is the Service Provider.
- The first neighbor island Family Assessment Center in Hawaiian Paradise Park (Puna) opened in July 2019 and is operated by Neighborhood Place of Puna. The FAC provides emergency shelter "tiny homes" for up to 9 families. As of November 30, 2019, the FAC has served 24 families, of which 7 have exited to permanent housing, 4 to transitional housing and 4 families who have left the program without connecting to housing. To date, the FAC has served a total of 44 adults and 40 children. Of the 40 children, 24 have been between the ages of 0 and 5.
- Paul Normann, Executive Director, shared "Neighborhood Place of Puna's goal at the FAC is ensuring that every child in East Hawaii has the opportunity to grow up in a safe, stable and nurturing home. Children – especially young children – need stability in order to foster healthy brain development. The FAC allows us to make families experiencing homelessness from the streets and into a stable shelter environment, where they can access the resources and supports, they need to return to permanent housing."
- Kukuiola. The Final Environmental Assessment/Finding of No Significant Impact has been published for the Kukuiola Emergency Shelter and Village 9 Affordable Housing Project. The County is working with its design and construction partners in finalizing the design of the community and access roadways. The County anticipates construction to begin in Spring 2020.
- Assessment Center at Ulu Wini. In January 2020, the County plans to open its first Assessment Center for families in West Hawai'i at its Na Kahua Hale O Ulu Wini (Ulu Wini). Ulu Wini

currently provides transitional and permanent housing for families and is managed by Hawaii Affordable Properties.

- LEAD Program – Law Enforcement Assisted Diversion Program launched in West Hawaii November 14, 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.
- HONOUR Program – Homeless Outreach Nurturing our Community. A grass roots initiative implemented by West Hawai'i Community Policing Officers and supported by several organizations and community members in West Hawaii. The basis of the program is to integrate the homeless back into the community by having them work on projects under positive guidance. The first project, a beach clean up day at the Old Kona Aiport area was held on November 14th with over twenty community volunteers which include homeless outreach team members, health care providers, council members, business owners and individuals experiencing homelessness. Future monthly projects are in the planning stages.

Continuum of Care for Oahu, Partners in Care
BLUE CHRISTMAS/MEMORIAL DAY
On the longest night of the year, Winter's solstice, we will be commemorating the lives of those who have died while living on our streets. On the first night of winter, December 21st, we will be joining the Central Union Church, IHS, other providers and other faith groups to honor those who have died and to recognize their lives as our neighbors. We invite all of you to join us at 6:30 at Central Union Church on December 21st.

Youth Homelessness Demonstration Project/YHDP
We are almost complete with the first draft of the YHDP Community Plan. This first draft is due to HUD on December 28th and we are on track to meet this deadline. We have had several community meetings and have built a strong stakeholder group and youth group to carry on the work over the next several months. The final plan is due to HUD at the end of April and will be followed shortly by the release of an RFP based on the plan. More than $3.7 million will be allocated to programs that address the needs outlined in the plan.

Homeless Management Information System/HMIS
The complete separation of the Statewide Homeless Management Information System has been completed. We are working on an MOU with the State to address reporting needs and training issues and will let the HICH know when this process is complete. PIC has been working in good faith and has responded to every request made by the state regarding reports and training.

Landlord Engagement Program/LEP
The Landlord Engagement Program started on November 1st and has hit the ground running. Our LEP Manager, Gracie has already assisted several providers with housing clients over the last several weeks. She has secured several new landlords already who have opened their doors to clients. This City funded program promises to be a great resource for all providers and clients.
PIC Space

Partners In Care has moved to a different suite on the same floor of the AUW building. This space allows us to open our doors to providers for meetings and trainings. Providers can reserve space through our new website. Trainings for HMIS and CES are conducted in these spaces and also out in the community.

Point In Time Count/PIT Count
Planning for the 2020 PITC are well underway. We have gotten formal approval from HUD regarding our plan for the Count. The count on Oahu will take place on Thursday, January 23rd from 4am-11am with some additional hours to focus on youth. This year we are utilizing Survey 123 for the count and this will allow us to use both a full survey and an observation tool. We are still seeking volunteers and donations for the counts. Anyone who is interested in volunteering or donating items to the count can do so through the PIC website. You can also review the survey tool and complete sample surveys to see how it will work. Several trainings have already been conducted and will continue to be conducted until the count date. Back up hard copies of surveys will be available on the date of the count with the hope that they will not be needed. With the app we will be able to monitor the count from our offices and catch any discrepancies or duplication that might occur.

Coordinated Entry System/CES
Over the last couple of months PIC has been working with HUD TA to address the need to refine the Coordinated Entry System. We had our first community CES Refinement workshop last week and had a great discussion on some ideas on how to improve the system and make it more accessible to providers and more successful for clients seeking housing. We will continue these discussions over the next several months and hope that providers and funders can be part of those discussions. Our first task is to have a complete inventory of vouchers that are available in real time. We are sending out requests to providers and funders to make inventory available so that we can collaborate on resources and make sure that all resources are accounted for a utilized in the best way possible. During the last grant year, CES made almost 2,000 referrals to RRH and PSH vouchers. We are reviewing utilization of vouchers from all of the different providers and working on plans to decrease the amount of funds returned to funding sources. The need for these resources is still high and we cannot afford to let any funding go unused.

Awareness Conference
We had a wonderful 2019 Homeless Awareness Conference in November and look forward to the planning of our next Conference. Next years' conference will be held at the Ko'olau Ballrooms on the Windward side. This new space can accommodate more attendees which is crucial since we sold out within a month of opening registration this year.

HELP/Joint Outreach
PIC has assisted in 3 HELP outreach events and will be working on a second Service Fair in the Kakaako area next week. This fair will be small and focused on case management needs. It will be held at H3RC. The December HELP outreach was cancelled due to HONU opening, but PIC will continue to be involved in whatever way is needed. Our HMIS team has been reviewing the records of those who received emergency shelter during the outreach efforts and will have a report soon that will detail what has happened to folks who went through this outreach effort so that we can make any adjustments needed.

Continuum of Care Governance

Since PIC has become a 501c3 several months ago, it is a good time to look at the governance of the CoC and make sure it is in line with HUD guidance going forward. PIC and its' Board of Directors are working to create a strategic plan that addresses the need to create a Board for the CoC separate from the PIC 501c3 Board of Directors. This plan will be worked on over the next several months in coordination with the CoC General Membership and the PIC staff.

Partners In Care continues to work diligently to address the needs of our providers, funding agencies and the community to address the issue of homelessness on Oahu, and look forward to working with all partners in the effort to end homelessness.

Continuum of Care for Hawaii Island
Please see the following attachments:
- BTG CES Evaluation Report November 2019.pdf
- 2019 Kauai Service Demographic.pdf
- 2019 Maui Service Demographic.pdf
- 2019 Hawaii Island Service Demographic (1).pdf
- BTG 2019 Metrics and Service Demographics.pdf

U.S. Department of Veteran Affairs
- VA Homeless Programs and our partners in the Honolulu Mayor's Challenge to End Veteran Homelessness recently celebrated housing our 2000th veteran since beginning the Mayor's Challenge in 2015.
- VA staff involved with Coordinated Entry have been attending various BTG meetings across the State to speak to stakeholders about how we can best support efforts to house veterans on the neighbor islands.
- We have added several additional HUD-VASH Social Workers on Oahu to help fill our vouchers more quickly and ensure that veterans placed in housing can receive the quality care they need.
- VA has recently begun a partnership with IHS' Tutu Bert's to provide medical respite for homeless veterans who need a safe and appropriate place to receive in-home medical services following a hospital admission.
- Our Homeless Patient Aligned Care Team has begun their relocation from the Leeward CBOC to Barber's Point to be more accessible to veterans living at Cloudbreak and receiving services at US Vets. They will begin offering mental health services out of new offices there in December.
- Our VISN 21 Network Homeless Coordinator, Danica Bogicevic, and Deputy Network Homeless Coordinator, Melissa Meierdierks, will attend the December HICH meeting as part of their annual Pacific Islands VA site visit. They will visit VA homeless programs across Oahu and Big Island, meet with community partners, and talk with local leadership about how we can better serve homeless veterans.

Faith-Based Community
THE SHELTER - Transitional Shelter Profile
(Dec 2018 - Nov 2019)
- 14 Total Families participants
  - 27 Children (Age range from newborn to 16 yrs old)
- 9 Families Currently Residents
  - 6 Moms working full time

- o 2 Moms in job search
- o 1 Mom preparing for marriage and move to mainland
- o All school age children actively attending DOE schools in area
- 5 Families Transitioned
  - o 1 Mom moved to mainland to work in hospital and reunite with family
  - o 1 Mom moved in with family
  - o 1 Mom transitioned to rehab program on mainland and doing well
  - o 1 Mom moved into youth transition home
  - o 1 Mom moved to own apt with rental subsidies
- Referral Sources
  - o IHS (4)
  - o Mary Jane House (3)
  - o RAM (1)
  - o Craigslist (1)
  - o Church (1)
  - o Self-referred (4)
- Source Location
  - o Windward (6)
  - o Honolulu (6)
  - o Leeward (2)

STATE OF HOMELESSNESS ON THE NEIGHBOR ISLANDS:
THE DATA METRICS THAT MATTER
STATE FISCAL YEAR 2019 (JULY 1, 2018 TO JUNE 30, 2019)

B.T.G.
Bridging The Gap
Continuum of Care serving Hawai'i, Maui & Kaua'i

	B.T.G. (neighbor island totals)	Hawai'i	Maui	Kaua'i
Total people served	3,661	1,324	1,704	633
People who moved into permanent housing	1,407	715	538	154
Exit rate to permanent housing	48%	70%	39%	30%
Average length of stay in emergency shelter (in days)	108	91	114	106
Successfully remained housed for 2+ years	79%	80%	77%	90%

THE IMPACT OF HOMELESSNESS
NEIGHBOR ISLANDS DEMOGRAPHICS

5% are U.S. Veterans

8% are kūpuna

71% have lived in Hawai'i 20+ years

6% have lived in Hawai'i under 1 year

31% are children

40% of keiki are 5 years and under

57% of families are led by a single mother

509 families have minor children

THE IMPACT OF HOMELESSNESS IN MAUI COUNTY

A CLOSER LOOK AT THE DEMOGRAPHICS
FISCAL YEAR 2019, 7/1/18-6/30/19

7%
have lived in Hawaiʻi
under 1 year

70%
have lived in
Hawaiʻi 20+ years

219
families with
children

5%
are U.S. Veterans

1,704
HOMELESS
PERSONS SERVED
IN MAUI COUNTY

58%
of families are led
by single mothers

8%
are kūpuna

28%
are children

42%
of keiki are 5
years and under

Sources: Bridging the Gap: The Continuum of Care for Hawaiʻi, Maui and Kauaʻi Counties
Homeless Management Information System

THE IMPACT OF HOMELESSNESS IN HAWAI'I COUNTY

A CLOSER LOOK AT THE DEMOGRAPHICS
FISCAL YEAR 2019, 7/1/18-6/30/19

3%
have lived in Hawai'i under 1 year

77%
have lived in Hawai'i 20+ years

223
families with children

4%
are U.S. Veterans

1,324
HOMELESS PERSONS SERVED

57%
of families are led by single mothers

7%
are kūpuna

38%
are children

39%
of keiki are 5 years and under

HELP US #CHANGETHENARRATIVE | @HOPESERVICESHAWAII

HOPE
Services Hawaii

THE IMPACT OF HOMELESSNESS IN KAUA'I COUNTY

A CLOSER LOOK AT THE DEMOGRAPHICS
FISCAL YEAR 2019, 7/1/18-6/30/19

10%
have lived in Hawai'i under 1 year

64%
have lived in Hawai'i 20+ years

67
families with children

6%
are U.S. Veterans

633
HOMELESS PERSONS SERVED IN KAUA'I COUNTY

51%
of families are led by single mothers

11%
are kūpuna

24%
are children

37%
of keiki are 5 years and under

Sources: Bridging the Gap: The Continuum of Care for Hawai'i, Maui and Kaua'i Counties Homeless Management Information System

Bridging the Gap CES Evaluation Reporting
November 2019

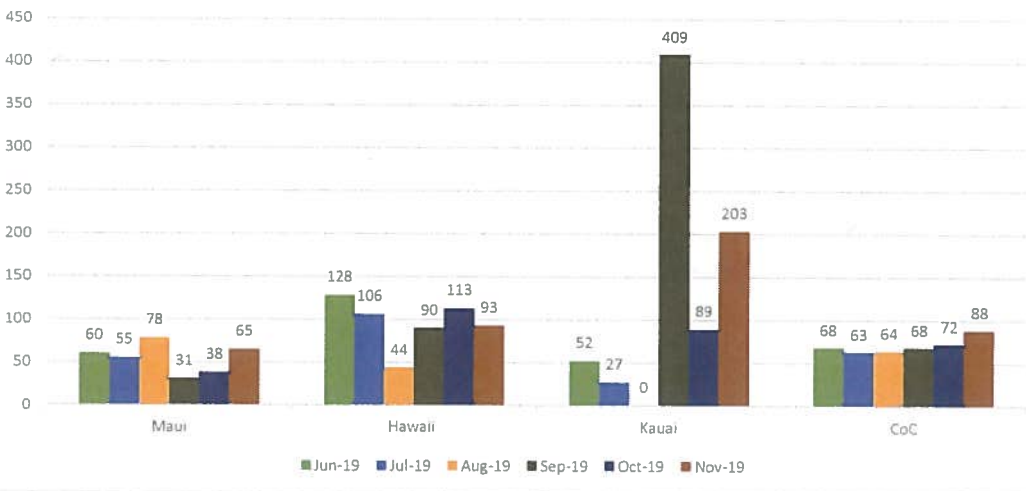| Section	Section		Maui		Big Island		Kauai		CoC	
		Section 1: BNL Characteristics								
1.1		**Total BNL Records at the End of the Reporting Period: 11-30-2019**								
	1.1	1. Single - PSH Priority	19	7.63 %	27	8.63 %	2	4.35 %	48	7.89 %
	1.1	2. Single - RRH Priority	68	27.31 %	149	47.60 %	13	28.26 %	230	37.83 %
	1.1	3. Single - TH Priority	88	35.34 %	73	23.32 %	21	45.65 %	182	29.93 %
	1.1	4. Family - PSH Priority	1	0.40 %	5	1.60 %	0	0.00 %	6	0.99 %
	1.1	5. Family - RRH Priority	28	11.24 %	36	11.50 %	1	2.17 %	65	10.69 %
	1.1	6. Family - TH Priority	45	18.07 %	21	6.71 %	9	19.57 %	75	12.34 %
	1.1	7. Youth - PSH Priority	0	0.00 %	1	0.32 %	0	0.00 %	1	0.16 %
	1.1	8. Youth - RRH Priority	1	0.40 %	0	0.00 %	0	0.00 %	1	0.16 %
	1.1	9. Youth - TH Priority	1	0.40 %	1	0.32 %	0	0.00 %	2	0.33 %
	Total		251	100.80%	313	100.00%	46	100.00%	610	100.33%
1.2		**Subpopulations**								
	1.2	1. Veterans (self-reported)	14	5.62 %	26	8.31 %	1	2.17 %	41	6.74 %
	1.2	2. Chronically Homeless (self-reported VI-SPDAT or HUD)	92	36.95 %	134	42.81 %	26	56.52 %	252	41.45 %
	1.2	3. Currently Fleeing a DV Situation (self-reported from HUD PSDE 4.11 in most recent assessment)	18	7.23 %	34	10.86 %	1	2.17 %	53	8.72 %
	1.2	4. Family Individuals (SUM(HHSize) from Family BNL's HoH)	265		243		36		544	
	1.2	5. Avg. BNL Family Size	3.58		3.92		3.6		3.73	
1.3		**Longest Homeless History (LHH) - Based on Client's 1st Intake Date in the System**								
	1.3	1. 10 years or greater (LHH = 1 on BNL)	67	26.91 %	71	22.68 %	7	15.22 %	145	23.85 %
	1.3	2. 6-9 years (LHH = 2 on BNL)	16	6.43 %	33	10.54 %	5	10.87 %	54	8.88 %
	1.3	3. 5 or fewer years (LHH = 3 on BNL)	166	66.67 %	209	66.77 %	34	73.91 %	409	67.27 %
	Total		249	100.00%	313	100.00%	46	100.00%	608	100.00%
1.4		**Emergency Services Utilization within 6 Months from Most Recent VISPDAT**								
	1.4	1. 5+ episodes of emergency services utilization (= 1 on BNL)	52	20.88 %	56	17.89 %	8	17.39 %	116	19.08 %
	1.4	2. 1-4 episodes of emergency services utilization (= 2 on BNL)	98	39.36 %	126	40.26 %	16	34.78 %	240	39.47 %
	1.4	3. No emergency services utilization (= 3 on BNL)	99	39.76 %	131	41.85 %	22	47.83 %	252	41.45 %
	Total		249	100.00%	313	100.00%	46	100.00%	608	100.00%
1.5		**VI-SPDAT Consent Rate**								
	1.5	1. Shared	248	99.60 %	303	96.81 %	45	97.83 %	596	98.03 %
	1.5	2. Not Shared	1	0.40 %	10	3.19 %	1	2.17 %	12	1.97 %
	Total		249	100.00%	313	100.00%	46	100.00%	608	100.00%
1.6		**Document Readiness**								
	1.6	1. Chronic Homeless Verification (% based on 1.2.2)	21	22.83 %	35	26.12 %	2	7.69 %	58	23.02 %
	1.6	2. DD214 (% based on 1.2.1)	4	28.57 %	6	23.08 %	0	0.00 %	10	24.39 %
	1.6	3. Photo ID (% based on Total in 1.1)	232	93.17 %	194	61.98 %	41	89.13 %	467	76.81 %
	1.6	4. Social Security Card (% based on Total in 1.1)	203	81.53 %	180	57.51 %	40	86.96 %	423	69.57 %
	1.6	5. Photo ID and Social Security Card (# and % based on PSH/RRH records in 1.1)	86	73.50 %	118	54.13 %	15	93.75 %	219	62.39 %
1.7		**BNL Referral Status (from Most Recent Referral)**								
	1.7	1. Unassigned	93	37.35 %	32	10.22 %	9	19.57 %	134	22.04 %
	1.7	2. Assigned	77	30.92 %	51	16.29 %	20	43.48 %	148	24.34 %
	1.7	3. Matched	1	0.40 %	0	0.00 %	0	0.00 %	1	0.16 %
	1.7	4. Placed/Housed	29	11.65 %	5	1.60 %	1	2.17 %	35	5.76 %
	1.7	5. Pending	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %
	1.7	6. Number of BNL records not yet referred	49	19.68 %	225	71.88 %	16	34.78 %	290	47.70 %
	Total		249	100.00%	313	100.00%	46	100.00%	608	100.00%
1.8		**Assigned Referrals BNL Prioritization Category (from Most Recent Referral)**								
	1.8	1. Single - PSH Priority	14	18.18 %	18	35.29 %	2	10.00 %	34	22.97 %
	1.8	2. Single - RRH Priority	14	18.18 %	6	11.76 %	4	20.00 %	24	16.22 %
	1.8	3. Single - TH Priority	23	29.87 %	10	19.61 %	9	45.00 %	42	28.38 %
	1.8	4. Family - PSH Priority	0	0.00 %	3	5.88 %	0	0.00 %	3	2.03 %
	1.8	5. Family - RRH Priority	10	12.99 %	9	17.65 %	1	5.00 %	20	13.51 %
	1.8	6. Family - TH Priority	16	20.78 %	5	9.80 %	4	20.00 %	25	16.89 %
	1.8	7. Youth - PSH Priority	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %
	1.8	8. Youth - RRH Priority	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %
	1.8	9. Youth - TH Priority	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %
	Total		77	100.00%	51	100.00%	20	100.00%	148	100.00%
1.9		**Enrollment Coverage**								
	1.9	1. Number of BNL records with active non-VI-SPDAT enrollment(s)	220	88.35 %	202	64.54 %	46	100.00 %	468	76.97 %

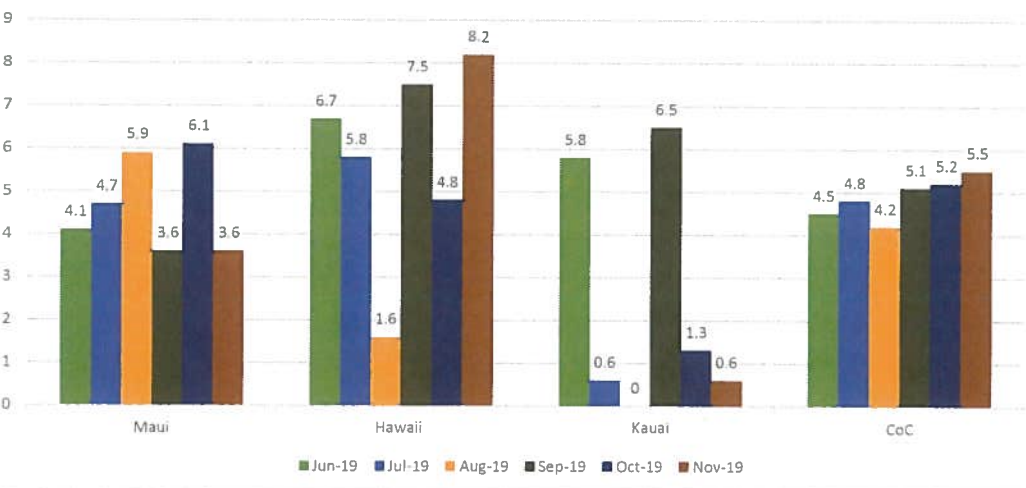| Bridging the Gap CES Evaluation Reporting										
November 2019										
Section	Section		Maui		Big Island		Kauai		CoC	
2		Section 2: Referral and Performance Data								
2.1		Clients Referred During the Report Period								
	2.1	1. Distinct Clients Referred	75		32		8		115	
	2.1	2. Distinct Households Referred	75		32		8		115	
	2.1	3. Duplicated Referrals	86		36		8		130	
	2.1	4. Avg. Referrals per Client	1.15		1.13		1		1.13	
2.2		Referral Status of Duplicated Referrals Made During Report Period								
	2.2	1. Unassigned	47	54.65 %	9	25.00 %	0	0.00 %	56	43.08 %
	2.2	2. Assigned	33	38.37 %	20	55.56 %	8	100.00 %	61	46.92 %
	2.2	3. Matched	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %
	2.2	4. Placed/Housed	6	6.98 %	7	19.44 %	0	0.00 %	13	10.00 %
	2.2	5. Pending	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %
	Total		86	100.00%	36	100.00%	8	100.00%	130	100.00%
2.3		Unassigned Reasons from Section 2.2.1								
2.31		Category 1: No further referrals will be generated for this VI-SPDAT								
	2.31	1. Client has obtained housing	2	4.26 %	1	11.11 %	0		3	5.36 %
	2.31	2. Client is no longer on island	0	0.00 %	0	0.00 %	0		0	0.00 %
	2.31	3. Client not interested in housing at this time	3	6.38 %	0	0.00 %	0		3	5.36 %
	2.31	4. Client already matched to other housing resources	2	4.26 %	0	0.00 %	0		2	3.57 %
	2.31	5. Client confirmed as deceased	0	0.00 %	0	0.00 %	0		0	0.00 %
	2.31	6. Incarcerated	1	2.13 %	0	0.00 %	0		1	1.79 %
	Total		8	17.02%	1	11.11%	0	0.00%	9	16.07%
2.32		Category 2: Clients can be referred again immediately, but not to this program								
	2.32	1. Client expressed safety concerns with this program	0	0.00 %	0	0.00 %	0		0	0.00 %
	2.32	2. Program denial	7	14.89 %	2	22.22 %	0		9	16.07 %
	2.32	3. Client declined housing through this program	21	44.68 %	3	33.33 %	0		24	42.86 %
	2.32	4. Client does not meet program eligibility criteria and does not qualify for this program	3	6.38 %	1	11.11 %	0		4	7.14 %
	Total		31	65.96%	6	66.67%	0	0.00%	37	66.07%
2.33		Category 3: Action is required before client can be referred to any program again								
	2.33	1. Client requires additional documentation	3	6.38 %	0	0.00 %	0		3	5.36 %
	2.33	2. Client unable to be located after multiple communication attempts	5	10.64 %	2	22.22 %	0		7	12.50 %
	2.33	3. Client confirmed as hospitalized or in treatment facility for unspecified length of time	0	0.00 %	0	0.00 %	0		0	0.00 %
	2.33	4. Client has not responded to multiple attempts to contact	0	0.00 %	0	0.00 %	0		0	0.00 %
	2.33	5. VI-SPDAT is no longer applicable, a new VI-SPDAT is needed	0	0.00 %	0	0.00 %	0		0	0.00 %
	Total		8	17.02%	2	22.22%	0	0.00%	10	17.86%
2.34		Unassigned Reason - Data Not Collected								
	2.34	1. Data Not Collected	0	0.00 %	0	0.00 %	0		0	0.00 %
	Total		0	0.00%	0	0.00%	0	0.00%	0	0.00%
2.4		6. Of the households placed/housed during the report period, total number of emergency services utilized within 6 months from most recent VI-SPDAT								
	2.4	1. Of the households referred during the report period, mean length in days from VI-SPDAT survey to most recent referral (Uses HoH to compute for the household)	47.75		64.56		61.5		53.38	
	2.4	2. Total households placed/housed during the report period (duplicated)	13		13		2		28	
	2.4	3. Placed/housed households linked to HUD enrollment	11	84.62 %	13	100.00 %	2	100.00 %	26	92.86 %
	2.4	4. Of the households placed/housed during the report period, mean length in days from VI-SPDAT survey to date placed/housed	65		92.69		202.5		87.68	
	2.4	5. Of the households placed/housed during the report period, mean length in days from 1st Intake date to date placed/housed	1299.46		3001.31		210		2011.79	
	2.4	6. Of the households placed/housed during the report period, total number of emergency services utilized within 6 months from most recent VI-SPDAT	29		21		1		51	

Households Placed/Housed through CES during the Period

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Maui	39	36	25	28	22	13
Hawaii	6	8	16	16	17	13
Kauai	3	1	0	2	4	2
CoC	48	45	41	46	43	28
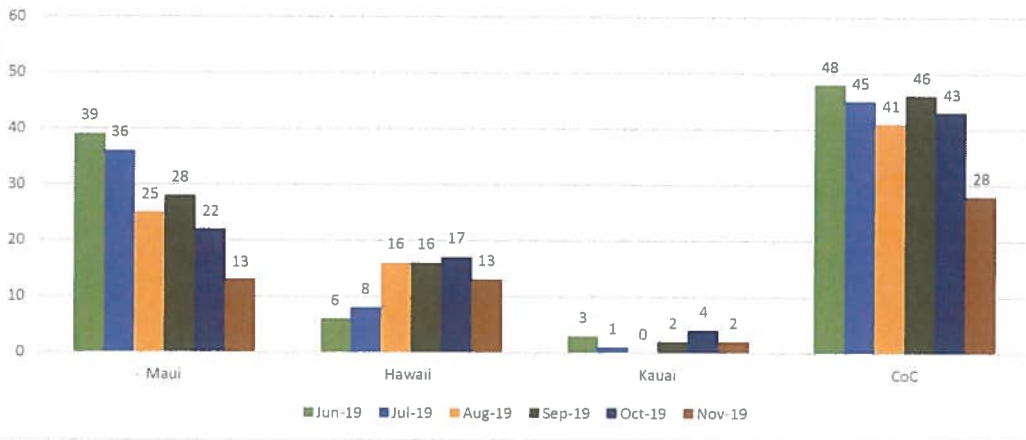
Of those Households Placed/Housed, Mean Length in days from VI-SPDAT to Placed/Housed Date

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Maui	60	55	78	31	38	65
Hawaii	128	106	44	90	113	93
Kauai	52	27	0	409	89	203
CoC	68	63	64	68	72	88

Of those Households Placed/Housed, Mean Length in Years from 1st HMIS Intake to Placed/Housed Date

	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
Maui	4.1	4.7	5.9	3.6	6.1	3.6
Hawaii	6.7	5.8	1.6	7.5	4.8	8.2
Kauai	5.8	0.6	0	6.5	1.3	0.6
CoC	4.5	4.8	4.2	5.1	5.2	5.5

ADULT MENTAL HEALTH DIVISION (AMHD)
DECEMBER 10, 2019

PROJECT SUMMARY REPORT
1.   **Project Activities**

- The AMHD recently awarded Queens Medical Center to provide Mental Health Emergency Worker services, which is a qualified mental health professional designated by the Department of Health. The MHEW can determine if the individual is suffering from a behavioral illness and is imminently dangerous to themselves or others and can authorize involuntary transportation to a licensed psychiatric facility for further evaluation, a process known as "MH-1".

  The current process for MH-1 patients has been to transport individuals experiencing a mental health emergency to a designated psychiatric facility where they receive a psychiatric evaluation and may require involuntary hospitalization. Psychiatric hospitalization is the treatment option of last resort for individuals with acute or chronic serious mental illness who need intensive inpatient care.

- 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.

2. **Current Housing Activities**

- <u>Total Bed Capacity in housing programs-701</u>
  - 24 Hour group homes-205
  - 8-16 Hour group homes-260
  - Semi-Independent group homes- 145
  - Support Housing-91

LEAD (LAW ENFORCEMENT ASSISTED DIVERSION)
December 10, 2019

PROJECT SUMMARY REPORT

1. Project Activities

- LEAD has been launched on 4 counties in the Hawaii: Oahu, Maui, Kauai and Hawaii.

- Oahu LEAD: In its second year of implementation, Oahu LEAD is conducted by Hawaii Health and Harm Reduction (HHHRC). HHHRC leads Hawaii in functionalizing LEAD through community resource coordination (HPD, HELP Honolulu), training, and evaluation. Between July 1, 2018 and July 31, 2019, 47 individuals were referred to LEAD Oahu through social contact referral. 37 of those were enrolled in and received services. In September 2019 HHHRC was awarded a grant to attend the Seattle National LEAD conference. HHHRC graciously shared grant resources with LEAD Hui members from Maui, Kauai, and Hawaii to join in attending the conference, which offered all participants the opportunity to engage in technical assistance from LEAD programs nationwide. Oahu LEAD also completed the first-year evaluation of the LEAD (Attachment 1).

- Maui LEAD Hui: Maui LEAD Hui is comprised of Mental Health Kokua (MHK) primary LEAD service provider and mental health service provider, Ka Hale A Ke Ola (KHAKO) housing provider, Aloha House – treatment service provider, and Maui PD. Implemented since July 2019, Maui LEAD has had 8 referrals, 7 clients enrolled, 7 clients provided housing.

- Kauai LEAD Hui: Kauai LEAD Hui is comprised of Women In Need (WIN) – primary LEAD service provider and treatment service provider, Kauai Economic Opportunity (KEO) – housing provider, MHK – mental health service provider and Kauai PD. Implemented since June 2019, Kauai LEAD has had 2 referrals, 2 enrolled, 1 provided 1 night of housing at KEO.

- Hawaii LEAD Hui: Hawaii LEAD Hui is comprised of Big Island Substance Abuse Council (BISAC) – primary LEAD service provider,

treatment service provider, and mental health service provider; Hope Services, Inc. – housing provider; Bridge House – treatment provider; Going Home Hawaii – care coordination and referral. The Hawaii LEAD program formally launched LEAD on November 14, 2019. There are currently no clients enrolled in Hawaii LEAD.

- HI State LEAD continues to meet monthly.

HI CARES:

Since October 1, 2019, Hawaii Coordinated Access Resource Entry System (HI CARES) has been implemented for a coordinated entry system for the substance use disorder continuum of care (SUD COC). The system provides a continuum of care to deliver substance use disorder treatment modeled after the American Society of Addiction Medicine (ASAM) criteria for SUD services.

Administered by the University of Hawaii, Myron B. Thompson School of Social Work (UH MBTSOW), Hawaii CARES is accessible through the 24-hour Access Crisis Line at 808-832-3100 (1800-753-6879 for neighbor islands). HI CARES is designed to provide 3 primary functions: a Gateway Call Center through which client referrals, screenings, and service authorizations begin; as Managing Entity to ensure clinical documentation is aligned with ASAM criteria for all client assessments and treatment recommendations; and as a Quality Assurance/Utilization Management system, providing monitoring of appropriate utilization of system resources, personnel, and community services.

HI CARES gateway call center receives calls from the 24-hour access line indicating substance use treatment needs, conducts a screening and refers clients to ADAD contracted treatment providers for assessment, placement determination and treatment.
Currently HI CARES is staffed for operations between 6:30 am to 5:30 pm with plans to increase staffing for 24 hour, 7 days a week operation. HI CARES is integrated in the ADAD-designated electronic health record utilized by all ADAD-contracted service providers, a system that provides functionality for clinical documentation functions and billing.

LEAD

LEAD HAWAI'I

Honolulu Law Enforcement Assisted Diversion
Hawaii Health & Harm Reduction Center LEAD Evaluation

Law Enforcement Assisted Diversion (LEAD) is pre-arrest community-based diversion program for people whose criminal activity is due to behavioral health issues. In LEAD, low- level offenders are diverted from arrest by law enforcement by immediate referral to harm reduction based, individualized case management.

in 2019 LEAD pilot projects started in Maui, Kauai and Hawaii Counties

LEAD participants utilized the Emergency Department 40% less in the past month after engaging in LEAD

LEAD participants had a 55% reduction in citation encounters with law enforcement compared to three years prior to LEAD

LEAD participants experienced a 38% reduction in unsheltered days on the street after participating in LEAD

LEAD participants reported a 62% increase in the number of days they felt hopeful about the future after participating in LEAD

LEAD participants reported a 30% decrease in experienced violence, trauma or assault after participating in LEAD

Participants are able to meet with LEAD staff as often as needed, wherever they are for whatever they need with contact between 30 minutes and 13 hours a month

HARM REDUCTION WORKS

- Low barrier & easy to access non-judgmental services
- Compassionate & holistic person-centered care
- Meet people where they are
- Support any positive change
- Participants define goals

LEAD Participant Services
79% received medical care
74% received transportation
47% received mental health
95% received case management

48% of LEAD participants got support with obtaining ID and documentation to become housing ready

HAWAI'I HEALTH & HARM REDUCTION CENTER

Hawaiʻi CARES Program
Pilot Implementation Data, October 2019

I. Call Center Activity (data from 10/22-29)

- Average CARES **inbound** calls per day: 8 per day
  - Average **clinical calls** received (USIS intake process completed): 4 per day
  - Average **non-clinical calls** received: 4 per day
- CARES **outbound** calls per day: 27 per day
- Average **call time:** 8 minutes
  - Min call time: 1 minute
  - Max call time: 49 minutes
- Call-center **responsiveness**:
  - 54 calls of 60 answered (90%)

II. Agency Referrals and Service Authorizations via WITS Electronic Medical Record (data from 10/1 – 10/23

- 359: Total referrals to CARES from ADAD provider agencies (for service authorization and referral to other agencies)
  - 275 (77%) placed/accepted by CARES
  - 79 (23%) "rejected" by CARES – providers asked to resubmit information, usually because of incomplete clinical data
- 17 ADAD-funded providers submitted authorization requests/referrals to CARES