

# **Oahu Joint Outreach-Emergency Shelter Provider Call**

## **Thursday 7/22/21, 11am**

### **Governmental Updates**

- HPO – no updates
- C+C of Honolulu – Ailina now a Planner instead of a Secretary; Still getting Ray and Jay up to speed on everything.
- DHS-SSD – no updates
- DOE – not on the call
- Hawaii CARES – Bed stabilization update: New process updated to streamline process - new screening questions to better understand needs of clients; Exception for Act 26 clients so that they have a place to go. For individuals who can't ambulate on their own, currently don't have facilities for them right now, but can connect to a crisis worker who could assist. Will get back to IHS about anything else that may help in these situations.
- VA – currently assisting some trial clients for the expanded OTH eligibility, so hopefully can expand to more veterans soon. A lot of our emergency housing beds have been filling up.
- HPD – Officer Ibrao & Office Meade - will try to put another outreach together in the next few weeks. HONU intake # is 551-4632 – we currently have a high volume of people coming in and it is not matching how fast we can navigate people out. Rain yesterday also brought extra people into the HONU.
- DOT – Diamond Head DLNR clean up going on right now and tomorrow 7/23 is City clean up in the same area. Next week, have clean up at Depots on the west side. Next week Friday have clean up in Kapena area as well. Wanting to coordinate for a more long-term strategy in this area. Most concerned with the Nimitz-Iwilei area because it is very dangerous and dark in this area - want to coordinate services and collaborate in this and other areas in order to figure out long-term solutions.

### **Helping a Homeless Person Lacking Decisional Capacity to Access Treatment**

- Presented by Connie Mitchell from IHS
- With C+C grant, looking to better assist people lacking in decisional capacity. We engage with people to find out more about their history, what is keeping them on the street, and other factors.
- If clearly need emergency MH eval (MH1, MH2) work with police for the MH1 on this or work between service provider and the court for MH2 order.
- Guardianship – If we can find family who are willing to become a guardian we will go that route.
- Assisted Community Treatment (ACT) - allows us to provide treatment even if they refuse it
  - ACT criteria

- Diagnosed with mental illness or substance use disorder
    - Homeless or vulnerable for homelessness
    - Unlikely to live safely in the community without supports
    - Will continue to deteriorate without treatment
    - Has demonstrated danger to self or others at some time
    - Has refused treatment ongoingly
    - Lacks decisional capacity\* - cannot make good decision for themselves because of mental illness or substance use
  - Providers can help to prep and support a petition
    - Find family members and keep track of how you have attempted to contact them
    - Diagnosis follow ups
    - Observations, photos, videos, witness statements
    - Providers can help facilitate getting a letter from a doctor asserting that the person lacks decisional capacity
  - Making the case
    - Hospitalization records or arrest records
    - Statements by the individual denying mental illness
    - History
    - Recs for treatment plan and naming a treatment team
    - Other plans for moving forward (e.g., housing plan, rehabilitation plan)
  - Outreach Navigation Referral Form (ONP) --- gives us the basics about the person, provides us with a start and can follow up to find out more details.
- Public Defender's office will no longer be involved, instead a Guardian Ad Litem (GAL) will represent the best interests of the person. GAL will be assigned by a judge. [HB345, Act 58](#) from this year made these specific changes. Public Defender didn't oppose being taken out, GAL seems more appropriate in this situation.
- Building partnerships
  - Waikiki Business Improvement District
  - HPD - trying to partner more with HPD because they can identify people who seem to really need help, can also subpoena HPD officer as a witness in the case which can strengthen the case.
- Intersection with Adult Protection Services – APS doesn't have much capacity to get involved in these cases when there is no family member identified.
- Intersection between ONP program and the HICM+ program – Referral for ICM is done through AHMD, but if unsure can make the referral to IHS to figure out the best option for the individual.
- IHS team physicians can go out in cases where nobody is evaluating them in order to build medical record and make determinations.
- Photos and videos don't need consent in these cases because they serve to show the judge how sick these people actually are and will be confidential within the case.
- If you observe an individual over a month's time and the person's situation doesn't change, then may be a good time to fill out the referral form.

## HMIS Case Notes & Client Alerts

- Presented by Joshua Roach from HMIS
- Client alerts are important information that those working with the clients need to know about and can be used in emergency situations (e.g., if the client is missing, if the client is exhibiting COVID symptoms). Client alerts have three levels in HMIS: Critical, Important, or Informational. This is a quick way to communicate with other providers.
- HMIS has a case notes feature - having documentation in HMIS allows providers to figure out how to better coordinate and reduce duplication of certain services with other providers who may have the same clients.
- There are several types of case notes that can be inputted. Can look at each case note by clicking on the magnifying glass. Need to ensure that you share the notes so that people in other orgs can view them as well, not just people within your own organization. Notes help to create a chronological story about the client.
- Recent example of the client alert – case management hadn't had any contact with a certain client for a while but were able to put a client alert out there, from there was able to connect with others and locate the client.
- If a client abandons their unit in an emergency shelter, this could be a situation to put a client alert in order to let other providers working with the client know.
- Must remember to remove the client alert once the situation is resolved.
- It is possible to put a time limit on the missing client alert of 3 months. May wish to do a new VISPDAT with the client at that point.