

# BRIDGING THE GAP

**The Hawai'i Neighboring Islands' Continuum of Care (Hawai'i, Kaua'i, Maui)**

## MINUTES

### **Board Meeting and Strategic Planning Workshop**

Tuesday, January 9 from 11:30am – 4:00pm & Wednesday, January 10 from 8:30am - 3:30pm  
at Aqua Kauai Beach Resort, Ginger Room, 4331 Kauai Beach Dr, Lihue, HI 96766

- Attendees:**
- Hawai'i County: Brandee Menino, Hope Services Hawaii (BTG Chair)  
Elizabeth Murph, Catholic Charities Hawaii (Chapter Co-Chair)  
Lance Niimi, Office of the Mayor  
Sharon Hirota, Hawaii County Housing Agency (Hawaii County CES)
  
  - Kaua'i County: Debra deLuis, Catholic Charities Hawaii (BTG & KCA Secretary)  
Crystal Caday-Bargayo, Catholic Charities Hawaii (Chapter Chair)  
Lawrence (Larry) Graff, Kauai Economic Opportunity (KCA Vice Chair)  
Sharon Graham, Kauai County Housing Agency (Kauai County CES)
  
  - Maui County: Maude Cumming, Family Life Center (BTG Past Chair)  
David Nakama, County of Maui (Maui County CES)  
Jan Shishiko, County of Maui  
Thelma Akita-Kealoha, Catholic Charities Hawaii (Chapter Chair)
  
  - HPO: Judy Ishida  
Yuet Mui Kong  
Harold Brackeen, III
  
  - HMIS Admin: Carlos Peraro  
Alison Hinazuma

<b>Agenda Topic</b>	<b>Discussion</b>	<b>Outcome/Action</b>
<b>Welcome &amp; Housekeeping</b>	BTG Chair Brandee Menino conducted roll call and having determined quorum was met, called the meeting to order at 11:42AM. New members were introduced.	
<b>Approval of Minutes</b>	November minutes reviewed. Changes applied. Motion to approve with changes by Sharon Graham. Second by Maude Cumming. Discussion: None. Vote: All Ayes.	Minutes approved with changes.
<b><u>Coordinated Entry System</u></b>		
Implementation and progress	Hawaii County CES representative affirmed things are going well, but mentioned provider issues. For example, Steadfast Housing requests CES referrals and then declines the referrals because the referred parties were not AMHD certified. Rather than take the initiative to coordinate with referring agencies, Steadfast referred the CES Coordinator to various agencies who can provide the certification, but none of these agencies are involved with the CoC Chapter or CES.	HPO (Harold) requested CES coordinator(s) email HPO regarding this challenge. HPO will sit down with MHK and Steadfast leadership to discuss the challenges. HPO can provide coaching and training.

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c/o Homeless Programs Office,  
1010 Richards St., Suite 312, Honolulu, HI 96813

	<p>Discussion followed about agencies, like Steadfast, with funding coming from multiple sources outside HPO, such as AMHD or others.</p> <p>Suggestion offered that the PATH program is designed for SMI/PSH. Referrals identified by PATH outreach would be eligible for Steadfast. This identifier was added to PIC's BNL at the request of providers. If the referred individual is in a PATH outreach program, BTG CES coordinators can look at "Path Street Outreach" enrollment in the program enrollments. HPO commented referrals should be accepted only through community based contracted agencies.</p> <p>Another question related to how beds are identified and how the CES coordinators can verify they're going through the CES. HPO noted that this occurs during monitoring visits when files are checked to be sure there is documentation of the referral. At this time, no tracking process exists.</p> <p>The status of the Youth VI-SPDAT was questioned. Carlos/HMIS Admin is working to get TAY VI-SPDAT into the system so they can start building it out. Using CY2017 data, HMIS Admin will identify the percent of youth (ages 18 to 24) who were in the system and that percentage will determine the percentage of youth to be served in each BTG county. (For example, if 10% of those served are youth, when assigning names from the BNL, 9 of 10 would come from the adult list and 1 of 10 (10%) from the TAY list.) HMIS Admin will filter the lists so a separate youth BNL can be pulled by CES coordinators/conveners.</p> <p>For youth who are already in the system but completed a single adult VI-SPDAT, a reassessment will be suggested using the TAY VI-SPDAT.</p>	<p>HMIS Admin to begin working to add the TAY to BTG HMIS.</p> <p>Chapter chairs will inform chapter members, suggesting TAY-VI-SPDAT</p>
<p>CES marketing materials</p>	<p>Possibility of using AUW 211 for a primary marketing focus discussed. The 211 database needs updates and service is limited to daytime hours for calls. Since many consumers lack data plans (if they have mobile phones) and free internet access at public libraries is limited to business hours, this limited access may be a concern. Additional marketing approaches are desired to increase the likelihood of reaching people in need. Mentioned print, media releases, a larger online presence, and search for other options (bus notices, for example).</p> <p>Geography limits consumer ability to reach access points. Discussed what agencies serve as access points and how the roles/responsibilities of each entity are defined as relates to the CES and marketing. A true access point would need to include access to HMIS.</p>	<p>Each county will review the 2-1-1 website to determine the effectiveness of the existing data for homeless or at-risk consumers and consider the effort necessary to update the data.</p> <p>Mui and Judy will check if Planning Grant would cover costs relating to building and updating a website for BTG.</p>

	<p>Agencies/businesses of different types appear to be seeking to connect with the CES. Questions about entities currently seeking to refer to the CES included:</p> <ul style="list-style-type: none"> <li>• Will interested entities remain interested if they had to pay a fee for access to HMIS in order to fully participate in CES and take more responsibility for the people they want to refer to HMIS?</li> <li>• Could they afford the fees and do they have the resources to take a bigger role with clients?</li> <li>• If they couldn't afford HMIS fees, for example, could a portion of CoC contract funds cover fees related to HMIS?</li> <li>• Will fees be per organization or per user?</li> <li>• Centralized access points versus distributed access?</li> </ul> <p>Regarding costs, at this time HPO receives approximately \$40,000 and adds an additional \$10,000 for CaseWorthy admin costs, excluding the HMIS cost. The contract for HMIS Admin at this time is ~\$550k, but that included funds related to customizing the off-the-shelf product, upgrades, end user training, and the cost of sustaining current efforts.</p> <p>The Hawaii HMIS website (<a href="http://www.hawaiihmis.org">www.hawaiihmis.org</a>) could provide information related to the CES in each community. BTG could also explore using Hawaii HMIS as a host for a BTG website.</p> <p>A working group will put together some marketing info and a proposed strategy. The information will be circulated as soon as possible to the BTG Board for review and recommendation.</p>	<p>Work group will put together some ideas and coordinate possibilities (multi-pronged approach with electronic and print or other info distribution) and coordinate with HMIS Admin. Work group members: Debra (Kauai), David (Maui), and Sharon H (Hawaii).</p>
<p><b><u>Strategic Agreements</u></b></p>	<p>Reviewed the strategic agreements and focus areas coming out of the previous CoC Strategic Planning workshops conducted in each neighboring island county. The intention is to create a BTG document that reflects shared priorities.</p> <p><u>Kauai identified 4 priorities:</u> Improve our CoC Chapter, Improve services and supports, Build awareness &amp; bridge the gaps, and Expand affordable housing options.</p> <p><u>Maui will report later:</u> The chapter plans to discuss the summary goals with membership.</p> <p><u>Hawaii priorities/goals:</u> The CAP leadership team met following the initial community workshop for a day-long working group. The goal areas include: Strengthening the CoC Chapter, Ending family homelessness in 3 years, Reducing single household homelessness by 30% each year for the next 3 years, Reducing recidivism to below 10% within 3 years.</p>	<p>Hawai'i Island chapter leaders will provide a copy of their in-depth strategic document to the attendees via email to assist local chapters in expanding the locally-developed goals.</p>

	<p>(Hawai'i Island folks will provide a copy of their in-depth strategic document.)</p> <p>A question came up about on-boarding documents for new members, including an Acronym list and CES overview.</p> <p>Training for staff and CoC Chapter members was also discussed. Maui and Hawaii used Housing ASAP funds to cover the cost of creating a series of videos to help educate representatives from CoC member agencies. They're adding a training component to their CoC Chapter meetings, using these videos in 15 minute segments. Kaua'i expressed an interest in integrating this training into meetings. This would standardize some of the information being distributed BTG-wide.</p>	<p>Debra/KCA will share, via email, the on-boarding information, acronym list, and local CES overview documents already in use as a starting point.</p> <p>Brandee will verify with OrgCode (the training developer) whether it's okay to share the videos CoC-wide. If so, she'll send a link to the Kaua'i chapter chair.</p>
Common Themes	Common themes were not explored. After chapters prepare a more in-depth document, this will be examined and a statewide strategic plan developed addressing areas where common priorities exist.	.
Develop priorities	Priorities for BTG based on the strategic workshops were not discussed since all chapters were not prepared to share information.	
<b>HPO Updates</b>		
	<p>Judy (HPO) announced Michi left HPO to return to HPHA; Mui will be taking over the CoC programs (already very versed in federal programs).</p> <p>The ESG and HOPWA action plan is due before 2/21.</p> <p>ESG will have funds left over. At this time there's approximately \$2,500 in HPP and \$28,400 in ESG. Last year BTG reprogrammed the funds to C Peraro Consulting for different tasks they completed. Maude requested the funds for FLC Kaua'i.</p> <p>Motion by Beth to reprogram funds from HP/RRH to FLC Kaua'i; Thelma provided a second. No further discussion. Vote: All ayes.</p> <p>Discussed issues with HUD relating to deobligating funds. When this happens, HUD looks more closely at these. This creates challenges in predicting whether funded agencies will fall behind because invoices are slow in arriving (it's difficult to track from the state level). When funds are 23% spent and the contract year is more than half over, it's alarming and HUD notices.</p> <p>HPO offered some suggestions relating to CoC funds:</p> <ol style="list-style-type: none"> <li>1. Bill efficiently.</li> <li>2. Enter clients into HMIS at application.</li> <li>3. Make billing and updating client data a priority.</li> </ol>	<p>Motion to reprogram funds to FLC Kaua'i for ESG and HPP approved.</p> <p>To improve accountability, HPO staff will begin sending reminders to agencies. For example, the reminders will note the percentage spent, the percentage remaining, and other key information.</p>

	<p>Brandee asked about enrolling clients in 2 programs, and, for example, using one program for 3 months and the other program for months 4-12 (to spend down two programs). She pointed out sometimes funds are left on the table because of ramp-up time.</p> <p>HPO requested more information in order to assess whether this is appropriate.</p>	<p>Brandee and Maude will develop scenarios related to this suggestion so HPO can better evaluate the suggestion.</p>
<b>Advocacy Efforts</b>		
Review PIC priorities	<p>Priorities for the coming year and, in particular, the opening of the state legislature, were discussed.</p> <p>PIC Legislative priorities (following a membership survey) were reviewed (see PIC Board Approved Priorities document).</p>	
Review each island chapter's priorities	<p>Local chapter legislative priorities were not discussed. In general, these will be determined during the January chapter meetings and are often based on PIC/BTG priorities.</p>	<p>NI chapters will review the BTG priorities with chapter members and select priorities. A chapter advocacy chair will support those priorities in writing when appropriate.</p>
Agree on a slate of BTG priorities	<p>The BTG Board will actively support the following at funding amounts that are determined reasonable by the chair:</p> <ul style="list-style-type: none"> <li>• Outreach for SMI, youth, and adults;</li> <li>• Housing First and Rapid Re-Housing programs;</li> <li>• Funding for new affordable units (through revolving and other funds);</li> <li>• Funding for storing consumers' property when removed from state lands</li> </ul> <p>BTG will support testimony only for prevention/diversion, LEAD, the funding of Kaka'ako Family Assessment Center (FAC), and expansion of the FAC model (a cost-effective, multi-generational approach focused on collaboration to rapidly move families from homelessness to permanent housing).</p> <p>BTG will take no formal position on other PIC priorities, such as civil legal services, safe places for youth, other youth services, decriminalization of homelessness, mobile medical units, funding for HPHA, funding for safe zones, and proliferation of vacation rentals. At this time, no policy statement will be released regarding the criminalization of homelessness.</p> <p>Some of the proposed state budget information was discussed briefly, though additional details will be shared after verifying with Scott Morishige that it's appropriate to do so.</p>	<p>For BTG, if a bill meets the approved criteria, the chair will support in writing.</p>

<p>Added: Discussion regarding FAC</p>		
	<p>The board discussed Family Assessment Center model and the desire to expand it statewide.</p> <p>Q: What’s the difference between a shelter and the FAC? A: (HPO) The RFP no longer differentiates between emergency and transitional shelters, so future procurements will focus on FACs. The whole idea is that shelter in the FAC model is more effective: at this access point people are brought in quickly, complete an in-depth intake assessment, and get out quickly (into permanent housing). In the typical shelter model the thought is on a length of stay: you have 3 months, 5 months, etc., to complete certain steps. In the FAC model, discharge planning starts immediately upon entry. The goal is housing-focused.</p> <p>As the contracts transition, there will be no referrals within CES for transitional housing, but referrals will be from FAC to RRH, HF, PSH, or whatever solution meets the family needs. The present FAC takes 77 days to get families permanently housed: from streets to permanent housing. The FAC takes anyone in need (no VI-SPDAT score to determine who’s eligible to stay longer).</p> <p>Expect future procurement processes to eliminate transitional shelter and, during that time when TH is eliminated, look for supplemental funds and plan now for the elimination of TH contracts.</p> <p>From the FAC model, it became clear that internal provider-agency barriers create big problems, so rather than focus on internal resources, the FAC depends upon external partners getting people services and helping to get people placed. At this time, it’s important to tighten up the language and change our vocabulary so we can fill the gaps and get everyone on the same path.</p> <p>Q: The FAC has cubicle-like living spaces. Don’t family units need to be locked and separated for privacy? A: (HPO) Units do not have to be separate and locked if all the participants in the facility are families. If single individuals are in the same facility (like IHS and NextStep), then some separation may be necessary.</p> <p>Q: What about program fees? Under the FAC model, can we charge 30% of income for rent/fees? A: (HPO) Program fees will probably not be a part of the FAC program because shelter fees are a barrier. Programs need to start taking care of themselves: meeting performance measures, getting people in/out quickly, and securing funding from multiple resources, not just the state. Existing contracts that were written for renewals up to 4 years may be re-</p>	

	<p>procured at any time. Agencies cannot count on ongoing contracts being renewed.</p> <p>Q: What about other contracts, like Outreach?  A: (HPO) Hope Services and FLC are the only providers who conduct Outreach in such a manner that it's easy to see what's happening. FLC and HOPE understand their roles and responsibilities; both meet the requirements. Agencies are either on board and meeting the requirements or not. Those that are not can expect pruning.</p> <p>Q: How are FAC's bringing in outside resources?  A: (HPO) FAC is a multi-generational approach. For example, at the FAC, PIDF provides childcare and programs like Tutu and Me. The programs are designed to challenge multi-generational homelessness, and can only be effective by focusing on partners. As another example, the FAC brings state eligibility workers on site to meet with clients rather than sending people to offices outside the facility.</p>	
<p><b>BTG CoC Planning Funds</b></p>		
	<p>The Planning Funds are intended to cover travel, training, and capacity building. HPO looked at three (3) possible opportunities to travel, sending representatives to different national conferences. Judy connected with HUD to see if BTG could use HUD planning funds, for example, to send folks to the NAEH conference. Per HUD, ESG admin funds may be used for that, but not the planning grant funds.</p> <p>Maude and Brandee noted they have funds available from HCF to attend the Housing First Partners Conference in Denver in April 2018.</p> <p>HPO clarified that funds can cover travel to BTG Board meetings. Maude expressed concerned because she won't be the chair/co-chair of their CoC chapter, but still wants to serve on the BTG Board. Attendees pointed out the charter includes the past chair as a BTG board member.</p> <p>Can wait to make some of these decisions about funding until June.</p> <p>HPO commented there are some concerns from within the state regarding awarding HOPE Services contracts to arrange services (which appears as pass-through money). HPO will be asked to make such arrangements via procuring contracts.</p> <p>Judy, Mui, and Michi had to re-do 30 federal contracts. Governor's team using a database to generate ceilings that weren't generated in the past. They're following procedures.</p>	

	<p>November 2018 Master’s Academy with OrgCode/Iain is planned in Hilo. This time HCF funds are only paying for Iain’s time, not attendee airfare/rooms, etc. Only leaders who attended the Leadership Academy would be able to attend. The tentative dates are Nov 7 to 9.</p> <p>Other comments:</p> <ul style="list-style-type: none"> <li>• Have ~\$60,000 and we know some will be used for travel.</li> <li>• Possible second CES training for Kauai; other staff development.</li> <li>• Need feedback from local chapters about what kinds of training are needed.</li> <li>• Suggestions for training: case conferencing, a CES conference, a BTG leadership conference with speakers from Leadership Academy; a training for conveners.</li> </ul> <p>This will be discussed during the February BTG Board meeting, along with the HMIS new P&amp;P.</p>	<p>Judy will run this by HUD to see if this could be covered as part of the Planning Grant.</p> <p>All chapters will discuss in meetings in Jan what kinds of training are needed.</p>
<p><b><u>Homeless PIT</u></b></p>	<p>Forms from Hawaii County (draft PIT surveys) were reviewed. Carlos pointed out some of the changes related to HUD changes.</p> <p>Attendees agreed with the date for the survey shows as asking about the location of individuals surveyed on the night of 1/22 with surveying conducted 1/23 through 1/29 (1 week, including weekend days, as needed).</p> <p>Carlos clarified, for purposes of the survey, families are any households identifying as a household, whether or not there are minor children in the household. These could include couples, parents with an adult child, parenting youth, or similar groupings. Single unaccompanied individuals will use the single survey.</p> <p>Carlos suggested having single surveys on white paper, with households on a different color paper. (Can do the reverse, as long as there’s some easy way to differentiate.)</p> <p>Discussed the changed question relating to gender and suggested speaking with Outreach workers relating to the best ways to phrase the question.</p> <p>BI reduced the numbers of regions.</p> <p>The maps, forms, and related information will be available at the Hawaii HMIS website. Following the PIT, the forms need to be collected, reviewed, entered, and data quality double-checked.</p>	

	<p>Discussed the addition of notes relating to where to find people so providers can follow-up after the PIT. This will be added to the form at the top of the form, following the question about <i>what area did you sleep</i>. The question will be something similar to: <i>When and where is the best place to find you?</i></p> <p>For the Household form, reminders will be provided to trainees about matching the number of people listed as members of the household to the others listed on the form (pages 2 and 3).</p> <p>The new forms allow selection of multiple races.</p> <p>Reminder provided to use outreach listings to be sure the folks who are contacted regularly are contacted for the PIT. When there are discrepancies between the people who show up on the PIT who aren't connected with outreach services, this draws comments/concerns from legislators and concerns regarding service effectiveness.</p> <p>Motion to approve the survey form with the changes mentioned above by Sharon G with a second by Jan. Discussion: none. Vote: all ayes.</p>	<p>Motion passed to accept the form with changes discussed.</p>
<p><b>HMIS P&amp;P</b></p>		
	<p>Reviewed changes in the new (Dec 22, 2017) HMIS policies and procedures</p> <p>.</p> <p>Concerns/Discussion points:</p> <ul style="list-style-type: none"> <li>• Page 35, State Informed Consent. Concerns because HMIS includes statewide data and if HMIS data is released through PIC, for example, to a CES-related medical facility or insurance provider (that isn't an HMIS-authorized agency) and that entity doesn't protect the data properly, has BTG protected our clients properly? How is client data protected by agencies/entities coordinated with through the CES process?</li> <li>• Individuals entered into HMIS can be left on the system for years without showing they are housed. Suggest purging the list after 6 months of entry if no updates or 1 year in some cases.</li> <li>• Another concern: referral agencies (such as HUD and the court system) that are not HMIS approved "Authorized Agencies" receive information from the BNL about clients during case conferencing.</li> </ul> <p>Motion by Larry to approve the Client Informed Consent Form from 12/22. Debra second.</p> <p>Discussion: Believe the consent form from 12/22 that requires CES/HMIS Authorized Agencies (i.e., only agencies that have completed HMIS training and were approved by the</p>	<p>Motion passed to accept the Client Informed Consent Form from the 12/22 release (not the</p>

	<p>local CES (approved by the local CoC chapter)) be provided access to HMIS data.  Vote: All Ayes, 12/22 version of the Consent Form approved (releasing data only to authorized entities of both the CES and HMIS).</p> <p>The HMIS Participation Form is not included in the 12/22 draft, but suggest completion of this form and description of the process ASAP.</p> <p>Discussed having 2 separate HMIS systems: one for PIC, one for BTG. This would create challenges, for example, pulling statewide reports and could be expensive. For example, \$120k for Caseworthy. Given PIC is moving toward having their own HMIS Lead, discussed the Statewide Data Committee coordinating access to statewide data and the costs for separate systems.</p> <p>SDC leadership discussed. Seeking nominee from BTG as SDC chair, recognizing this is a time-consuming task. Intention would be to look toward separation of PIC and BTG committees. Appears to be much time within PIC invested in dealing with behind-the-scenes issues that aren't made transparent to BTG.</p> <p>Motion by Larry to support nomination of Maude as the BTG-recommended Chair of SDC. Second by Jan.  Discussion: Maude would be willing to do so if she can receive some help. Carlos Peraro Consulting staff will assist, as will Debra, with minutes.  Vote: All ayes.</p> <p>Discussed potential separation of HMIS Admin between the Hawaii CoCs. Since there appears to be a difference of operating procedures between the two CoC related to CES. For example, PIC CES may provide HMIS (sensitive) data (including non-consented data) to agencies attending CES meetings (distributing the BNL, for example). For BTG, CES non-HMIS agencies aren't provided this info since BTG believes consent needs to be provided by the consumer.</p> <p>Reminder that the HMIS data belongs to the consumer and HMIS agencies are stewards of the data.</p> <p>Other discussion points:</p> <ul style="list-style-type: none"> <li>• Question arose relating to HPO using the SDC to establish new standards.</li> <li>• Page 23, Item III B, Policy states PPI cannot be shared with other agencies in the HMIS system but doesn't mention the CES shares.</li> <li>• Discussed the need for more clarity in the P&amp;P so that it's clear (in easy to understand language). Suggested</li> </ul>	<p>12/31 revised form approved by/circulated by PIC).</p> <p>Motion approved to support a BTG member, Maude Cumming, as the nominee for SDC chair.</p>
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	<p>requiring signature of all HMIS agencies on a Participation Agreement (draft provided via Austin, TX agreement modified for HI).</p> <ul style="list-style-type: none"> <li>• While HPO is the collaborative applicant for BTG, it is not for PIC. The relationship with HPO relates to the contracts, not the CoC or CoC oversight. The HPO doesn't provide guidance beyond that scope.</li> </ul>	
<b>HMIS P&amp;P Suggestions</b>		
<p>*Each CoC shall make recommendation on agency access to HMIS for user access below HMIS System Admin</p>	<p>Handout, HMIS P&amp;P for each CoC Chapter/BTG (copy attached), discussed.</p> <p>Point 1, Discussion and decision:</p> <ul style="list-style-type: none"> <li>• Must submit an application to local chapter chair within 7 days of a chapter meeting.</li> <li>• Local CoC chapter approves the request as an access point.</li> <li>• The requestor/business is in good standing (compliance with SAM (System for Award Management) and HCE (Hawai'i Compliance Express)).</li> <li>• Purpose of the organization is to provide assistance to homeless consumers or benefits homeless consumers in some direct way – see language on page 47. This may include research.</li> <li>• Requestor is a member of the local CoC chapter and has met the following criteria: <ul style="list-style-type: none"> <li>○ Has basic knowledge of the CoC, CES, and purpose of HMIS as demonstrated by completion of written materials and a test;</li> <li>○ Has basic computer skills as certified by a supervisor or other authority;</li> <li>○ Has completed an HMIS overview training and passed a basic test</li> </ul> </li> </ul> <p>Motion by Beth, second by Larry to accept this criteria.  Discussion: Clarifying that we're going to use the form on page 46 of the current HMIS policy and that the process would be as follows: The form would be submitted to the local CoC Chapter Chair. The local chapter will review and evaluate to be sure the criteria is met and the application will be approved by the voting members at the next regular chapter meeting. After approval, the local chapter chair will send to the BTG chair for BTG Board consideration at the next BTG Board meeting.  Motion by Larry, second by Beth. Further Discussion: none  Vote: yes by all</p>	
<p>*Each CoC shall provide feedback</p>	<p>Point 2, discussion and decision:</p>	<p>Motion passed to implement the described process and form for HMIS access for agencies.</p> <p>Motion passed that BTG shall review SDC</p>

<p>to the SDC on HMIS system-wide CES decisions</p> <p>*Each CoC shall have a formal process for CES decisions made with the knowledge of the technical ramifications of HMIS</p> <p>Each CoC shall enforce the CoC data quality standards through communication (see pg 10-22)</p> <p>Each CoC shall develop an HMIS monitoring plan for oversight of the HMIS Lead <del>and</del> for the oversight of HMIS Participating Agencies</p>	<ul style="list-style-type: none"> <li>• BTG shall review of the SDC recommendations at the next BTG Board meeting as long as the request for consideration is submitted within 7 days of the next BTG Board meeting</li> </ul> <p>Motion as stated above by Sharon; second by Crystal. Discussion: none. Vote: All ayes.</p> <p>Point 3, discussion and decision:</p> <ul style="list-style-type: none"> <li>• When making decisions regarding making CES decisions, such as updating CES policies and procedures that will potentially impact HMIS, the BTG Board will review the changes with HMIS Admin who will inform the decision and the impacts. When possible, the review will occur at the BTG Board meeting.</li> <li>• HMIS Admin suggestions will be provided to BTG Chapters for review and approval at the next general chapter membership meetings.</li> <li>• Once approved, HMIS admin will estimate the length of time to implement the changes and members will be informed.</li> </ul> <p>Sharon H motion as stated. Beth second. Discussion: none Vote: all ayes</p> <p>Point 4, with “access revocation and reallocation” removed, discussion and decision regarding enforcement of data quality standards:</p> <ul style="list-style-type: none"> <li>• BTG Board will circulate the report results and offer remedial help to or refer providers to HMIS Admin, when possible, and when funding is available.</li> <li>• Agencies with quality challenges will be able to complete a corrective action plan.</li> <li>• Plan compliance/progress will be monitored monthly by local chapters</li> <li>• Chapters will avoid embarrassing poor performers through transparency at the local level; ongoing poor performance will be addressed elsewhere</li> <li>• Reports are publicly available under Reports in HI HMIS</li> </ul> <p>Motion to approve by Larry (KEO); seconded by Sharon G (KCHA). Discussion: None. Vote: Ayes (1 Abstention)</p> <p>Point 5, discussion and decision:</p> <ul style="list-style-type: none"> <li>• BTG will conduct an annual monitoring of the HMIS Lead including their oversight of HMIS and participating agencies</li> <li>• BTG monitoring team will be comprised of participating CoC members who are not directly funded by HPO</li> <li>• The Monitoring team will include the HMIS Administrator, when appropriate</li> </ul>	<p>recommendations and provide feedback related to system-wide CES decisions.</p> <p>Motion approved to develop the stated process for making CES decisions (BTG board to review changes with HMIS Admin; chapters will review and approve or disapprove suggestions; if approved, HMIS Admin will estimate time to complete and notify CoC members).</p> <p>Approved motion to counsel poor performing agencies and use chapter volunteers to monitor compliance with voluntary corrective action plan(s).</p> <p>Approved motion to conduct an annual monitoring of HMIS Lead through a written</p>
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<p><b>Closing Summary/Wrap-up and Next Steps</b></p>	<p>Completed the main objectives of the retreat.</p> <p>Awaiting locations of the BTG Board meetings.</p> <p>Discussed scheduling regular Strategic Planning Workshops twice a year for one to two days. Proposed next workshop in Maui.</p> <p>Reminder: Masters Academy / workshop 1<sup>st</sup> week in November (tentatively 7/8/9) with Iain planned for Hilo. This is an advanced strategic planning workshop only open to leaders who completed the Leadership Academy.</p>	<p>Next BTG Board meeting 2/13; meetings will begin at 9:30A.</p> <p>Proposed next workshop June 12/13 in Maui. Logistics: Thelma and Jan.</p> <p>Brandee will prepare and distribute a summary of the Masters Academy. Judy will check with HUD regarding use of Planning Funds for travel.</p>
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(NOTE: Minutes must be distributed to Committee members prior to the next Committee meeting. Committee Chair/designee must also forward minutes to the BTG Chair within 10 days for posting to the HPO website.)