DAVID Y. IGE
GOVERNOR

PANKAJ BHANOT
DIRECTOR

CATHY BETTS
DEPUTY DIRECTOR

STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
P. O. Box 339
Honolulu, Hawaii 96809-0339

December 26, 2019

The Honorable Ronald D. Kouchi
President and Members of the Senate
Thirtieth State Legislature
State Capitol, Room 409
Honolulu, Hawaii 96813

The Honorable Scott Saiki
Speaker and Members of the House
of Representatives
Thirtieth State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

SUBJECT: Report In Accordance with the Provisions of Act 128, Session Laws of Hawai'i 2019, Relating to the Medical Respite and Emergency Department Pilot Programs

Dear President Kouchi, Speaker Saiki, and members of the Legislature,

Attached is the following report submitted in accordance with:

- Provisions of Act 128, Session Laws of Hawai'i 2019, Relating to the Medical Respite and Emergency Department Pilot Programs.

In accordance with section 93-16, HRS, copies of these reports have been transmitted to the Legislative Reference Bureau Library and the reports may be viewed electronically at http://humanservices.hawaii.gov/reports/legislative-reports/.

Sincerely,

Cathy Betts
Deputy Director

Ecopy only:
Office of the Governor
Office of the Lieutenant Governor
Department of Budget & Finance
Legislative Auditor
Senator Russell E. Ruderman, Chair, Senate Committee on Human Services
Representative Joy A. San Buenaventura, House Committee on Human Services & Homelessness

REPORT TO THE THIRTIETH HAWAII STATE LEGISLATURE 2020

IN ACCORDANCE WITH ACT 128, SESSION LAWS OF HAWAII 2019, THAT AMENDS SECTIONS 7 AND 9 OF ACT 209, SESSION LAWS OF HAWAII 2018, RELATING TO THE EMERGENCY DEPARTMENT HOMELESSNESS ASSESSMENT PILOT PROGRAM AND THE MEDICAL RESPITE PILOT PROGRAM

DEPARTMENT OF HUMAN SERVICES
BENEFITS, EMPLOYMENT & SUPPORT SERVICES DIVISION
HOMELESS PROGRAMS OFFICE
DECEMBER 2019

I. Background: Act 128, Session Laws of Hawaii (SLH) 2019, Amending Act 209, SLH 2018[1].

Act 128, SLH 2019, amongst other things, amended Sections 7 and of Act 209, SLH 2018, that established the Emergency Department Homelessness Assessment Pilot Program and Medical Respite Pilot Program. Act 128, SLH 2019, extended the sunset dates for the Emergency Department Homelessness Assessment Pilot Program and the Medical Respite Pilot Program to June 30, 2020, to provide more time for the pilot programs to operate and gather data. The due dates for the reports to the legislature were also extended.

Regarding the Emergency Department Homelessness Assessment Pilot Program, in part II of Act 209, SLH 2018, the Legislature found,

> "that there is excessive utilization of hospital emergency department resources by homeless individuals for non-emergency needs. Many of these users are considered super utilizers if they visit the emergency department at least three times per week, are admitted to the hospital at least three times per month, or visit the emergency department at least twelve times per quarter, and suffer from mental health and substance abuse issues."

The purpose of Part II of Act 209, SLH 2018,

(1) Establish and appropriate moneys for the emergency department homelessness assessment pilot program to identify individuals experiencing homelessness with the goal of providing case management to those who require supportive services and to demonstrate effectiveness in mitigating the increasing cost of medical care and unnecessary use of the hospital emergency department visits; and

(2) Establish and appropriate moneys for the medical respite pilot program to offer medical, nursing, psychiatric, and other care for homeless individuals after being discharged from a hospital.

In Section 7 (c) the Legislature directed that,

> "[t]he department of human services shall work with the participating hospital under the emergency department homelessness assessment pilot program to collect and analyze data to be included in a report that contains a summary and explanation of the data regarding the efficacy of emergency department intervention by the multidisciplinary team in mitigating the number of unnecessary emergency department visits by patients experiencing homelessness or patients at risk of experiencing homelessness. The report shall contain findings and recommendations, including any

[1] See: https://www.capitol.hawaii.gov/session2018/bills/SB2401_CD1_.htm

proposed legislation, for continuation, modification, or termination of the pilot program."

In section 9, of Act 209, SLH 2018), the legislature established the medical respite pilot program. The Legislature further provided:

> "(b) A participating community human services provider, in partnership with a hospital participating in the pilot program, shall provide emergency housing for eligible individuals experiencing homelessness who are discharged from the participating hospital and provide, at minimum, meals, case management, and medical, nursing, and psychiatric care. The medical respite facilities shall comply with the department of health's standards of accessibility, sanitation, and other requirements, as determined by the department of health for facilities of similar use."

II. Overview of Medical Respite and Emergency Department Pilot Programs

In 2018, the Homeless Programs Office (HPO) executed contracts with Queen's Medical Center (QMC) for the Medical Respite (MR) Pilot Program and the Emergency Department (ED) Pilot Program. The Legislature appropriated $1 million per pilot program through Act 209 (SLH 2018). As described above, the MR program provides short-term temporary housing and supportive services to medically frail homeless individuals upon being discharged from the QMC; the ED program provides high intensity care navigation for homeless persons who are most in need of medical care, and are the highest utilizers of the Queen's Emergency Department on Oahu.

HPO recognizes that these pilot programs are essential to the health and safety of Oahu's most vulnerable population. However, these pilot programs are not necessarily aligned and consequently may not fully support the efforts of the Department of Human Services (DHS) and purposes of Act 209 (SLH 2018) to provide effective services designed to help homeless individuals and families obtain and retain permanent housing. Instead, HPO acknowledges that the MR and ED programs are better aligned to program models which are more medically-based rather than housing-based.

HPO is responsible for the procurement, development, implementation, management and monitoring of a wide range of specialized programs to achieve the following goals:

- Prevent homelessness;
- Reduce the length of time program participants spend homeless;

- Exit individuals/families to permanent housing; and
- Reduce returns to homelessness.

State programs include outreach services which provide comprehensive coverage throughout the state; Emergency and Transitional Shelters which provide a secure environment where individuals and families can stabilize their lives and address their needs; and housing-focused services such as State Homeless Emergency Grants, Housing Placement Program, Housing First, and Rapid Rehousing. Federal programs include the U.S. Department of Housing and Urban Development's (HUD) Emergency Solutions Grant (ESG) and Housing Opportunities for Persons with AIDS (HOPWA).

All HPO contracted service providers are required to follow a Housing First (HF) approach. HF aims to help homeless households access permanent housing as rapidly as possible by removing barriers to program entry, assisting with quickly locating and accessing housing options, providing case management services and post housing support to promote stability, and helping to prevent evictions and returns to homelessness.

QMC is a highly regarded medical services provider with very different skillsets and experiences in comparison to homeless service providers. From the outset, HPO and QMC struggled to find common ground due to distinct medical terminology and disparate program requirements. For example, the MR program required services to be provided in a manner consistent with the national standards for medical respite programs; follow applicable local or state guidelines and regulations related to hazardous waste handling and disposal, disease prevention, and safety; deliver timely and safe care transitions to medical respite from acute care, specialty care, and/or community settings; provide high quality post-acute clinical care; and health care coordination and wrap-around support services. While crucial, these requirements are outside of HPO's scope and level of expertise. Consequently, HPO finds itself ill-equipped to thoroughly monitor and evaluate these and other medical service provisions.

The MR and ED programs' primary contract terms ended on June 30, 2019. Financial records at that time reflect $370,340.00 out of $1 million was expended for the ED program, and $267,760 out of $1 million was expended for the MR program. The underspending compelled HPO to execute supplemental contracts for no-cost extensions of one year each.

Embedded in the MR and ED contracts was a requirement that upon implementation of the 1115 Medicaid demonstration waiver for case management and support services, QMC would develop and implement a system to track its expenditures for case management and support services. This was to ensure that Medicaid is billed as the primary funding source for eligible services. Case management and support services include tenancy and pre-tenancy services to benefit homeless individuals who have a combination of housing instability and health conditions.

Now that the Medicaid waiver is in the process of being implemented, HPO proposes that QMC utilize Medicaid benefits to provide supportive services related to housing, instead of contracting with HPO. The Medicaid beneficiaries may have improved health outcomes since housing security is often positively correlated with health outcomes. Providing these services are also expected to help improve sustainability by decreasing costs through decreasing the amount of emergency department and inpatient stays these beneficiaries will need. The provision of these services may result in improved integration of all services, increased effectiveness of care coordination, increased individual involvement in their care, improved health outcomes, and reductions in unnecessary or inefficient use of ED health care. By utilizing Medicaid benefits, participants will be able to continue to receive supportive services over the long term, without interruption of services due to funding or contracting obstacles.

Another alternative is to consider a different entity with applicable subject matter expertise to provide oversight and assume future contracts, if any.

Attached are the Homeless Management Information System (HMIS) reports and analysis for the MR and ED programs. The period is from September 1, 2018 through September 30, 2019 for each program.

The Institute for Human Services (IHS) is subcontracted by QMC to manage and enter required data for the following medical respites: Tutu Bert's 1, Tutu Bert's 2, and Kalihi Uka. Ka Mana Na O Helu (KMNH) was subcontracted by QMC to complete the data input from September 1, 2018 through June 30, 2019 for the ED program. The data collected in the ED report was sent by QMC to KMNH for enrollments which occurred during that period.

However, on September 30, 2019, Partners in Care, the Continuum of Care (CoC) for Oahu, opted to split from a single Statewide Homeless Management Information System (HMIS) and create a separate HMIS database for Oahu homeless providers only, including those contracted by the State. As of this writing, HPO does not have access to the HMIS and is not able to run reports independently. All requests for data reports must go through the HMIS Administrators for the State's two CoCs. Bridging the Gap is the CoC for the neighbor islands.

III. Queens Medical Center (QMC) Emergency Department (ED) Pilot Program, 9/1/2018 – 9/30/2019[2]

a. Background

Part II, Section 6 of Act 209 (SLH 2018), established and appropriated general funds for the homelessness assessment pilot program to identify individuals experiencing homelessness with the goal of providing case management to those who require supportive services and to demonstrate effectiveness in mitigating the increasing cost of medical care and unnecessary use of the hospital emergency department visits.

DHS - HPO worked with the Queens Medical Center (QMC) under the ED homelessness assessment pilot program to collect and analyze data via the Homeless Management Information System (HMIS) over the thirteen-months from 9/1/2018 through 9/30/2019. Project data are presented below and are attached to this report for reference.

b. Demographic Profile of Clients Served

During the period from 9/1/2018 through 9/30/2019, the QMC ED program served 131 clients; 94 clients short of the 225 proposed to be served by the project. One hundred twenty-four (124) clients entered during the reporting period defined above, while 7 clients served by the project had an intake date prior to 9/1/2018. Just under 73% of the clients served identified as being unsheltered at project entry, 14% came from emergency shelters, 7% identified as being at-risk of homelessness, and the balance of 6% reported entering the project from an institution or other prior living situation.

[2] See the Attached Exhibit 1, Queens Emergency Department Activity Report

Seventy-five percent (75%) of the clients served were at least 51 years of age at project entry, while 24% were between the ages of 31 to 50. The ratio of males to females served by the project was just over four to one, with 81% of the project participants being adult males. In terms of the household configuration for entrants into the project, all household types were single and unaccompanied.

The HMIS collects data on a client's self-identified primary race. Based on this self-identified primary race data the three most prevalent races from highest to lowest included Hawaiian (44%), Caucasian (36%), and Black (5%). All other races made up at most 3%. 18 (14%) of the clients served self-identified as being a veteran, while 75 clients (57%) reported being chronically homeless as defined by HUD.[3] Self-reported disabling conditions at project entry included the following;

Disabling Condition	Total Clients w Disability	% of Clients Served
Substance Use	83	63%
Mental Health Issue	49	37%
Developmental Disability	21	16%
Chronic Health Condition	89	68%
HIV/AIDS	3	2%
Physical Disability	67	51%

c. Service Characteristics of the Project

Of the 131 clients served, 102 were discharged during the reporting period. Based on HMIS exit destination data, 17 clients (17%) or one out of every six exited to a permanent housing location, seven points higher than the performance benchmark established by HPO. Three-month follow up data was collected post-exit to determine housing retention for clients exiting to permanent housing (PH) locations. Thirteen (13) of 17 clients exiting to PH (76%) provided a follow-up response; with 12 of the 13 (92%) retaining PH at follow-up. Of the 102 clients discharged, the average length of stay in the project was 110 days, or just under four months. Based on project intake data, 91 (69%) of the clients served by the project arrived at the Emergency Department by ambulance (EMS/AMR); 26 (20%) by walk-in or other

[3] See https://files.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf

transportation method, and 1 (1%) via the Honolulu Police Department. Data was not collected for the remaining 10%.

Based on HMIS data, 64% of the clients had an active VI-SPDAT during their time in the project, 36 points less than the benchmark rate of 100% established by HPO in the workplan. An active VI-SPDAT is important as it functions as the mechanism to ensure that clients are prioritized for housing resources via the CoCs By-Name-List (BNL).

Half of the clients served (= 65) during the reporting term were identified by QMC staff as "Super Utilizers" of emergency services. "Super Utilizers" is a quantifiable definition used by QMC based on hospitalized days and ER visits. QMC defines an individual as a "Super Utilizer" if the person has 3 or more ER visits or is hospitalized per 90 days. At the outset of the project, QMC noted that their definition of "Super Utilizers" did not align completely with the definition cited in Act 209 (SLH 2018), and that as of Oct 2018, they had compiled data on 400+ clients that had been identified as "Super Utilizers" using the above definition. Ninety-Six percent (96%) of clients served by the project had some form of medical insurance at project entry, however, the insurance plan name was not collected through the HMIS. Discharge data indicated a very high rate of clients exiting with medical insurance, at just over 97%.

Costs of emergency services utilization may be used to extrapolate or project the total cost of care. While meeting with QMC in Oct 2018, Queens' personnel provided the following cost estimates for hospital related services:

- ER visit cost projection = $1,500 - $2,000 per visit;
- Ambulance (EMS/AMR) cost projection = $1,200 per transport; and
- Based on national data = $5,000 per inpatient hospitalization bed night

Baseline data provided by QMC for the 65 "Super Utilizers" served by the project are provided below. This data is based solely on utilization data within the Queens' Health System (QHS). Based on the average utilization data presented below, the 65 "Super Utilizers" visited the ED a total of 455 times in the three months leading up to project entry; and utilized a total of 715 hospitalized days within the QHS.

- Seven QHS ED visits per Super Utilizer in the 90 days prior to project entry;
- Eleven QHS hospitalized days per Super Utilizer in the 90 days prior to entry.

Furthermore, HMIS data collected for the 52 Super Utilizers exiting the project over the course of the reporting period showed the following results. In the 90-days pre-project entry, these clients averaged seven and eight ED visits and hospitalized days respectively. Data reported by QMC in the 90 days post-project intervention showed both numbers decline to two and three ED visits and hospitalized days respectively. It should be noted, however, that this is cursory analysis taken at face value based on the HMIS reporting. The averages for the 90-day post-discharge sections and in the PMOs noted below are based on clients reporting hospital utilization follow up data, which in all cases is less than the total clients exiting. The average is also impacted by clients exiting towards the end of the report term, whereas the 90-day follow up utilization data is not yet fully available. More rigorous data collection and assessment would need to be conducted to validate the results.

d. HPO Performance Measures

There are 9 performance measure objectives (PMOs) associated with the QMC ED project. Each is listed in the table below, along with the corresponding benchmark and whether the PMO was met. Of note is that the benchmark 90-day pre-intervention rates for the last three PMOs were supplied directly by QMC. The 90-day post intervention (actual) rates are based on QHS hospital utilization data provided by QMC, for clients reporting this data. As stated above, in all three cases the number clients reporting data post-exit is much less than the total number exiting.

PMO	Definition	Benchmark	Actual	Met
1	At Least 10% of Clients will Exit to PH	10%	17%	Yes
2	At Least 25% of Clients will Exit to Temporary Housing	25%	34%	Yes
3	100% of clients that qualified for and did not have SNAP, SSI, SSDI, or GA benefits at entry will have applied by the time they exit	100%	49%	No
4	Project will serve at least 225 unduplicated individuals over the grant term	225	131	No
5	At least 90% of clients will be referred to community resources to address core service needs prior to exit	90%	90%	Yes
6	At least 50% of clients exiting will be housing document ready	50%	63%	Yes
7	Minimum 10% reduction in average ED services per client	10% Decline	-39% Decline	Yes

8	Minimum 10% reduction in average hospital admissions per client	10% Decline	-17% Decline	Yes
9	Minimum 10% reduction in average EMS utilization per client per month (all hospitals)	10% Decline	-53% Decline	Yes

IV. Queens Medical Center (QMC) - Medical Respite (MR) Pilot Program, 9/1/2018 – 9/30/2019[4]

a. Background

Part II, Section 9 of Act 209 (SLH 2018) established the Medical Respite Pilot Program and appropriated general funds. DHS, in partnership with a participating hospital, establish a pilot to provide emergency housing for eligible individuals experiencing homelessness who are discharged from the participating hospital and provide, at minimum, meals, case management, and medical, nursing, and psychiatric care. The medical respite facilities shall comply with the department of health's standards of accessibility, sanitation, and other requirements, as determined by the department of health for facilities of similar use.

DHS - HPO worked with the Queens Medical Center (QMC) under the MR Pilot Program to collect and analyze data via the Homeless Management Information System (HMIS) over the thirteen-month period from 9/1/2018 through 9/30/2019. Pilot Project data are presented below and are attached to this report for reference.

b. Demographic Profile of Clients Served

During the period from 9/1/2018 through 9/30/2019, a total of 157 clients were served by the QMC MR program; 17 clients more than the 140 proposed to be served by the project. Due to the nature of this program, an overwhelming majority (80.25%) reported entering the project from an institutional (i.e., hospital) or other prior living situation.

Thirty-one percent (31%) of clients served were at least 51 years of age at project entry, while 35% were between the ages of 31 to 50. The ratio of males to females served by the project was just over three to one, with 74% of the project participants being adult males, 25%

[4] See attached Exhibit 2, Queens Medical Respite Activity Report

being female. In terms of the household configuration for entrants into the project, all household types were single and unaccompanied.

The HMIS collects data on a client's self-identified primary race. Based on this data the three most prevalent self-identified primary race included Hawaiian (32%), Caucasian (38%), and Filipino (6%). Eighteen (18 or 11%) of clients served, self-identified as being a veteran, while 79 clients (50%) reported being chronically homeless as defined by HUD. Self-reported disabling conditions at project entry included the following;

Disabling Condition	Total Clients w Disability	% of Clients Served
Substance Use	94	60%
Mental Health Issue	84	53%
Developmental Disability	17	11%
Chronic Health Condition	82	52%
HIV/AIDS	0	0%
Physical Disability	81	52%

c. Service Characteristics of the Project

Of the 157 clients served, 143 were discharged during the reporting period. Based on HMIS exit destination data, 27 clients (19%) or one of six exited to a permanent housing location. Three-month follow up data was collected post exit to determine housing retention for clients exiting to Permanent Housing (PH) locations. None (0) of the 27 clients exiting to PH (0%) provided a follow-up response; with 0 clients retaining PH at follow-up.

d. HPO Performance Measures

There are five performance measure objectives (PMOs) associated with the QMC MR pilot project. Each is listed in the table below, along with the corresponding benchmark and whether the PMO was met.

PMO	Definition	Benchmark	Actual	Met
1	20% of the Participants will Exit to PH	20%	19%	No
2	50% of the Participants will Exit to Temporary Housing Locations	50%	56%	Yes

3	100% of clients that qualified for and did not have SNAP, SSI, SSDI, or GA benefits at entry will have applied by the time they exit	100%	21%	No
4	Maintain Average Daily Occupancy that is at least 90% of the Contracted Commitment	90%	56%	No
5	10% reduction in client hospital readmission within 30 days of project entry*	10%		

*No baseline rate entered

Queens Emergency Department Activity Report

Date Range: 9/1/2018 - 9/30/2019 Contract Start Date:09/01/2018

Program(s): QMC - HPD Emergency Department

Section	Section						
1		Service Characteristics					
1.1		**Unduplicated Clients Served**	Quarter	Cumulative	% of Total	Proposed	Variance
	1.1	1 Total clients served	131	131	100.00%	225	
	1.1	2 New clients (entering in period)	124	124	94.66%		
	1.1	3 Clients exiting in period	102	102	77.86%		
	1.1	4 Clients exiting to PH in period	17	17	16.67%		
1.2		**Method of Arrival to the Emergency Department (ED)**	Quarter	Cumulative	% of Total		
	1.2	1 Ambulance (AMR/EMS)	91	91	69.47%		
	1.2	2 HPD custodial and non-custodial including mandatory holds	1	1	0.76%		
	1.2	3 Walk-ins/other transport method	26	26	19.85%		
	1.2	4 Data not collected	13	13	9.92%		
	Total		131	131	100.00%		
1.3		**100% VI-SPDAT Coverage**	Quarter	Cumulative			
	1.3	1 Clients with an active VI-SPDAT	84	84		225	62.67%
	1.3	2 % of clients with an active VI-SPDAT	64.12	64.12		225	-71.50%
1.4		**Super Utilizers**	Quarter	Cumulative			
	1.4	1 Clients identified as super utilizers of emergency services	65	65			
	1.4	2 % of clients identified as super utilizers	49.62	49.62			
1.5		**Super Utilizers: Emergency Services Utilization 90 days prior to entry**	Quarter	Cumulative			
	1.5	1 Of the clients identified as super utilizers average QHS ED visits in the 90 days prior to entry	7.00	7.00			
	1.5	2 Of the clients identified as super utilizers average QHS hospitalized days in the 90 days prior to entry	11.00	11.00			
1.6		**Medical Insurance Coverage at Entry**	Quarter	Cumulative			
	1.6	1 Clients with medical insurance at entry	126	126			
	1.6	2 % of clients with medical insurance at entry	96.18	96.18			
2		**Project Outcomes**					
2.1		**Clients Exiting the Project**	Quarter	Cumulative	% of Total		
	2.1	1 Clients exiting in the period	102	102	77.86%		
	2.1	2 Average length of stay for clients exiting	110.00	110.00			
	2.1	3 Of the clients exiting, those that exited to PH	17	17	16.67%		
	2.1	4 Of the clients exiting to PH avg. length in days from 1st HMIS intake to exit	2956.00	2956.00			
2.2		**100% of Clients Exiting will have Medical Insurance**	Quarter	Cumulative			
	2.2	1 Clients with medical insurance at exit	99	99			
	2.2	2 Clients exiting during the period	102	102			
	2.2	3 % of clients exiting with medical insurance	97.06	97.06			
2.3		**Total Households Retaining PH for 3 months after Exiting to PH**	Quarter	Cumulative	% of Total	Proposed	Variance
	2.3	1 Households where a 3-month f/u response was	13	13	76.47%		
	2.3	2 Total households retaining PH at 3 month follow up	12	12	92.31%		
2.4		**Super Utilizers: Emergency Services Utilization 90-days Post Exit**	Quarter	Cumulative	% of Total		
	2.4	1 Total super utilizers that exited in the period	52	52			
	2.4	2 Of the super utilizers that exited, average QHS ED visits in the 90 days prior to entry	7.00	7.00			
	2.4	3 Of the super utilizers that exited, average QHS hospitalized days in the 90 days prior to entry	8.00	8.00			
	2.4	4 Of the super utilizers that exited, average QHS ED visits in the 90 days post exit	2.00	2.00			
	2.4	5 Of the super utilizers that exited, average QHS hospitalized days in the 90 days post exit	3.00	3.00			

EXHIBIT 1

3		**HPO Performance Measures**		
3.1		**At Least 10% of Clients will Exit to PH**	**Quarter**	**Cumulative**
	3.1	1 Clients exiting to PH	17	17
	3.1	2 Clients exiting during the period	102	102
	3.1	3 % of clients exiting to PH	16.67	16.67
3.2		**At Least 25% of Clients will Exit to Temporary Housing**	**Quarter**	**Cumulative**
	3.2	1 Clients exiting to temporary housing	35	35
	3.2	2 Clients exiting during the period	102	102
	3.2	3 % of clients exiting to temporary housing	34.31	34.31
3.3		**100% of clients that qualified for and did not have SNAP, SSI, SSDI, or GA benefits at entry will have applied by the time they exit**	**Quarter**	**Cumulative**
	3.3	1 Clients that applied for SNAP, SSI, SSDI, or GA by project exit	44	44
	3.3	2 Clients that qualified for and did not have SNAP, SSI, SSDI or GA benefits at entry	90	90
	3.3	3 % of clients that applied for SNAP, SSI, SSDI or GA	48.89	48.89
3.4		**Project will serve at least 225 unduplicated individuals over the grant term**	**Quarter**	**Cumulative**
	3.4	1 Clients served by the project	131	131
	3.4	2 Clients projected to be served		225
3.5		**At least 90% of clients will be referred to community resources to address core service needs prior to exit**	**Quarter**	**Cumulative**
	3.5	1 Clients referred to community resources prior to exit	92	92
	3.5	2 Clients exited	102	102
	3.5	3 % of clients referred prior to exit	90.20	90.20
3.6		**At least 50% of clients exiting will be housing document ready**	**Quarter**	**Cumulative**
	3.6	1 Clients document ready at exit	64	64
	3.6	2 Clients exited	102	102
	3.6	3 % of clients document ready at exit	62.75	62.75
3.7		**Minimum 10% reduction in average ED services per client**	**Quarter**	**Cumulative**
	3.7	1 Clients reporting data 90 days post exit	29	29
	3.7	2 90 days pre project intervention, baseline average ED services per client	5.70	5.70
	3.7	3 90 days post project intervention, average ED services per client	3.48	3.48
	3.7	4 % change	-0.39	-0.39
3.8		**Minimum 10% reduction in average hospital admissions per client**	**Quarter**	**Cumulative**
	3.8	1 Clients reporting data 90 days post exit	18	18
	3.8	2 90 days pre project intervention, baseline average hospital admissions per client	1.50	1.50
	3.8	3 90 days post project intervention, average hospital admissions per client	1.33	1.33
	3.8	4 % change	-0.17	-0.17
3.9		**Minimum 10% reduction in average EMS utilization per client per month (all hospitals)**	**Quarter**	**Cumulative**
	3.9	1 Clients reporting data 90 days post exit	18	18
	3.9	2 90 days pre project intervention, baseline average EMS utilization per client per month	8.25	8.25
	3.9	3 90 days post project intervention, average EMS utilization per client per month	3.89	3.89
	3.9	4 % change	-0.53	-0.53

4		Demographic Profile	Quarter	Cumulative	% of Total	Proposed	Variance
4.1		Living Situation Prior to Entry					
	4.1	1 Unsheltered	95	95	72.52%	185	-48.65%
	4.1	2 Sheltered emergency shelters (includes interim housing)	18	18	13.74%	20	-10.0%
	4.1	3 Sheltered transitional shelters	1	1	0.76%	10	-90.0%
	4.1	4 At-Risk With Subsidy	1	1	0.76%		
	4.1	5 At-Risk Without Subsidy	2	2	1.53%		
	4.1	6 At-Risk Family/Friends	6	6	4.58%		
	4.1	7 Subtotal At-Risk	9	9	6.87%		
	4.1	8 Institutional (e.g. hospital, prison, nursing home, drug treatment, foster care, halfway house, etc.)	5	5	3.82%	10	-50.0%
	4.1	9 Other (missing, no interview, refused, etc.)	3	3	2.29%		
	4.1	10 Subtotal Institutional and Other	8	8	6.11%		
	4.1	11 Total participants served	131	131	100.00%	225	-41.78%
4.2		Age at Entry	Quarter	Cumulative	% of Total		
	4.2	1 Less than 1 year old	0	0	0.00%		
	4.2	2 1-5 years	0	0	0.00%		
	4.2	3 6-12 years	0	0	0.00%		
	4.2	4 13-17 years	0	0	0.00%		
	4.2	5 18-30 years	1	1	0.76%		
	4.2	6 31-50 years	32	32	24.43%		
	4.2	7 51-61 years	51	51	38.93%		
	4.2	8 62 years and older	47	47	35.88%		
	4.2	9 Data not collected/client doesn't know/client refused	0	0	0.00%		
	Total		131	131	100.00%		
4.3		Gender	Quarter	Cumulative	% of Total		
	4.3	1 Female	25	25	19.08%		
	4.3	2 Male	106	106	80.92%		
	4.3	3 Transgender	0	0	0.00%		
	4.3	4 Unknown, refused, or data not collected	0	0	0.00%		
	Total		131	131	100.00%		
4.4		Primary Race Identified	Quarter	Cumulative	% of Total		
	4.4	1 Asian Indian	0	0	0.00%		
	4.4	2 Black	6	6	4.58%		
	4.4	3 Caucasian/White	47	47	35.88%		
	4.4	4 Chinese/Taiwanese	3	3	2.29%		
	4.4	5 Filipino	3	3	2.29%		
	4.4	6 Guamanian/Chamorro	0	0	0.00%		
	4.4	7 Hawaiian	57	57	43.51%		
	4.4	8 Japanese	3	3	2.29%		
	4.4	9 Korean	1	1	0.76%		
	4.4	10 Marshallese	0	0	0.00%		
	4.4	11 Micronesian	0	0	0.00%		
	4.4	12 Native American/Alaskan Native	4	4	3.05%		
	4.4	13 Other Asian	0	0	0.00%		
	4.4	14 Other Pacific Islander	1	1	0.76%		
	4.4	15 Samoan	2	2	1.53%		
	4.4	16 Tongan	0	0	0.00%		
	4.4	17 Vietnamese	1	1	0.76%		
	4.4	18 Unknown, refused, or data not collected	3	3	2.29%		
	Total		131	131	99.99%		
4.5		Veteran Status	Quarter	Cumulative	% of Total		
	4.5	1 Total veterans	18	18	13.74%		
4.6		Chronic Homeless Status	Quarter	Cumulative	% of Total		
	4.6	1 Total chronically homeless	75	75	57.25%		
4.7		Self Reported Disabling Conditions at Entry: Total Clients with the Disabling Condition	Quarter	Cumulative	% of Total		
	4.7	1 Substance abuse problem	83	83	63.36%		
	4.7	2 Mental health problem	49	49	37.40%		
	4.7	3 Developmental disability	21	21	16.03%		
	4.7	4 Chronic health condition	89	89	67.94%		
	4.7	5 HIV/AIDS	3	3	2.29%		
	4.7	6 Physical disability	67	67	51.15%		

Queens Medical Respite Activity Report

Date Range: 9/1/2018 - 9/30/2019 **Contract Start Date:09/01/2018**

Program(s): IHS - HPO Queen's Medical Respite Kalihi Uka Recovery Home, IHS - HPO Queen's Medical Respite Tutu Bert's 1, IHS - HPO Queen's Medical Respite Tutu Bert's 2

Section	Section						
1		**Service Characteristics**					
1.1		**Unduplicated Clients Served**	**Quarter**	**Cumulative**	**% of Total**	**Proposed**	**Variance**
	1.1	1. Total clients served	157	157	100.00%	140	
	1.1	2. New clients (entering in period)	139	139	88.54%		
	1.1	3. Clients exiting in period	143	143	91.08%		
	1.1	4. Clients exiting to PH in period	27	27	18.88%		
1.2		**100% VI-SPDAT Coverage**	**Quarter**	**Cumulative**			
	1.2	1. Clients with an active VI-SPDAT	13	13		140	-90.71%
	1.2	2. % of clients with an active VI-SPDAT	8.28	8.28		140	-94.09%
1.3		**Medical Insurance Coverage at Entry**	**Quarter**	**Cumulative**			
	1.3	1. Clients with medical insurance at entry	151	151			
	1.3	2. % of clients with medical insurance at entry	96.18	96.18			
2		**Project Outcomes**					
2.1		**Clients Exiting the Project**	**Quarter**	**Cumulative**	**% of Total**		
	2.1	1. Clients exiting in the period	143	143	91.08%		
	2.1	2. Average length of stay for clients exiting	45.00	45.00			
	2.1	3. Of the clients exiting, those that exited to PH	27	27	18.88%		
	2.1	4. Of the clients exiting to PH, avg. length in days from 1st HMIS intake to exit	1170.00	1170.00			
2.2		**100% of Clients Exiting will have Medical Insurance**	**Quarter**	**Cumulative**			
	2.2	1. Clients with medical insurance at exit	137	137		120	14.17%
	2.2	2. Clients exiting during the period	143	143			
	2.2	3. % of clients exiting with medical insurance	95.80	95.80			

2.3		**At least 35% of clients exiting will be housing document ready**	**Quarter**	**Cumulative**			
	2.3	1. Clients document ready at exit	35	35		50	-30.0%
	2.3	2. Clients exited	143	143			
	2.3	3. % of clients document ready at exit	24.48	24.48			
2.4		**Total Households Retaining PH for 3 months after Exiting to PH**	**Quarter**	**Cumulative**	**% of Total**	**Proposed**	**Variance**
	2.4	1. Households where a 3-month f/u response was obtained	0	0	0.00%	20	-100%
	2.4	2. Total households retaining PH at 3-month follow up	0	0	0.00%		
2.5		**Total Households Retaining PH for 6 months after Exiting to PH**	**Quarter**	**Cumulative**	**% of Total**	**Proposed**	**Variance**
	2.5	1. Households where a 6-month f/u response was obtained	0	0	0.00%	20	-100%
	2.5	2. Total households retaining PH at 6-month follow up	0	0	0.00%		
3		**HPO Performance Measures**					
3.1		**At Least 20% of Clients will Exit to PH**	**Quarter**	**Cumulative**			
	3.1	1. Clients exiting to PH	27	27			
	3.1	2. Clients exiting during the period	143	143			
	3.1	3. % of clients exiting to PH	18.88	18.88			
3.2		**At Least 50% of Clients will Exit to Temporary Housing**	**Quarter**	**Cumulative**			
	3.2	1. Clients exiting to temporary housing	80	80			
	3.2	2. Clients exiting during the period	143	143			
	3.2	3. % of clients exiting to temporary housing	55.94	55.94			
3.3		**100% of clients that qualified for and did not have SNAP, SSI, SSDI, or GA benefits at entry will have applied by the time they exit**	**Quarter**	**Cumulative**			
	3.3	1. Clients that applied for SNAP, SSI, SSDI, or GA by project exit	22	22			
	3.3	2. Clients that qualified for and did not have SNAP, SSI, SSDI or GA benefits at entry	102	102			
	3.3	3. % of clients that applied for SNAP, SSI, SSDI or GA	21.57	21.57			

3.4		**Maintain Average Daily Occupancy that is at least 90% of the Contracted Commitment**	**Quarter**	**Cumulative**			
	3.4	1. Average daily occupancy	16.89	16.89			
	3.4	2. Daily bed capacity	30	30			
	3.4	3. % of bed capacity	56.30	56.30			
3.5		**At least a 10% Reduction in Client Hospital Readmission to the Queen's Health System (QHS) within 30 days of Project Entry**	**Quarter**	**Cumulative**			
	3.5	1. Total clients served	157	157			
	3.5	2 . Clients readmitted to the QHS within 30 days of project entry	12	12			
	3.5	3 . Total clients that have this follow-up recorded in the system	12	12			
	3.5	4. % of clients with f/u data that were readmitted to the hospital	100.00	100.00			
	3.5	5. Baseline rate for comparison	0.00	0.00			
	3.5	6. Actual % - Baseline % (Negative = Reduction)	100.00	100.00			
4		**Demographic Profile**	**Quarter**	**Cumulative**	**% of Total**	**Proposed**	**Variance**
4.1		**Living Situation Prior to Entry**					
	4.1	1. Unsheltered	3	3	1.91%		
	4.1	2. Sheltered: emergency shelters (includes interim housing)	27	27	17.20%		
	4.1	3. Sheltered: transitional shelters	1	1	0.64%		
	4.1	4. At-Risk: With Subsidy	0	0	0.00%		
	4.1	5. At-Risk: Without Subsidy	0	0	0.00%		
	4.1	6. At-Risk: Family/Friends	0	0	0.00%		
	4.1	7. Subtotal At-Risk	0	0	0.00%		
	4.1	8. Institutional (e.g. hospital, prison, nursing home, drug treatment, foster care, halfway house, etc.)	126	126	80.25%	140	-10.0%
	4.1	9. Other (missing, no interview, refused, etc.)	0	0	0.00%		
	4.1	10. Subtotal Institutional and Other	126	126	80.25%		
	4.1	11. Total participants served	157	157	100.00%	140	12.14%
4.2		**Age at Entry**	**Quarter**	**Cumulative**	**% of Total**		
	4.2	1. Less than 1 year old	0	0	0.00%		

4.2	4.2	2. 1-5 years	0	0	0.00%
	4.2	3. 6-12 years	0	0	0.00%
	4.2	4. 13-17 years	0	0	0.00%
	4.2	5. 18-30 years	19	19	12.10%
	4.2	6. 31-50 years	55	55	35.03%
	4.2	7. 51-61 years	49	49	31.21%
	4.2	8. 62 years and older	34	34	21.66%
	4.2	9. Data not collected/client doesn't know/client refused	0	0	0.00%
	Total		**157**	**157**	**100.00%**
4.3		**Gender**	**Quarter**	**Cumulative**	**% of Total**
	4.3	1. Female	39	39	24.84%
	4.3	2. Male	116	116	73.89%
	4.3	3. Transgender	2	2	1.27%
	4.3	4. Unknown, refused, or data not collected	0	0	0.00%
	Total		**157**	**157**	**100.00%**
4.4		**Primary Race Identified**	**Quarter**	**Cumulative**	**% of Total**
	4.4	1. Asian Indian	0	0	0.00%
	4.4	2. Black	8	8	5.10%
	4.4	3. Caucasian/white	60	60	38.22%
	4.4	4. Chinese/Taiwanese	2	2	1.27%
	4.4	5. Filipino	10	10	6.37%
	4.4	6. Guamanian/Chamorro	1	1	0.64%
	4.4	7. Hawaiian	51	51	32.48%
	4.4	8. Japanese	7	7	4.46%
	4.4	9. Korean	1	1	0.64%
	4.4	10. Marshallese	1	1	0.64%
	4.4	11. Micronesian	1	1	0.64%
	4.4	12. Native American/Alaskan Native	6	6	3.82%
	4.4	13. Other Asian	1	1	0.64%
	4.4	14. Other Pacific Islander	0	0	0.00%

4.4	4.4	15. Samoan	8	8	5.10%		
	4.4	16. Tongan	0	0	0.00%		
	4.4	17. Vietnamese	0	0	0.00%		
	4.4	18. Unknown, refused, or data not collected	0	0	0.00%		
	Total		**157**	**157**	**100.02%**		
4.5		**Veteran Status**	**Quarter**	**Cumulative**	**% of Total**		
	4.5	1. Total veterans	18	18	11.46%		
4.6		**Chronic Homeless Status**	**Quarter**	**Cumulative**	**% of Total**		
	4.6	1. Total chronically homeless	79	79	50.32%		
4.7		**Self Reported Disabling Conditions at Entry: Total Clients with the Disabling Condition**	**Quarter**	**Cumulative**	**% of Total**		
	4.7	1. Substance abuse problem	94	94	59.87%		
	4.7	2. Mental health problem	84	84	53.50%		
	4.7	3. Developmental disability	17	17	10.83%		
	4.7	4. Chronic health condition	82	82	52.23%		
	4.7	5. HIV/AIDS	0	0	0.00%		
	4.7	6. Physical disability	81	81	51.59%		