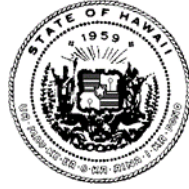


JOSH GREEN, M.D.
GOVERNOR
KE KIA'ĀINA



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DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

STATE OF HAWAII
KA MOKU'ĀINA O HAWAI'I
DEPARTMENT OF HUMAN SERVICES
KA 'OIHANA MĀLAMA LAWELAWE KANAKA
Office of the Director
P. O. Box 339
Honolulu, Hawaii 96809-0339

TRISTA SPEER
DEPUTY DIRECTOR
KA HOPE LUNA HO'OKELE

December 31, 2024

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

The Honorable Nadine K. Nakamura, Speaker
and Members of the House of
Representatives
Thirty-Third State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

Dear President Kouchi, Speaker Nakamura, and Members of the Legislature:

Enclosed is the following report submitted in accordance with provisions of section 346-378, Hawaii Revised Statutes, Related to the Housing First Program.

Following section 93-16, HRS, this report will be available to review electronically at the Department's website, at <https://humanservices.hawaii.gov/reports/legislative-reports/>.

For questions regarding this report, contact Scott Morishige, Administrator, Benefit, Employment and Support Services Division, at smorishige@dhs.hawaii.gov.

Sincerely,

A handwritten signature in black ink, appearing to be "Ryan I. Yamane".

Ryan I. Yamane
Director

Enclosure

c: Governor's Office
Lieutenant Governor's Office
Department of Budget and Finance
Legislative Auditor
Legislative Reference Bureau Library (1 hard copy)
Hawaii State Public Library, System State Publications Distribution Center (2 hard copies, one electronic copy)
Hamilton Library, Serials Department, University of Hawaii (1 hard copy)

REPORT TO THE THIRTY-THIRD HAWAII STATE
LEGISLATURE 2025

In Accordance with the Provisions of Section 346-378,
Hawaii Revised Statutes, Related to the Housing First
Program

DEPARTMENT OF HUMAN SERVICES
Benefit, Employment, and Support Services Division
Homeless Programs Office
December 2024

Section 346-378(d), Hawaii Revised Statutes (HRS), requires the Department of Human Services (DHS) to submit an annual report on the implementation of Housing First (HF) to include:

- (1) Total number of participants in HF programs;
- (2) Annual costs of the programs;
- (3) Types of support services offered; and,
- (4) Duration of services required for each participant.

Per section 346-378(b), HRS, the principles of the HF program include:

- (1) Moving chronically homeless individuals into housing directly from streets and shelters, without a precondition of accepting or complying with treatment; provided that the department may condition continued tenancy through a housing first program on participation in treatment services;
- (2) Providing robust support services for program participants, predicated on assertive engagement instead of coercion;
- (3) Granting chronically homeless individuals priority as program participants in housing first programs;
- (4) Embracing a harm-reduction approach to addictions, rather than mandating abstinence, while supporting program participant commitments to recovery; and
- (5) Providing program participants with leases and tenant protections as provided by law.

Total Number of Participants in the HF Program

In SFY 2024, the HF program enrolled 190 households. Two hundred fifty-four unduplicated individuals were served, including 25 unduplicated families with children.

The above totals are broken out by county as follows:

- (1) Oahu – 91 unduplicated households and 121 unduplicated participants,
- (2) Hawaii Island – 63 unduplicated households and 103 unduplicated participants,
- (3) Kauai – 10 unduplicated households and 14 unduplicated participants; and
- (4) Maui – 26 unduplicated households and 34 unduplicated participants.

Providers assess the needs of the individuals and heads of households with the Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPDAT); the resulting range of scores indicates eligibility for permanent supportive housing. The **retention rate of 92%** reflects the percentage of the participating chronically homeless individuals and families who were able to sustain placement in permanent housing with the assistance of rental subsidies and supportive services.

Other HF Program Outcomes

Other measures of program effectiveness in SFY 2024 include:

- (1) 7 individuals voluntarily entered treatment for either substance abuse or mental health services;
- (2) 20 individuals participated in employment training or an educational endeavor;
- (3) 20 individuals obtained employment; and
- (4) 42 new landlords were recruited in addition to the 100 already providing rental units for HF clients, further increasing the available inventory for permanent supportive housing.

Key performance measures and outcomes for the HF program include assisting clients in gaining employment to the extent possible and helping with their application for public or other financial benefits to increase and stabilize income. Typically, the sources of income for HF clients have been (in order of prevalence): Social Security Disability Income (SSDI), General Assistance (GA), Supplemental Security Income (SSI), VA income, and employment.

In SFY 2024:

- (1) 175 clients achieved document ready status¹ for housing placement;
- (2) 8 clients assigned representative payees;
- (3) 24 clients enrolled in addiction treatment services;
- (4) 5 clients enrolled in education or vocational program;
- (5) 20 clients were able to increase earned income;
- (6) 73 clients increased their assistance non-income (e.g., SSI, SSDI, VA); and
- (7) 51 clients increased their non-cash public benefits (e.g., SNAP, WIC, TANF).

Participants' income is used to contribute to their housing costs. The HF program per-client housing cost decreases once an individual's placement stabilizes and applications for other available benefits are submitted and approved. Once employed or approved for financial assistance, providers ask the individuals to pay no more than 30% of their income toward housing costs.

Annual Cost of Services

DHS biennium budget request is \$3,750,000 in general funds for each State Fiscal Year (SFY)2026 and SFY2027. DHS prefers the budget request to be recurring and part of the base budget. This is the same amount of funding requested since 2019.

¹ "Document ready status" refers to individuals who have all the necessary identification and other vital records to secure housing. Often, individuals who have been chronically homeless do not have valid government identification; homeless outreach services that include legal services assist homeless individuals with obtaining their vital records.

The funding for HF program services on Oahu during SFY 2018 was \$1,500,000. In early 2017, DHS issued Requests for Proposals for Oahu and the neighboring islands for a total of \$3,000,000 in statewide HF funding: \$1,500,000 is to sustain HF services on Oahu, and \$1,500,000 is designated for HF programs on the neighbor islands.

During SFY 2019, the DHS Homeless Programs Office (HPO) increased funding for the HF Program to increase the number of vulnerable people served. For Oahu and the neighbor islands, the Legislature appropriated \$3,750,000 in statewide HF funding: \$1,875,000 to increase services on Oahu, \$300,000 to expand services on Kauai, \$637,500 to increase services on Maui, and \$937,500 to increaseservices on Hawaii island.

Duration of Services: a difficult question to answer.

Given the complexities of addressing the acuity and unique needs of individuals and families who may be chronically homeless, combined with the community's housing and service issues, it is challenging to determine the duration of services individuals need to transition out of homelessness. The program's goal is to provide services that will enable chronically homeless individuals currently living in unsheltered situations to move into sustainable, permanent housing with necessary support services to maintain housing and prevent a return to homelessness.

HF-funded services include assistance locating temporary or permanent rental placement, case management, employment assistance, housing subsidies, re-housing, and referral to public benefits.

DHS HPO is aware that clients in permanent supportive housing programs require ongoing housing subsidies and access to services such as case management, mental health treatment, and services to maintain eligibility. In addition, some clients also need assistance with regular self-care. Therefore, service providers are encouraged to link clients to long-term permanent placements and community resources to sustain housing placements upon discharge.

Upon discharge or service termination, service providers inform clients how they can access assistance from the program in the future if needed and what kind of follow-up assistance may be available. When a client is at imminent risk of returning to homelessness, programs can either directly intervene or provide a referral to another prevention resource.

The current inventory of permanent supportive housing available statewide

Oahu

- (1) 1745 permanent supportive housing units (Unit counts may vary depending upon

- the Fair Market Rent);*²
- (2) 639 Veterans Affairs Supportive Housing (VASH) vouchers (75 families and 564 individuals);** and
 - (3) 421 City-funded Housing First beds.

Neighbor Islands

- (1) 491 permanent supportive housing units (Unit counts may vary depending upon the Fair Market Rent),* and
- (2) 188 VASH vouchers (6 families and 182 individuals).**

*Counts based on the 2024 Housing Inventory Count (HIC)

**The number of vouchers can change as vouchers are used, returned, or re-located

Numbers of individuals and families assessed by the homeless providers by County.

As of December 2024, the By Name List (BNL)³ report generated from the Homeless Management Information System (HMIS) report showed that providers assessed and prioritized 1,642 homeless individuals and 503 families living in unsheltered conditions and homeless shelters. The geographic distribution by county is as follows:

- (1) 1,199 individuals and 399 families on Oahu;
- (2) 189 individuals and 38 families on Hawaii Island;
- (3) 51 individuals and 16 families on Kauai; and
- (4) 153 individuals and 50 families in Maui.

Currently, the following entities in each county generate, update, and monitor the individual and family BNLs:

- (1) Oahu – Partners in Care (PIC);
- (2) Hawaii Island – Hawaii County Office of Housing & Community Development;
- (3) Kauai – Kauai County Housing Agency; and
- (4) Maui – Maui County Homeless Program Division.

These entities regularly convene and lead case conferencing (CC) meetings for their respective counties. CC is the forum where providers discuss client needs and offer services to meet those needs. CC also allows communities to assess the needs of people experiencing homelessness and begin to document the gaps in the service system.

The CoCs recognize that the current supply of affordable housing does not meet the demand for those most in need, requiring an efficient, coordinated entry process to access services and

² Note: HUD's Fair Market Rate standards do not apply to the state-funded Housing First Program, which allows for HF to access more housing options.

³ See Program Background below.

shelter resources. Maintaining State funding is critical for individuals and families experiencing homelessness, especially for those receiving HF program assistance. Without HF program services, these individuals and families are the most vulnerable and highly likely to return to homelessness if they do not receive supportive assistance.

Housing First Overview

In 2012, HF was initially piloted on Oahu, prioritizing services to chronically homeless with the highest assistance needs. Following the initial pilot, the Oahu program was retooled and relaunched in 2014. In 2017, with additional funding from the Legislature, DHS expanded HF in Hawaii, Kauai, and Maui counties.

Of note, from 2012 through SFY 2020, the HF program used the definition of "chronically homeless individual" per section 346-378(e), HRS, to mean a homeless individual who has an addiction, a mental illness, or both. At the time, the state and federal definitions did not align completely, making program implementation more difficult for providers working with two sources of funds and two different definitions.

For example, the U.S. Department of Housing and Urban Development (HUD), in its final rule, "Defining Chronically Homeless," requires that an individual or head of household have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least twelve (12) months, either continuously or cumulatively for at least four (4) occasions in the last three (3) years.

In SFY 2017, DHS Requests for Proposals (RFP) for the State HF program on Oahu and Hawaii, Kauai, and Maui counties required compliance with HUD definition to prioritize permanent housing for consistency. At the same time, DHS realized that individuals who needed housing support did not meet the definitions for housing and other supportive services through HF.

To meet the needs of individuals who were highly vulnerable but did not meet HUD's definition of "chronicity," DHS offered providers an alternative eligibility process to consider homeless individuals and families who do not meet the "chronically homeless" definition. Service providers who recognize attributes in their clients may request approval from the DHS HPO for placement in permanent housing through the HF program. The only expectation is for service providers to do their due diligence by completing the required paperwork. Each request is on a case-by-case basis and utilized sparingly.

To align definitions and reduce confusion, in 2020, Act 65, Session Laws of Hawaii (SLH) 2020, amended section 346-378(e), HRS, aligning the state's definition of "chronically homeless" with the federal definition. The effective date of Act 65 (SLH 2020) is September 15, 2020.

Coordinated Entry System (CES)

Section 346-378(c) (1)-(2), HRS, directs the department to identify target populations, specifically chronically homeless individuals, and develop assessments for them.

DHS and the two (2) Continua of Care (CoC) in the State, Partners in Care (PIC)-Oahu, and Bridging the Gap (BTG)-neighbor islands, continue to make progress in coordinating homeless services through the establishment of the CES process. The process has several key components:

- (1) Access points to the entry system;
- (2) A standardized triage tool to quickly analyze a person's housing barriers and level of vulnerability while homeless;
- (3) A prioritization process that ensures persons with the highest prioritization status are offered housing and supportive services first; and
- (4) A referral process to connect people to housing and service programs according to availability and program-specific eligibility requirements.

In SFY 15, Hawaii adopted the Vulnerability Index—Service Prioritization Decision Assistance Tool (VI-SPDAT) as an intake tool. At the time, VI-SPDAT was a widely used and proven triage tool for determining risk and prioritization.

The CES process begins with assertive community outreach to identify and engage people experiencing homelessness. The VI-SPDAT assigns a vulnerability score, prioritizing those with the greatest need for assistance. Providers prioritize using the VI-SPDAT vulnerability score and other agreed-upon factors approved by each CoC. The CoCs generate a "by-name list" (BNL) of homeless individuals and families to assist with referrals to permanent housing and available community resources. The BNL includes eligible individuals for HF programs and other homeless services.

Hawaii's 2017 Homeless Service Utilization Report found that as of June 2017, 92.5% of those assessed with a VI-SPDAT obtained permanent supportive housing service and remained stably housed after 12 months. As noted above, the HF program has maintained a ***retention rate of 92%***.

HMIS

HMIS are electronic data systems containing client-level data about people who access the homeless services system through a CoC. HMISs are federally required for communities receiving federal HUD funds by the Homeless Emergency Assistance and Rapid Transition Act of 2009. A robust HMIS is a valuable resource that can aggregate and unduplicate data from all homeless assistance and homelessness prevention programs in a CoC. The data from the HMIS provides evidence of service use patterns and effectiveness measures. Service providers can input VI-SPDAT and other information directly into HMIS.

DHS HPO transitioned its role as the lead agency for the HMIS system to each CoC. PIC is the HMIS lead and HMIS administrator for the Oahu CoC, while BTG identified Ka Mana O Na Helu as its HMIS Lead and administrator for the neighbor islands CoC.

Both CoCs endeavor to increase HMIS participation by public and community health providers. In 2016, Governor David Ige's Emergency Proclamations⁴ addressed homelessness and provided funds to enhance the HMIS administrative and support services for PIC and BTG. With the additional funds, the CoC expanded HMIS capabilities to manage the State contracts operations, create a help desk, implement webinars and training, ensure administrative compliance, and assist with research and reporting. BTG's CES is automated, and referrals are made based on BTG's agreed prioritization and eligibility requirements. PIC continues to work on its automation of CES. The DHS HPO and each CoC continue concerted efforts to share resources and strengthen the homeless services system.

A robust HMIS requires regular training of providers. In December 2016, Iain De Jong, President and Chief Executive Officer of OrgCode Consulting and creator of the VI-SPDAT, conducted a series of VI-SPDAT/ CES training for Hawaii providers. Service providers and stakeholders benefitted from the intensive two-day, in-person training in anticipation of the CES implementation in each county. Topics included diversion, coordinated entry, prioritization, measuring performance, making program adjustments, and developing programs and policies with intended outputs and outcomes.

In 2017, Iain De Jong conducted another series of training for service providers and stakeholders. These training included "Rural Homelessness Solutions, Street Outreach to Housing, and Being an Awesome Shelter," "Motivational Interview, and Promoting Wellness and Reduction Harm," and "Housing Stabilization That Works and Effective Continuum of Care." The training covered effective engagement, prioritizing service delivery, appropriately linking into the coordinated entry system, preparing participants for housing stabilization, establishing expectations in a shelter rather than rule enforcement, structuring housing teams, and CoC governance. These trainings were held on:

2017 OrgCode Training:

- Series 1: Rural Homelessness Solutions; Street Outreach to Housing; Being an Awesome Shelter
 - i. Hawaii: May 18 & 19
 - ii. Maui: May 22 & 23
 - iii. Kauai: May 24 & 25
- Series 2: Housing Stabilization that Works; Effective Continuum of Care
 - i. Hawaii: June 14 & 16
 - ii. Maui: June 19 & 20
 - iii. Kauai: June 21 & 22

⁴ To see the 2015-2016 proclamations series, see Expired Emergency Proclamations (Archive) <https://homelessness.hawaii.gov/emergency-proclamations-and-supplementary-proclamations/>.

In July 2017, Suzanne Wagner and Andrea White, consultants from Housing Innovations, conducted training for service providers and stakeholders on the HF approach. Topics included HF principles and practices, HF for outreach, shelter, permanent housing, organizational supports for the practice, housing access and stabilization, and Crisis Response System.

In August 2018, Iain De Jong conducted another training for service providers and stakeholders: "Rapid Resolution and Diversion." The topics included the five core principles of prevention and diversion, the three different scenarios to consider when encountering people who are experiencing homelessness for the first time, people who keep coming back to homelessness, and people stuck in homelessness and/or not using any of the "usual" homeless services, and a diversion script to start engagement with those coming through the front doors.

Additionally, in October 2018, HPO conducted informational meetings statewide to review its contracts and provide guidance with practical examples of implementing the Housing First approach embedded in each contract for services.

In September 2019, the PIC and its HMIS Lead, Aloha United Way, decided to establish their own HMIS separate from the Statewide HMIS database. The Statewide HMIS database vendor, CaseWorthy, remained, but due to the two separate HMISs, statewide data are no longer available from a single source. Since then, the HPO has had to request data from both CoCs and consolidate the information to create a statewide database.

In January 2023, HPO released an RFP for the HPO Data Integration System (HDIS). This contract will maintain and modify the existing DHS HPO CaseWorthy database and integrate data from both CoCs' HMISs. In July 2023, HPO awarded C. Peraro Consulting, LLC, the HDIS contract. Additionally, in April 2023, PIC changed its HMIS database vendor to Bitfocus/Clarity.

DHS State-funded Housing First

Background on the DHS Housing First program

The DHS Housing First program is a permanent supportive housing program that provides supportive services, including rental subsidies, to individuals and families who meet the definition of chronically homeless. As noted above, DHS piloted HF on Oahu in 2012, retooled and relaunched it in 2014, and expanded it to the Hawaii, Kauai, and Maui counties in 2017.

DHS HF Program provider United States Veterans Initiative (USVI) aligned with the Department of Health's (DOH) Pathway⁵ to provide permanent supportive housing to chronically homeless individuals struggling with substance use or substance use with mental

⁵ The Department of Health (DOH) administered the federally funded Hawaii Pathways Project (Pathway) from August 2014 to September 2017 on Oahu.

illness. Twenty-one (21) individuals were placed in permanent housing in coordination with Pathway. Unfortunately, the federal funding ended, and as a result, USVI transitioned the Pathway participants and provided housing assistance for all 21 Pathway clients and additional case management services for six (6) clients. The remaining 15 clients received case management services from Kalihi Palama Health Center, North Shore Mental Health, Care Hawaii, HOPE Inc., Community Empowerment Resources, and Helping Hands Hawaii. Since 2017, these agencies have participated in monthly meetings to review cases, strategies, and resources to ensure the best quality service to the State's HF program clients.

The University of Hawaii (UH) Center on the Family analyzed reports of the fifteen initial participants of the Hawaii Pathways Project (HPP) and found that "[a]fter obtaining stable housing, the estimated healthcare cost for Hawai'i pathways clients served through the State's HF Program dropped from an average of \$10,570 per client per month to \$5,980 per client per month." (HPP Evaluation, January 7, 2016, UH Center on the Family.)

While the preliminary finding is an estimate based on client reports, it is critical to continue enhancing and expanding HMIS data collection involving non-government and government entities so that the actual effectiveness of the HF program may be measured and reported.

While HF is very successful in housing individuals who have been "chronically homeless," it is only one part of a broader community strategy to end homelessness. Implementing the HF program with fidelity will continue to require sustained funding for this vulnerable population, and the understanding that the availability of different types of affordable housing remains crucial for effective long-term implementation.

In SFY 2019, through exemption requests, DHS assisted 11 transfers from a program previously funded by HUD for disabled veterans. Without transition to the State's HF program, the 11 households were at high risk of returning to homelessness. Moreover, at the time, these veterans would not have met the definition of chronicity as defined by state statute and would have been ineligible for other permanent supportive housing programs.

"Move On" Strategy

In SFY 2021, DHS re-procured the State's HF program to increase the frequency and intensity of the supportive services to maximize housing stability and prevent returns to homelessness. One of the most critical changes was implementing a "move-on" strategy. The "move-on" strategy involves moving current program participants who no longer require intensive services from the HF program to other housing assistance programs such as federally funded Housing Choice Vouchers and public housing. This strategy then makes available HF beds for persons experiencing chronic homelessness and requiring support services to remain housed. Providers are required to initiate meetings with the HF program participants by increasing face-to-face contact and completing an initial comprehensive assessment within seven (7) days of program entry using the Service Priority Determination Assessment Tool (SPDAT). Updates with participants are required every three (3) months. The SPDAT findings assist providers in completing a housing plan, including a discharge plan specific to each

participant's need. Upon exiting the State's HF program, providers continue follow-up services and resources for six (6) months to prevent reentry into homelessness.

In June 2021, DHS awarded and contracted with the following non-profit agencies: United States Veterans Initiative (USVI) to provide HF program services on Oahu; Family Life Center, Inc., to provide services on Maui; HOPE Services Hawaii, Inc., on Hawaii Island; and Catholic Charities Hawaii on Kauai. In addition, the contract term was increased to five (5) years to reinforce fidelity to the HF model and provide for service stability. The new contract term began June 27, 2021, and shall not exceed June 26, 2026.

COVID-19 Pandemic "Move-On" collaboration with HPHA

In July 2021, as a response to the COVID-19 pandemic, the American Rescue Plan Act authorized the Emergency Housing Vouchers (EHV) program. Through EHV, HUD provided 182 housing choice vouchers to the Hawaii Public Housing Authority (HPHA) to assist individuals and families experiencing homelessness, at risk of homelessness, fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking; were recently homeless; or have high risk of housing instability. Of the 182 vouchers, HPHA worked with DHS HPO and PIC on Oahu to prioritize 38 vouchers for HF households for the move-on strategy. As a result, as HF participants "move-on" to HUD vouchers or public housing, state-funded HF program resources became available to serve other chronically homeless residents.

Quality Improvement Efforts

In 2022, HPO contracted with Collaborative Quality Consulting (CQC), a firm specializing in designing and implementing best practice quality improvement systems, to partner in updating and streamlining HPO's monitoring methods. HPO and CQC created a plan to update individualized data collection tools and implement a comprehensive CQI methodology for all programs.

In 2022, the HPO transformed contract monitoring using best-practice Continuous Quality Improvement (CQI) to strengthen programs that end homelessness. In 2016, HPO shifted to performance-based management by including selected performance measure outcomes (PMO) in its service contracts. HPO prefers this approach to improving outcomes instead of compliance-based monitoring, focusing more on ensuring task completion.

The CQI approach streamlines improving the services using four steps: Plan-Do-Study-Act. HPO's CQI practice features:

- (1) Updated performance measures that align with the program's purpose;
- (2) Streamlined and standardized data collection tools for a comprehensive assessment;
- (3) Simplified financial reporting;
- (4) Uniform CQI practice guidelines to ensure high-fidelity practice;

- (5) Templates to improve timeliness and comprehensiveness of reporting statewide;
and
- (6) A collaborative approach.

This CQI initiative started with an internal process review. First, CQC reviewed all HPO's data collection reports and program evaluation materials. Next, the HPO team convened for a process evaluation of existing contract monitoring methods to better understand the strengths and challenges of the current process. At the same time, HPO prepared with CQC to convene monthly information-sharing sessions with providers of each homeless service type:

- (1) HF;
- (2) Emergency and Transitional Shelter;
- (3) Financial Programs;
- (4) Outreach; and
- (5) Legal Services.

These meetings have established a vital feedback loop with providers of the same service across the state. The discussions build a shared understanding of the vital information about contracts, administration, data, and practice. During these sessions, groups reviewed, discussed, and adjusted the PMOs for each service type. Adjusted PMOs are finalized and become the cornerstone of the program's redesigned data collection toolkits for each program, which are the cornerstone of CQI practice. These include:

- (1) PMO 12-month summary – a one (1)-page dashboard to measure provider performance over time;
- (2) Scoreable case review – a practice-oriented case review that quantifies casework practice data;
- (3) Organizational review – a self-assessment of providers central functions;
- (4) CQI tool kit – Step-by-step, easy-to-use tools and embedded reports that support teams to practice CQI's plan-do-study-act cycle; and
- (5) Guidelines for each tool – written guides and definitions to promote the high-fidelity practice.

In 2023, HPO worked with providers to continue designing and preparing to install the new CQI process across the state. In the first quarter of 2023, HPO and CQC engaged providers to continue evaluating HPO's current monitoring process. Overall findings from this inquiry will inform priorities during CQI implementation, and CQI tools and processes will be piloted. HPO continued monthly communication with providers to address and resolve barriers to implementation.

In 2023, HPO continued its contract with CQC until October 2023 to complete the CQI process. HPO has gained a strong foundation and framework from CQC to lead the CQI process and continue the CQI initiative.

In the following year, HPO will continue to meet with providers and collaboratively identify areas of concern or areas the provider would like to improve. HPO will begin to monitor the providers' process using the CQI process.

In 2023, some providers have utilized State Medicaid Community Integration Services (CIS) to complement homeless services. CIS provides individuals and households with Pre-Tenancy and Tenancy Services that support Medicaid members in being successful tenants in housing.