DEPT. COMM. NO. 313

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December 30, 2020

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

The Honorable Scott K. Saiki, Speaker
and Members of the House of
Representatives
Thirty-First State Legislature
State Capitol, Room 431
Honolulu, Hawaii 96813

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

Enclosed is the following report submitted in accordance with the provisions of Act 69, Session Laws of Hawaii 2020, Related to the Emergency Department Pilot and Medical Respite Pilot Programs.

In accordance with section 93-16, HRS, the report is available to review electronically at the Department's website, at https://humanservices.hawaii.gov/reports/legislative-reports/.

Sincerely,

Cathy Betts
Director

Enclosure
c:
Governor's Office
Lieutenant Governor's Office
Department of Budget & Finance
Legislative Auditor
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REPORT TO THE THIRTY-FIRST HAWAII STATE LEGISLATURE 2021

In Accordance with the Provisions of Act 69, Session Laws of Hawaii 2020, Related to the Emergency Department Pilot and Medical Respite Pilot Programs

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

December 2020

Queens Medical Center (QMC)
Emergency Department (ED) Pilot Program
Medical Respite (MR) Pilot Program
9/1/2018 – 9/30/2019

I. Background: Act 69, Session Laws of Hawaii (SLH) 2020, Amending Act 128, SLH 2019, a as amended Act 209, SLH 2018.[1]

Act 69, SLH 2020, amongst other things, amended Act 128, SLH 2019, as it amended Act 209, SLH 2018, that established the Emergency Department Homelessness Assessment Pilot Program and Medical Respite Pilot Program. Act 69, SLH 2020, extended the sunset dates for the Emergency Department Homelessness Assessment Pilot Program and the Medical Respite Pilot Program to June 30, 2021. Act 69, SLH 2020, provides more time for each pilot program to operate, gather data, and to expend the initial appropriation of one million dollars per pilot program. Act 69, SLH 2020, also extended the due dates for reports to the Legislature.

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, is to establish and appropriate funds for the emergency department homelessness assessment pilot program to identify individuals experiencing homelessness to provide 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 to establish and appropriate funds 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 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 Queen's Emergency Department's highest utilizers on Oahu.

HPO recognizes that these pilot programs are innovations to address Oahu's most vulnerable population's health and safety and are important learning opportunities for

healthcare administration and the homeless response systems. However, the goals and outcome measures of healthcare and homeless response systems are not necessarily aligned. Consequently, these pilot programs may not fully support the Department of Human Services (DHS) efforts and purposes of Act 209 (SLH 2018) to provide effective services designed to help homeless individuals and families obtain and retain permanent housing. HPO acknowledges that the MR and ED programs are 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.

The DHS administers state-funded statewide homeless services that include outreach services, emergency and transitional shelters to help individuals and families 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. HPO also administers programs from 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 and assisting with quickly locating and accessing housing options. Also, HF provides case management services and post-housing support to promote stability and prevent evictions and returns to homelessness.

QMC is a highly regarded medical services provider with very different skillsets and experiences than homeless service providers. HPO and QMC struggled to find common ground from the outset due to distinct medical terminology and different program requirements. For example, the MR program required service delivery consistent with the national standards for medical respite programs. These standards include following applicable local or State

guidelines and regulations related to hazardous waste handling and disposal, disease prevention, and safety; delivering 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 for healthcare providers, these requirements are outside of HPO's scope and level of expertise. Consequently, HPO is without the necessary expertise to monitor and evaluate these and other medical service provisions thoroughly.

The MR and ED programs' primary contract terms ended on June 30, 2019. At that time, financial records reflect the ED program spent $370,340.00 of $1 million, and the MR program expended $267,760 out of $1 million. The underspending required HPO to execute supplemental contracts for no-cost extensions of one year each. The MR and ED programs' supplemental contract terms ended on June 30, 2020.

At that time, financial records reflected $963,942.11 of $1 million was expended for the ED program, and the MR program spent $1 million. Again, to avoid a lapse of funds to the State's treasury, the ED program's unspent amount required HPO to execute another supplemental contract for a no-cost extension of one year. The ED program expended the remaining balance of $36,057.89 during the first quarter of the most recent supplemental contract.

Embedded in the MR and ED contracts was a requirement that upon implementing 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 1115 Medicaid waiver requirement was to ensure that billing to Medicaid is 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 using 100% state-funded contracts with HPO. The 1115 Medicaid waiver for housing support aims to improve Medicaid beneficiaries' health outcomes since housing security is often

positively correlated with health outcomes. Providing these services is also expected to improve sustainability by decreasing costs by reducing 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 reduced unnecessary or inefficient ED health care use. By utilizing Medicaid benefits, participants will continue to receive supportive services over the long term, without interruption of services due to funding or contracting obstacles.

HPO recommends that a healthcare entity with relevant subject matter expertise provide oversight and assume future contracts of this nature 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, 2019, through September 30, 2020, for each program.

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

On September 30, 2019, Partners in Care (PIC), 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. Initially, HPO did not have access to the PIC HMIS and could not run reports independently. Data report requests had to go through the PIC Data Committee and its HMIS Administrator. As of February 6, 2020, HPO accessed the PIC HMIS database and obtained reports independently.

III. Queens Medical Center (QMC) Emergency Department (ED) Pilot Program, 9/1/2019 – 9/30/2020

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. Section 6 authorized case management services 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 twelve-months from 9/1/2019 through 9/30/2020. Project data are presented below and are attached to this report for reference.

b. Demographic Profile of Clients Served

From 9/1/2019 through 9/30/2020, the QMC ED program served 138 clients; 94 clients short of the 225 the project proposed to serve. Ninety-six (96) clients entered during the reporting period defined above, while 42 clients served by the project had an intake date before 9/1/2019. Eighty-two percent (82%) of the clients helped did identify as being unsheltered at project entry, 10% came from emergency shelters, 2% came from transitional shelters, 4% identified as being at-risk of homelessness, and the balance of 2% reported entering the project from an institution or other prior living situation.

Fifty-eight percent (58%) of the clients served were at least 51 years of age at project entry, while 39% were between 31 and 50. The ratio of males to females served by the project was just over four to one, with 77% of the project participants being adult males. Regarding 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 (48%), Caucasian (28%), Filipino (6%), and Black (4%). All other races made up at most 3%. Eight (8) (6%) of the clients served self-identified as being a veteran, while 103 clients (75%) 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	104	75%
Mental Health Issue	72	52%
Developmental Disability	8	6%
Chronic Health Condition	116	84%
HIV/AIDS	0	0%
Physical Disability	83	60%

c. Service Characteristics of the Project

Of the 138 clients served, 131 were discharged during the reporting period. Based on HMIS exit destination data, 35 clients (27%) or one out of every six exited to a permanent housing location, seventeen points higher than the performance benchmark established by HPO. None (0) of the 35 clients exiting to PH (0%) provided a follow-up response, with 0 clients retaining PH at follow-up. Of the 131 clients discharged, the project's average length of stay was 114 days or just under four months. Based on project intake data, 93 (67%) of the clients served by the project arrived at the Emergency Department by ambulance (EMS/AMR), 4 (3%) by other transportation method. There is no data for the remaining 30% to report.

Based on HMIS data, 78% of the clients had an active VI-SPDAT during their time in the project, 22 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).

Less than half the clients served (= 50) 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 three 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 entirely with the definition cited in Act 209 (SLH 2018) and that as of October 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, QMC did not collect the name of the insurance plan through the HMIS. Discharge data indicated a very high rate of clients exiting with medical insurance, at just over

97%.

Emergency services utilization costs 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 50 "Super Utilizers" served by the project are below. This data is based solely on utilization data within the Queens' Health System (QHS).

- Six QHS ED visits per Super Utilizer in the 90 days before project entry;
- Twenty QHS hospitalized days per Super Utilizer in the 90 days before entry.

Although the data from 9/1/19 – 9/30/2020 Work Plan is part of the initial year of funding (=$1 million), more rigorous data collection and assessment is needed to validate the results.

d. HPO Performance Measures

There are nine performance measure objectives (PMOs) associated with the QMC ED project. Each measure 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. QMC provided the 90-day post-intervention (actual) rates based on QHS hospital utilization data for clients reporting this data. As stated above, the number of clients reporting data post-exit is much less than the total number exiting in all three cases.

PMO	Definition	Benchmark	Actual	Met
1	At Least 10% of Clients will Exit to Permanent Housing	10%	27%	Yes
2	At Least 25% of Clients will Exit to Temporary Housing	25%	31%	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%	91%	No
4	The project will serve at least 225 unduplicated individuals over the grant term	225	138	No

5	At least 90% of clients will be referred to community resources to address core service needs prior to exit	90%	97%	Yes
6	At least 50% of clients exiting will be housing document ready	50%	56%	Yes
7	Minimum 10% reduction in average ED services per client*	10% Decline		
8	Minimum 10% reduction in average hospital admissions per client*	10% Decline		
9	Minimum 10% reduction in average EMS utilization per client per month (all hospitals) *	10% Decline		

*No baseline rate entered

IV. Queens Medical Center (QMC) Medical Respite (MR) Pilot Program, 9/1/2019 – 9/30/2020

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 QMC developed a pilot to provide emergency housing for eligible individuals experiencing homelessness who are discharged from the participating hospital. At a minimum, services include meals, case management, medical, nursing, and psychiatric care. The medical respite facilities shall comply with the Department of Health's standards of accessibility, sanitation, and other requirements for similar use facilities.

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 twelve months from 9/1/2019 - 9/30/2020. Pilot Project data are presented below and are attached to this report for reference.

b. Demographic Profile of Clients Served

From 9/1/2019 through 9/30/2020, the QMC MR program served 154 clients, 14 clients more than the 140 proposed by the project. Due to the nature of this program, an overwhelming majority (88%) reported entering the project from an institutional (i.e., hospital) or other prior living situation.

Fifty-six percent (56%) of clients served were at least 51 years of age at project entry, while 40% 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 78% of the project participants being adult males, 25% being female. Regarding 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 (23%), Caucasian (42%), and Filipino (12%). Seventeen (17 or 11%) of clients served and self-identified as a veteran, while 86 clients (56%) 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	86	56%
Mental Health Issue	95	62%
Developmental Disability	18	12%
Chronic Health Condition	90	58%
HIV/AIDS	2	1%
Physical Disability	10	65%

c. Demographic Profile of Clients Served

Of the 154 clients served, 143 were discharged during the reporting period. Based on HMIS exit destination data, 33 clients (27%) or less than one of five exited to a permanent housing location. Data collected at the three-month follow-up post-exit illustrates housing retention for clients exiting permanent housing (PH). 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%	26%	Yes
2	50% of the Participants will Exit to Temporary Housing Locations	50%	52%	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%	80%	No

4	Maintain Average Daily Occupancy that is at least 90% of the Contracted Commitment	90%	244%	Yes
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: 9/1/2019 - 9/30/2020 **Contract Start Date:09/01/2019**
Program(s): QMC - HPO Emergency Department

Section	Section						
1		**Service Characteristics**					
1.1		**Unduplicated Clients Served**	**Quarter**	**Cumulative**	**% of Total**	**Proposed**	**Variance**
	1.1	1. Total clients served	138	138	100.00%		
	1.1	2. New clients (entering in period)	96	96	69.57%		
	1.1	3. Clients exiting in period	131	131	94.93%		
	1.1	4. Clients exiting to PH in period	35	35	26.72%		
1.2		**Method of Arrival to the Emergency Department (ED)**	**Quarter**	**Cumulative**	**% of Total**		
	1.2	1. Ambulance (AMR/EMS)	93	93	67.39%		
	1.2	2. HPD custodial and non-custodial including mandatory holds	0	0	0.00%		
	1.2	3. Walk-ins/other transport method	4	4	2.90%		
	1.2	4. Data not collected	41	41	29.71%		
	Total		**138**	**138**	**100.00%**		
1.3		**100% VI-SPDAT Coverage**	**Quarter**	**Cumulative**			
	1.3	1. Clients with an active VI-SPDAT	108	108			
	1.3	2. % of clients with an active VI-SPDAT	78.26	78.26			
1.4		**Super Utilizers**	**Quarter**	**Cumulative**			
	1.4	1. Clients identified as super utilizers of emergency services	50	50			
	1.4	2. % of clients identified as super utilizers	36.23	36.23			
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	6.00	6.00			
	1.5	2. Of the clients identified as super utilizers, average QHS hospitalized days in the 90 days prior to entry	20.00	20.00			

1.6		**Medical Insurance Coverage at Entry**	**Quarter**	**Cumulative**			
	1.6	1. Clients with medical insurance at entry	137	137			
	1.6	2. % of clients with medical insurance at entry	99.28	99.28			
2		**Project Outcomes**					
2.1		**Clients Exiting the Project**	**Quarter**	**Cumulative**	**% of Total**		
	2.1	1. Clients exiting in the period	131	131	94.93%		
	2.1	2. Average length of stay for clients exiting	114.00	114.00			
	2.1	3. Of the clients exiting, those that exited to PH	35	35	26.72%		
	2.1	4. Of the clients exiting to PH, avg. length in days from 1st HMIS intake to exit	2363.00	2363.00			
2.2		**100% of Clients Exiting will have Medical Insurance**	**Quarter**	**Cumulative**			
	2.2	1. Clients with medical insurance at exit	130	130			
	2.2	2. Clients exiting during the period	131	131			
	2.2	3. % of clients exiting with medical insurance	99.24	99.24			
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 obtained	0	0	0.00%		
	2.3	2. Total households retaining PH at 3-month follow up	0	0	0.00%		
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	45	45			
	2.4	2. Of the super utilizers that exited, average QHS ED visits in the 90 days prior to entry	6.00	6.00			
	2.4	3. Of the super utilizers that exited, average QHS hospitalized days in the 90 days prior to entry	18.00	18.00			
	2.4	4. Of the super utilizers that exited, average QHS ED visits in the 90 days post exit	0.00	0.00			
	2.4	5. Of the super utilizers that exited, average QHS hospitalized days in the 90 days post exit	0.00	0.00			
3		**HPO Performance Measures**					

3.1		**At Least 10% of Clients will Exit to PH**	**Quarter**	**Cumulative**			
	3.1	1. Clients exiting to PH	35	35			
	3.1	2. Clients exiting during the period	131	131			
	3.1	3. % of clients exiting to PH	26.72	26.72			
3.2		**At Least 25% of Clients will Exit to Temporary Housing**	**Quarter**	**Cumulative**			
	3.2	1. Clients exiting to temporary housing	41	41			
	3.2	2. Clients exiting during the period	131	131			
	3.2	3. % of clients exiting to temporary housing	31.30	31.30			
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	112	112			
	3.3	2. Clients that qualified for and did not have SNAP, SSI, SSDI or GA benefits at entry	123	123			
	3.3	3. % of clients that applied for SNAP, SSI, SSDI or GA	91.06	91.06			
3.4		**Project will serve at least 225 unduplicated individuals over the grant term**	**Quarter**	**Cumulative**			
	3.4	1. Clients served by the project	138	138			
	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	127	127			
	3.5	2. Clients exited	131	131			
	3.5	3. % of clients referred prior to exit	96.95	96.95			
3.6		**At least 50% of clients exiting will be housing document ready**	**Quarter**	**Cumulative**			
	3.6	1. Clients document ready at exit	74	74			
	3.6	2. Clients exited	131	131			
	3.6	3. % of clients document ready at exit	56.49	56.49			
3.7		**Minimum 10% reduction in average ED services per client**	**Quarter**	**Cumulative**			
	3.7	1. Clients reporting data, 90 days post exit	0	0			

3.7	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					
	3.7	4. % change					
3.8		**Minimum 10% reduction in average hospital admissions per client**	**Quarter**	**Cumulative**			
	3.8	1. Clients reporting data, 90 days post exit	0	0			
	3.8	2. 90 days pre project intervention, baseline average hospital admissions per client	1.60	1.60			
	3.8	3. 90 days post project intervention, average hospital admissions per client					
	3.8	4. % change					
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	0	0			
	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					
	3.9	4. % change					
4		**Demographic Profile**	**Quarter**	**Cumulative**	**% of Total**	**Proposed**	**Variance**
4.1		**Living Situation Prior to Entry**					
	4.1	1. Unsheltered	113	113	81.88%		
	4.1	2. Sheltered: emergency shelters (includes interim housing)	14	14	10.14%		
	4.1	3. Sheltered: transitional shelters	3	3	2.17%		
	4.1	4. At-Risk: With Subsidy	1	1	0.72%		
	4.1	5. At-Risk: Without Subsidy	2	2	1.45%		
	4.1	6. At-Risk: Family/Friends	2	2	1.45%		
	4.1	7. Subtotal At-Risk	5	5	3.62%		
	4.1	8. Institutional (e.g. hospital, prison, nursing home, drug treatment, foster care, halfway house, etc.)	3	3	2.17%		
	4.1	9. Other (missing, no interview, refused, etc.)	0	0	0.00%		
	4.1	10. Subtotal Institutional and Other	3	3	2.17%		

4.1	4.1	11. Total participants served	138	138	100.00%		
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	4	4	2.90%		
	4.2	6. 31-50 years	54	54	39.13%		
	4.2	7. 51-61 years	47	47	34.06%		
	4.2	8. 62 years and older	33	33	23.91%		
	4.2	9. Data not collected/client doesn't know/client refused	0	0	0.00%		
	Total		**138**	**138**	**100.00%**		
4.3		**Gender**	**Quarter**	**Cumulative**	**% of Total**		
	4.3	1. Female	31	31	22.46%		
	4.3	2. Male	106	106	76.81%		
	4.3	3. Transgender	0	0	0.00%		
	4.3	4. Unknown, refused, or data not collected	0	0	0.00%		
	Total		**137**	**137**	**99.27%**		
4.4		**Primary Race Identified**	**Quarter**	**Cumulative**	**% of Total**		
	4.4	1. Asian Indian	0	0	0.00%		
	4.4	2. Black	6	6	4.35%		
	4.4	3. Caucasian/white	38	38	27.54%		
	4.4	4. Chinese/Taiwanese	1	1	0.72%		
	4.4	5. Filipino	8	8	5.80%		
	4.4	6. Guamanian/Chamorro	1	1	0.72%		
	4.4	7. Hawaiian	66	66	47.83%		
	4.4	8. Japanese	2	2	1.45%		
	4.4	9. Korean	2	2	1.45%		
	4.4	10. Marshallese	1	1	0.72%		

4.4	4.4	11. Micronesian	0	0	0.00%		
	4.4	12. Native American/Alaskan Native	3	3	2.17%		
	4.4	13. Other Asian	0	0	0.00%		
	4.4	14. Other Pacific Islander	3	3	2.17%		
	4.4	15. Samoan	3	3	2.17%		
	4.4	16. Tongan	2	2	1.45%		
	4.4	17. Vietnamese	1	1	0.72%		
	4.4	18. Unknown, refused, or data not collected	1	1	0.72%		
	Total		**138**	**138**	**99.98%**		
4.5		**Veteran Status**	**Quarter**	**Cumulative**	**% of Total**		
	4.5	1. Total veterans	8	8	5.80%		
4.6		**Chronic Homeless Status**	**Quarter**	**Cumulative**	**% of Total**		
	4.6	1. Total chronically homeless	103	103	74.64%		
4.7		**Self Reported Disabling Conditions at Entry: Total Clients with the Disabling Condition**	**Quarter**	**Cumulative**	**% of Total**		
	4.7	1. Substance abuse problem	104	104	75.36%		
	4.7	2. Mental health problem	72	72	52.17%		
	4.7	3. Developmental disability	8	8	5.80%		
	4.7	4. Chronic health condition	116	116	84.06%		
	4.7	5. HIV/AIDS	0	0	0.00%		
	4.7	6. Physical disability	83	83	60.14%		

Queens Medical Respite Activity Report

Date Range: 9/1/2019 - 9/30/2020 **Contract Start Date:09/01/2019**

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	154	154	100.00%		
	1.1	2. New clients (entering in period)	143	143	92.86%		
	1.1	3. Clients exiting in period	123	123	79.87%		
	1.1	4. Clients exiting to PH in period	33	33	26.83%		
1.2		**100% VI-SPDAT Coverage**	**Quarter**	**Cumulative**			
	1.2	1. Clients with an active VI-SPDAT	9	9			
	1.2	2. % of clients with an active VI-SPDAT	5.84	5.84			
1.3		**Medical Insurance Coverage at Entry**	**Quarter**	**Cumulative**			
	1.3	1. Clients with medical insurance at entry	148	148			
	1.3	2. % of clients with medical insurance at entry	96.10	96.10			
2		**Project Outcomes**					
2.1		**Clients Exiting the Project**	**Quarter**	**Cumulative**	**% of Total**		
	2.1	1. Clients exiting in the period	123	123	79.87%		
	2.1	2. Average length of stay for clients exiting	54.00	54.00			
	2.1	3. Of the clients exiting, those that exited to PH	33	33	26.83%		
	2.1	4. Of the clients exiting to PH, avg. length in days from 1st HMIS intake to exit	1342.00	1342.00			
2.2		**100% of Clients Exiting will have Medical Insurance**	**Quarter**	**Cumulative**			
	2.2	1. Clients with medical insurance at exit	121	121			
	2.2	2. Clients exiting during the period	123	123			
	2.2	3. % of clients exiting with medical insurance	98.37	98.37			

2.3		**At least 35% of clients exiting will be housing document ready**	**Quarter**	**Cumulative**			
	2.3	1. Clients document ready at exit	78	78			
	2.3	2. Clients exited	123	123			
	2.3	3. % of clients document ready at exit	63.41	63.41			
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%		
	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%		
	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	33	33			
	3.1	2. Clients exiting during the period	123	123			
	3.1	3. % of clients exiting to PH	26.83	26.83			
3.2		**At Least 50% of Clients will Exit to Temporary Housing**	**Quarter**	**Cumulative**			
	3.2	1. Clients exiting to temporary housing	64	64			
	3.2	2. Clients exiting during the period	123	123			
	3.2	3. % of clients exiting to temporary housing	52.03	52.03			
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	73	73			
	3.3	2. Clients that qualified for and did not have SNAP, SSI, SSDI or GA benefits at entry	91	91			
	3.3	3. % of clients that applied for SNAP, SSI, SSDI or GA	80.22	80.22			

3.4		**Maintain Average Daily Occupancy that is at least 90% of the Contracted Commitment**	**Quarter**	**Cumulative**			
	3.4	1. Average daily occupancy	31.77	31.77			
	3.4	2. Daily bed capacity	13	13			
	3.4	3. % of bed capacity	244.38	244.38			
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	154	154			
	3.5	2 . Clients readmitted to the QHS within 30 days of project entry	0	0			
	3.5	3 . Total clients that have this follow-up recorded in the system	0	0			
	3.5	4. % of clients with f/u data that were readmitted to the hospital	0.00	0.00			
	3.5	5. Baseline rate for comparison	0.00	0.00			
	3.5	6. Actual % - Baseline % (Negative = Reduction)	0.00	0.00			
4		**Demographic Profile**	**Quarter**	**Cumulative**	**% of Total**	**Proposed**	**Variance**
4.1		**Living Situation Prior to Entry**					
	4.1	1. Unsheltered	4	4	2.60%		
	4.1	2. Sheltered: emergency shelters (includes interim housing)	11	11	7.14%		
	4.1	3. Sheltered: transitional shelters	2	2	1.30%		
	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	2	2	1.30%		
	4.1	7. Subtotal At-Risk	2	2	1.30%		
	4.1	8. Institutional (e.g. hospital, prison, nursing home, drug treatment, foster care, halfway house, etc.)	135	135	87.66%		
	4.1	9. Other (missing, no interview, refused, etc.)	0	0	0.00%		
	4.1	10. Subtotal Institutional and Other	135	135	87.66%		
	4.1	11. Total participants served	154	154	100.00%		
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	7	7	4.55%		
	4.2	6. 31-50 years	61	61	39.61%		
	4.2	7. 51-61 years	53	53	34.42%		
	4.2	8. 62 years and older	33	33	21.43%		
	4.2	9. Data not collected/client doesn't know/client refused	0	0	0.00%		
	Total		**154**	**154**	**100.01%**		
4.3		**Gender**	**Quarter**	**Cumulative**	**% of Total**		
	4.3	1. Female	33	33	21.43%		
	4.3	2. Male	120	120	77.92%		
	4.3	3. Transgender	1	1	0.65%		
	4.3	4. Unknown, refused, or data not collected	0	0	0.00%		
	Total		**154**	**154**	**100.00%**		
4.4		**Primary Race Identified**	**Quarter**	**Cumulative**	**% of Total**		
	4.4	1. Asian Indian	0	0	0.00%		
	4.4	2. Black	7	7	4.55%		
	4.4	3. Caucasian/white	65	65	42.21%		
	4.4	4. Chinese/Taiwanese	2	2	1.30%		
	4.4	5. Filipino	18	18	11.69%		
	4.4	6. Guamanian/Chamorro	1	1	0.65%		
	4.4	7. Hawaiian	36	36	23.38%		
	4.4	8. Japanese	12	12	7.79%		
	4.4	9. Korean	0	0	0.00%		
	4.4	10. Marshallese	1	1	0.65%		
	4.4	11. Micronesian	1	1	0.65%		
	4.4	12. Native American/Alaskan Native	3	3	1.95%		
	4.4	13. Other Asian	0	0	0.00%		
	4.4	14. Other Pacific Islander	2	2	1.30%		

4.4	4.4	15. Samoan	4	4	2.60%		
	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	2	2	1.30%		
	Total		**154**	**154**	**100.02%**		
4.5		**Veteran Status**	**Quarter**	**Cumulative**	**% of Total**		
	4.5	1. Total veterans	17	17	11.04%		
4.6		**Chronic Homeless Status**	**Quarter**	**Cumulative**	**% of Total**		
	4.6	1. Total chronically homeless	86	86	55.84%		
4.7		**Self Reported Disabling Conditions at Entry: Total Clients with the Disabling Condition**	**Quarter**	**Cumulative**	**% of Total**		
	4.7	1. Substance abuse problem	86	86	55.84%		
	4.7	2. Mental health problem	95	95	61.69%		
	4.7	3. Developmental disability	18	18	11.69%		
	4.7	4. Chronic health condition	90	90	58.44%		
	4.7	5. HIV/AIDS	2	2	1.30%		
	4.7	6. Physical disability	100	100	64.94%		