Meeting minutes dated 12/18/2024

Reimagine CE

Present at the meeting: Sarah, Torrie, Patrick, Brenda, Karen, Brehan, Takisha, Zach, Kristina, Arret, Melissa, Jessica

This is the final meeting of Phase 3!!

Topic #1 – Review of the Compiled Policies & Procedures

There are two new points to review today. Everything else is based on decisions already made.

1. Under Tier 1 Assessment, added information about regular review of Tier 1 questions and scores. It indicates that all revisions must be approved by the CoC Board and will be posted on the HSC's website.
   a. Discussion that in the first 6 months any changes would go to Core Committee. This will only be for changes needed and a proposal will be brought Formal evaluations will go to the Board. Formal evaluations will not be completed in the first 6 months.
   b. Referrals for Low Income Housing Tax Credit (LIHTC) Units
      i. These are not RRH or PSH.
      ii. Adds language about what the CE manager will do if there are no Tier 2 referrals for these units.
      iii. Discussions are still happening about some of these details.
      iv. Will update to include all Other Permanent Housing (OPH)
      v. Add language that referral must include what list they want the referral from
   Will this document be made into a visual format? There wasn't a plan for this document. Documents will be provided for the direct service providers that will be user friendly. We will develop a presentation to share with stakeholders. Kisha is willing to review with the eyes of a visual learner and provide feedback.

Topic #2 – Outreach Plan

Q: Who should we reach out to?

Core Committee, 211, Zach could make a list of places that refer people to the phone line, Behavioral Health System, Jail, Hospitals,

Would it make sense to have an app for homeless services and provide info on CE providers? Info frequently changes and we need a way to provide the most accurate info. Does ICA have the tools to implement an app? No, they do not. It may not make sense to have a separate app. When people connect to shelter or street outreach will be how people connect to CE. We want to be sure that people connect to those options. There is a coordinated street outreach referral number now.

I think we need an app for the HSC's website so people can have a way to get people connected to the help we need. People don't know the CE form exists – With the new system, the CE Form will be removed form the website as people will need to be connected to emergency shelter and street outreach. How would an HSC app be different from United Way 211? It would be more up to date.

When we make the change will the current prioritization report be available? We will need to remove everyone from the existing community queue, but the old VI-SPDATs will still be in there. Asking about this in regards to Dairy Drive and how to fill vacancies in the new system. We will definitely run something at the end to be able to compare the top of the list with the new system. We won't be able to continue to run the old list as it won't be available.

Patrick can run a Coordinated Entry report that has analysis of demographics before we start the new system and can then use that for comparison.

Q: Should outreach be done via email, virtual meetings, or other formats?

We should find groups that are already meeting to do presentations and follow-up with email information. If there isn't a group meeting already, we can start with an email.

Topic #3 – What's next?

- A small group will work on suggested updates of the CoC Written Standards based on the updated policies and procedures.
- Written Standards with updated CE policies and procedures will be presented to the HSC Board for approval on 1/8/25.
- We will start training and community outreach after the board approval.

Things to do:

1. Implementation of new policies and procedures; staff training and outreach to community
   a. I think the small group who has prepped for meetings will do this and bring to Core Committee as needed
   b. Regular check-ins with Outreach and shelter providers
2. Review and evaluation: assess the impact of the first 6 months and recommend updates based on findings
   a. Create a workgroup – should be made up of members of the re-imagine workgroup so you don't need to spend time rehashing and providing months of education. Shouldn't only be people who have been in the weeds.
   b. Analysis will be completed by same group as we will look at the things we looked at in phase 2 to produce a report. Evaluation of the report probably need to bring in other people. Maybe bring in some people from phase 1 who haven't continued.
   c. Have focus groups with service providers and users of the system – bring that info in
   d. Think this should be a continuous of the current group, but bring in outside views.
   e. Bring people in from focus groups as needed
   f. Sarah, Takisha, Jessica, Torrie, Arret, Patrick, Jasmine, Brenda, Zach, Melissa, Chara, Kristina – Do we want to bring in anyone with an evaluation background? Maybe we can get an intern?
3. Development of new Tier 2 assessment
   a. Create a workgroup – could bring in new people for this work, this probably should be separate from the evaluation, bring in voices form hospital and jail
   b. We really thought about moving towards using 3rd party data…..should invite those people to the table to see where possibilities lie

c. This should come after the evaluation so we can use that information to inform the new assessment.
d. Sarah, Torrie, Brenda, Melissa, Patrick, Arret, Zach, Chara, Kristina, Jasmine, Connie

Should this be one group. Seems like many of the same people will sign up for all of them. Is it a continuation people from this group who wants to do it. Will probably be some of the same people, but is helpful to have other people come in to provide different perspectives.