

Meeting minutes dated 12/4/2024

Reimagined CE

Present at the meeting: Torrie, Kayleigh, Melissa, Patrick, Jasmine, Connie, Francesca, Jessica, Takisha, Chara, Maureen, Kristina, Alicia, Francesca, Arret

Instead of prioritizing people experiencing homelessness, it's looking at vulnerability metrics so they look at PSH list. To have RRH be early intervention and PSH be for chronic homelessness category. There aren't many families right now meeting that and we are needing about 45 families per month. Gross undercount, due to ramping things up. If we ran this report in the same way in six months, it's still uncertain it would be 45.

Melissa: PSH families switched over from mandatory to being chronic, it's not just for chronic, you could have the dedicated plus (one program switched to that). Dedicated plus would be a good next group to use. Won't have enough referrals based on the criteria that is being prioritized for RRH to fill the openings.

Patrick: Identifying next group of people, a different approach: expanding what that six month window is for families? What it means to be new to homeless but unable to self-resolve: that definition could be tweaked. Expanding who gets 20 points. Having some kind of tapered process, if you're not in six months but 7 months you get ten points. Very few people are meeting the definition of New to Homelessness but unable to Self Resolve.

Sixth month homeless in the last three years. (Melissa) Top third newest homeless individuals?

It also needs to work with limited HMIS system. Creating a bellcurve idea is possible in some applications but not possible in Clarity. The average length of stay for families in shelters is "x". Anyone earlier to homeless? This falls into category of expanding who is new to homelessness.

The changes to PSH list should clear out the long-stayers.

There are like sixty families on the waiting list trying to get into shelter as well. Being able to access shelter is the barrier.

Chara: it sounds like prioritization is not right. Are we prioritizing the right group?

We need to decide to do something now. It requires tweaking of margins of how it's defined.

Patrick proposes: change window of who gets 20 points 2 months to six months. Also do something from 6-10 months you get ten points. After people experience homelessness for a year they will be in PSH part. There are a group of people who fit the criteria and then a back up where if no one fits that,

After six (like six months and one day) This is not a data informed. It's currently 170-210 days and the actual policy would be days.

How many different steps will this take? We asked a similar question about how complicated of a formula can we do.

Chara: Does this create a gap? No gap. It would be to the end of the sixth month. We will need to do days rather than months. From 2-10 you get 10 points, and 4-6 months is ten points as well so people get 20 points.

Second proposal is better because it gets more time for people to self-resolve.

Patrick has counter proposal: in tier 2 report, giving points up to ten months with the goal of getting people for rrrh- referring people to tier two when they're already at that point. Wondering if we should cap the ten points earlier, otherwise we will be referring people to tier two who would never be prioritized in tier 2. In tier 2 there are also additional points to people up to their tenth month. If people are referred at tenth month, they won't be at top of tier two list. We wanted there to be a good chunk of time to get paperwork in and have a chance to be prioritized. At 8th month. Doesn't feel it makes sense to do proposal and leave tier two as it is.

If we go with counter proposal we would be cutting off the group who would be falling between the 8 and 10 month period. What's the value in doing that? How does that help us help people?

On a systems level, hopefully they would have gotten prioritized four months earlier if we honor the system as it exists. Instead of prioritizing people who have been in shelter longer. We are not creating new housing though. Longer stay people would be gearing towards permanent subsidies, short term people would be RRH and short term subsidies. The value would be in maintaining that distinction more on an individual level which is way too complicated. The hope is to create more flow in the shelter to address some of the waitlist.

Voting on counter proposal: 2-8 months 10 points and 4-6 months 7 hands

Who can live with the proposal? 2 hands

Milissa: not voting: it won't get us a big enough pool.

Who's uncertain about this proposal: 4 hands

There are uncertainties with the total months: are the numbers right? Could it be five points for 5-8 months and could still target lower? It needs to be enough points for it to, we chose 20 because it's a lot of points. It would mean that no one could just get in there because they're so vulnerable. People with that long of utilization is who to refer to RRH. Wanted to make it enough to target that population. The other piece is how it ties in to Tier 2. It's possible that we add, or could add a tail end of ten points in tier 2. Want to keep tier two focusing on people who are new too. Could there be a taper in tier 2? Don't think it's appropriate to refer people to tier 2 and then they go to tier 2 and because they don't have those points they wouldn't get prioritized anyhow. It's accomplishing admin steps but for human beings it's not good.

You could try and see, and then add the tails on if it's not a big enough pool.

7 likes, 2 can live with, and four uncertain

Do enough people like the counter proposal? 2 abstains, 3 uncertain, 2 can live with, and six likes

Melissa's proposal: can we try this out and see what happens?

Two issues: we are not ten months out from when info began being collected. Shelter has not done back data entry for folks. Doesn't know what it will look like. We are not close to know what it will actually look like. Until we have that we can't know what it will look like.

There has been a problem identified by the result of two. How possible is it to play around with different numbers and test/see what happens or is it hours of work to redo it in a new way to see what implications are?

An amended proposal could be Torrie: 2-3 10 points, 4-6 20 points, 7-8 10 points and Patrick will come back to us to let us know how many households this generates and will continue conversation. This is a starting point. Testing and will evaluate

Core committee is responsible

Two changes: expanding from 4-6 who gets 20 points. Melissa can live with it.

Need to take a new vote.

Who likes new proposal? 7 hands

Who can live with proposal? 8 hands

Topic #2: Family List

The question determines is the household being considered for singles programming or programs for singles. When the test run was completed, it identified 142 families, 34 people are currently in coordinated entry being considered for singles programming but they would be living as a part of a household with children. Potential concern is maybe the current system is wrong for these households or maybe the question isn't capturing correct data.

Households with children: typically require 50% custody in order to be considered a household with children.

How long is it between the first time someone is put on a list and when this question comes up? Was it years later? People's situations change which is related to follow up. It's probably a whole range of time.

Three potential scenarios: if we have a couple that split up and went separate ways, including the person that was separated (the adult, not child). If an adult is excluded because we think they wouldn't get in, isn't that still a problem? You get approved for housing. When you ask the question and am doing this for the family, if I include him in the number but then he's got a background so we. If someone wouldn't be in the unit legally or on the lease, how are we accounting for that or should we be accounting for that and making exceptions for that? This happens all the time.

There can't be a simple system that gets into that kind of complexity. One of the big questions is do staff have enough training to think through it and ask the question properly. At Tier 2 hopefully the conversation would be more robust. If someone was referred as a family but then they split, that would be a time to say, you're not able to move on to tier 2 because ...

It wouldn't be at housing move in but the transition from tier one to tier two. It mitigates a lot of the concern here. If we are collecting it wrong. The lists will move differently.

The concept of CPS and having children removed from the home. A few people that have had this happen have talked about how housing was a big sticking factor in whether or not reunification happens. If you need the kids to get into housing to support kids, but you need kids before you get housing, it dictates how many bedrooms you have? Should we list kids removed from the home that housing is the factor

Arrett: would we consider kids that might be added back to the household or strictly just how many kiddos are with you? How often should info be refreshed or reviewed? The training part might be important to have conversation about how do you remember to go back and change that? Ideally, you change it any time it changes but it doesn't work like that all of the time. This is a time where we are saying VI-SPDAT, redo VI-SPDAT every six months to a year. Have to compare it to current system, not ideal system, while making it as good as possible. Part of the discussion is just raising awareness.

Kristina: can they be on both lists? So they have options? We can talk about that next time.

Kisha: We should also talk about lack of trust in systems- that will be hard to come up with a question to have people be realistic and honest about situations.

Alicia: With CPS, do referrals come from CPS if housing is an issue? You would only know if people self-report that.

Jessica @ ADRC: was under Dee instead of Darlene. Do I know if the assisted living has put a lien on the condo. It's a question for Shannon and dee. Most places do not have the money. Does visiting angels, right at home, Brightstar do not take Medicaid. But they might take iris. It's all dependent on her budget within

Cash payment is for owi, the first part of it. To get the assessment, this part first, they get transferred over into no reimbursement all cash payment it's a different.