Reimagine CE Meeting – October 13, 2023

Attendees: Sarah Lim, Torrie Kopp Mueller, Patrick Duffie, Brad Hinkfuss, Zach Stephen, Johneisha Prescott, Sydney James, Alicia Spry, MacKenzie Byer, Jessica Oswald, Melissa Mennig, Francesca Atkinson, Liz Duffie, Jennifer Pryor, Nicole Christen, Angela Jones, Maureen Quinlan, Takisha Jordan

Came in after vote on objective for change: Brenda Konkel, Karen Andro, Rachel Litchman, Chara Taylor

Reviewed the Objective for Change Statement

Discussion: will need to have a lot more conversation about measures and outcomes, but this objective captures our conversation and appreciate the guiding principles

Vote on Objective for Change: All members in attendance voted to like it or live with it.

Reviewed potential indicators of success

1. Ensure that most referrals to Permanent Supportive Housing (PSH) are from near the top of the housing priority list.
2. Ensure that those who score highest on the coordinated entry assessment are those most likely to experience significant harm from homelessness.
3. Reduce the number of unnecessary Coordinated Entry (CE) assessments and follow-ups for individuals who are unlikely to receive housing resources.
4. The referral to PSH and RRH by race and ethnicity will reflect the race and ethnicity makeup of the households experiencing homelessness eligible for those programs.

Discussion:

- Want to be able to currently measure these indicators so we can see if there is improvement
- Seems challenging to measure #2 now and in the future, need to determine how to measure this
- Need to consider how we would measure and what is measurable from these
- 3 and 4 are systemic problems with the system. Do we have evidence that 1 and 2 are problems? Those are important values.
- #1 – why does it say “near” the top of the list? What does that mean? I think #1 and #2 are really important and need to be our values……there are people at the top of the list that no one is working with. People further down the list are getting their PSH paperwork complete and getting housed. I think #1 should also mention RRH….we need to work together to find people can connect them to housing options.
- Chat: we said "near" as a placeholder for eventually setting a target?
- Struggling with #2. I think there is a lot of nuance there. I don’t think it’s measureable. People who experience significant harm may not be scoring high on the VI-SPDAT and we see them spiral down. Too much nuance for this one.
- Not sure why we have #1. It seems that a priority list requires that we are taking from the top.
- Response to the questions about #1 – where does our scope end? We are talking about how people are prioritized. Haven’t talked about what happens when people get to the top of the list….that may be outside of our scope. If we accomplish #2, we will hopefully accomplish #4. #4

feels wishy washy because we don't have eligibility until they get to the top. I am not sure how we would measure this. Are we talking about those that we have proof of eligibility?

- The prep group didn't include RRH in #1 because we weren't sure if PSH and RRH will have the same prioritization. Need to determine that.
- Need to figure out what we are measuring against to determine if there is a disparity. For #2 and #4 we don't know the demographics of those experiencing the most harm. We don't think the VI-SPDAT has done that equitably. It is important to have both #2 and #4.
- "Near the top" came from the prep group trying to set a percentage, but decided we weren't sure what that would be so put in the word "near" as a placeholder. Have been prioritizing those with chronic documentation for PSH which has more influence than the assessment score. For RRH and PSH, need to determine if there are 2 separate lists. Should RRH be included in #1, chronic documentation is not required so may not have the same issues
- Chat: maybe now we just put referrals, and we decide about PSH vs. both later when we determine more about how prioritization is done?
- Chat: I don't think we need RRH because PSH is more of a priority
- #2: seems challenging to measure now and for the future system
- Chat: So I am assuming we will have an agreed upon way we are measuring harm on some scale...that sounds very difficult...
- Chat: Info on predictive risk: https://www.tandfonline.com/doi/full/10.1080/15228835.2022.2042461
- Chat: right, it is about determining what you measure it against
- Chat: in which case, can we just use those factors (e.g. jail stays, etc.) directly
- Should we invite Rhema to come and discuss predictive risk modeling? I know the cost to bringing her in is pretty expensive.
- We can explore that option in the future. That may be one option. Another could be to consult with lived experience council. Can be different ways of measuring harm?
- Haven't heard comments about #3. Assuming the group agrees with that one. We know that few people who complete the full assessment are getting housing.
- #4 – comments about the word eligible. What does that mean? When we wrote it we originally were comparing to population of people experiencing homelessness. We know that some people don't stay in the system. Should change the wording to eligible for Coordinated Entry?
- Ideally, it will be that demographic mix for PSH/RRH will look like those who are eligible for PSH/RRH. This might be too hard to measure now, but is important. Should change the wording in #4 to coordinated entry.
- Chat: For number 3, would everyone have an initial assessment and then based on how they score, they wouldn't continue to be updated for CE? My only concern would be if people felt like they were being treated differently, because they weren't followed up with consistently.
- Chat: I believe we talked about a pre-screen that would deal with that.
- How will we measure those who experience harm? We don't have capacity to develop a new tool. May make more sense to look at jail stays, etc. instead.
- Maybe be less concerned about people feeling like they are treating differently, but rather be honest about what resources are available to them and make the referrals for resources they will be able to access.

- Everyone has to be willing to have that difficult conversation.
- With the 4, does it make sense that the preparation team go back and bring back revised versions for the next meeting, but discuss more on #2?
- What is the next step? Refining these? Pre-screen vs. not prescreen? RRH vs. PSH? Order of operations on where to go next.
- Reviewed our agreed up on "Key Discussion Points" to remind people what is on our list to discuss
- Is there something that might be easier to work on first?
- Or do we need to eliminate one of the items, but make a plan for it to happen in the next 5 years…….data warehouse?
- I think we should work on the assessment question….even though it is likely the most difficult. It will determine the answer to other questions.
- Think we need to look at the predictive risk modeling to see what we can implement. I think a lot of this relates to our conversation – Sarah will send the slides out to everyone
- Next meeting: have a brief conversation on predictive risk modeling, what 3rd party data might be feasible to incorporate? Then we can know what's available now and then determine what type of assessment we need to develop.
- Chat: I think there are grants to hire someone to figure out all the technical aspects of the data warehouse and I think we should look into them - but we'd need an organization willing to do it.
- Continue discussion on #2 about how to make it measurable. I think it's just our objective, not an indicator. We need to have an indicator that leads to that. Or maybe we don't have indicators because we aren't sure we can validate it.
- Chat: How will these conversations and decisions fit into the community plan that is being developed? It is important to keep this in mind as we go through each process and remember how they may interact with one another.
- Chat: Less deaths for people outside and in shelter could be measured
- Chat: I think less jail stays could be measured
- Chat: Healthcare . . . .no clue

Recap for Next Meeting: Draft updates to indicators, will discuss what information is available to us to use (3rd party data), discussion on how to form assessment