Reimagine CE Workgroup

January 26, 2024

Attendees: Torrie Kopp Mueller, Sarah Lim, Angela Jones, Patrick Duffie, Maureen Quinlan, Jen Ripp, Melissa Mennig, Karen Andro, Jennifer Pryor, Zach Stephen, Brad Hinkfuss, Fred Foster, Wendy Siewert, Chara Taylor, Liz Duffie, Kristina Dux, Alicia Spry, Jessica Oswald, Takisha Jordan, Rachel Litchman

Reviewed timeline. Will stick to timeline as we don't want to get too far into the details and then have the Board suggest major changes. Will seek their approval on the general direction we are going.

Still need to meet with staff from DAIS about how to incorporate domestic violence. Also, will re-invite them to participate in this meeting.

Reviewed important notes slide:

- Regarding only looking at Dane CoC data: Some communities have an entry/exit for each night of stay at the shelter, our community has one entry for the full stay. We could inadvertently prioritize people outside of Dane CoC.
- Regarding only looking at people with active homeless services enrollment, outside of CE: Currently people show up on the housing priority list who only have a CE enrollment, but not using any other services, pre-screen report will only run if you have active enrollment in homeless services outside of CE
  - Concern about people who self-report sleeping unsheltered and having enough outreach staff to go out and connect with these folks to enroll people in their program
  - We currently have much more outreach presence in our community and they won't be completing so many full assessments.
  - A benefit is that many people staying in Porchlight's shelter have not been assessed and are not on the list. This change will have them in consideration for a full assessment.
  - Many times people who only have a CE enrollment are hard to connect with.
  - We should continue to monitor this change.

Review of Prescreen

Rapid Rehousing

Will need to figure out points once we finalize the report that we want ICA to build.

Does Briarpatch Youth Shelter enrollment show up on the reports because it is private as they are minors? Yes, Briarpatch is included depending on who runs the report. System Admin can run it with Briarpatch enrollments, but other people may not be able to. This is something we need to discuss during implementation. Briarpatch would want these included as it is important to note this time in shelter.

Recommend just looking at 30% of AMI

Criminal Justice question – still need to connect with JustDane about this question

Permanent Supportive Housing

Most of it is the same as RRH. Add additional questions about history of homelessness, looking at 36 months in addition to 12 months. Add age to give points to older adults. Also ask about Behavioral Health Crisis Program Utilization and ER utilization.

Discussion

Are we targeting the right group for RRH? What about PSH?

Some communities put people who are appropriate for PSH into RRH because there isn't enough PSH in the community. These people often struggle. We need to decide who we prioritize.

We used to prioritize people who scored in the RRH range of the VI-SPDAT. But realized there were folks in the middle of the list not getting any intervention so moved towards prioritizing people who are at the top of the non-chronic list. But these are often people with very high needs.

Porchlight serves people from the top of the PSH list and top of the RRH list. See that both groups have very high needs. We don't have RRH dollars. People have to have income. They receive light touch case management, but often needs more case management……similar to PSH. Without ongoing subsidy of PSH seem to return to homelessness.

I am empathetic to difficulty in finding housing, but if we don't prioritize them for RRH then they get nothing. Maybe we need to increase services. I don't like the alternative of not serving them.

It sounds like we are using RRH as a tool for people who need more than what it offers. We are bringing people into a program that can't meet their needs at the end of 2 years so that is a problem. It shouldn't surprise us that at the end of 2 years they aren't ready to leave the program. Are sending people to that program who shouldn't be sent to it?

We house some in RRH who we would like to house in PSH. They get two years of housing and support, but can't maintain after the two years and return to homelessness. There are 2 people served in RRH for one year and able to maintain on their own. I always want to advocate for the person with the higher need, but this is a really hard conversation.

Chat: I guess my thought is those people may self resolve.... if programs can be that flexible to not just enroll everyone for a year plus...maybe

If there isn't a differentiation between RRH and PSH maybe we aren't asking the right questions and need to explore that.

It feels like there should be two levels of RRH. One that is quick move-in and one that is 1-2 years of services. During COVID, TSA provided "quick move-in funds" to give security deposit and first month's rent. Our system doesn't have that quick assistance that people need. Thinking about shelters being so full because people are not leaving shelter. We may be failing people who need a small amount of assistance because we are prioritizing higher needs. Could we have tier 1 and tier 2 RRH.

Chat: Then we need 3 screeners.

There are plenty of people who are chronic, get PSH, lose housing, go back to homelessness/the list and are at the top of the non-chronic list. Doesn't make sense to prioritize for RRH someone who wasn't successful in PSH.

1915i can be a resource for people with short-term needs, move-in costs and short-term supports, could be an opportunity for shelters to provide move-in costs

Some ideas Slide

1. Ask the participants what they need – 1915i could serve those people who select the light touch or short-term,
    a. Some people may select PSH, but do not qualify for it
    b. For 1915i, people need to be enrolled in Medicaid, and self-report behavioral health condition
    c. We don't want to limit who is referred to 1915i because anyone…..no matter their level of need qualifies
    d. It would be great to have $2000 for move-in costs come from Medicaid instead of from a RRH program

Chat: I really like the idea of screening for light(er) touch services - This would benefit the RRH program I work with specifically in terms of utilizing CE for referrals because our program starts at 6 months (can be extended) and can only provide a small subsidy, so having income is required (privately funded program)

1915i is a resource for people who just need a very light touch. Can we then prioritize higher need people for RRH or do we still see the need to have two tiers of services?

More people could be served if we have two tiers because the short-term group we could serve more people.

We could keep prioritizing those on the higher need end and then see how 1915i plays out.

Chat: I wouldn't want to screen out people just because they didn't remain housed in PSH. Scattered vs single site matters, new provider matters, etc

Thinking about Housing First principal, sometimes people go to several different housing options before something fits.

Our Coc-funded RRH that serves singles do not perform well. Is it because of the provider or because of the population served? Do we care that the projects don't perform well?

Let's see how 1915i pans out. Keep this prescreen. We currently don't differentiate between PSH and RRH.

Are we overcomplicating things for ourselves by thinking about what may happen in the future and we are adding components to things we are trying to simplify? We also want to detraumatize this process for participants.

Chat: Maybe it would be easier to look at the pre-screeners as one thing, with questions/data points that won't be scored for RRH grayed out or something. Because I think the ultimate goal is one prescreener, that then identifies who needs a more comprehensive screen.

If people are the same on both PSH and RRH, what does that mean? It means fewer VI-SPDATs. You will look at chronicity to determine who goes to PSH.

We are looking at two different things: The prescreen and then what happens from there.

Proposal: Adopt the prescreen tool as is so ICA can develop a report for further evaluation and modification.

Likes the proposal: 11

Live with the proposal: 2

Uncertain: 2

Patrick and Torrie are uncertain about keeping the way we prioritize RRH. They will both reluctantly live with it.

Uncomfortable: 0

Abstain: 1

Because of Patrick and Torrie changing their votes, this will move forward.

Next meeting is February 9, 2024.