

Agenda

- 1. Welcome
- 2. RRH Length of Homelessness
- 3. Chronic Homeless Documentation
- 4. Thank you & Phase III Implementation Planning

Reimagine CE Workgroup Timeline (Updated)

September 8, 2023	Decision-making process; Approach to develop a new assessment
October 13, 2023	Objectives for change statement; Indicators of success
October 27, 2023	Indicators of success; Primary data source
November 10, 2023	3rd party-data or self-reporting; Interim approach; Prescreen
November 24, 2023	No meeting- Thanksgiving
December 8, 2023	Prescreen Development (I)
December 22, 2023	Prescreen Development (II)
January 12, 2024	Prescreen Development (III)
January 26, 2024	Full Assessment (I)
February 9, 2024	Full Assessment (II), Length of homelessness
February 23, 2024	PSH chronic homeless documentation requirement
March 8, 2024	Implementation Plan (I)
March 22, 2024	Implementation Plan (II)

Last Meeting Recap: Use of Length of Homelessness Data

Regarding the use of length of homelessness data at the Tier 2 stage of assessment, the workgroup considered several options and voted the following option:

B. Continue to use length of homelessness at this stage, using the history of homelessness data from the pre-assessment.

Following the decision, three questions need to be answered:

- 1. Data Points for Length of Homelessness in PSH and RRH
 - a. For PSH, it was decided to use the Tier 1 assessment total score.
 - Further discussion is needed for RRH.
- 2. **Weight Allocation for Length of Homelessness Data**: The decision above means assigning a weight greater than 1 point, beyond a tie-breaker.
- 3. Providing "additional consideration" for current shelter use in RRH prioritization

Part 1: Use of Length of Homeless Data for RRH

Case Example: Joe experienced homelessness in the past 9 months (Jan-Sep). Joe stayed at the shelter on and off Jan-Jun on and off (60 days total in that 6 months period) and again in Sep (20 days total). When he's not staying at the shelter, Joe stayed outdoors and connected with street outreach program in April and has been enrolled in the program for 6 months.

Options & What data we consider for Joe:

- A. Length of overnight shelter stay (# of bed nights) in the last 12 months (80 days for Joe)*
- B. Length of overnight shelter and outreach enrollment in the last 12 months (13 months: 7 months for shelter and 6 months for outreach enrollment for Joe)
- C. Tier 1 History of Homelessness 4 questions for the last 12 months score (10 points for Joe)

^{*}Additional consideration for current shelter use will not be needed.

Part 2: Weight Assignment for Length of Homelessness Data

Proposal: Allocate up to 3 points, subject to testing and adjustment.

- Currently, a self-reported length of homelessness of up to 3 years are added to the VI-SPDAT score to calculate the Dane CoC CE score, translating to 3 points.
- The proposal suggests retaining the same point allocation but changing the data point considered.

Part 3: Additional Consideration for Current Shelter Use in RRH Prioritization

*Relevant if Option A (Length of overnight shelter stay (# of bed nights) in the last 12 months) was not selected.

RRH Prioritization (approved at the HSC Board)

- Identify households with high Tier 1 RRH assessment scores and administer VI-SPDAT.
- Prioritize households who are newly homeless but have not been able to self-resolve within 6 months, with additional consideration for current shelter use.

Idea for Consideration:

Assign extra point(s) after adding up VI-SPDAT score and Length of Homelessness points.



Phase III: Implementation

Phase III Objectives

- Start data collection: Develop immediate next steps to start collecting additional data (eviction, criminal legal system involvement, etc.)
- Policy and procedure development: Develop draft policies and procedures covering
 - Tier 1 assessment details
 - Implementation logistics
 - Milestones and timeline
 - Training and communication
 - Evaluation

Phase III Membership

- All Phase II members are encouraged to continue your participation!
- We will extend invitations to street outreach and shelter providers, including DV providers.

Chronic Homelessness Documentation Requirement: Background

- We currently prioritize individuals on the PSH list who have the highest Dane CoC combined score among those with complete chronic homelessness documentation on file when a PSH opening becomes available.
- This policy was instituted in response to significant delays experienced by PSH programs in verifying chronic homelessness status, as mandated by HUD, after receiving a CE referral.
- In cases where individuals lack disability paperwork and there is no straightforward
 way of obtaining it (e.g. an SSI award letter), the process of obtaining documentation
 can take a long time or may not be successful. PSH programs often encountered
 extended waiting periods before moving to the next candidate, who may also face the
 same challenges, therefore PSH openings sometimes remained unfilled for several
 months.

Chronic Homelessness Documentation Requirement: Options

- A. **Keep the requirement in place, but with the understanding that it will be applied sparingly.**CE staff will be prioritizing working with a smaller number of households who have completed the VI-SPDAT, making it much more likely to help them complete the documentation before a PSH unit becomes available.
- B. Remove the chronic homelessness documentation requirement but implement a timeframe for submission. When a PSH unit becomes available for a CE referral, the top person on the list will be given a specified timeframe (14-30 days, TBD) to submit the necessary documentation if not already in place. If documentation is not submitted within the specified timeframe, the next person in line will be considered for prioritization.
- C. **Option B with a modification:** Remove the chronic homelessness documentation requirement with a timeframe for submission. However, if the documentation is not received within the timeframe for the first person on the list, the next person with complete documentation on file will be prioritized to prevent further delays for PSH providers.

