

## Reimagine CE Workgroup – February 9<sup>th</sup>, 2024

### Agenda :

1. Welcome
2. Workgroup Timeline
3. Last Meeting Review: Draft Prescreen
4. Full Assessment Discussion
5. Prescreen - DV Question
  
6. Prescreen Feedback

### Notes :

Last meeting (1/26/24) we agreed to go ahead with the prescreen so that ICA can develop report for further evaluation.

### Full Assessment :

Proposal to retain VI-SPDAT assessment tool for time being, integrating it with a prescreen process. Idea is that we're making significant change in CE system with the prescreen. Want to see how the Prescreen pans out and evaluate those outcomes before making additional changes to the full assessment (SPDAT).

### Discussion around Full Assessment :

If we implement prescreen and see how it goes for six months. Question to think about – “What does success with the prescreen look like?” If we decided to go this direction but also not prioritize the top of non-chronic list for RRH, it feels like we may be prescreening folks who we may be intending to serve in RRH.

What does it mean to retain the VI-SPDAT? The idea is to implement a prescreen process in order to limit the amount of folks who are getting the full VI-SPDAT screening, since many of the people who currently get a VI-SPDAT have little chance of ever being prioritized. Prescreen process will hopefully limit the amount of folks who need to take the invasive full assessment and those folks would be more likely to be housed through CE.

Both Brenda and Liz in part raise a question about how we might evaluate our changes. Thought is that we might make some of those decisions during the "implementation" phase but that could be open for discussion and also may determine some of these immediate decisions

Currently everyone is getting a VI-SPDAT. Our hope is that with the prescreen implemented, only a certain amount of folks who get the VI-SPDAT.

Question around the demographics of people who are getting assessed. What do we think those demographics should look like? Very complicated question but one that needs to be grappled with. When we look at who's getting assessed and included under this new change – we'll see what the racial/demographic make up is and we'll need to determine whether or not it's acceptable or what we're aiming for.

Thought around making sure that certain demographics aren't being deprioritized for certain reasons. Want to make sure that it's an equitable process to be able to get on the list and get a full assessment.

We're likely to see some shift in the demographics even without some specific goal in mind. Need to be prepared to at least have a discussion around whether or not the process is equitable and why we think that.

Thought that we may see an overcorrection in the beginning, so the first six months of prescreen may look very different than what it looks like a year from now, etc. Since some people might have never had SPDATs or had access to a SPDAT while in shelter, etc.

Voting to retain VI-SPDAT but implement prescreen process : Majority of group voted yes on this.

Next Topic : How should we use the full assessment score?

Question around using VI-SPDAT score + Time combo? If lots of people score a 15, how do we pick who gets prioritized? What tiebreakers do we use?

Liz brought up bringing the prescreen score as being a valid approach to a tiebreaker.

Current prioritization is VI-SPDAT score plus years homeless up to 3 years. Question around what currently happens for tiebreaker? System uses days pending as current tiebreaker.

Does it make sense to add the time combo for full assessment prioritization and prescreen prioritization? Do we only want to use VI-SPDAT score to determine who's at the top and then do we figure out a tiebreaker?

Prescreen would be incredibly helpful in identifying folks we want to prioritize and could also help determine tiebreakers for folks who are given the full VI-SPDAT. Could weight the prescreen so that if they scored significantly high on the prescreen maybe it gives an additional point onto VI-SPDAT score, etc. Move them up a point from 12 VI-SPDAT group to 13 or something similar. We can choose how much to weight prescreen in a way we feel comfortable with.

Could certainly present these different options at next meeting. For now suggestion that we vote on prioritizing highest score for PSH. Understanding that tiebreakers may need to be implemented at a later time.

Group agrees for PSH, to use highest score to prioritize folks for PSH.

## Rapid Rehousing Discussion :

Two previous methods used – one method was prioritizing folks at the top of the non-chronic list. The other was taking folks in specific SPDAT score ranges, for example a VI-SPDAT score from 4-8 would be referred for rapid rehousing.

Discussion around maybe looking at how long someone has been utilizing our system. If someone has been utilizing our system for multiple years there's likely a very good chance they will need PSH, however someone who's only been utilizing services for a short time might be a good fit for RRH.

Reminder that regardless of how you prioritize folks, there will be successes and failures.

Some folks don't like the idea of using a specific VI-SPDAT score to say folks cannot get Rapid Rehousing. However others argue that folks who score incredibly high but are not chronic might also be a bad fit and not the right folks to be prioritized.

Consideration around folks who are maybe housed for a few months but then stay on the street again for a while until another housing opportunity comes up. Is there a way that folks don't need to wait to again be chronic?

Around RRH – hard to find agencies to serve single adults in rapid rehousing. Not sure if it's because of who we're prioritizing or maybe that's not something we need to consider. However, what is being heard during evaluation is that folks who are being referred are not likely to be able to increase their income and because of that they're not able to exit RRH successfully.

Discussion around Rapid Rehousing being a program built as a bridge for people who can increase their income and barriers to getting into housing.

One potential idea is to look at a history of homelessness for someone and see if they haven't been able to self resolve in six months, but also haven't been in the community for such a length of time that they may need significantly more assistance. Reminder that the prioritization process is about tradeoffs because not everyone is going to get housing opportunities. Also seems to be a big tradeoff around giving RRH to extremely vulnerable households if they're not successfully staying housed.

Even in a perfect world if everyone in RRH is getting on a subsidized waitlist – would that come through for folks before their time in the program is up? Does that damage tenant landlord relationships if someone is on a year lease and they're leaving within 6 months, etc?

Prep team will try to come up with some type of proposal around RRH prioritization.