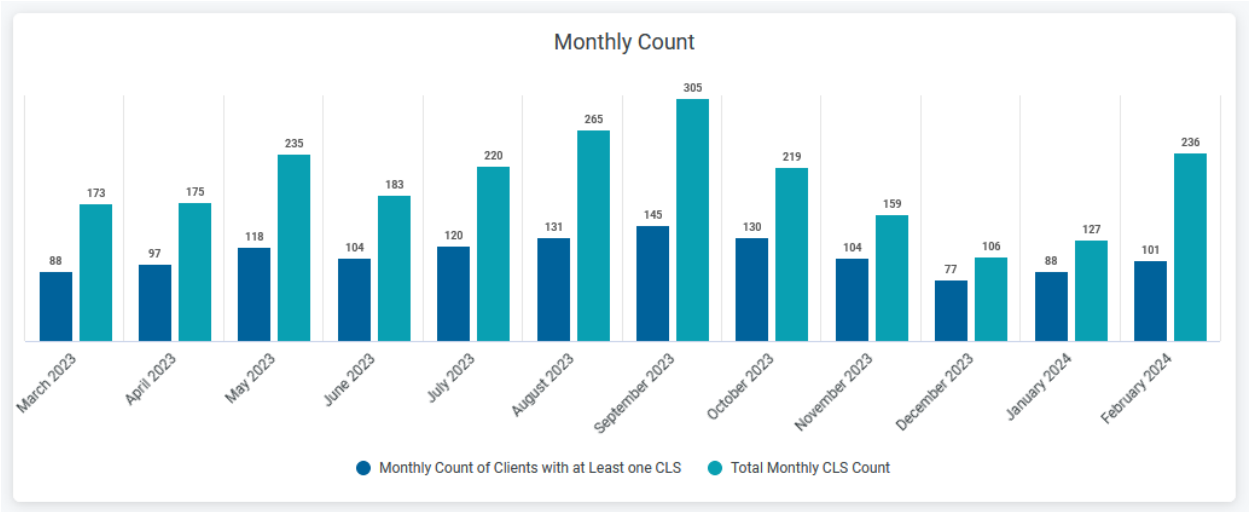
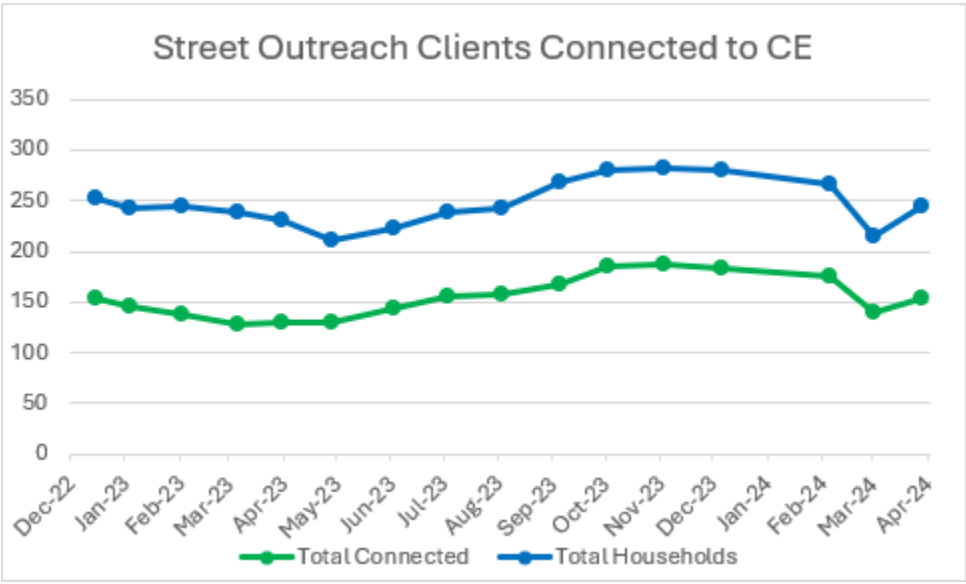
Outreach Committee Minutes

Monday, April 1, 2024
Noon-1:30pm

1. Welcome and introduction
2. Outreach and Coordinated Entry data review

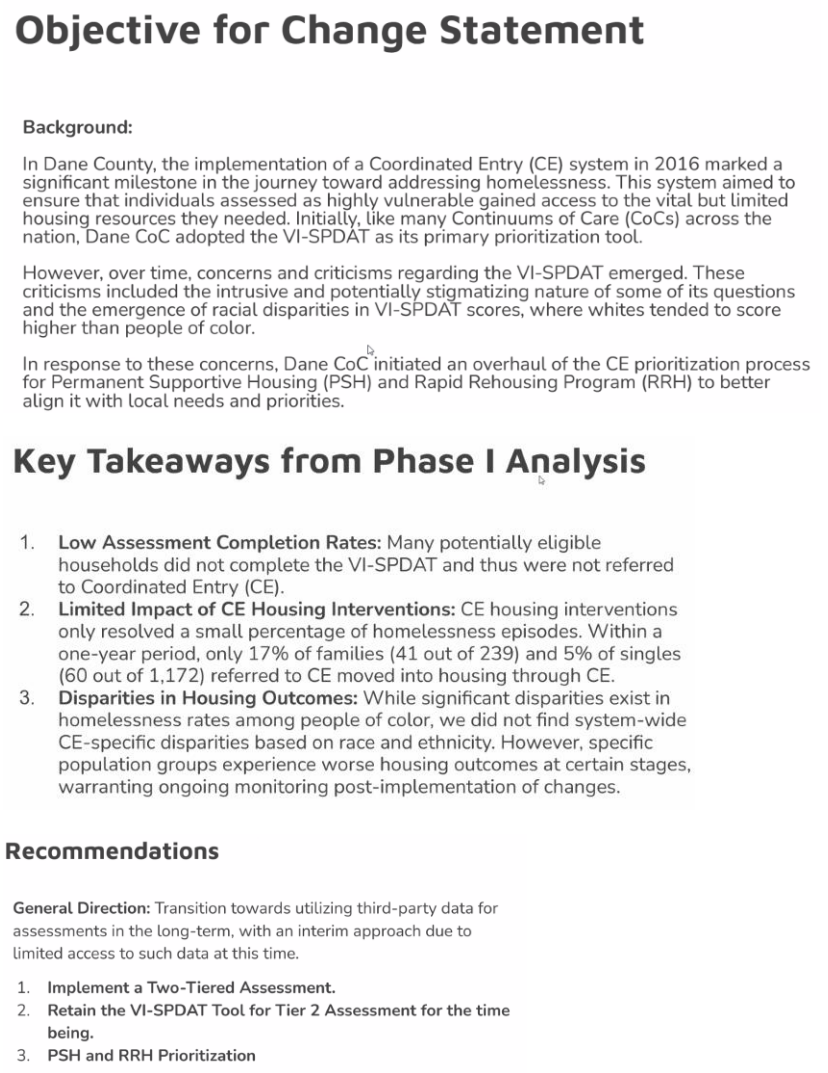


This chart does not include Dairy Drive. Including it raises the CLS Count.



Once changes to Coordinated Entry are implemented, this chart will no longer be relevant.

3. Updates and Announcements
    - **Street Outreach in-person HMIS training: 4/8 (Mon) noon-1:30pm**, UW - South Madison Partnership Center at Villager Mall (2238 South Park St.) Room 120 → No case conferencing meeting!
    - Case Conferencing structure update
        - 1st Monday of the month is this committee
        - 2nd and 4th Mondays are case conferencing meetings, limited to those on the Coordinated Entry ROI
        - Will now use HMIS report instead of the google doc, report request can be made, hope to use time more efficiently
    - Reimagine CE update
        - Want to provide a summary of changes that will be coming, will be asking some outreach and shelter staff to join the next phase of implementation which involves writing policies and procedures, setting workflow, etc.



Objective for Change Statement

Background:

In Dane County, the implementation of a Coordinated Entry (CE) system in 2016 marked a significant milestone in the journey toward addressing homelessness. This system aimed to ensure that individuals assessed as highly vulnerable gained access to the vital but limited housing resources they needed. Initially, like many Continuums of Care (CoCs) across the nation, Dane CoC adopted the VI-SPDAT as its primary prioritization tool.

However, over time, concerns and criticisms regarding the VI-SPDAT emerged. These criticisms included the intrusive and potentially stigmatizing nature of some of its questions and the emergence of racial disparities in VI-SPDAT scores, where whites tended to score higher than people of color.

In response to these concerns, Dane CoC initiated an overhaul of the CE prioritization process for Permanent Supportive Housing (PSH) and Rapid Rehousing Program (RRH) to better align it with local needs and priorities.

Key Takeaways from Phase I Analysis

1. **Low Assessment Completion Rates:** Many potentially eligible households did not complete the VI-SPDAT and thus were not referred to Coordinated Entry (CE).
2. **Limited Impact of CE Housing Interventions:** CE housing interventions only resolved a small percentage of homelessness episodes. Within a one-year period, only 17% of families (41 out of 239) and 5% of singles (60 out of 1,172) referred to CE moved into housing through CE.
3. **Disparities in Housing Outcomes:** While significant disparities exist in homelessness rates among people of color, we did not find system-wide CE-specific disparities based on race and ethnicity. However, specific population groups experience worse housing outcomes at certain stages, warranting ongoing monitoring post-implementation of changes.

Recommendations

General Direction: Transition towards utilizing third-party data for assessments in the long-term, with an interim approach due to limited access to such data at this time.

1. **Implement a Two-Tiered Assessment.**
2. **Retain the VI-SPDAT Tool for Tier 2 Assessment for the time being.**
3. **PSH and RRH Prioritization**

#1. Implement a Two-Tiered Assessment

- **Tier 1 Assessment**: Automate an HMIS report-based assessment for all emergency shelter and street outreach program participants using shelter and outreach intake questions and HMIS utilization records.
- **Tier 2 Assessment**: Conduct a full assessment for a smaller group identified through the Tier 1 process.

Tier 1 Assessment

(LINK to DRAFT Tier 1 Assessment Spreadsheet)

Existing info to be used:

- History of homelessness
- Income
- Age

To be Added to Shelter and Outreach Intake:

- Eviction
- Criminal legal system involvement
- Domestic violence shelter use
- Family size
- Behavioral health crisis program utilization
- Medical crisis

#2. Retain the VI-SPDAT Tool for Tier 2 Assessment for the time being.

- Continue using the VI-SPDAT tool for Tier 2 assessments initially.
- Begin the discussions on the subsequent phase, incorporating more third-party data in assessment and revising VI-SPDAT, six months after implementing the Tier 1 assessment.

#3. PSH and RRH Prioritization

PSH Prioritization

- Identify households with high Tier 1 PSH assessment scores and administer VI-SPDAT.
- Prioritize chronically homeless households with the highest VI-SPDAT score.

RRH Prioritization

- 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.

Positive Impact Envisioned

- Assessing all eligible households.
- Reducing time and emotional burden on CE staff and participants for completing VI-SPDAT.
- Potential for reallocating CE staff time for more housing navigation.
- Addressing certain discrepancies in CE referrals by race and ethnicity.
- Facilitating more outflow to permanent housing from highly utilized emergency shelters

Many details will be worked out in the next phase of implementation. There are many new things that are being added and we do not know what the impact will be. We will need to evaluate as we go to see the impact.

Tier 1 provides more points to people who are accessing shelter AND street outreach services (related to history of homelessness).

Program supervisors will be contacted to invite folks to attend Phase 3 – Implementation Planning meetings.

4. Walk-on item
    a. Torrie reminded attendees to complete survey to prioritize tasks for unsheltered plan – gave 3 minutes for folks to work on the survey.
    b. VA is planning for aging population. We are seeing new referrals with an increased need of additional supports. How are people making health care links? Is there protocol when you notice increased cognitive issues?
        i. Many providers are having these questions. County Housing Staff recently presented to ADRC and it appears there are areas where we can be more collaborative. Folks can send questions/experiences to Melissa Mennig.
        ii. Been struggling with this at Dairy Drive. We do the things that Nancy commented on, but there is such turnover in staff at iCare so they are struggling to. They also do not have places to send folks to. It's hard to know if our folks are being dismissed due to substance use and mental health issues.
        iii. Have struggled to get folks connected with ADRC, last 4 referrals have been denied, people do get denied due to residency issues, NewBridge can be really helpful, but some staff are overwhelmed by homelessness……they currently have a waiting list. Medical side can be difficult. There is some testing to do to show cognitive decline, can be very hard to show someone needs guardianship (it's a big deal to take someone's rights), can take months to get into specialists and people fall through the cracks, wait times at the hospital are getting longer, someone currently in the hospital for two months waiting for nursing home placement, our folks tend to age faster than the general population, may not meet age requirements, but physically are older, Torrie meets with DHS regularly and brings this up regularly,

Next meeting: Monday, May 6, 2024 Noon-1:30pm