

# Reimagine CE Workgroup Overview

## Background: Why was the workgroup formed?

- In response to local and national criticism of VI-SPDAT and OrgCode discontinuing support
- HUD's encouragement for CoC's to re-examine the CE process
- 2020 Dane CoC CE evaluation recommendations included building consensus on prioritization strategies and addressing racial equity
- Built for Zero group, HSC Core Committee, Lived Experience Council, and Board of Directors have tried to assess existing disparities and better way to prioritize housing program openings
- Core Committee decided to establish a workgroup with wider community representation that is tasked with proposing a new way to prioritize individuals and families for RRH and PSH opening in Dane CoC to the HSC Board of Directors.

# **Workgroup Development**

#### **Structure**

- Reached out to HSC members and specific non-HSC providers for recruitment
- Started the workgroup meetings in December 2022
- Chara Taylor (LEC) and Sarah Lim (City of Madison) co-chair, with Patrick Duffie (ICA HMIS), Zach Stephen (ICA CE Manager), and Torrie Kopp Mueller (CoC Coordinator) as meeting preparation team members

#### **Phases of Progress**

- Phase I (December 2022 July 2023): Establishing the foundation by reviewing the current Dane CoC system, other community examples, and various local data, met once a month
- Phase II (September 2023 Now): Crafting specific recommendations, meeting twice a month

# Phased II Workgroup Composition

#### CoC & System

- Continuum of Care
- Lived Experience Council
- Youth Action Board
- City of Madison Community Development
- Dane County Human Services
- United Way of Dane County
- Institute for Community Alliances

#### Housing Providers (PSH, RRH, Other PH)

- Housing Initiatives
- The Road Home Dane County
- Lutheran Social Services
- Porchlight
- YWCA Madison

#### Shelter, Outreach, Other Service Providers

- Briarpatch
- Madison Street Medicine
- Porchlight
- Urban Triage
- YWCA Madison

#### **Other Services**

New Bridge

# Key Takeaways from Phase I System and Data Analysis

# 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.

# **Objective for Change**

# 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.

# Objective for Change Statement (cont.)

#### **Objective for Change:**

Enhance the Coordinated Entry System in Dane County to better identify and prioritize households who are most likely to experience significant harm from homelessness.

#### **Guiding Principles:**

- **Equity-Centered**: We commit to an equity-centered approach that recognizes and addresses disparities, promoting equitable access to housing resources.
- **Trauma-Informed**: We embrace a trauma-informed approach to create a supportive and safe environment for those seeking housing resources.

# Change Recommendations

### 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.

# Items for Further Planning

- Determine the role of length of homelessness in the Tier 2 combined score, either for added points or tie breaker.
- Review chronic homelessness documentation requirements for PSH openings.
- Finalize the Tier 1 assessment points and HMIS-based report
- Develop an implementation plan addressing timelines, training, communication, and evaluation

We will continue to provide updates to the HSC Board through the implementation process.

The workgroup meeting info and materials can be found on the HSC website: <a href="https://www.danecountyhomeless.org/reimagine-ce-workgroup">https://www.danecountyhomeless.org/reimagine-ce-workgroup</a>