

How have the changes we've made to the CE process impacted you/your clients?

We have access to much less data around the MN homeless which really hurts arguments for more resources.....

For our agency, it has made it more difficult to find appropriate candidates for our program (mainly due to location)

Prioritizing people who are HUD homeless has increased the likelihood of those people getting a referral

Slowdown in housing also effected by landlords continuing to sell homes/small units with prices spiking for home sales

the referrals seem to happen very quickly, however, getting housed is still taking a LONG time, and getting the housing provider to even MEET the client is taking too long than is reasonable. So there are still changes needing to be made

We are not doing assessments on everyone that identifies as homeless anymore - just those that meet the priority pool criteria

We've been able to contact and engage more of our PSH referrals

Clients are getting referred quicker. However, follow-up by housing case managers has been slow and, at times, no-existent.

It's frustrating when you have someone that you think is a priority.

How have the changes we've made to the CE process impacted you/your clients?

Shelter staff work with people who are newly homeless differently. And people who are not newly homeless but not likely to get a referral more quickly.

some clients with specific barriers might be left out, remaining in some kind of housing emergency without help,

The social workers who support clients need to be more accountable, supportive, and clear.

More LTH persons have "graduated" to HUD homelessness before finding housing

Not putting youth who only couch hop on PL anymore. Makes it somewhat difficult to have those conversations. Offer case management but youth don't want that, they only want housing.

Been more challenging explaining to clients they won't be on a list, and working on a way to explain that they have the strengths to resolve. The change is hard, but the reason is good.

Clients who are referred and then "ghost". It's frustrating and a waste of time/ resources.

Besides the pandemic, has anything else contributed to the decrease in exits to TH/PH?

Follow through by clients- 100 percent! I think we are getting referrals for people who may be homeless, but are not "ready" for the work of applying for and getting housed.

yes staff turn over, staff vacancies, and poor communication

Pandemic made goals being met harder, like increasing income, finding other affordable housing, etc. GOAL progress was hard over the phone.

My PSH program has been not able to exit people due to delays in actual Move Up transitions and we've had some big services transition that limited ability to take new referrals

referrals that are not appropriate for a certain provider. are a waste of time for everyone, and gets the clients hopes up and its not client centered, or productive.

Shadow market (homes rented out) are all being sold and no longer rented

Everything has been slower -- response time from county, scheduling showings, etc.

Sometimes clients are laid back and do not accept the housing options where they have to pay as hotel shelters are all paid for

The delay in implementation of the new PSH program at Guild probably didn't help

Besides the pandemic, has anything else contributed to the decrease in exits to TH/PH?

RRH referrals have been very high barrier lately -- high mental health, criminal, etc. -- takes longer to find housing

we see a client referred to a program- but meeting a case manager is taking 3 months or more.

What questions or comments does this information bring up for you?

What proportion of exits from pool are due to referrals vs self-resolve vs something else?

We are moving in the right direction! Even during difficult times. :)

Shout out to everyone's continued dedication to finding ways to make things work for our clients.

This is good. Has there been programs created that are culturally specific? How can we keep going with this trend?

Great results especially given the outlook of COVID

For single adults, CADI services really need to be improved..... long-term success for many people we see depends on these services better meeting people's needs

this information feels hopeful

targeted outreach :)

What are your ideas for next steps and strategies to consider?

We do need to work on housing more single adults but as we know, when we prioritize one group, another one falls behind.

Given what's been shared how do we strengthen assessor:provider relations

explore creative ways to keep folks engaged

Honestly, not really sure.

work on a new normal, collaboration, meeting in person

Making sure that the referral has someone to work CLOSELY with to help navigate paperwork, documents, etc.

More information about diverse assessors and how they can be contacted and coordinated support to remove barriers