SMAC CES Committee

4.4.24

9:00-10:30

1. Introductions

Dusty Olson: Technical Assistance for CE.

I have been a TA for HUD for almost 4 years now. I have been assigned to your community as a regional team point of contact. I am here to provide you with HUD updates and assistance, answer questions, etc. Prior to becoming a TA provider, I was a senior policy advisor for the city of Seattle for 10 years. As part of my role there, I chaired the CE committee for our COC for 6 years and was actively involved with CE since the implementation. CE is one of my areas of expertise. For HUD I lead the HUD policy and products team, so anything that comes out from HUD webinars or content, I am a part of. When a community needs more assistance, they can request more assistance from HUD which is what you guys have done which has been approved but not assigned. It will be assigned to me, as I’m the default TA provider.

So with that comes an initial 32 hours of support that I can provide to you with a goal of whether your community wants to make changes to the current CE system. So this initial 32 hours isn’t about making changes yet, it’s about planning work, making proposals and seeing the feedback, and seeing if there’s enough support to make changes to CE. Ultimately the changes are up to your board and they will have to sign of on it.

1. Technical Assistance Focus

What I heard as I have had conversations with your CE staff, field office, etc. is that there are issues with CE. I want to hear from you if these are the correct issues or if there are other considerations to take. You have a lot of households in your system that will not receive and intervention.

* If you assess everyone, you’re going to have some that are not the most vulnerable and therefore won’t receive and intervention. While you have a big pool of people, you have a smaller pool of people who are prioritized but a lot of that big pool is never going to go anywhere. This isn’t unique to you guys, because CE is designed to prioritize some so inevitably others won’t be.
* What is less common for you, is that you have RRH programs that are not all the same type of program. Typically it’s consistent where the community has defined standards: this length of subsidy, this level of CM, etc. You have a much broader definition of RRH and a spectrum of subsidies and services. There’s a huge difference between a 3mo subsidy and 2yr subsidy and those levels work for different people, but because you refer to them all the same under RRH, you get highly vulnerable people who are referred to outcomes that aren’t meeting their needs. CE isn’t designed to be nuanced in the way that your RRH looks so we’ve got mismatches with referrals.
* We also have those people who will be prioritized but they are waiting an exceptionally long amount of time to getting a referral.
  + Diversion or rapid exit resources are insufficient to address persons who aren’t eligible for housing resources.
  + I’m also hearing that you have people who are having opportunities for referrals but are turning down all the referral opportunities. I think all of these are related.

1. What’s missing from this list?

* Some people say they will take any county, but our area covers so much area that then we get their referrals and then they actually just wanted one community. I think spanning so many counties makes a difficulty as well and maybe it’s just pressing people harder for their county of interest.
* I want to emphasize for Dakota County but resources and demographics look so much different in larger counties than in the smaller counties, so we have different resources, we have different processes, and it’s very hard being a part of SMAC and balancing that. We have a ton of people and a ton of resources and we just operate differently than the other counties.
* Speaking from Anoka County, I totally agree with you. So, some of the bigger resources, even though we’re a bigger group and bigger entity, the differences are very apparent. Unrelated to that, I also wanted to mention that could be missing is that we’ve all seen HSS be great and not-to-great, but it’s really helped some people get housed so we’re thinking that we want HSS eligibility be intertwined during the assessment. There should be a combination and a flow. So households that we’re doing CE assessments with and we know they have MA, they may not be very connected but they may not have any service providers at all. So then we say we’ll get a professional statement of need so we send them to a consultation and then they have a worker that helps them look for housing. If the household isn’t on medical assistance then they’re not eligible but we could work that into the flow so that they have a worker assisted them parallel to the CE wait.
* Referrals come to us in different ways. Some communities funnel through 211, through the housing authorities, so each community takes referrals differently so then each part operates differently based on people present to the program and their eligibility to other programs. That allows us the flexibility to adjust based to the particular need within each of our own communities, so it’s not a one-size-fits-all.

1. What drives the differences in each community?
   1. Part of it is the need in each community. Like for example, we have a DV shelter that we try to accommodate, so we’re trying to bridge gaps and align to what they need. We also have a single adult shelter in Anoka so we’re trying to accommodate them leaving shelter to obtain housing. But then we also have people experiencing literal homelessness so we’re trying to meet them where they’re at. Then there’s the geographical location of services and how that relates to access to services. Have you tried to lay out what exists in each community and see how all the access points are related? We did it a very long time ago. Has it changed? It doesn’t really fit on a map. Are we talking only resources connected to CE or are we talking all homelessness resources? We have a ton of resources that address homelessness in our community that don’t have a link or requirement to CE and **that** has changed tremendously. And that effects where participants are accessing services. I don’t know if the communities are comparing apples to apples.
   2. There’s also a difference between how the counties are developing a homelessness response in each community and how the county boards are wanting to manage FHPAP, same as CE and how access points are receiving funding. Anoka County CE policy is different than Scott County CE policy. In Scott County we had contracted access points but it’s a little bit different in how we advertise access points.

* I also think that a lot of times that because everything on the assessment is self-reporting, and then we need to verify information it’s apparent that it’s not accurate so then we’re spending a ton of time verifying information that ends up not being verifiable and then we have to send them back. All of the information comes with the referral. I’m not saying the assessors have time to verify all the information but there should be a way that we can verify their information while they’re on the list. Like for criminal background, that’s verifiable but often wrong based on what is exclusively self-reported. Ramsey County has a system where the assessors do verify the information at time of assessment.

1. Recommended next steps:
   1. Utilize the CE committee and the director’s council to plan and execute a community-based review of the current CE system designed to determine if changes should be made to CE. I have some potential ideas as to ways you could reorganize things but it’s based on what I know about your system which is not enough, so I need your feedback as to how things can work more effectively. This first phase will be mostly information gathering and we can hear what is and isn’t working for community partners, assessors, street outreach teams, housing providers, etc.
   2. Develop a survey or interview process to identify issues and solicit feedback from key community partners and persons with lived experience. Who are all those partners? Who should we be asking? Then I’ll put together another system structure to see if that will work for everyone. I will have suggestions as to what changes your community could make.
   3. Develop a recommendation to the board for a better flow. OR it could be that what comes out of this is not an easily identifiable issue to work around in order to get a clearer structure and better system. What we don’t want to do is look at what programs do you not have that you need? That’s not the resolution we’re going to find, so sometimes since there isn’t a TON of flexibility to make any change that you want, sometimes the changes are obvious and sometimes they’re not. I have a hunch that it will be apparent. I can see some fairly obvious changes already. I anticipate that at the end of this, we can make a recommendation to the board with your blessing of what should happen. If they okay the restructure, then I can go back to the system to say you need more time and I can submit a workplan to HUD in order to be able to do that. In this initial phase, I won’t be able to come and meet with you in person, but if we get approved to implement changes, then I can come and support you in person.
   4. What I think, based on this conversation, is that there are two more meetings that we need to have before I can do the information gathering with your community partners. So I was hoping we could meet today, then again next month to identify the parties we need to ask feedback from, but now I think we also need a system mapping. It’s hard to do virtually, so we could either use your main meeting and use June for that, but that means I’m not starting interviews until June. OR we could schedule a special meeting to do system mapping and then save the June meeting for identifying the parties that we should be sourcing feedback from.
   5. We will send out a doodle poll to set a system-mapping meeting in April, either the week of the 15th or 22nd. Then we’ll keep the May meeting to be identifying the community partners and access points that should be interviewed for feedback. Then I will come back to you all in June with a summary and a recommendation that I have for you coming out of that, then we can tweak that recommendation. Then I’ll take that to the board, which I should be able to do still within June.
   6. Then I just need 2-3 of you in conjunction with Liz and Carla that I can schedule meetings with in order to get answers for questions in between. Just a small group that would be planning with me that would meet once in between each of our scheduling meetings or that I could reach out to with questions. Christopher Thomas volunteered. We also have meetings in between with the co-chairs so then I could volunteer Bianca and Sue, so our agendas would be centered around this anyway and that time could be utilized. Let’s go ahead and just add Christopher to those meetings for the next two months.

Actions:

* Keep an eye out for an April System-Mapping meeting doodle poll.
* May 4th – Directors Council fundraiser! Show our Directors how much we appreciate them!