SMAC CES Committee Agenda

March 19th, 2020

9:00-11:00

[https://global.gotomeeting.com/join/699295573](https://www.google.com/url?q=https://global.gotomeeting.com/join/699295573&sa=D&ust=1584454567360000&usg=AOvVaw36HOBb-OzK6j2uvUBpwCXo)

**Conference Phone: +1 (669) 224-3412** **Access Code: 699-295-573**

1. Introductions 5 minutes
2. Rules of Engagement 5 minutes
3. Advisory Committee Update 5 minutes
	1. New RRH Provider member needed
4. Statewide Tool group update 5 minutes
	1. tool group made no decisions. recommended that since all cocs do things differently that there is not solution.
	2. talk to abby for more info.
	3. SMAC will stop using it regardless, though it will remain in HMIS. Assessors will skip over it. Ramsey will still do it.
5. CE in COVID times 5 minutes
	1. Assessments over the phone
		1. are people already doing this? OK over the phone?
		2. how does that look for people doing street outreach? Ally:
			1. it’s valuable, compassionate to have eyes-on when doing assessments, but it’s the reality of the situation. Feels impersonal. Less trauma informed.
			2. Make sure to still connect with as many resources before hanging up.
			3. Housing history is more difficult, so having people prepare more before assessment.
			4. Uptick of phone calls to get an assessment done.
			5. YMCA and The Link agree
		3. State is OK with over the phone ROI’s. Dakota shelter continuing to do them.
6. Review all planned changes so far 10 minutes
	1. 3/23 – Move to Entry/Exit workflow
	2. 3/23 – Start doing Rapid Resolution – put old Step 1 in HMIS
		1. See attached SMAC Step 1 Condensed 2020 Draft
		2. Data counties still want to capture to document need.
		3. Can these questions match what it looks like in HMIS?
		4. Still enter into HMIS even though you may not do a Step 2.
		5. Made sure to not have a lot of questions, to focus on the “Active Resolution” section.
		6. Anoka has high volume of people coming through the door, so they don’t have the capacity to put everyone in HMIS.
		7. Still prioritize the same people who would do the assessmnet with anyway. Not everyone who comes through door or calls in. If you wouldn’t have done the assessment with someone in the past, still do not do a new Step 1 with them. Same population as for now until we can get a feel for the workflow.
		8. How is the text based questions supposed to be transferred into HMIS?
		9. Fleeing DV language missing.
	3. 3/23 – Stop completing VI-SPDAT
		1. if someone wants to be eligible in any other CoC, it would still be best to do VISPDAT anyway.
	4. 3/23 – Change in who is eligible for Step 2?
	5. End of April? – Get new Step 1 in HMIS and begin using
	6. Fall? – Begin using MA billing to pay for more Rapid Resolution services?
7. New Step 1 feedback 30 minutes
8. Who is eligible to be in the new Priority Pool? 45 minutes
	1. After attempting Rapid Resolution, only people who have been HUD homeless in the past 3 years are eligible for Step 2, even if RR doesn’t work
	2. Only people who have been HUD homeless in the past 6 months are eligible for Step 2
	3. Only people who have been HUD homeless in the past 90 days are eligible for Step 2
	4. Some combination of homelessness and length of time RR has been attempted

---------- NOTES -----------

1. Everyone assessed already has been within last 3 years. Won’t be narrow enough.
2. Whatever is decided, youth couch-hopping only needs to still be considered, since couch-hopping youth can still access The Link services.
	1. Youth, families, singles all show about the same numbers couch hopping vs HUD
	2. this doesn’t account for DV or sexual exploitation. After a longer conversation, you may learn that “couch-hopping” is more nuanced, and may be actually a Cat 4 situation. It’s important not to dismiss someone because of “just couch-hopping.”
3. Propose HUD within last 90 days.
4. Chronic in past, but not currently? Don’t exclude people institutionalized.
5. We need a way to consider people we may have missed. A variance type process?
6. When the relationship isn’t built, one-time assessors who don’t have capacity to do outreach or follow-up, may not get put on the list at that time, but would be eligible a few weeks or months later, or didn’t disclose fully because relationship wasn’t built but would have been eligible.
7. Protocol for if someone isn’t eligible. Do diversion, then come back if your situation changes.
8. Harder on people to get assessed, especially when it goes nowhere.
9. Can we start a resource chain on Google Docs
10. What about LTH? Currently HUD or LTH and HUD within 90 days.
11. We can’t be closing the pool too much on LTH GRH eligiblity because it’s tough to find people eligible. Build somehting into Step 1 for GRH?
12. Will this eliminate 90 day follow-ups? Greatly reduce number of people on the list.
13. It is (1) HUD homeless NOW OR (2) LTH AND HUD homeless in the last 90 days
14. What about people who are constantly in and out of HUD homelessness?
15. Review actions/next meeting
	1. Liz send out email to assessors about diverison, shared Google Doc, materials, change in process.
	2. Move people to Entry/Exit based on agreed prioritization
	3. Step 1 resumed in HMIS. Liz to send out Step 1 paperwork so questions are standardized.