Jacob Storck
Currently we're at 2237 matches and that is 40% of all matches, so staying high there.

If you Scroll down.

On you can take a look at for youth.

We're looking at from December to January, there's the last two full months that we have jumped from 44 to 70 in terms of matches and that's 24% to 39%, so.

I think it's a a bit of an increased there if you're looking at families, stayed about the same from December to January 49 to 51, that's 26% to 28%, so fairly steady there and we don't have all the February data yet.

And then for the unsheltered set aside.

Uhm, jumped from 84 in December to 98 in January, and that's 45% to 54%.

So I would say those are the main pieces that I wanted to cover. Of course there's any questions or?

Comments or concerns? Happy to open it up to that.

Thanks Jacob.

Jacob Storck
Oh, sorry, it looks like there's a question in the chat. Thanks, Chris. Why was the family matching solo in November of 2021?

00:01:43.280 -- 00:01:53.480
Jacob Storck
Uhm, that's a great question that I do not have the answer to, but if others no, I'm sure we would welcome that.

00:01:56.310 -- 00:01:58.930
Jacob Storck
Because, yeah, it was fairly low.

00:01:59.530 -- 00:02:01.490
Jacob Storck
It was a pretty big drop.

00:02:03.780 -- 00:02:05.680
Jacob Storck
But I'm not sure. Good question 'cause.

00:02:15.000 -- 00:02:17.310
Angela Brooks
No one else has any other questions.

00:02:17.890 -- 00:02:18.210
Megan Wickman (she/they) (Guest)
Uh.

00:02:18.270 -- 00:02:34.420
Megan Wickman (she/they) (Guest)
Just. Uh, not. And I don't even know if it's like a question, but just to kind of connect back to our our meeting last month and the the great information. Thank you so much, Jacob, about the like kind of timeframe match to house and wondering just as we're considering.

00:02:34.470 -- 00:02:54.680
Megan Wickman (she/they) (Guest)
Uhm, I don't know. Sort of like system evaluation and improvements. What what we might be able to to do to get like more granular information to figure out what is what. Is that 63 day number like what might be going on there so that we can try and bring that down considerably.

00:03:03.430 -- 00:03:04.540
Jacob Storck
Right, I think.

00:03:05.470 -- 00:03:15.040
Jacob Storck
You know, it's this is a it's such a good point and it's it's tricky, right? 'cause HMIS doesn't tell us that. It only tells us the the number.
Jacob Storck
It only allows us to track the time from housing after a match and so.

Jacob Storck
I feel like.

Jacob Storck
You know, there are obviously like changes that have happened in the system D Hi. And all of that and accelerated moving events that could play a role. And again we could all get theorize and look at some of the different trends that have happened throughout their different.

Jacob Storck
You know, initiatives that have happened throughout these months. But then Beth, correct me if I'm wrong, but I don't know if we're able to pull like we were not able to pull necessarily causality out of this.

Megan Wickman (she/they) (Guest)
Are we able to?

Beth Horwitz
We'd certainly couldn't. So sorry, man.

Megan Wickman (she/they) (Guest)
Oh no, it's OK. Go for it.

Beth Horwitz
Because they both we can't provide causality, but also HMIS is not typically where anyone tracks or what's going on with their cases. So most agencies use their own data systems to track.

Beth Horwitz
I'm sort of client data that would tell us, you know, once once someone is on a path to housing, they don't update weather like what the status is per say.

Beth Horwitz
Uh. Of the journey. So I think Ted John has point. I think it would be a great conversation I of providers in and of the group here. What what folks think are.
Megan Wickman (she/they) (Guest)
Uh-huh.

Beth Horwitz
Perhaps the piece is driving this information.

Beth Horwitz
And it's, you know it.

Beth Horwitz
It's been a slow in Trump.

Beth Horwitz
Uh, but it is certainly inching up.

Megan Wickman (she/they) (Guest)
I wonder if it's at all possible and like just like strictly from my information gathering standpoint, not to like call anybody out. But like if it's possible to get it kind of broken down by.

Megan Wickman (she/they) (Guest)
Like the the housing provider like just I sit on the the weekly likes. It calls for the youth housing matches and I like just have EM learning anecdotally that if if a housing provider has like say CDFI.

Megan Wickman (she/they) (Guest)
Shares that that time to housing is like pretty, considerably higher than if there's a housing program like a TH program that doesn't.

Megan Wickman (she/they) (Guest)
Go through the CCA application process, so I'm wondering if we can like.

Megan Wickman (she/they) (Guest)
I don't know, like learn by going about it at a different route and seeing what might be going on 'cause I know we've talked in this group like a bunch of times about how it might be documentation or UM.

Megan Wickman (she/they) (Guest)
Just wondering what like if we can break it down by housing provider, we can learn about what those different requirements are that might be contributing to that.
Beth Horwitz
That's a topic that's been discussed with the HI leadership team. For that reason, I'm trying to understand how EHI is pulling it apart. I can try to dig through the slides to see when we last pulled it. A PSH is what drives the number higher, but that's also a little bit of a.

Beth Horwitz
But was complicated in that is right. All of the RRH matches, by and large are now EHI matches, and so they're sort of 1 approach as compared to PSH.

Beth Horwitz
So I I think it.

Beth Horwitz
It has a little bit sort of of flat and some of the complexity 'cause we're using one framework for rapid rehousing that's that's somewhat different than how PSH is process happens. But but you can see a difference.

Beth Horwitz
And just the number of clients going through rapid rehousing and this point is high relative to the PSH number, so.

Angela Brooks
Like some conversations in the chat also.

Beth Horwitz
Yeah, I don't. I don't know that we have the data stored consistently for pre September of 2020. This is you know the the graph holds only so many data points. And so every time it's updated, new data gets in and some gets dropped off.

Beth Horwitz
We didn't also process this before May of 2020, so we're that's about as far back as you can go. And because the board instituted a new accountability metric in May of 2020, this data looks at BRACHES made since May of 2020. So I don't know that necessarily data before that would be revealing.

Beth Horwitz
Uhm, because it would definitely like to some extent it is anticipated that the number would go up because there's been more time for older matches to get through as time has gone on and that then moves up the time period. So going older than it will be faster than but a little bit. That's because of the nature of how the data is cut.
Angela Brooks

OK.

Angela Brooks

Not as your hand up for this.

Johnna Lowe

Uh, yes. And I know Chris. His hand was up before me, so I will defer to Chris first.

chris ohara (Guest)

Hey, thank you. Johnna, I had a question for you then, Beth. I understand you mentioned May 2020. So maybe if we could find a data between May and September or 2020 that could be valuable even if it's not to this detail?

chris ohara (Guest)

And then also going forward.

chris ohara (Guest)

Uhm, no. Depending on how much information is being disseminated, maybe we need to see how much how far back we can go.

chris ohara (Guest)

Because sometimes I think in some of this conversation might be might be lost is the amount of people that are actually.

chris ohara (Guest)

Drifting back into homelessness, which I know is happening, but I don't know how well collected that information is, which would eventually affect your turnover rates, but I don't know if it's being collected it to all the reasons why people, if that's why they've disengaged with services. Thank you.

Beth Horwitz

So for that community and in general, you know that we have a system goal or and how long it takes to get from matched to housed and and that data gets processed, it was shared with SOPC and it was also included for I think in some of the board slides. But it is available as part of the SOPC materials and we're putting together or report on it around looking at the time for match to house for 1920 and 21 to see how those numbers look different than.
Beth Horwitz
Save this information so that that is also available if folks are curious for it.

Beth Horwitz
And in terms of the returns to homelessness sets that you noticed, a different data question that isn't one that our community has looked at particularly beyond the system performance measures that hug asks for. It is a data metric that they address teams working on processing right now, but it does not exist as as available data right now.

Johnna Lowe
So yeah, I guess my question, let me take my hand down as I'm talking UJ is related to you know, is it possible for the folks that are part of our leadership team to carry these conversations over? And I and I'm sure they've they're they are or have happened in relation to like the match to house. But you know to get more of that quantitative and qualitative information from the providers as to why like what they think it is 'cause I you know.

Johnna Lowe
We can, as Jacob says, sorta theorize and pontificate all day long, but it is the providers that can provide us with that. Like This is why things are difficult for us or these are the barriers that we experience. So just wondering from the folks that are on our leadership team who do participate in those different spaces, the SPC.

Johnna Lowe
Hi my acronym today is off acronyms today or off, but I you know those various entities, I'm just curious if.

Johnna Lowe
If we can carry some of those conversations over.

Johnna Lowe
I think you make a very good point, because I think that this is not dispensing the problem that Sherri shares with me is that a lot of the matches that are given when they look at the units or.

Johnna Lowe
Uh, they don't want to be on the South side, so I think that's a very good point where sometimes we need to really just pull some data from the providers.

Ah, I see why this is happening.
Angela Brooks
Clean. I believe your hand is back up.

Colleen Mahoney
Yeah, thanks. I guess so just to make sure that I'm thinking about this chart, right, so is it so these are only?

Colleen Mahoney
It's only analyzing matches made sense when, when. Since September of 2020 or.

Colleen Mahoney
Is that right?

Beth Horwitz

Colleen Mahoney
Mail.

Colleen Mahoney
OK.

Colleen Mahoney
Uhm, I mean 'cause. It seems like to some degree like you said, Beth, we would expect to see it go up and stabilize it. And of course I, you know, I definitely agree with this system. Goal for it to go down, but I suppose that that there was an initial.

Colleen Mahoney
Or, uh, you know, kind of increase as the the time that had passed since those initial matches were made went on, you know that that we shouldn't be surprised by that to some degree.

Beth Horwitz
And we are beginning to see it stabilized, right? It it's been basically at at 60 days, 61 days for five months now.

Beth Horwitz
So it I mean it is it is flattening substantially in the way that you know to your point you would anticipate I can see if I can pull this system slides from SOPC of what the results showed for this.
Beth Horwitz

But it's, you know, slightly.

Slightly different cut of information because it's looking at.

How long it took to get into housing for people who were housed in each of the three years?

Ah, and so.

Hold on a second. I'll pull up.

I am in to get from matched to housing which was at 63 days for folks who moved in in 2019. It took 79 days to move in. In 2020, it took 103 days and in 2021 it took 79 days again.

So that that's, you know, sort of, uh, looking at historic trends?

More closer. I would say they've 2020, I think. Isn't it gonna be an anomaly here for a long time for us, but about 80 days is what our system was doing. And here's here's a slightly different piece of information about how progress might be sort of changing in the system.

OK well I have to be bad guy. Move our agenda along.

So we have any pressing questions if you can just put them in the chat and we can do some follow up.

And bass, you might as well stay in muted 'cause we have the COC board update.
Yeah. So just as a sort of pulling through a line from last Wednesday's board meeting and I know that at a preview at the previous board meeting and there was a discussion about the board requested all Chicago to help with ensuring that PSH utilization was being addressed. All Chicago had conversations and Jacob can tell you a lot more about them with all the providers that have PSH units and and then.

Beth Horwitz
Jacob did a really great job of pulling together all the information that folks shared with us that was shared at the CSC board meeting and as a result of that information being shared and the board thinking through how to proceed, they put forward a motion that all should all take asking all Chicago to put together an inclusive work plan that could potentially turn into a line of action to address housing access and barriers to PSH.

Beth Horwitz
Each and that that information would be taken to the Executive Committee to review, and they would determine next steps.

Beth Horwitz
So that just as folks to again keep tabs on some of these questions related to PSC shoot alization that have been coming up in the community and wanting to make sure that since that is sort of very near to the work of this leadership team wanted to to share that as their action items from the board meeting last week.

Angela Brooks
Thank you.

Angela Brooks
Justine will turn it over to you since there doesn't appear to be any questions.

Justine Allenbach
Alright, thank you. Let me share my screen.

Justine Allenbach
Can folks see my screen OK? It says replacing the observation ull housing assessment.

Justine Allenbach
OK. Is that like, big enough, Johnna that people are able to read it?

Johnna Lowe
I mean, I am in denial about needing reader, so I'm probably in the wrong person to ask.
I'll be reading it out loud, but I'm tried, tried to make it big enough so folks could see it, so I put this together.

In a flow chart, because that's normally what works best for me when trying to think about the process of getting folks assessed, two housed in general. But let me provide some context first. So there used to be something within coordinated entry called the observation ULL assessment and the observation ULL assessment was used for any participant identified that was unable to complete the standard CES housing assessment for a variety of reasons. It was primarily advertised as being for clients that had a severe mental illness, and skilled assessors have expressed and during my time as a dedicated skilled assessor, I also noticed very often that there were clients in shelter. In encampments, etc. Clients in general that were not able to complete the standard housing assessment because of reasons of severe mental illness. But this could also look like an intellectual or developmental disabilities. It can also be because of substance use. An example that I saw fairly frequently would be participants that were non verbal. For participants that could not read. So when we think about access to the assessment, I think one we need to expand the advertising of. A replacement to the old way. Beyond just severe mental illness because it can expand to to other things as well. Uh, another common example I'll share. Which are these are things that I saw directly where clients that had cerebral palsy, so they they were
non verbal, they could not complete the assessment with me. Uhm, another one related to substance use would be multiple attempts with clients that would fall asleep during the assessment for based in my best observation would be related to use of substances. So I think we need to expand that thought in general of how we provide access to the system.

Or clients with these situations and the observation ull housing assessment as it was before the process would be that there was a handful of skilled assessors, it was usually between 5:00 to 10:00 skilled assessors at most when it was happening that could go complete the observation ull assessment with clients identified as having a severe mental illness and that couldn't do the assessment.

Uhm, the way that was coordinated, that was coordinated through the Center for Housing and Health, because we manage outreach, coordination and skilled assessors. And so when a skilled assessor or general service provide.

Noted to us that somebody was not able to complete the assessment, we would try to schedule an appointment basically with that client and one of the outreach providers that was also trained to do the observational assessments and they would go out, do the assessment with that person and then.

Those observationally assessed clients would be matched to safe haven openings.

What we found in trying to do that in practice is it was.

Really.

Challenging to coordinate an appointment with clients that needed the observation assessment. Right. So we’re thinking about this population is being perhaps the most vulnerable in our community that need access to CES. And so when we kind of add this extra step in this barrier to how they reached that by trying to coordinate an appointment thing with them, it really wasn’t effective.

Uh, I’m gonna pause 'cause. I am following the chat, Chris, I see your question of are some folks falling asleep because of chronic sleep deprivation? Absolutely. I also saw that very frequently. I saw clients that had Alzheimer's and dementia. There's there's a lot of reasons why people can’t complete our
assessment. It's at least 20 minutes long, I think at its quickest version. So as well as being trauma inducing, etc. And.

00:21:53.580 --> 00:22:00.340
Justine Allenbach
Requiring that you provide a lot of information. So there's there's a lot of reasons why folks can't complete the assessment.

00:22:00.990 --> 00:22:01.690
Justine Allenbach
Uhm.

00:22:02.350 --> 00:22:32.720
Justine Allenbach
So back to what the observation assessment used to be required. That sort of coordination of an appointment and that was also a really small handful of providers that we trained to do the observation ULL assessment. So they're availability and coordinating that just just really wasn't working. It wasn't the best practice. We found it to cause more barriers than necessary. So I've taken.

00:22:32.960 --> 00:22:35.990
Justine Allenbach
Those experiences and.

00:22:37.110 --> 00:23:01.360
Justine Allenbach
Feedback from other skilled assessors and the implementation team to come to this proposal for replacing the observational housing assessment, which is really a nice a replacement, strongly because we're we don't want to have even an observation ull housing assessment anymore. This would really be called something else related to access to.

00:23:02.080 --> 00:23:17.500
Justine Allenbach
Participants that can't complete the assessment and just take out this observation ull assessment entirely. So I'm going to walk through this and then at the end I'll stop, get feedback from the group and we can discuss further so.

00:23:18.160 --> 00:23:30.810
Justine Allenbach
The first step, starting in the upper left corner of this flow of how this would work is we identify a participant that cannot complete the standard housing assessment.

00:23:32.040 --> 00:23:42.110
Justine Allenbach
From their service providers who identified this person would document that failed assessment attempt, which could happen in one of two ways.

00:23:42.720 --> 00:23:53.980
Justine Allenbach
It could be that a skilled assessor is documenting the failed attempt within the actual CES housing assessment, which there is a piece in the assessment that captures that.

00:23:55.100 --> 00:24:10.520
Justine Allenbach
If they were not as skilled assessor then that could be an outreach or drop in provide drop in provider and they would be able to let us know that someone is unable to engage with CES.

00:24:11.240 --> 00:24:42.980
Justine Allenbach
Via a Google form.

00:24:14.440 --> 00:24:42.220
Justine Allenbach
So that kind of blends into this third piece piece here, which is that failed assessments could give could be collected in a report because they that answer or that question of if an assessment attempt happened and it was failed as captured in the CES assessment, currently those that could be generated in tour, they report that the center.

00:24:42.990 --> 00:24:55.580
Justine Allenbach
Could be monitoring the center, meeting the Center for Housing and Health, and then we could also be monitoring the Google forms which would be available to the broader Community 4.

00:24:56.490 --> 00:25:07.610
Justine Allenbach
Folks that are not using HMIS or they're just not skilled assessors not entering people come through the CES housing assessment.

00:25:08.900 --> 00:25:17.010
Justine Allenbach
Another reason why we want the Google form to be available and we would be really careful with using the Google form.

00:25:17.790 --> 00:25:35.370
Justine Allenbach
Is the possibility of needing to use a naming convention, so moving into this next piece here it says if participant does not consent to be entered into HMIS naming convention, example Red Hat May 4th so.

00:25:36.060 --> 00:25:46.560
Justine Allenbach
We did have a naming convention process created with the old observation U11 housing assessment, but again it wasn't really.

00:25:47.280 --> 00:25:58.220
Justine Allenbach
You we didn't fully start this process because the old way was gonna happen at the beginning of the pandemic and then we had some people trying it. We're finding it wasn't working, etc.
Justine Allenbach
Uh, hum. But one thing that was particularly challenging was that.

Justine Allenbach
If clients are nonverbal, for example, in the most extreme or severe cases, we can't get their consent to enter them into HMIS we can't put their name there. We also might not even know their name, so that's another piece to consider. And when we don't know somebody name, then the naming convention that's been generated is to have someone first name be an identifier about how they look, or maybe how they dressed that day. You saw them that can be.

Justine Allenbach
Per case manager or service providers opinion and then the last name would be the month and the date that.

Justine Allenbach
The provider saw them let me stop real quick to read Chris's question.

Justine Allenbach
Would Google form be used in drop in services or observation ull encounters during outreach so it could be used for for both of those situations. Chris the Google form would be available too.

Justine Allenbach
Anybody that's not a skilled assessor. So a lot of drop in and outreach providers, actually our skilled assessors or have a skilled assessor on their team. But there's there's always gaps in services in gaps where we don't have skilled assessors. We would want those providers to be able to access this resource as well.

Justine Allenbach
Uhm.

Justine Allenbach
So again, if either someone is not able to consent to be entered into HMIS or in a even more severe case that we can't collect their name, which does happen, then we would give a naming convention for that participant and within the Google form we would be careful with that for client consent reasons.

Justine Allenbach
But they see your hand is raised. If you want to.
Justine Allenbach
Ask your question.

Beth Horwitz
Yeah. In terms of it gets the form in the tracking of folks who don't who don't consent or whose names we don't know.

Beth Horwitz
What would you imagine doing with that information? I ask because my mind, you know, it is jumping a lot of places to the data folks are going to want to look at, and I could imagine there's going to be if you're if you're tracking comparable potentially comparable information in two places, there's trouble with deduplication. And I'm I'm just curious in general, I guess about the tracking, if the tracking of information about people when they have not consented.

Beth Horwitz
Or we don't know their names and what we how that would help us to have that information, because if we don't know their names and they didn't consent, I feel like it puts us in a tricky space for follow up or any other actions because they.

Beth Horwitz
They haven't told us yet that they're allowing us to share anything about them.

Beth Horwitz
And that, you know, to the notion of Red Hat May 4th, and it seems hard to then.

Beth Horwitz
Either know that that isn't this that is or isn't the same Red Hat on May 10th that someone else submits.

Beth Horwitz
I'm not sure where we go with that information.

Justine Allenbach
So let me kind of back it up a little bit and maybe this will help.

Justine Allenbach
Sort of answer your question or support some of your.
Justine Allenbach
Your thoughts around how this will work so.

Justine Allenbach
The biggest take away from this proposal that I would want folks to to leave with is that we want to better utilize service providers, opinions about where clients are at and what their needs are.

Justine Allenbach
So.

Justine Allenbach
When we think about Red Hat May 4th.

Justine Allenbach
And the naming convention in general.

Justine Allenbach
We are under the assumption that some service provider gave a client this naming convention. Who knows this client who?

Justine Allenbach
Sees their face, knows where they are, maybe knows the encampment they're staying at, knows where they Panhandle. Maybe they even know their name. The case where we don't even know a name or a nickname for somebody is a pretty extreme case. I mean, even in.

Justine Allenbach
Cases of individuals that are non verbals, for example, when I've worked with clients that had cerebral palsy, I was able to get a name for people by writing them, writing their names. So sometimes we have.

Justine Allenbach
We have the ability to to collect.

Justine Allenbach
Some information about who somebody is. So the idea isn't just that we.

Justine Allenbach
Are using the naming convention for our identifier of who the person is. It's really just how we're identifying them in terms of collecting data.
Justine Allenbach
Uh, hum, but not actually.

Beth Horwitz
Right.

Justine Allenbach
How will find them?

Beth Horwitz
That’s that’s really helpful. I think in general I’d think we would be as a collective on shaky ground submitting a form about someone that didn’t consent for our end, their information to be shared. So I think that’s a pretty big caution I would put out there before asking if.

Beth Horwitz
Is a client hasn’t consented for their information to be in each my ask. I don’t know that we would want a form submitted about them.

Beth Horwitz
And it's it's early. I don’t think something allchicago would wanna support from again the sort of client consent and confidentiality perspective.

Beth Horwitz
Uh, if if the client hasn’t consented?

Beth Horwitz
And no one else has the authorization to consent on their behalf.

Beth Horwitz
I see. I worry about the ways that were.

Beth Horwitz
Working counter to that right for a client, so it's it's something I'd be really worried about us starting to do.
Justine Allenbach
Let me get to.

Justine Allenbach
Can I jump in 'cause? I'm sorry. I'm on the phone. So that's why I can't see the charge. But can I jump in and say I would be very concerned about the privacy of the client? And as the previous person just said, it is difficult sometime in a drop in to get them through consent to be put in HMIS and to do a form Google form or whatever. It would be kind of difficult.

Justine Allenbach
Thanks for the feedback, Doctor Stinson.

Uhm, there's some other folks at their hands raised. I'm I'm just going to.

Well, it's in my mind to respond to the confidentiality and privacy things like I hear that and I think.

We will have to be careful with how we do this and the Google form possibility might need to be eliminated entirely. Maybe that means we do just have to keep this too.

Providers that are using HMIS at the very least, or even just skilled assessors.

Uhm, but I think.

Sort of in response or a question that I would have then Beth in terms of.

How?

We. So let me back up when when somebody let's say.
Justine Allenbach
Is nonverbal.

Justine Allenbach
Right and cannot complete the HMIS consent form.

Justine Allenbach
Uhm.

Then I guess that's really the starting place, right? So we could be entering folks into HMIS and the naming convention at some point was approved and was being used and it was to enter people into HMIS that.

Didn't have the ability to consent, so it wasn't that they were not consenting, but that they couldn't also.

Consent based on like their mental capacity or physical capacity.

Beth Horwitz
Sorry, I can't speak to what came before, but we should not be putting anyone in HMIS who has not explicitly consented. If you can't consent, I mean, we certainly I'm. I'm happy to on behalf of this. You see, if the leadership team would like, we can engage legal counsel on what our options are for clients in those situations who can't consent. But the instructions in terms of information in HMIS and the consent of the client sign is.

And if you do not consent for your information to be an age, my ask, then that's that will limit what we're able to offer you. But.

No, no, none of this should be happening in the absence of client consent. Again, recognizing that I I am not a legal authority, so I I don't know what we do for folks who aren't able to consent, but but we really hold very strictly the importance of the client consent.
Beth Horwitz
Uh and?

Beth Horwitz
Also, are very strongly opposed to anonymous.

Beth Horwitz
Client data being entered in the system, which at this point so.

Beth Horwitz
I will make sure that that's not happening still, but.

Beth Horwitz
Uh, we we would, we would want to.

Beth Horwitz
Uh consent process before the system is using the information.

Justine Allenbach
OK.

Justine Allenbach
Calling in, oh, you've had your hand up for awhile. Pass it to you.

Colleen Mahoney
Thanks. I think Chris was before me. I don't know if he's, he said.

Colleen Mahoney
Uhm, what he wanted to?

Chris Ohara (Guest)
Thank you for marking that Colleen. Since I'm not IA teams user, I'm always a guest, so I think I someone no matter how early I put my hand up, I'm always going to be second this someone. It's a teams member.
Consider that a little bit of a flawed or teams. I think now I know some people love tracking their workers with it, but it does have some flaws.

00:36:30.840 --> 00:36:37.770
chris ohara (Guest)
Uhm anyways I'm. I'm just wanted to throw out there that I understand where Beth's coming from on this, but.

00:36:38.620 --> 00:37:00.480
chris ohara (Guest)
On the same token, there's gotta be a way to track individuals that are somehow around, but we're not actually capturing them in for long periods of time, which could really cut down on chronicity and in some ways. And I know this to be true. Sometimes people that aren't going through the traditional HMIS standards.

00:37:01.160 --> 00:37:07.270
chris ohara (Guest)
Uh, getting connected into the system are people that are would be in our inactive list.

00:37:08.040 --> 00:37:28.350
chris ohara (Guest)
So there's gotta be a way to do this to where we're not violating the consent of somebody, but in a way of not ignoring that that person came in for services. Because if we just leave it to that into person independent person and they know who they are, but the system doesn't know who they are, they could easily float in and out for quite some time.

00:37:31.440 --> 00:37:31.880
chris ohara (Guest)
Thank you.

00:37:33.960 --> 00:37:35.990
Colleen Mahoney
Yeah, I mean, I guess I just share.

00:37:36.090 --> 00:38:16.340
Colleen Mahoney
Uh, Chris is concerned. Maybe. I mean, it definitely understand that.

00:37:42.690 -- 00:37:55.530
Colleen Mahoney
Uhm, consent is is important, but it it does feel like this is also highlighting a real need that you know, these are folks that are interested and engaging in services but have.

00:37:56.130 -- 00:38:16.340
Colleen Mahoney
Uh. You know, various high needs that they might not be able to read and understand and sign a document physically. And so I mean it, it does seem important that we figure out a way to serve those
people, especially if you know, all of their behavior is is saying that they're interested in and services and.

00:38:16.920 --> 00:38:22.400  
Colleen Mahoney  
Uh, you know, seems like a a question worth engaging some some Council on.

00:38:25.820 --> 00:38:27.150  
Justine Allenbach  
I I agree and.

00:38:27.920 --> 00:38:31.810  
Justine Allenbach  
Hi. It's a difficult place.

00:38:32.540 --> 00:38:40.310  
Justine Allenbach  
Or it's a difficult thing to navigate because we do have to be really careful with client consent and their privacy.

00:38:41.210 --> 00:38:55.650  
Justine Allenbach  
But then the the other side to it is that it's it's difficult for participants in the same way that some participants can't do the housing assessment, they can't consent to be entered into our system, but they may very well be.

00:38:56.460 --> 00:39:07.050  
Justine Allenbach  
Trying to engage in services and get support.

00:39:07.400 --> 00:39:22.030  
Justine Allenbach  
And we have to figure out a way to capture them and make make the system accessible to them so.

00:39:22.710 --> 00:39:26.030  
Justine Allenbach  
Uh, and it's very possible that this whole proposal today can be thrown out and we rethink what we want to do for this situation. It's just very real that there are people.

00:39:27.150 --> 00:39:33.210  
Justine Allenbach  
In the system right now that are being missed.

00:39:34.430 --> 00:39:43.130  
Justine Allenbach  
Because they can't communicate their needs. So uhm.
Just putting that sort of shared thought and opinion out there that I think it's important that we figure something out here and maybe that is.

00:39:44.850 --> 00:39:49.440
Justine Allenbach
We need to move towards speaking with legal counsel in terms of consent.

00:39:49.510 --> 00:39:55.920
Justine Allenbach
Uhm, and pause sort of this, this piece. Johnna, you had your hand up?

00:39:57.040 --> 00:40:21.780
Johnna Lowe
Yeah. Thanks. So I, you know, first of all, thank you for bringing this to our leadership attention. You know this is clearly a gap and you know to be supportive to all folks in need is important. I just want to clarify if you are using service providers to mean outreach and drop in center staff because that's kind of who.

00:40:22.670 --> 00:40:29.980
Johnna Lowe
I see as really needing to be able to sort of have these conversations. This isn't like.

00:40:30.710 --> 00:40:34.830
Johnna Lowe
Housing providers are the service providers, your.

00:40:35.620 --> 00:40:37.700
Johnna Lowe
Referring to correct.

00:40:38.440 --> 00:40:41.230
Justine Allenbach
Right. I am referring to.

00:40:41.860 --> 00:40:53.140
Justine Allenbach
Service providers that would be outreach or drop in center staff or skilled assessors. So more on the front door lined up action or shelter staff.

00:40:45.210 --> 00:40:45.680
Johnna Lowe
Gotcha.

00:40:50.810 --> 00:40:51.190
Johnna Lowe
Yep.
Johnna Lowe
Just wanted to make sure, yeah, but I definitely think like I'm particularly the box in the middle.

Justine Allenbach
Yeah, yeah.

Johnna Lowe
Uhm, having those folks really figure out how they can support the completed assessment or the and the consent and really get those folks the supports they need. And you know I'm, I support going back to the drawing board.

Johnna Lowe
Figuring out, you know another way to including, like talking to legal and other entities and maybe, you know, even having like, what else is, what else is happening in other Co seas?

Johnna Lowe
Uhm, because it's. I think it's really important that, you know, just really appreciate you bringing this to our attention, at least to my attention, I should say.

Justine Allenbach
Not thank you.

Justine Allenbach
I agree it's a conversation that could use more space for feedback from.

Justine Allenbach
Skilled assessors and outreach and drop in providers. I do take a lot of this from skilled assessors because I work with them a lot in the center overseeing that work and also from my experiences of being in assessor. But there's a lot more space to collect community feedback about this and then it seems like we also need to.

Justine Allenbach
Navigate legal counsel or bring that piece in here too. Maybe before we can go forward with with anything.

Justine Allenbach
Come, but yes, it's definitely it definitely exists and it's.
Justine Allenbach
Complicated 2 because.

Justine Allenbach
You know, sometimes the shelters etc should be doing should be doing more when.

Justine Allenbach
Clients enter.

Justine Allenbach
Shelters or when clients that are trying to express their needs at any kind of service provider or being being ignored because they can’t express their need, that's.

Justine Allenbach
A larger system problem which is happening.

Justine Allenbach
Uhm.

Justine Allenbach
But I think in terms of coordinated entry that's, that's where we have space to to make a difference. And we I’m hearing from skilled assessors and I’ve seen it first hand that you work with clients who cannot consent to HMIS and they can't do the assessment and you're like what do I do? ’cause this person wants help. They're trying to to get help. So we have to have something to give to.

Justine Allenbach
Service providers that are at that front door.

Justine Allenbach
Or uh, for these clients so.

Justine Allenbach
I will, I think I've definitely taken up maybe my whole time already, but I I'm just going to kind of skip to.

Justine Allenbach
Or Angela, do you need me to just I can just stop or.
Angela Brooks
Now you have a few minutes 'cause. I don't think the work updates are going to take that long.

Justine Allenbach
OK.

Justine Allenbach
OK, so I think we might be in a place where we have to sort of go back to square one or go back to the drawing board with this. But I'll just quickly say that the end result would be.

Justine Allenbach
That clients that are identified in whichever legal, appropriate way we can identify people that are unable to complete the assessment, the center would coordinate with the providers who have listed or identified these folks to attend meeting, have the service provider, the case manager, whoever that might be, attend the chronic singles city that the center hosts and then similar to the transverse city.

Justine Allenbach
Anyone who's been to those that provider would present the participant situation to that group, which is a group of more than like 5 providers. To say this is the person situation and then as a group of providers we can case conference the best triage for that client.

Justine Allenbach
Uhm, because there's a lot of different appropriate options that might work for somebody. For example, I think we should be better utilizing as a coordinated entry system.

Justine Allenbach
Come from group homes and housing that's available to individuals or families with intellectual or developmental disabilities. There are specific resources for that. So I think that we should be considering that when that arises. So there should be space for like case conferencing the best.

Justine Allenbach
The best solution for somebody, but then also we could use that space to approve or deny if asafehaven opening is the best route for them. So right now we don't have an infrastructure in place for matching folks to asafehaven. There's not a lot of safe haven models and programs within RC OC, but they do exist and they do occasionally have openings. So I would say that safe havens would probably be best for our clients that fall under this.

Justine Allenbach
Category of need, UM and then from there once asafehaven match was approved. Or maybe we don't
need to go that route, but there's another triage that we came to as a group of providers. The center would just coordinate the follow ups for that to ensure a successful outcome for that person. So that's, that's where it sort of goes back to which maybe eventually we'll be able to do that. But I think we're kind of stuck in this middle here of what can we do weekly.

00:46:30.580 --> 00:46:36.130
Justine Allenbach
And may be needing to get more feedback from providers actually seeing this happen so.

00:46:37.650 --> 00:46:45.820
Justine Allenbach
I'll pause for.

00:46:40.620 --> 00:46:51.250
Laura Bass
This is Laura. I definitely think getting some legal advice would be helpful, I think.

00:46:53.590 --> 00:46:59.770
Laura Bass
That there could be other complications that could come up with this. So you know, if someone is not able to consent.

00:47:00.470 --> 00:47:10.210
Laura Bass
To being entered in HMIS are going to be challenges in that person entering into a lease contract which is uh, you know which not every housing model requires, but just you know.

00:47:11.220 --> 00:47:26.500
Laura Bass
I think that's helpful. I'm wondering if it's a work around or like a a middle step, there could be a process for that identifies like to shelter providers and outreach providers. If you're working with a person in this situation?

00:47:27.690 --> 00:47:34.920
Laura Bass
You can come to this sitm to to to problem solve without necessarily having to identify the person.

00:47:36.580 --> 00:47:37.680
Laura Bass
If that makes sense.

00:47:39.250 --> 00:47:41.040
Justine Allenbach
Not really like that suggestion.
Justine Allenbach
Yeah. To still make this space for a case conferencing group of providers.

Justine Allenbach
Elements.

Justine Allenbach
Beyond just their own internal agencies, and that could be something as well that we better coordinate with just outreach coordination work which the center facilitates. So we can bring that peace in as well for sure.

Justine Allenbach
And I think that we kind of do that at the chronic singles site for folks that are engaged in the system and match. So I think that makes sense.

Justine Allenbach
It's just again kind of goes back to.

Justine Allenbach
Just that initial 4 because that might be happening then for clients that can at least engage by consenting, right? So it still makes sense to do that and.

Justine Allenbach
It's very well possible that people that still meet this need, or who would have needed an observation assessment can consent. So that does happen to I mean some people.

Justine Allenbach
Do you have the capacity to consent to be entered into HMIS and then they're falling asleep during the assessment or?

Justine Allenbach
That's something within their their capacity in terms like their mental capacity to do the assessment reveals itself later on, and it's just the assessment piece. They can't do so. Some people will be able to consent to enter HMIS and just can't do the assessment. So in those cases.

Justine Allenbach
Then we don't have as much of that legal battle right of what we can do. So that's something to think about, too. But yes, thanks for bringing that up, Laura.
Justine Allenbach
Other questions or comments about this topic?

00:49:39.000 --> 00:49:43.590
Angela Brooks
And now we do kind of have to move you on. Thank you so much. That was awesome.

00:49:44.700 --> 00:49:47.740
Justine Allenbach
Thank you.

00:49:44.700 --> 00:49:47.740
Angela Brooks
Great information. I guess we can probably follow up next month too.

00:49:48.940 --> 00:50:02.550
Justine Allenbach
Yeah, I'll follow up next month. UM.

00:49:52.490 --> 00:49:58.400
Justine Allenbach
I'm going to take all this feedback and sort of finalize some of these things and then of course follow up with.

00:50:07.510 --> 00:50:11.480
Angela Brooks
Do you want to just do your update with? Since you're already talking for your work group?

00:50:13.620 --> 00:50:13.940
Justine Allenbach
I don't.

00:50:15.080 --> 00:50:17.660
Justine Allenbach
I don't think I did actually.

00:50:16.740 --> 00:50:17.100
Angela Brooks
OK.
Angela Brooks
Turn it over to you, Johnna.

Johnna Lowe
Thank you. So the workgroup update is around our prioritization. So we as a leadership team have to make a decision about who's gonna represent the leadership team in the prioritization workgroup.

Johnna Lowe
I have gathered most, or at least half of the liaisons or representatives from all of the other identified stakeholder groups, but we don't have one I officially identified for leadership team, so.

Johnna Lowe
That is what we need to make a decision about.

Johnna Lowe
I'm going to say that considering I'm sort of facilitating the workgroup and that is my primary role in this is to like really move us forward in the most cohesive, beautiful, butterfly loving, supportive, collaborative way. But and then I think also just my tenure and coordinating true leadership is relatively short. So I don't you know, I don't know if we need to do above, we need to sort of volunteer.

Johnna Lowe
Volentold you know what? What makes sense to this group?

Angela Brooks
Do we have any volunteers?

Chris Ohara (Guest)
Hey, Angela.

Angela Brooks
Yes, Chris.

Chris Ohara (Guest)
I wouldn't be opposed to being involved in this, but I mainly spoke up because I was actually wanting to say sometimes these meetings meet very quickly, sometimes every two weeks or even more frequent than that. Would it make sense that you at least have if you're going to have a point person but also have an alternate? So that way that if one person can't attend a meeting, the other one could?
Angela Brooks
I'm different.

Beth Horwitz
I wonder.

Johnna Lowe
Traffic there.

Beth Horwitz
In addition to our Christmas idea, I've johnna. I know that at least some of us are part of that workgroup because of other hats we wear. So maybe maybe there are enough of us already represented that one of us will just take on the dual responsibility, or if there's someone therefore not included.

Beth Horwitz
Uh, we we.

Beth Horwitz
Uh, we could, you know, fill in the gap with someone who's not yet there 'cause I I know. Like, so you're there. I'm there. I think Laura is part of it. I wanna say that Megan, who's just left, is also part of it. And I I don't know who else maybe is has been put forth, but I I could imagine there's also other folks.

Angela Brooks
Endpoint.

Johnna Lowe
I I definitely support, you know, understand that. And I also wanna think about when the if and when it comes down to like actual voting recommendations to the leadership team, how that would play off. You know, folks have I I have two boats 'cause I represent two groups and then those two groups may not have the same response around what the recommendations are. So I I I I think that's absolutely important.

Johnna Lowe
Which is why I'm like I don't need to be, you know, the leadership team Rep and I want to be cautious of like when we get or if we get into the places of voting, how that may play out in the future.

Johnna Lowe
I will say though, to your point like yes, Laura is representing the collaborative on child homelessness.
Johnna Lowe
Uh, we also have colleague. Well, unofficially calling from CDPH.

Johnna Lowe
Uhm, you as our data person? Bev.

Johnna Lowe
Uh, we. We also have a position for CE lead, which is different from leadership team, so.

Johnna Lowe
You know, that's a caveat to also pay attention to.

Angela Brooks
Are there any voice is missing from that work group that are part of this group? That would make sense?

Angela Brooks
Like from the different sectors, I suppose I'm not familiar enough with it to have a thought.

Johnna Lowe
Lord, did you? Did the SPG like SPC? I can't with acronyms today. Did they officially like make that 'cause? I don't think I got that like email from the group. And then just thinking about, you know what we talked about in terms of like two people representing 2.

Johnna Lowe
Groups is feels a little conflict of interest to me.

Laura Bass
That was my understanding, but I can double check with SPC leadership that that is the plan.

Beth Horwitz
My guess is that there's not gonna be quite as many things like I think if their groups are comfortable with the dual had I think it's OK. I think a lot of folks were dual hats and a lot of the meetings they sit in.
And I think like if the leadership team decided it was OK to have someone where dual hats, then we would just have to sort of support that process and still the person would vote once not, I think potentially multiple times. At least that's how we're handling it in all of the other spaces related to the.

Beth Horwitz  
Uh, uh, COC so far and.

Johnna Lowe  
We have what happens if those groups have opposing views and you're representing.

Beth Horwitz  
It hasn't happened like I just I don't. I think that the.

Beth Horwitz  
Nature of most of the things that are decided, and I think perhaps part of the question is maybe clarifying responsibilities because my understanding would be that this prioritization workgroup would be making a recommendation to the leadership team of this group. So I feel like this group is going to have a way devote to make. I don't know that the recommendation from the prioritization workgroup is going to be as weighty potentially.

Beth Horwitz  
Where folks might be in conflict with each other.

Beth Horwitz  
I think depending on how it goes, perhaps there is a need for more, but I think I think that it's a lot, a lot of people come with multiple hats and so it's hard ultimately to say to them, hey, Laura only speak on behalf of families, don't think on behalf of SPC, don't think with the lens of coordinated entry. And so it's just it's just hard when there are so many different perspectives. We're trying to bring around a table how to find enough people to be one person for every.

Beth Horwitz  
Different request.

Johnna Lowe  
Yeah, I I absolutely hear that.

Johnna Lowe  
I guess I kinda would disagree, and in the sense of.
Johnna Lowe
Uhm, I understand we absolutely bring multiple perspectives and like there's just there's been.

Communication to me about what particular folks are interested in doing already, and we, you know, we haven't even really gotten to the place of, like, the meat of the work, so to speak.

So and I know it's difficult to pull multiple people in, but I also think that.

Being in a situation where we are asking people to wear multiple hats were giving them power and not really having that communications with a particular.

Uhm, stakeholders or entity that they represent that they represent, right? So you know, I know Laura is not the only person. SPC.

You know, I would. I can go and beg and plead if we can have another Rep.

So that we can sort of widen the decision making power in our continuum and in this work.

Yeah. So I'm SVC. This is doctor Spencer. UM.

I guess I'm more concerned about the conflict of interest if we're speaking dual or voting dual. And so I'm I'm just not comfortable that we will be represented who we represented. I guess that would be my concern.

And I guess honestly if somebody is representing this group and there hasn't been a meeting of this group to discuss it there representing themselves for the most part anyway. So there's always going to be some level of issue just based on timing. So we can go around in circles and that all the time. But if this group hasn't met to discuss it there representing their projections on that anyway. But as it stands,
we had Chris volunteers, anybody else interested that might solve all of this if nobody stepping up and calling nastier hand is up.

00:59:26.430 --> 00:59:31.600
Colleen Mahoney
Oh, I I mean, I was just gonna say, it seems like there's been a lot of thought put into the.

00:59:32.220 --> 00:59:45.820
Colleen Mahoney
The make up of this, uhm, working group. And so you know, I mean to the extent to which multiple people are representing two of those named seats, but only getting one vote. I mean, it does seem like we're really changing the.

00:59:46.590 --> 01:00:04.150
Colleen Mahoney
Be you know composition of if we intended to have 40% direct service providers, but you know half of those people are actually there are two people or one person representing two seats or you know where the kind of deluding votes in that way. So I do understand you know the concern.

01:00:10.660 --> 01:00:22.560
Angela Brooks
With that said.

01:00:12.570 --> 01:00:14.200
Angela Brooks
Do we have anybody other than Chris?

01:00:16.820 --> 01:00:22.130
Angela Brooks
And Chris, certainly thank you for that. I know you are probably in just about, I don't know every meeting.

01:00:22.130 --> 01:00:35.690
Angela Brooks
Uh, so I wanted to give somebody else an opportunity, but I'm not seeing anything.

01:00:37.270 --> 01:00:48.620
Johnna Lowe
I well, I mean I am absolutely open. I can send the communication to our leadership team officially that sort of think about it. And if there are other volunteers that are here today.

01:00:49.530 --> 01:00:50.720
Johnna Lowe
I absolutely can do that.
Angela Brooks: This everybody comfortable with that who is present?

Angela Brooks: And in the meantime, do we want to have Chris represent us?

Angela Brooks: Doctor Stinson, I think you were trying to say something.

Doctor Stinson: Yeah, I'll work request if there's something that I need to work with.

Angela Brooks: Let me see.

Angela Brooks: So that way it was out of all well, she volunteering. I didn't.

Angela Brooks: She went out for me.

Angela Brooks: Yes, I will volunteer. Yes, I will. I'm on the phone, so it's kinda hot fixing charts.

Angela Brooks: OK.

Angela Brooks: Awesome. Thank you, Doctor Stinson. Johnna is writing that down.

Angela Brooks: So I know we mentioned earlier that we should probably have two people. So there you go. So we can kind of work that out.
Angela Brooks: Uhm 'cause, I know scheduling.

Live experience and I'm provider so we can work together. So there's a balance there, OK.

Angela Brooks: Yeah.

Angela Brooks: There is an with both of your schedules. It will be highly probable one of one of you won't be able to make something. So we've got two of the busiest people on this call. So there we go. Thank you both.

Angela Brooks: All righty.

Angela Brooks: And Laura, if you just and you might not really have an update in terms of like the SOPC transition process, I'm assuming we're still waiting on the third party and.

Laura Bass: Yeah. So the, UM, the committee is going to be the CEO lead selection committee is going to start meeting next week.

Laura Bass: Uh, we are still waiting on the third party consultant. So we do have an RFP ready to go out. It was slowed down, unfortunately a little bit by my time out.

Laura Bass: Uhm, but we have had a number of recommendations for potential consultants, so we'll be sending out a super super simple RFP with a very quick time turn around time.

Laura Bass: Up to see if we get some applicants.
Laura Bass
And we'll be making recommendations to the full SPS OPC to select an applicant kind of based on how that process goes.

Angela Brooks
Great.

Angela Brooks
And then on the CSH side, we are having our meetings.

Angela Brooks
Partner meetings as well to make sure that as we're transitioning, we're really documenting things in that case, because Johnna and IR on the newer side on this piece of it, we might reach out to some of you 'cause. We're just trying to make sure we're Johnna and are looking at it from what we know when we started this and what would be helpful to make sure it's there. So we're committed to a smooth transition. It's not like, you know, December 1st for like, deuces. You don't know us or anything like that. So he will be around. So there's not a huge concern on that part that we are trying to make sure that we are.

Angela Brooks
Handing off in a very smooth.

Angela Brooks
Uh. In a smooth way, so don't be surprised if some of you hear from us just as we start kind of thinking through that process as well.

Angela Brooks
Great. And then?

Angela Brooks
And we've got a few moments left and I know there was. I don't, John. I don't know where we decided it was Hotel Julien, if we're going to talk about it for a quick second. 'cause, I don't think anybody will. Coleen might have something, but I don't think we've Christine not being here. I think some of that stuff isn't really issue. OK.

Angela Brooks
Great. Well, we are scheduled to speak again March 22nd, Chris. Maybe we'll do it on zoom, not teams next time since I think you're more familiar with that and you can easily see hands and it does do it in order. So we'll consider swapping over to our zoom.
Angela Brooks
Awesome. Well, thank you guys. Hopefully you liked our Black History Month themed agenda this month.

Angela Brooks
Couldn't think of ice breaker, so you know for the next population based month, I'll try to come up with a icebreaker that's relevant.

Angela Brooks
Awesome. Thank you guys. We're going to give you 6 whole minutes back.

Johnna Lowe
Next, next month is Women's History Month. So.

LaShunda Brown (Guest)
Thank you.

Angela Brooks
Yes.

LaShunda Brown (Guest)
Think about women that inspire us.

LaShunda Brown (Guest)
Oh, that's a good one.

Angela Brooks
Yes.

Angela Brooks
OK, there you go. You have your icebreaker boom.

LaShunda Brown (Guest)
Yeah.

Johnna Lowe
Bye everyone. Have a great day.
Angela Brooks
Great.

Hi everybody.

Justine Allenbach
Alright.

LaShunda Brown (Guest)
Why?

Colleen Mahoney
Thank you.

So everyone.

Tracey Blackburn
Hi.