

September 22, 2020

CE Oversight Committee Meeting

In Attendance:

Trish Hobson, Mary Ann Priester, James Searcy, Rosalyn Allison-Jacobs, Stephanie Shatto, Megan Coffey, Branden Lewis, Chanda Scott, , Kecia Robinson, , Stephen McQueen, Beth Reichert, Courtney LaCaria, Kally Canfield, Gregory Denlea, Dallas Brag, Jessica Rice, Liz Clasen-Kelly, Hannah Marie, Lisa Adams

Welcome, Intro, Overview of Agenda – Trish Hobson

Vote: Approval of Minutes – approved without any changes

PSH Application – Stephen McQueen:

Hillrock Apartments and Homeful Housing – still will serve Chronic Homeless. 340 apartments 75 units (20%) are PSH. The county is supporting the case management, but Roof Above is supporting the director, nurse, and perhaps a tenet coordinator. We are not using vouchers from any other provider; the building will be self-sustained through the other tenets. We must limit the # of tenets without income. We believe we will be able to offer 10 slots for those without income. We are still housing first but we want to be able to ensure that it will be sustained.

We have not set any particular criteria for residents but wanted to start the conversation with CE to see how this program will work within CE.

Liz – we can create this PSH and preserve this affordable housing. It is different in the sense that we have a loan and must have the property at capacity. Our ability to fill units quickly will become imperative. We cannot have units open for a long period of time. Our potential residents must be document ready. We are looking at November to be able to move in our first PSH units.

Atrium employees will have 50 set aside units and will be at different AMIs. We are expecting about 2 years to get to full capacity for both Atrium set asides and PSH units. Atrium provided a 5 million dollar loan to help us obtain the property. So, they are a partner in the project.

We are not interested in forcing anyone out or displacing someone. We have a minimum of 10 units that are voucher friendly. We will not have a special process; they will still go through the same process. Hillrock has already been helping those coming out of homelessness and those with vouchers.

Tenets will not feel like Roof Above is the managing the property, we have hired an operating partner and a property management company to manage the property and have maintained the same property management team. Hopefully, the current tenants are experiencing a different type of living experience.

Lots of demands on the registry currently with the new funding sources but want to ensure that our units are not waiting for a tent. We need to have a quick turn around for our empty units.

Are there any support services for non PSH – we are hiring 4 case managers to we will have 1 case manager with a limited PSH case load so they can provide transactional supports to all residents. We also anticipate a nurse on sight and a tenant service coordinator to serve not only PSH but also other residents as well.

Asked if there are plans to do this again, Roof Above is not looking to do this again, the community could be looking at doing this model again. We are really looking to other partners to perhaps do this model again.

There are not specific units that are set aside for PSH – there are floor plans that are eligible for PSH. As those units become available, they will be filled. We are not looking to displace anyone.

PSH is just for individuals we are not serving families, but the complex itself serves families, but most units are 1 bedroom. A decision has not been made about serving couples, and we would look to this committee if there is additional information on this particular need. Pets will be allowed in the PSH units, but residents will have to follow the requirements of the apartment complex.

Open Voting Member slot

- Decision was made a few weeks ago to search for a Prevention Provider. This did not go out last week but should be put out to the community this week.

Data:

We are seeing a slight increase in the # of families seeking assistance – seeing a slight decrease in singles, and in Veterans seeking assistance. Chronic Homelessness is remaining steady. Large increase in the # of at risk being referred for in person assessment. This could be due to staff turn-over and new staff at 211.

James Lee suggested that if callers were quickly called back to indicate that their calls were being triaged this may reduce the number of callers that are calling a 2nd time. Rosalyn confirmed that during her research those interviewed confirmed that sometimes they just never received a call back regarding the request for assistance. Megan explained that those seeking hotel assistance call 211 – a referral is made to the program within HMIS – CE calls callers back to triage and then makes the appropriate referral if they qualify.

As a part of documenting homeless prevention continuum – we had the question what happens to callers who call 211 – are at risk – and self-resolve. What happens to these folks – do they self resolve? Do they become homeless? Retrospective study using the 695 callers to 211 who were determined to be at risk of homelessness. Did 131 interviews (called the callers back) many (unsure of the exact number) did not receive calls back.

Question: Do we know where the breakdown comes from? There is a lot of confusion about 211 not being the provider. The question is where is the breakdown, and is it in part confusion from the consumer or a service provider not providing the follow-up?

The system continues to be very complicated as the mapping shows. James Lee added – it shouldn't be and doesn't have to be complicated. Rosalyn added that her research is showing that the prevention system is very porous. We are not seeing a check and balance to ensure that consumers are being called back.

Trish: Unsure of who has oversight of 211. We may need to look at the messaging of 211 and what is being said to callers who call 211. Hopefully when Rosalyn's report comes out – the observations from the prevention report may bring about some additional questions or next steps.

Megan: reminded us all that 211 is not local and they are managing many different types of calls. 211 is provided a script about what next steps look like for the caller. Unsure of what the turn around time is for someone to hear back once a referral is made. Megan is checking into this process. The referral could be to rampclt or crisis assistance or a community case manager. At most, agencies are stating that it is taking a few days at most to get a call back from the referring agency.

Next Steps:

- Invite 211 to the call to pick her brain on how 211 is working so we all have a better understanding of the process within the call center. And it may be helpful for 211 to understand what we are hearing on the ground level.
- Will review the process map at a later meeting.