Results-Based Accountability Committee

Agenda
April 11, 2022
2:00 – 3:30 p.m.

Attendance: Julian Leiserson, Chair (Abode Services), Miguel Dwin (Alameda County Human Services Commission), Brittany Carnegie (City of Berkeley), Royl Roberts (Alameda County Human Relations Commission), Katie Haverly (EveryOne Home), Dorcas Chang (EveryOne Home), Sharon Osterweil (Lifelong Medical)

Notes Reviewed and Approved by Committee Chair Julian Leiserson

1. Welcome and Introductions
   - RBA Committee is an open committee and welcomes participation from anyone committed to learning and implementing the RBA framework

2. Announcements
   - Review meeting notes from February 2022. Notes reviewed and approved.
   - Call for Co-chair
     - Julian Leiserson (Abode Services) asked if anyone would be interested in being co-chair for the committee during the transitions to the System Impact Committee for the new governance structure. The co-chair for the new committee would also sit on the Leadership Board to ensure communication between the Board and the committee. There is no conflict of interest to sit on the Board.
     - Julian shared the new governance structure and the new Leadership Board composition.
     - If anyone is interested, they can let Julian or Katie know.
   - PIT Counts – Updates
     - Sheltered and unsheltered survey are now complete. We received 513 digital sheltered surveys which is 94% of our quota. Data on the unsheltered count is forthcoming.
     - All Point in Time Count data is due to HUD on April 29
     - Tentative date for county-wide data release is May 16. All unsheltered and sheltered count data will be available for the county and every city through simple infographic reports that EveryOne Home will create.
     - All survey data will be included in the more comprehensive reports that will be released in late June
     - EveryOne Home will be receiving all raw datafiles so additional queries can be conducted based on interests
     - Miguel shared an interest to look at returns to homelessness by race.
     - Katie will share with the group the survey from the PIT Count for review.
     - Julian asked about how the race/equity workgroup could be involved in developing queries that may want to be executed with the dataset. Katie
shared that queries could potentially come from any committee and then EOH could run some analyses.

- Katie shared that we are likely going to see a significant increase for those living in cars and vehicles in this Count.
- Sharon shared that she has heard that many of the Safe Parking programs that are available are not full, so there seems to be a gap in getting this resource matched.
- Miguel shared that when doing the count with Royl that their location was in North Berkeley there were not a lot of folks experiencing homelessness. They understood though the denser areas were covered by the outreach teams.
- Katie shared when she conducted the Count with Supervisor Haubert in Fremont in a more suburban area, and her team was surprised by the number of folks living in vehicles. It was so cold that morning that it was very easy to tell if someone was in a vehicle because the windows weren’t frosted over. Wondering if this may support a more accurate count since it was easier to tell in the dark. Also perhaps we are seeing more vehicles in public spaces where before in the pandemic there may have been more enforcement for folks to not stay in one location. Also, comparatively to 2019, there are many more safe parking programs now in Alameda County.

- ICF Technical Assistance support
  - ICF is a contractor that works with HUD, we are entering into a 6-month technical assistance contract to explore how to improve our HMIS data system so we can more easily analyze data by race and ethnicity and jurisdiction, especially with HUD system performance measures. Those meetings are open to those who are interested from HMIS and RBA who would like to participate. First meeting is going to be on April 14th, from 1pm to 2pm, if anyone is interested in being part of that discussion.
  - ICF will also be helping us with work that is happening in the HMIS Oversight Committee, to create the data quality action plan. This includes pieces around who is responsible for what, how do we monitor and oversee data quality, and how do we create enforceable agreements so that data issues that are identified, we can create movement to improve them. We have a lot of tools to identify data issues, what we are missing are leverage points where we can create change, and identify providers that are having consistent data quality issues. First session on this topic is happening April 22nd, from 1-2 they will happen biweekly or weekly for the next six months.

3. **Coordinated Entry Evaluation Update**

- We are required to conduct an annual evaluation of the coordinated entry (CE) system. CE 2.0 rolled in June 2021, and continues to roll out as of today, components have shifted and change, folks have been trained on new system.
- SubCommittee meetings were held March 18 and April 1 and have gone well with a diverse group of folks. Where are at now:
  - Katie has drafted a data collection plan for the evaluation. This includes what types of questions we want to ask, how will this roll out, etc. This was shared that with subcommittee today.
  - Once we finalize the plan, the hope is we can approve it in this Committee and then to the System Coordination Committee (SCC) for their approval. The SCC is responsible for this portion of the requirement, but they tasked the RBA Committee
with doing the work based on our expertise, but SCC needs to involved in the decision making process.

- Two more subcommittee meetings are scheduled, we need to move forward with planning for data collection.
- Katie walked through the draft of data collection plan:
  - Primary data collection
    - Gather feedback from providers that interfacing with the CE System and participants reaching out for help utilizing the CE System
    - There are 3 different types of providers that need to be queried:
      - Front line staff (digital survey)
      - Street health outreach workers (digital survey)
      - Matchers (digital Survey)
    - Tailor to these different types of provider groups and be able to do analyses by group based on different experiences
      - Gather from people who have been trained and using the system for a while, they must have completed the training and used the system for 2-3 months
      - Julian - We were hearing there were issues rolling out CE 2.0, people didn’t know it was happening, they hadn’t been trained. If part of the confusion is an agency isn’t training new staff, if we are only serving who have done the official training and used the system for a while, we have knowledge gap of a potential problem, of people who are not receiving the correct training.
      - Sharon – Expectation versus reality, its not close sadly
      - Miguel – The front line staff and ordinary staff perform two different functions? Is that why we are seeing not all staff being trained?
      - Sharon - what I am seeing, we had 20 people who we thought should be trained based on roles, and we have been successful to get 10 trained, people who are supposed to have it for their role, there is a gap right now. Its been mostly on the county for the delay, took a while for online system to get up and running, months and months where it wasn’t working, and not being able to be licensed caused a huge ripple effect. Also just normal turnover.
      - Miguel – are we monitoring and tracking staff or agencies regarding their training?
      - Sharon – I don’t think anyone is, I am the Agency Liaison from HMIS so theoretically I would think it is my job, although I have received no training or guidance on how to do that. So it is up to each Agency Liaison and we don’t have a lot of resources, and depending on how big that agency is, that has an effect on how well the Liaison can function. Also, because of the huge delay, the new CE training takes many hours in the online system, people who already are on the ground, hard to find that time to do the training, just catching up on that is the big issue.
• Julian – people who are existing users who already know how that works, might be harder to get those folks to complete the training.

• Miguel - if we don’t have 90 percent of providers and staff trained, then the question is are we getting viable data? Are we getting good enough data to make recommendations, to present reports, outcomes? Step number one, we need to make sure all providers have training on coordinated entry, because that is only way we are able to get good data.

• The same consistent training is key. For example, why are the assessments scores higher in North County? Are staff trained differently than other hubs?

• Katie H – Keep in mind, there are different steps in the coordinated entry process and different providers are responsible for different steps, so the training needs are different. Access points – actually doing assessments is very different then providers who are doing housing problem solving. Different groups have different things they are being trained on which makes it complicated.

  o Miguel – As far as outreach teams, seems like they are the first line of contact.

  o Katie – One thing we thought it would be important to ask about is what are the issues they encounter in the field logistically doing this process.

  o Miguel – When the outreach team goes out, they do a spectacular job as far as talking to unsheltered and having empathy. One thing that concerns me, is getting those people into a brick and mortar establishment to receive help. What I have seen is if an outreach worker goes out there, the best they can do is give them a card with a number to call, or “we’ll be back tomorrow”, or maybe we’ll send someone out there. But essentially, that individual is gone. What I see or feel, when outreach team goes out to do their work, they need to have social services with them, they need to have providers there with them, they need to have all the resources with them so when that person says okay I will, you can immediately take that person and get them the service they need. If you can get one person out of asking 10 or 12, then I think we’ve done our job. Take that into consideration when we think about not only how we get out and outreach, how do we grab people and get them some help immediately. Its an emergency and one day can make a difference between helping and not helping someone.

  o Sharon – that’s how it mostly works now, they have providers with them I think.

  o Brittany - in Berkeley, there are some outreach teams and street health teams, etc. It’s a mix. One thing we would like outreach to be able to do is offer people shelter beds on the spot, so they can look in HMIS and know what the bed availability is, not sure if they are doing that.

  o Katie – that is one of the challenges with the new coordinated entry system, emergency shelter beds are part of crisis queue, you have to go through the pre questions and housing problem solving, if they want to get on the queue, that doesn’t mean they will get a bed right away, depends on their criteria
and their position in the queue. So sometimes they have to wait for an opening, the street outreach team member has to remain in contact over two to three days and that can be challenging. How can we better match people more quickly so there is not this delay where you could lose contact with someone who is ready to get the support that they need?

- Has safety been an issue? For example, taking tablets, laptops, and technology into field. Personal safety or theft of property. Miguel shared that his experience in encampments is that folks are respectful. Julian – more curious about more remote areas, where you wouldn’t have support. We could ask about how they enter the data into the system.

- Maybe it’s more of a foodnote, is there a way to find staff who haven’t received proper training and how do we get to them and is there a way to calculate how many have been trained, out of how many should have been trained, and is there a way for HMIS lead to run a report on users that have received training.

  - There is this matrix that shows which training by which folks at which location depending on how they are interfacing with folks. Depending on role and location training needs are different.

  - Miguel – We want to know have they been trained in what they should have for their role and function. Its okay that different staff have different training, has everyone been trained in what they are supposed to do.

  - Katie – Wondering does Colleen and her team have a roster of agencies and staff that need to be trained, or is up to the agency to figure out? Or is it based on HMIS licenses?

- Are there any other questions we should be asking providers? Plan is this will be a digital survey with a mix of quantitative and qualitative data.

  - Julian – What about this question - What is your confidence level that your housing problem solving solution will work? Do you think you are helping?

  - HMIS Data analysis – also want to figure out metrics we could explore related to questions like this. For example, what % of housing problem solving works/creates successful exits.

  - Housing problem solving – these are pretty logical conversational points, do you have a relative you can stay with, do you have money for a hotel, not groundbreaking ideas, etc. How often do those conversations actually lead to a solution that hasn’t been thought of before. It makes sense to have those conversations and exhaust those options before you move into a more intensive assessment procedure.

- What we can’t see in HMIS, is what were the referrals, or outcome of referral from coordinated entry? That data is sitting with Housing Resource Centers (HRCs) and not entered into our HMIS system yet. But what we do have is when that record is closed out in HMIS when someone exits the queue.

  - Miguel – Could be helpful to know then, what information do the HRCs, 211 have that we don’t have in HMIS, that is viable to our
data? Then that can be a process where we can see how we can collaborate and close some of these gaps?

- Does all the matching happen by human touch? Does it have to be that way? **Are there areas that matching that could be automated or made more efficient in the matching process?**
  - Would it be interesting or of use to understand someone who is a matcher go through the process step by step? Miguel – it would definitely be useful to do that.
  - Miguel - there are some providers not in HMIS, is there anyway we can find out what providers are not on Coordinated Entry and who they are? We need to get them onboard as well, at least knowing who they are and how many there are could help.
  - We have an understanding what shelter providers are not participating in HMIS, through the PIT Count, where we reached out to the not participating shelters. For emergency shelters we do have a more comprehensive list. Other service types like prevention, some permanent supportive housing services are not included in HMIS, sometimes hard to quantify because they can shift and move depending on funding streams. But how does that matcher know here is the universe of available resources, do I have a comprehensive list of that? Home Stretch does a lot of PSH matching, but a lot of those units are not necessarily in HMIS, because of the funding.
  - Example - Emergency Housing Vouchers, 864 sit with the HRCs, and a lot of work was done to enter into HMIS on the back end, where those referrals went to, so we can look at if there is equitable distribution of these vouchers based on race/ethnicity/region, etc.
  - Katie - What we are all identifying here, is we don’t have a comprehensive updated list of information about resources available. For CE to work really well its clear who has what need and what resources are available. Because there are so many systems operating in this space in this county, we are not there yet. And the other issue is that HMIS licenses cost money, we can’t just bring everyone on that wants to join. We need to bring on programs that will enter data with high quality.

- Data Collection for Participants on CE System
  - Want to make sure they are someone who has connected with system after CE was rolled out. We have heard from our youth advocacy groups that they would like to provide feedback for youth trying to interface with the system. So, we are thinking we can do a focus group with youth.
  - We could do a couple of focus groups with participants that have engaged with the CE system, we have our Emerging Leaders program where some folks may be interested in sharing their experiences, we also could reach out to other providers.
o Should we also do a digital survey for those that have reached out for help?
o Julian - since you have both focus groups virtually happening think it should be a paper survey or offer one of the focus groups to be in person. Only digital – is not accessible enough.
o Miguel - Do you want to get into school districts? I can help with that if so.
o Because there is already the Youth Action Board, we are trying to jump onto existing groups that are willing to share feedback with us, if you aren’t aware there are not a lot of resources and capacity to conduct the evaluation.
o Katie gathered recommendations for questions to ask participants reaching out for help.
  ▪ Julian – need to acknowledge that people will be disappointed they didn’t receive the resources they wanted or asked for on the call, what can we ask about the process not the outcome.

4. Q1 FFY 2022 - Quarterly Scorecard Data Presentation
   • This agenda item was not covered in this meeting

5. Agenda Input for May meeting
   • Review PIT Count data submission
   • NOFO