Coordinated Assessment Work Group
May 12, 2016
Minutes

Attendees: Nikka Rapkin (HomeBase), Elizabeth Roehm (HomeBase), Anthony King (Silicon Valley De-Bug), Rene Ramirez (HomeFirst), James Henderson (YWCA Silicon Valley), Juliana Juarez (Abode Services), Aiko Yep (PATH), Debbie Pell (Bill Wilson Center), Valerie Kang (MidPen Housing), Jenn Ong (Bitfocus), Bob Dolci (Office of Supportive Housing), Erin Stanton (Office of Supportive Housing), Hilary Barroga (Office of Supportive Housing), Robert Davila (Goodwill of Silicon Valley), Liz Locatelli (New Directions), Favour Olumofin (VA PAHCS), Trang Van (The Health Trust), Kelly Sumner (HomeFirst), Lori Collins (LifeMoves), Consuelo Collard (Catholic Charities), Jason Satterfield (Bitfocus), Alicia Anderson (County BHSD – SUTS), Marty Estrada (Midtown Family Services), Beth Leary (Family Supportive Housing)

1. **Welcome and Introductions**

2. **CoC Updates**
    a. *HMIS Update:* Bitfocus is looking into doing brown bag sessions to engage users. There is a little concern that communication doesn't filter down to all users. If you'd like Bitfocus to join a staff meeting for training or to answer questions, please contact Bitfocus. Minutes from the HMIS Admin meetings will be available on the HMIS website.
    b. ***Housing Inventory Count (HIC) and Point-in-Time Count (PIT):*** The collaborative applicant submitted the 2016 HIC and PIT to HUD. Santa Clara County does an unsheltered PIT count every other year. In the years in between (such as this year) we update the sheltered count. Because this year's sheltered count went down slightly from last year the overall PIT count for 2016 is 6,524, slightly lower than 2015. The HIC reports every bed in the CoC that is dedicated to people experiencing homelessness. The 2016 HIC counted 3,536 year-round units and 294 seasonal emergency shelter beds.
    c. *HUD Tier 2 Awards:* Santa Clara County was awarded $20 million in the 2015 NOFA competition, a 14% increase in operating funding. In 2015 we added seven new grants, five of which are rapid rehousing, one is permanent supportive housing, and one is for HMIS. Unfortunately, we also lost four grants that were in Tier 2. One is a transitional housing grant and the other three are permanent supportive housing.
    d. *May CoC Schedule*
        i. May 19: Housing First Workshop
        ii. May 23: Policies and Procedures meeting
        iii. No Performance Management meeting this month. The next meeting will be June 23.

3. **Coordinated Assessment Planning Process**

Erin provided an overview of what coordinated assessment is and what we've done so far as a community. Erin recapped the work group's discussion from last month, when the group discussed populations served, program focus, services offered, how people access emergency shelter and transitional housing, and how people move to permanent housing. The work group also talked about the challenges and gaps, as well as what could change.

What's next? Our vision is for a fully coordinated system, including emergency shelters and transitional housing programs. At this point we don't have a set destination in mind, but we do want to make our system function better as a whole. We plan to use most of our work group meetings this year to figure this out.

HomeBase presented an overview of their research on coordinated assessment for emergency shelter and transitional housing in other communities (see attached document).

The planning process for incorporating emergency shelter and transitional housing into coordinated assessment will have multiple phases:

A. **Information Gathering (June – August 2016)**
   i. Community Input
   ii. Research what other communities are doing
   iii. Gather information about the shelters and THPs in our community.
B. **Plan development (September-October 2016)**
   i. Draft Plan
   ii. Present plan to funders and to the Work Group
   iii. Incorporate feedback into final plan
C. **Implementation (Dates TBD)**
   i. Collaborative process driven by the Work Group
   ii. Will include feedback and evaluation

The group reviewed and discussed a list of key questions and decisions that will be addressed during the planning process:
- What are the roles of different types of emergency shelter and transitional housing?
- How can we improve access to emergency shelter and transitional housing?
- What happens when programs are full? Will we prioritize? How?
- How do prevention and diversion fit in?

Additional suggestions from the group included:
- Sometimes people know that they're going to be evicted. How can we utilize the time before someone is evicted to connect them to resources and prevent homelessness?
- Funding permitted, are programs willing to change their facility use or structure in order to meet the community's needs and if so, how?
- How at risk are resources for emergency shelters and transitional housing given HUD's priority to permanent housing?
- It's challenging to get shelters to answer the phone to know if there's space. How can we address this?
- How do we all (the industry) get on the same page?
- What does HUD's research say about best practices for various program types?
- How can we better integrate various systems (e.g. homeless shelter system with DV shelter system)?

4. **Hopes and Concerns**

We all have a lot of hopes and fears for this process. We want to address those in the planning process so that we create the best possible system for Santa Clara County. The group brainstormed what we hope happens as a result of the coordinated assessment system, the values we want to see incorporated into the system, and what our concerns are about what might go wrong. The hopes and values will be incorporated into the draft plan and the concerns will be used as a reference point for what needs to be addressed during the planning process.

Hopes:
- **Increase the effectiveness of the emergency shelter and transitional housing system**
  - Emergency shelter recipients are engaged in a path to housing immediately upon entry into the shelter system, either through diversion or coordinated assessment/intake.

- - Shelter programs view connecting clients to housing as one of their top priorities.
    - Streamlined process from shelter to permanent housing; more clients will be linked to permanent housing.
    - Large drop in county homelessness and in the length of time people spend unhoused.
  - **Improve the efficiency and accessibility of the shelter and transitional housing system**
    - Quick placement; no need to call multiple places for space.
    - Consistent, clear, and accessible way to get clients connected to services/programs.
    - Availability of shelter/transitional housing beds/units.
    - A higher percentage of beds/units will be utilized.
  - **Improve coordination between service providers**
    - Link shelters (eliminate operating in siloes).
    - Link to effective transportation options and other services.
  - **Prioritize the most vulnerable individuals and families**
    - People who are the most needy get housed.
    - Transitional housing is prioritized for those most in need and appropriate for it.
  - **Strengthen our understanding of how the system is working and not working**
    - Clearer picture of outcomes so gaps can be addressed.
    - Agencies gain info that may help them evaluate their services and identify negative cultures that are rooted in their system of care and develop ways to overcome them.
  - **Develop local solutions**
    - Implement what works for our community and not a mirror of what works elsewhere.
    - Agencies feel engaged/committed to the process

Values:
  - **Inclusive**
    - Include all homeless people, not just chronically homeless.
    - Create a path to housing for ALL people in shelters.
  - **Client-Centered**
    - Services are guided by the client, not provider driven.
    - Personalized care – clients may be categorized by score but are unique individuals.
  - **Trauma informed**
  - **Housing First**
  - **Integrity**
    - Including integrity of information (client, data, etc.).
  - **Communication**
  - **Rapid response**
  - **Consistency**
    - Consistency of referrals from queue.
    - Consistency in making sure those with highest acuity really do get served first.
  - **Accountability**
  - **Fairness**
  - **Caring**
  - **Dignity**
  - **Transparency**
  - **Collaboration**
  - **Open minded/learning community**

- **Everyone deserves housing:** All individuals and families should have an adequate place to call home and a safe and secure environment.

Concerns:
- **Lack of Resources: funding, staff, time**
    - Resource limitations become viewed as a reason not to make system changes.
    - How to incorporate church shelters that aren't staff rich?
- **Coordinated assessment could create barriers**
    - We won't get client referrals in fast enough to keep us full.
    - A bottlenecked system will slow progress toward housing.
    - It will delay entry into transitional housing and shelter services.
    - Eligibility isn't confirmed until the client is referred to the program, causing back and forth.
    - Too many hoops for emergency services.
- **Coordinated assessment might change things that are working and create challenges for providers**
    - Placement into programs that may not be a good match for program or participant.
    - Agencies/programs may have more difficulty meeting funding goals (e.g. for private/foundation funding).
    - Losing specialized services.
    - How to handle religious requirements for entry into some programs?
- **Service providers will be resistant to change**
    - Agencies may feel less in control of their own enrollment processes.
    - Inability to maintain our mission effectively.
    - Some agencies will see proposed changes as a heavy lift and not worth the cost or time.
    - Getting everyone on the same page will be challenging.
- **Housing shortage and rental increases in Santa Clara County**
- **Safety and Health**
- **Taking a reactive vs. proactive approach**
    - Prioritizing need in such a way that a person/family must have one night living on the street to be considered.
    - Communication when matches to shelters are made – many clients don't have phone/email or don't check messages immediately. Will beds remain vacant as we wait for client responses?

5. **Community Participation**

As part of the information gathering phase of the planning process we want to gather input from those who will be impacted by these changes. The work group brainstormed who we need to hear from, what we should ask, and the best methods for soliciting input.

Who	How	What
Shelter Managers	In person meetings (either focus group or 1:1)	- How are you doing it now? - What's working? - What are the challenges? - What should be improved? - What are your limitations (funding, agency mission, etc.)? - Hopes, Values, Concerns

People who stay in the shelters	• Work with shelters • Reach people through methods used for people not staying in shelters (see below)	• When is the last time you stayed at a shelter? • What types of services have been helpful? • What do you most need that the shelter can't provide? • What was your experience like getting into the shelter and what would have made it better? • Do you feel comfortable going to shelter staff with issues? • How did you find out about the process to get into the shelter? • Do you have a clear idea of your housing plan? • What is your goal for going into shelter? • Do you use shelters/services in locations different from where you normally reside? • Hopes, Values, Concerns
People who don't stay in shelters	Reach out to organizations that provide services to people who are resistant to shelters: • Work with community centers like Grace Community Center, Recovery Café • Go out with the abatement teams • Outreach teams (concern about this since this has been linked to the abatement teams) • Public Health Department, Needle Exchange • VHHP and Gardner	• What would make it more attractive to stay at a shelter? • Have you ever been to a shelter that you did feel comfortable staying in and where was it located/what was it like? • What do you most need that the shelter can't provide? • If you don't want services, why? • Do you have a clear idea of your housing plan? • Hopes, Values, Concerns
Organizations that provide services at the shelters (ex. health care providers) •	• In person meetings (either focus group or 1:1). • Talk to front line staff, not just managers Possible groups to reach out to: Gardner, VHHP, BHSD providers, Tzu Chi, faith based groups	• What is your perception of the overall emotional health of the shelters? • What are your goals? • Are you seeing any unmet needs? • How have people been affected by your services? • What distinct issues do you see arising? • What are the barriers you face getting your clients into services? • Do you think that it is part of your job to get people connected? What would make it easier? What kind of training would be helpful? • How has your interaction been with the shelter establishment? • Hopes, Values, Concerns

People/organizations that provide referrals to shelters	In person meetings (either focus group or 1:1) Possible groups to reach out to: Gardner, VHHP, BHSD providers, Recovery Café, First Presbyterian – Women's Gathering Place, drop-in centers, community centers, libraries (line staff), food banks, VTA, Aides to elected officials, CHAM, law enforcement, faith based groups, city governments	• Are you seeing any unmet needs? • What are the barriers you face getting your clients into shelter? • Do you think that it is part of your job to get people connected? What would make it easier? What kind of training would be helpful? • How do you get information about shelters? • How has your interaction been with the shelter establishment? • Hopes, Values, Concerns
SJ Neighborhoods Commission	TBD	TBD

6. **Check Out**

There will be no meeting in June or August – we will spend that time working on information gathering. The July work group meeting will focus on updates and feedback related to the permanent housing system. We will return to the focus on emergency shelter and transitional housing at the September meeting.

Next two meetings:

July 14, 2016
1:00-3:00pm
The Health Trust Board Room
3180 Newberry Drive, Suite 200
San José, CA 95118

September 8, 2016
1:00-3:00pm
The Health Trust Board Room
3180 Newberry Drive, Suite 200
San José, CA 95118

INCORPORATION OF EMERGENCY SHELTER AND TRANSITIONAL HOUSING INTO AN EFFECTIVE COORDINATED ENTRY SYSTEM

Communities have found various strategies to tackle the complex challenge of using coordinated entry to direct people to emergency shelters and transitional housing. This handout explores some of the ways CoCs have approached incorporating these components into an effective coordinated entry system.

TRANSITIONAL HOUSING

Using the VI-SPDAT

- Some communities use VI-SPDAT scores to determine eligibility for transitional housing, often using the same score range as rapid rehousing

  o Another approach is to have some additional questions for those in the RRH/TH range to target transitional housing to those who might most benefit

- Client choice is a central concern around transitional housing placements in coordinated entry; some households (*e.g.*, DV survivors, persons in recovery) may prefer transitional programs, while others may prefer rapid rehousing

  o Clients are permitted to reject placements and retain their place on the queue

- Some communities have raised concerns around using the VI-SPDAT to match families to transitional housing programs, developing local tools instead

Program Matching

- One challenge is ensuring an adequate program match for transitional housing projects with specific requirements (*e.g.*, HIV+, persons in recovery, etc.)

  o Some CoCs use coordinated entry as an approach to lowering barriers in programs across the community by disallowing programs to have entry restrictions other than those imposed by funding streams

  o Other CoCs permit transitional housing programs to review the queue to select participants; programs may choose the eligible individual with the highest VI-SPDAT score in a designated range who meets all program entry requirements

- Another approach is to include on the coordinated assessment specific questions relating to interest in specific programs (*e.g.*, "Would you be interested in a transitional housing program?"; "Would you prefer sober housing?") and integrate program preferences or other criteria into the matching/referral process

Supporting Permanent Placements

- HUD rules permit transitional housing to serve as a bridge while program participants wait for a permanent PSH or RRH unit

Using Coordinated Entry to Coordinate Shelter Access

- Most communities are not currently using their "official" coordinated entry systems to prioritize or refer households for shelters

    o However, coordinated entry access points often provide referrals to shelters after assessment

- Some communities have centralized referral services for shelter (*e.g.*, 2-1-1 or a shelter "reservation line")

    o This can support the household in avoiding lines and time-sensitive lotteries to access beds; in larger communities, however, shelter referral systems may spin off into independent waiting lists

    o Discharging systems (e.g., hospitals, jails) can work with the centralized shelter referral to place individuals at exit

    o Supports development of data to identify gaps in shelter system (e.g., for high medical needs, families, etc.)

- Others prioritize persons/households experiencing chronic homelessness or other subpopulations for beds in advance of other persons

Using Shelter to Support Coordinated Entry Access

- Emergency shelters are commonly utilized as access points to enter the coordinated entry system

    o Some communities require shelters to administer the VI-SPDAT to clients as part of the intake as soon as they come in the door, entering the person into the prioritization queue

    o Others choose to wait a set period, such as two days, before conducting the assessment

        - Waiting may allow individuals or families in the shelter to find alternatives to placement on the prioritization list through diversion

- Some communities are using a triaged assessment approach, incorporating immediate diversion questions into a centralized assessment of persons who enter the shelter

    o This incorporates more community resources, including prevention, into a centralized process and increases availability of shelter beds for those who most need them

Using Shelter to Support Coordinated Entry Placement

- In addition to providing a place for households to stay while waiting to receive a referral, low barrier shelters are often successful in engaging individuals to participate in coordinated entry

- Shelters help track down households in order to notify them that they have been matched to a longer-term referral in coordinated entry or coordinate to serve as a "base" while a unit is located