

## Coordinated Assessment Work Group

September 8, 2016

Minutes

**Attendees:** Lynn Morison (Abode Services), Sandra Hernandez (YWCA – Silicon Valley), Patricia Nanez (Next Door Solutions), Nadia Zazie (Downtown Streets Team), Nikka Rapkin (HomeBase), Alejandra Candelas (West Valley Community Services), Bob Dolci (Office of Supportive Housing), Jason Satterfield (Bitfocus), Jenn Ong (Bitfocus), Aiko Yep (PATH), James Henderson (YWCA – Silicon Valley), Trinh Nguyen (AACI), Elizabeth Medina (Family Supportive Housing), Alejandra Herrera (Destination: Home), Shannon Robinson (Downtown Streets Team), Alicia Anderson (County BHSD – SUTS), Beth Leary (Family Supportive Housing), Phil Mastrocola (Winter Faith Collaborative), Steve Monte (Office of Supportive Housing), Erin Stanton (Office of Supportive Housing), Hilary Barroga (Office of Supportive Housing)

### 1. Welcome & Introductions

### 2. CoC Updates

#### a) HMIS

- Beginning Continuous Data Quality Improvement Process:
  - Shared plan with Agency Leads.
  - Regular data quality review by Bitfocus. Bitfocus will contact Agency Leads to ask for corrections.
  - Asking agencies for buy-in/prioritization of data quality corrections.
  - Official policy pending agency feedback and will be approved on 9/15.
- UPLIFT:
  - You can start requesting October-December passes on 9/14.
  - Request passes using HMIS (training resources available at <http://scc.hmis.cc/training/uplift/> ).
  - 9/21-9/28 will be a blackout period where no passes will be distributed (UPLIFT Admin out of office).

#### b) HUD CoC NOFA

- Local process completed end of August.
- CoC Application will be posted on CoC website on 9/12 and submitted to HUD on 9/14.
- Thank you to all involved for your help (especially the Review & Rank Committee!).

#### c) Performance Management

- The workgroup established community-wide benchmarks for FY16-17.
- Meets quarterly and will be reviewing community-wide data. All are welcome to attend meetings!

#### d) CoC Schedule

- HMIS Admins Meeting: monthly on the 1st Thursday.
- Coordinated Assessment Work Group: monthly on the 2nd Thursday.
- CoC Training (on hold until NOFA completed)

- Performance Management Work Group: quarterly on the 4th Thursday in November, February, May, and August. Note: the November meeting will be on the 3<sup>rd</sup> Thursday due to Thanksgiving.
- CoC Membership Meeting on 9/9, 1-3pm at Charcot Training Center.

### 3. Coordinated Assessment for Shelter & Transitional Housing

a) The CoC is in the midst of a planning process for coordinated assessment for emergency shelter and transitional housing.

- Community Input – gathered June – August 2016:
  - Surveys - people staying in shelters, transitional housing, unsheltered people.
  - Focus Groups at Family Supportive Housing & Recovery Café
  - Community Meeting.
  - Service Provider Meetings with 8 homeless services providers + DV shelter providers.
- Review of Best Practices

b) Review of Community Input: Surveys

- Where did you go to get help when you first became homeless? (ES & TH)
  - 44% Friends/Family
  - 30% Other
  - 25% Church/Other Faith Community
- How easy was it to find and get into this shelter? (ES)
  - 54% Easy
  - 20% Moderately Easy
  - 12% Moderately Difficult
- If difficult, what made it so hard? (ES)
  - 31% Lack of Transportation
  - 20% Program was Full
  - 22% Other (examples: didn't want to go, on parole, missed lottery, no place to store stuff, scared it will be unsafe)
- How easy was it to find and get into this shelter? (TH)
  - 60% Moderately Easy
  - 30% Easy
  - 5% Moderately Difficult
- If difficult, what made it so hard? (TH)
  - 18% Program was Full
  - 13% Limited Info
  - 10% Didn't know where to go
- What would make it easier to find & access shelter & transitional housing? (ES, TH, Unsheltered)
  - 42% Call-in Number to find Shelter/Programs
  - 38% Transportation to Shelters/Programs
  - 37% Central Location for Referrals
- Is this program helping you find permanent housing? (ES, TH)
  - ES: 34% Yes, 66% No
  - TH: 82% Yes, 18% No

- Why don't you stay at shelters? (Unsheltered)
  - 38% Unreasonable Rules
  - 25% No Room
  - 25% Issues/Concerns with shelter staff
  - 25% Other (safety concerns, don't want to take up a bed that someone else can use, shelter doesn't call)
- Unsheltered Surveys & Interviews (from open-ended questions)
  - Barriers to Shelter:
    - Shelter Rules
      - Unreasonable rules (e.g. check-in requirements).
      - Rules applied inconsistently (e.g. playing favorites).
    - Discomfort with shelter staff.
    - Shelter environment feels inhumane (idea of a shelter environment feels inhumane - lack of privacy, etc.).
    - Specific check-in/call-in times, lotteries.
    - Short stays are destabilizing, not enough time to find housing.
  - Suggestions for Improvements
    - Smaller shelters
      - Gender specific shelters (e.g. for women).
      - Church shelters.
    - Training for shelter staff - trauma informed care.
    - Upgrade shelter environment
      - Cleaner, nicer facilities
      - More privacy
      - More security
      - In & out privileges

#### c) Focus Group

- Recovery Cafe - Key Themes:
  - Shelter isn't ending homelessness.
  - Shelters are not safe or humane.
  - People want to be heard, respected, treated like humans ("Shelters make you feel like a number not a person").
  - Provide more services, smaller shelter, provider more individual attention.
  - Need to do better for people who need immediate help.
- Family Supportive Housing - Key Themes (families with children):
  - First resort when experiencing homelessness varied: 211, County office, calling shelters found on internet.
  - Getting into shelter was not hard, but concerns about where to go on exit.
  - Keeping all children together was of primary importance.
  - Help to find permanent housing is inadequate given challenging housing market.
  - Other feedback
    - More uniform list of shelters on 211/other public locations.
    - Need advocates for bad credit.

#### d) Community Meeting

- Barriers to Accessing Shelter

- 211, agency websites don't help – information not up to date.
  - Hard to get a person on the phone at shelters.
  - Shelters are full (especially family shelters).
  - Shelter hours are not flexible enough.
  - Prior bad experiences.
  - Congregate settings are hard for people with trauma, anxiety.
  - Undocumented people afraid of consequences.
  - Families don't want to be split up.
  - Not enough resources for single dads and male DV victims.
  - Suggestions:
    - Maintain up-to-date communication in one place.
    - More church shelters.
    - Warm handoffs from referral source to shelter.
    - Add prevention/diversion strategies to reduce need for shelters.
    - Outreach through places where people are: VTA, libraries, Starbucks, etc.
    - Create a centralized referral system:
      - Online, over the phone, and in-person. Available 24/7
      - Allow others to request referrals on behalf of client.
      - Online reservation system
      - Don't require daily call-ins
  - Values: Empowerment, Collaboration, Culturally Competent, Accessible, Focus on Prevention, Accountability, Transparency, Housing for Everyone.
- e) Service Provider Meetings
- What is working well:
    - Shelter beds connected to other services (e.g. County Mental Health)
    - Flexibility
      - Allows for programs with different specialties.
      - Ability to screen and accept/reject potential clients (e.g. screen for eligibility criteria, able to turn down people with past violations).
    - Referral process - receiving referrals from other organizations.
  - What is not working well:
    - Nightly shelter doesn't get people into permanent housing.
    - Lack of daytime services.
    - Not enough shelter for families or unaccompanied youth.
    - Hard to access alcohol and drug services.
    - Gaps in filling units.
  - Hopes for Coordinated Assessment:
    - Shelter plays a significant part in getting people housed.
    - Reduce barriers for clients.
    - Respect uniqueness of programs.
    - Best use of community resources.
    - Transparency & accountability.
    - Address all needs with individualized services.
  - Concerns about Coordinated Assessment:
    - Not able to fill beds (due to reservations).

- Clients sent over not a good fit.
  - Not being able to maintain unique focus of programs.
  - Conflicts with funder requirements.
  - Prioritization will lead to more homogenous program population, not balanced.
  - Not enough resources.
  - Ideas for Coordinated Assessment:
    - One-stop where everything is in one place.
    - Include prevention/diversion.
    - Include client choice.
    - Use shelter as bridge to subsidized housing.
    - Use VI-SPDAT for transitional housing.
  - Barriers to Coordinated Assessment:
    - Funder requirements.
    - Organization mission & values.
    - Limited staff time & resources.
  - DV Shelter System
    - What is working well:
      - Regional hotline and online network showing shelter availability.
      - Collaboration between providers.
    - What is not working well:
      - Limited shelter availability.
      - Timelines of updates to online system, doesn't always include eligibility information.
      - Hard to get clients into mainstream shelters.
      - Don't know where to refer non-DV survivors.
- f) Work Group Feedback
- Call-in line:
    - Did old shelter hotline work well?
      - It was difficult to keep up to date.
    - It would be a big undertaking to do this.
    - Another possibility: send out texts related to shelter access to clients and providers.
  - What can & should change?
    - Need more family services that keep the family intact.
    - Need more services for those who work at night - no place to go during the day.
    - Rotating church shelters had good feedback from clients & volunteers.
  - Should shelters & transitional housing be treated the same? (for referrals)
    - Separate:
      - They do separate things. Shelter = immediate need, Transitional = ready for housing (not all agree).
      - Have an easy transition from shelter to transitional housing.
      - What is transitional housing going to look like now (it could be a lot of things, hard to tell the difference because there are the same goals as Rapid Re-Housing)?

- g) Coordinated Assessment Options
  - Centralized Triage & Referral:
    - Phone, online, and/or in-person.
    - Incorporate prevention & diversion.
    - Concerns: bottlenecks.
  - Standardized Communication regarding Community Resources:
    - Standard list of resources.
    - Info available via web, phone, flyers, 211.
  - Prioritized Referrals for Transitional Housing Programs:
    - VI-SPDAT
    - Matchmaking
  - Other ideas?
    - Please share with OSH!
- h) Next steps
  - Complete Community Input Process
  - Feedback from Local Funders
  - Identify Resources
  - Draft Plan
  - Final Plan

#### **4. VI-SPDAT Implementation**

- a) Overview
  - VI-SPDAT is a pre-screening tool to quickly determine if client has high, moderate, or low acuity. It is used to match people to PSH & RRH for Coordinated Assessment.
  - The VI-SPDAT was chosen because it was the best tool in existence and it has been implemented widely across the country.
  - Since November 2015 over 4,000 VI-SPDATS have been completed in Santa Clara County.
- b) Statistics
  - To date, 32% of completed VI-SPDATs have score in the PSH range, 48% in the RRH range, and 20% in the no housing intervention range.
  - Clients with multiple VI-SPDATs: 56% score increased, 17% same score, 27% decreased
- c) Work Group Feedback on Implementation of the VI-SPDAT:
  - Challenges with the VI-SPDAT:
    - Client responses don't match information the surveyor already has (e.g. due to poor memory, trust issues) - what to do?
    - Using only client responses biases the survey towards clients with no history of trauma (because clients with trauma will not reveal all information during first meeting).
    - Clients don't want to look "bad" because they think it will affect their chances at getting housing.
  - Suggestions for improvement:

- Have a space for the person giving the survey for their feedback, have that factor into their score (this was removed in newer versions of VI-SPDAT).
- Include SPDAT in the Coordinated Assessment process (keeping in mind fair housing concerns).
- Potentially review VI-SPDAT training, provide additional training.

d) Next Steps

- A smaller group will look at challenges for VI-SPDAT implementation to figure out how to address issues, bring back proposal of changes.
  - If you are interested in joining or have feedback for this group to consider, email Erin Stanton at [erin.stanton@hhs.sccgov.org](mailto:erin.stanton@hhs.sccgov.org).

## 5. Check Out

The next Coordinated Assessment Work Group meeting will be Thursday, October 13<sup>th</sup> from 1-3pm at The Health Trust.