

**Santa Clara County CoC  
Coordinated Assessment Work Group**

Meeting Minutes

February 9, 2017

**Attendees:** Justin Damrel (Downtown Streets Team), Paul Tunison (LifeMoves), Vanessa Aspera (West Valley Community Services), Ronny Nojopranoto (West Valley Community Services), Bob Dolci (Office of Supportive Housing), Leila Qureishi (Office of Supportive Housing), Vanessa Beretta (City of San Jose Housing Department), Elizabeth Roehm (HomeBase), Megan Colvard (PATH), Lynn Morison (Abode Services), Laura Foster (Bill Wilson Center), Elisha Heruty (HomeFirst), Rosa Navarro (Next Door Solutions), Alejandra Herrera (Destination: Home), Elizabeth Medina (Family Supportive Housing), Consuelo Collard (Catholic Charities), Jason Satterfield (Bitfocus), Valerie Kang (MidPen Housing), Madelyn Crawford (Work2Future), James Henderson (YWCA SV), Erin Stanton (Office of Supportive Housing), Hilary Barroga (Office of Supportive Housing)

**1) Welcome and Introductions**

**2) CoC Updates**

- a. **HMIS Update:** HUD is revamping the APR. Starting April 1<sup>st</sup> the APR will involve uploading data to a repository. HUD has also talked about changing HMIS data standards. We need to continue to work on HMIS data quality improvements.
- b. **Upcoming CoC Meetings:**
  - i. **Training on Engaging Landlords** – Thursday 2/16 8:45-11:30
  - ii. **Performance Management Work Group** – Thursday, 2/23 1-3pm
  - iii. **NOFA Committee** – Monday 2/27 time TBD
- c. **Point-in-Time Count:** The 2017 Point-in-Time Count was completed on January 24-25<sup>th</sup>. Thank you to all who participated. Surveys are out in the field now. There is a lot of work still to be done: surveys, combining sheltered and unsheltered counts, validating data, developing reports, and preparing data for submission to HUD. We plan to release the final numbers and reports in June.

**3) Coordinated Assessment Updates**

As of January 31<sup>st</sup>, 7,139 VI-SPDATs had been completed and entered into HMIS or submitted via the confidential queue. Those VI-SPDATs represent 6,188 unduplicated households. The number of households with multiple VI-SPDATs is increasing now that we have passed the one year mark and households are completing annual updates. 6,097 households are in HMIS and 91 are on the confidential queue. We are now averaging more than 600 VI-SPDATs completed per month.

To date, 33% of VI-SPDATs in HMIS scored in the PSH range, 48% scored in the RRH range, and 19% scored in the minimal intervention range. The score breakdown continues to remain consistent.

As of January 31, we had made 844 referrals to permanent housing programs through coordinated assessment. Of those, 260 were to permanent supportive housing programs and 584 were to rapid

rehousing programs. 759 unduplicated households received those referrals (some households receive multiple referrals). Overall, 12% of households that have completed a VI-SPDAT have received a referral. Over the past few months the OSH has conducted an evaluation of the first year of implementation of the coordinated assessment system. In addition, this Work Group decided last fall to authorize a subcommittee to review and make recommendations regarding the use of the VI-SPDAT for prioritization. Based on the evaluation and some initial recommendations from the VI-SPDAT subcommittee there are a number of updates/improvements in process:

- **Translations:** we continue to work on getting all coordinated assessment and HMIS documents translated into languages other than English. Top priorities are Spanish and Vietnamese.
- **VI-SPDAT / Coordinated Assessment Training:** The OSH is working on improving the local training curriculum for the VI-SPDAT and coordinated assessment. The improved curriculum is under development and we plan to implement the new training protocol this spring.
- **Updated Agency and User Protocols:** One of the recommendations from the VI-SPDAT subcommittee was to provide stronger and more consistent guidance to access point agencies and VI-SPDAT users to promote consistent application of the VI-SPDAT. This may include new agency and user agreements.
- **VI-SPDAT Subcommittee Recommendations:** The VI-SPDAT subcommittee is in the process of developing recommendations. They have one more meeting in March to finalize their recommendations. To date, they have recommended improvements to training and agency/user protocols. At their final meeting they will consider making a recommendation to the Work Group regarding possible changes to the prioritization factors – for example, strengthening the role or weight of other factors besides the VI-SPDAT score and/or incorporating use of the full SPDAT in the process.
- **Coordinated Assessment Expansion:** OSH staff continue to work on expanding participation of access point agencies and permanent housing programs. We also continue planning for further integration of emergency shelters and transitional housing into coordinated assessment and we hope to incorporate homelessness prevention into coordinated assessment in 2017.

#### 4) **New HUD Guidance**

HomeBase provided an overview of HUD Coordinated Entry Notice CPD-17-01, which was issued in late January. The notice describes additional requirements for coordinated assessment systems. We will have to comply with all HUD requirements for coordinated assessment by 1/23/18. See attached summary for more detail.

#### 5) **Emergency Shelter and Transitional Housing Planning**

We've been using coordinated assessment for permanent housing programs (PSH and RRH) for over a year now in Santa Clara County. During the last year we also started planning conversations for expanding coordinated assessment to include shelters and transitional housing. Ultimately, our complete coordinated assessment system will also incorporate homelessness prevention. We will talk more about prevention at next month's work group.

Emergency shelter is different from other program types because it fills an emergency role. We want people to be able to access shelter immediately with as few barriers as possible, especially when health and safety is at-risk. Also, shelters are one of the front doors to our system and are at times the first point of contact for people who are homeless. As such, one of their most important roles in coordinated

assessment – which they are already filling – is being an access point. Based on work group conversations and community input, we've identified four different roles that emergency shelters play. Many shelters serve multiple roles – in particular, almost all are access points.

A. **Crisis Response** – meeting an urgent need for shelter, such as cold weather or DV shelters.

One of the most basic functions of emergency shelters is to address the emergency of unsheltered homelessness. This includes shelter programs that address especially critical circumstances, such as cold weather shelters and DV shelters. The bottom line for this role is addressing health and safety and saving lives.

Based on feedback, it does not make sense to require assessment or prioritization for participation in these programs. It would add unnecessary barriers and could prevent people from accessing lifesaving services. However, we do want to make sure that:

- Crisis response shelters are well known throughout the community and community members know how to refer people to these programs.
- Crisis response shelters are easily accessible and low barrier.
- Crisis response shelters should also serve as access points and connect participants to coordinated assessment and other community resources.

B. **Bridge Housing** – providing temporary shelter while people are on a path to obtaining and moving into permanent housing.

Another role that shelters fill is providing a temporary safe place to stay while people are looking for housing. This could include:

- People enrolled in permanent housing programs who are in the housing search phase.
- People discharged from institutions (e.g. hospitals, jails) who cannot be discharged to the streets.

Bridge housing shelters could receive referrals from participating permanent housing programs and/or from institutions. These would be coordinated with the coordinated assessment system, but most likely would not include assessment or prioritization.

C. **Intervention** – for some people, emergency shelter programs can provide the resources they need to self-resolve and end their homelessness.

Not everyone who is homeless needs an intensive program, such as permanent supportive housing (PSH) or rapid rehousing (RRH). Many people are able to self-resolve within a relatively short period of time. In our community, we have a number of people who have scored in the minimal intervention range on the VI-SPDAT, meaning that we do not believe that they need a PSH or RRH program to obtain housing. However, they still should have access to shelter and resources that can help them self-resolve. For these households, shelter is the intervention.

People who score in the minimal intervention range on the VI-SPDAT could be referred to these shelters. Depending on capacity, we could limit these shelters to coordinated assessment referrals (and prioritize people for the open spots), or they could be open to community referrals and walk-ins.

**D. Access Points** for the coordinated assessment system.

Shelters also serve as access points to the coordinated assessment system. Most of our shelters already fill this role by doing VI-SPDATs. We can also strengthen their role in providing information about the coordinated assessment system and other resources in the community.

**Transitional Housing**

Transitional housing (TH) aligns more closely with the existing coordinated assessment process for permanent housing programs. Based on community and provider input, it seems like TH programs could operate similarly to RRH programs in the way that they accept referrals from the coordinated assessment system. TH programs are very successful for some people, but less successful for others. National guidance indicates that it is most appropriate for certain subpopulations, including youth, survivors of domestic violence, and people in recovery who want to be a recovery-based environment.

TH assessment, prioritization, and referrals could look very similar to the existing permanent housing system. We could assess using the VI-SPDAT and make referrals based on eligibility and prioritization factors, including VI-SPDAT score. We could use the same RRH range of the VI-SPDAT. Tie breaking prioritization factors could be the same as RRH or different.

We would need to review the additional local questions to determine if they cover all eligibility factors for THPs. We might also want to add a question asking people if they are interested in TH programs since we would be referring from the same range as RRH.

**6) Check Out**

The next Coordinated Assessment Work Group meeting will be Thursday, March 9<sup>th</sup>.

# HUD COORDINATED ENTRY NOTICE CPD-17-01

## BACKGROUND

On January 23, 2017, HUD published Notice CPD-17-01 establishing additional requirements for a Continuum of Care (CoC) centralized or coordinated assessment (CE) system. The Notice builds on prior HUD guidance including the CoC Interim Rule, a 2015 Coordinated Entry policy brief, and HUD Prioritization Notice CPD-16-11. Overall, the Notice focuses on requiring the development and documentation of numerous policies and procedures for the CE system, and ensuring that the system is accessible and fair, protects privacy, and prioritizes CoC resources. The Notice requires all updates be made **by January 23, 2018**.

Simultaneously, HUD released a Coordinated Entry Process Self-Assessment Checklist which incorporates all prior guidance and the new Notice to provide a comprehensive description of all CE requirements and important recommendations.

## HIGHLIGHTS OF THE NOTICE

Because the Notice includes prior guidance, much of the information communicated is not new information for CoCs. However, there are a few elements that are new, or where additional information is being provided.

Some of these **new requirements** are:

- The CE process must offer the same assessment approach at all access points, and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness. The CE process may, but is not required to, include separate access points and variations in assessment processes to the extent necessary to meet the needs of the following five populations:
  - adults without children;
  - adults accompanied by children;
  - unaccompanied youth;
  - households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
  - persons at risk of homelessness.

The Notice sets forth additional standards if the process is separated by population.

Veterans are notably absent from the list. The Notice clarifies that the CoC **may not establish a separate access point and assessment process for veterans**; however, a CE process may allow Veterans Administration (VA) partners to conduct assessment and make direct placements if it is part of the CoC's CE policies.

- Marketing for the CE process must ensure the process is **available to all, all have fair and equal access, and that people with disabilities or Limited English Proficiency can access it**.
- **Street outreach** efforts funded under ESG or the CoC program must be linked to the CE process.
- Persons must be able to **access homelessness prevention services** funded with ESG Program funds through the CE process.

- The CE process must implement a **uniform and coordinated referral process** for all beds, units, and services available at participating projects.
- The CoC must provide **training protocols** and at least one annual training opportunity to participating staff at organizations that serve as access points or otherwise conduct assessments.
- The CoC must facilitate **ongoing planning and stakeholder consultation** concerning the implementation of CE. This must include soliciting feedback at least annually from participating projects and from households that participated in CE, addressing the quality and effectiveness of the entire CE experience.

In addition, the Notice **strongly encourages** CoCs to include the following elements in their CE process.

- Written policies and procedures should reinforce a **person-centered approach** throughout the CE process (*e.g.*, person-centered assessment, accessible tools and procedures, sensitivity to lived experiences, participant choice, clear referral expectations, and commitment to referral success).
- All staff administering assessments should use **culturally and linguistically competent practices**, and CoCs are strongly encouraged to incorporate cultural and linguistic competency training into the required annual training protocols for participating projects and staff members.
- The CoC should include relevant **mainstream service providers** in the CE system.
- CoCs should keep the time spent on their **single, prioritized list for housing resources at 60 days or less**. If a community cannot offer a housing resource to every prioritized household experiencing homelessness in 60 days or less, then the CoC should tighten its prioritization standards in order to more precisely differentiate and identify for resources those households with the most needs and highest vulnerabilities.

#### SANTA CLARA COUNTY AND NOTICE CPD-17-01

Santa Clara County (SCC) CoC's CE process largely aligns with the requirements and recommendations of the Notice and Checklist. However, HUD now requires that additional practices be written into SCC's policies and procedures, and some substantive changes may also need to be made to CE processes. The following lists the aspects of SCC CoC's CE system that may need to be updated. **Page numbers in this list reference the Checklist**, which includes citations to relevant legal guidance underpinning most requirements and recommendations.

We recommend that SCC make the following adjustments with regard to **requirements in the Notice**:

##### *Planning:*

- **Marketing:** CE written policies and procedures include a strategy to ensure the CE process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. (Page 3, #12)
- **Marketing:** CE written policies and procedures ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the CE process. (Page 3, #13)

Access:

- Access Models: CoC offers the same assessment approach at all access points and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness. If separate access points are identified to meet the needs of one of the five populations allowable by the Notice, initial screening at each access point allows for immediate linkage to the appropriate subpopulation access point (e.g., unaccompanied youth who access CE at the access point defined for adults without children are immediately connected to the youth-specific access point). (Page 5, #1)
- Emergency Services: CoC's written CE policies and procedures document a process by which persons are ensured access to emergency services during hours when the CE's intake and assessment processes are not operating. CE written policies and procedures document how CE participants are connected, as necessary, to CE as soon as the intake and assessment processes are operating. (Page 6, # 7)
- Prevention Services: CoC's written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the CE process. If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e., non ESG - funded) homelessness prevention services participate in CE processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs. (Page 6, #8)
  - Prioritization - Prevention Services: If separate access point(s) for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services. (Page 16, #9)
- Marketing: CoC's written CE policies and procedures document steps taken to ensure access points, if physical locations, are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance. (Page 6, #10)
- Marketing: CoC's written CE policies and procedures document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. (Page 7, #11)
- Marketing: CoC's access point(s) take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP). (Page 7, #12)
- Safety Planning: CoC has a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, *but who are seeking shelter or services from non-victim service providers*. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the CE process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. (Page 7, #13)

- Street Outreach: Street outreach efforts funded under ESG or the CoC program are linked to the CE process. Written policies and procedures describe the process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access CE through site-based access points. (Page 7, #14)

*Assessment:*

- Assessment Process: CoC's written policies and procedures describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff. (Page 10, #2)
- Assessment Process: CoC maintains written policies and procedures that prohibit the CE process from screening people out of the CE process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. (Page 10, #3)
- Assessor Training: CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's CE written policies and procedures. (Page 10, #4)
- Assessor Training: CoC's CE process training curricula includes the following topics for staff conducting assessments:
  - Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
  - Requirements for use of assessment information to determine prioritization; and
  - Criteria for uniform decision-making and referrals. (Page 11, #5)
- Client-Centered: Participants must be informed of the ability to file a nondiscrimination complaint. (Page 11, #6)
- Participant Autonomy: CE participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in CE prioritization lists when the participant rejects options. (Page 11, #7)
- Privacy Protections: CoC has established written policies and procedures concerning protection of all data collected through the CE assessment process. [Note that SCC's HMIS integration and ROI requirement may be sufficient to meet this requirement.] (Page 11, #8)
- Privacy Protections: CoC has established written policies and procedures establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals. (Page 11, #9)

*Prioritization:*

- Core Requirements: Ensure that CE policies and procedures adequately include factors and assessment information. (Page 15, #1-2)



- Emergency Services: CoC's written CE policies and procedures clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as permanent supportive housing (PSH). (Page 15, #3)
- Nondiscrimination: CoC's written CE policies and procedures document process for participants to file a nondiscrimination complaint, and how determining eligibility is a different process than prioritization. (Page 16, #4-5)

*Data Management:*

- Privacy Protections: CoC prohibits denying services to participants if the participant refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant's personally identifiable information (PII) as a condition of program participation. (Page 23, #3)

*Evaluation:*

- Core Requirements: CoC consults with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with CE. Solicitations for feedback must address the quality and effectiveness of the entire CE experience for both participating projects and households. (Page 24, #1)
- Evaluation Methods: CoC ensures through written CE policies and procedures the frequency and method by which the CE evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures. (Page 24, #2)
  - Privacy Protections: CoC ensures adequate privacy protections of all participant information collected in the course of the annual CE evaluation. (Page 24, #3)

SCC should consider the following adjustments with regard to **recommendations in the Notice**:

*Access:*

- Accessibility: CoC's access points, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access. A CoC or recipient of federal funds may be required to offer some variation to the process, *e.g.*, a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the CE process at a different location. (Page 8, #15)
- Accessibility: CoC's access points provide connections to mainstream and community-based emergency assistance services such as supplemental food assistance programs and applications for income assistance. (Page 8, #16)

*Assessment:*

- Assessment Process: Reevaluate assessment process according to Checklist recommendations. (Page 12, #13)
- Assessor Training: Consider incorporating HUD's additional training recommendations. (Page 13, #15-17)
- Incorporating Mainstream Services: CoC has established written CE policies and procedures describing how each participating mainstream housing and service provider will participate, including the process by which referrals will be made and received. (Page 14, #23)

*Prioritization:*

- Prioritization Process: CoC maintains a prioritization list such that participants wait no longer than 60 days for a referral to housing or services. If the CoC cannot offer a housing resource to every prioritized household experiencing homelessness within 60 days or less, then the CoC adjusts prioritization standards in order to more precisely differentiate and identify resources for those households with the most needs and highest vulnerabilities. (Page 17, #14)
- Prioritization Process: In the event that two or more homeless households within the same geographic area are identically prioritized for the next available unit, and each household is also eligible for that unit, the CoC selects the household that first presented for assistance in the determination of which household receives a referral to the next available unit. (Page 18, #15)

*Referral:*

- Referrals to Participating Projects: Consider incorporating HUD's additional referral recommendations. (Page 20-21, #7-18)

*Evaluation:*

- Evaluation Methods: CoC incorporates system performance measures or other evaluation criteria into their required annual CE evaluation plan, ensures that evaluation is part of the implementation planning process from the inception of CE, and employs multiple feedback methodologies. (Page 24-25, #4-6)

SCC may choose to consider the following **optional design features** which may be appropriate for some subpopulations or geographic areas:

*Access:*

- Prevention Services: CoC's CE process includes separate access point(s) for homelessness prevention so that people at risk of homelessness can receive urgent services when and where they are needed. If separate access points for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services. (Page 9, #22)
- Safety Planning: Victim service providers funded by CoC and ESG program funds are not required to use the CoC's CE process, but CoC- and ESG-funded victim service providers are allowed to do so. Or, victim service providers may use an alternative CE process for victims of domestic violence, dating violence, sexual assault, and stalking. (Page 9, #23)

*Assessment:*

- Assessment Process: CoC allows Veteran Affairs (VA) partners to conduct assessments and make direct placements into any homeless assistance program, with the method for doing so included in the CoC's CE policies and procedures and written standards for affected programs. (Page 14, #25)

*Data Management:*

- Privacy Protections: HUD includes optional data systems management ideas that SCC may wish to incorporate into CE. (Page 23, #7-9)