Santa Clara County CoC
Coordinated Assessment Work Group
Meeting Minutes
September 14, 2017

Attendees: Rosa Elaine Garcia (Abode Services), Aurora Olivares (Bill Wilson Center), Shannon Robinson (Downtown Streets Team), James Henderson (YWCA-SV), Chad Bojorquez (Destination: Home), Jenn Ong (BitFocus), Beile Lindner (HomeBase), Nikka Rapkin (HomeBase).

1. **Welcome and Introductions**

2. **CoC Updates**

   a. CoC has final ranked list for the CoC NOFA. The application is due on 9/28. Thanks go out to the Review and Rank and appeals panelists and projects that spent so much time on this process.
   b. The next Performance Measurement Working Group is TBD. BitFocus and the OSH are deciding whether to combine that meeting with the Agency Admin meeting.
   c. Trainings
      i. Webinar on compliance with new Violence Against Women Act (VAWA)/HUD regulations on 9/20
      ii. Training on Housing Quality Standards training soon
      iii. Training on Eligibility Documentation in the fall
      iv. Live VI-SPDAT trainings are being held at OSH every month
   d. Uplift passes for October to December are available
   e. YWCA would like a SPDAT training

3. **Coordinated Assessment Updates**
   a. New requirements under the Violence Against Women Act (VAWA)
      i. Will affect Coordinated Assessment Policies & Procedures
         1. CoCs must create an Emergency Transfer Plan
         2. Must include an Emergency Transfer priority for qualified DV survivors
            a. *Where no internal transfer is immediately available, these households have priority over all other applicants for CoC-funded assistance where that household would be eligible for that housing*
         3. Must updated written standards
      ii. Includes other non-CES related requirements for grant recipients under the 2017 CoC NOFA
      iii. Requirements must be in place before the contract for the first grant awarded under the FY 2017 HUD CoC NOFA
      iv. Webinar will be held 9/20
   b. January 2018 deadline to comply with CES requirements in CPD-17-01
      i. Next step: transitional housing integration
         1. Youth transitional housing
         2. Veteran's grant per diem programs
   c. Prevention VI-SPDAT

  i. SCC Family Homelessness Prevention System pilot kicked off July 1, funded by the County and Destination: Home

  ii. First phase: Some EANs using prevention VI-SPDAT and HMIS for pilot cohort

  iii. Annual Assessment of the CAS to be complete by January

4. **Annual Assessment of Santa Clara County CoC CAS**
   a. Santa Clara County's Quality Assurance Standards
      i. Integrate HUD's annual assessment requirements and add more local standards
         1. *At least once per year, OSH will consult with each participating project, and with project participants, to evaluate the intake, assessment, and referral processes associated with coordinated assessment.*
         2. *OSH will solicit feedback addressing the quality and effectiveness of the entire coordinated assessment experience for both participating projects and for households.*
         3. *All feedback collected will be private and must be protected as confidential information.*
         4. *OSH will use at least two of the following methodologies:*
            a. *Surveys designed to reach at least a representative sample of participating providers and households;*
            b. *Focus groups of five or more participants that approximate the diversity of the participating providers and households; or*
            c. *Individual interviews with enough participating providers and households to approximate the diversity of participating households.*
         5. *As part of the evaluation process, OSH will examine how the coordinated assessment system is affecting the CoC's HUD System Performance Measures.*
         6. *Feedback will be presented to the Coordinated Assessment Work Group to consider what changes are necessary to the coordinated assessment system's processes, policies, and procedures in light of the feedback received.*

5. **Peer Learning Topic: Integrating employment assistance into the CAS**
   a. HomeBase facilitated a conversation on the annual CAS evaluation, focusing on
      i. What are the questions we need to answer to understand the way the system is working?
      ii. What CAS issues do providers have on their minds that they would like to understand through the evaluation?
   b. The discussion was broken up by CAS stage, first going over benchmarks and strengths/challenges, and then discussion
      i. **<u>Access (outreach and engagement)</u>**
         1. Benchmarks
            a. CAS is known or swiftly made known to all households that need it
            b. CAS is readily available to all regardless of location, language, disability or other potential barrier
            c. CAS is convenient, without long wait, transportation challenges, etc.

      d. Public understanding of CAS is accurate and promotes use

2. Strengths and challenges identified so far
    a. ~40 Access points
    b. 10,825 VI-SPDATs completed since November 2015 (8,926 undup)
    c. Community is expanding access by translating key documents into common languages
    d. Concerns about access for and outreach to certain subpopulations and geographic areas
    e. Providers want a list of access points
    f. Review of 7.13.17 CAWG discussion on access and "marketing"

3. Discussion and review of data slides
    a. People expressed surprise that only 11% of the VI-SDPATs completed were for families
    b. The number of youth VI-SPDATS seems high
    c. People wish they knew
        i. Where the VI-SPDATs were done by demographic to find out where people are going
           1. This information would also help us determine where outreach is needed based on low numbers
        ii. Providers reiterate that they need to/want to know where the access points are
    d. Destination: Home: Youth are reporting that they don't know where to get VI-SPDATs, so we are trying to ramp up schools doing it, etc.
    e. Note of disparities with regard to race and ethnicity
        i. Most people receiving the VI-SPDAT are white
        ii. Significate under-assessment of non-English speakers
    f. Providers expressed concerns that participants do not want to share information with assessors
    g. Providers expressed their concerns that there is a lot of miscommunication about the CAS
        i. People referring to it as "the VI-SPDAT program"
        ii. A lot of people think it's automatic housing
        iii. Where is the miscommunication coming from?
           1. Staff not explaining well to clients
           2. Staff who are assessing are getting misinformation from their directors who are saying it's a program
           3. People out there might be coaching their clients on answering the VI-SPDAT questions and giving client's false information
        iv. Need to provide common talking points and improve messaging
        v. In-person trainings will help rather than the Org Code videos
        vi. Could provide as part of the script some myth-busting

ii. **Assessment**
1. Benchmarks
    a. VI-SPDAT administered consistently across access points
    b. Person-centered administration and cultural competency with special subpopulations
    c. Expired VI-SDPATs are reassessed as needed
    d. Ensuring safety for those fleeing DV
2. Strengths and challenges identified so far
    a. CoC is using a standardized assessment tool
    b. CoC is using specialized VI-SPDATs
    c. Not everyone is receiving the right VI-SPDAT
    d. Challenges with unsigned release of information (ROI) forms
    e. VI-SPDAT is not trauma-informed
3. Discussion
    a. How do we ensure that VI-SPDAT administration is consistent across agencies and assessors?
    b. What would you like to know about consistency across the system? What other issues do you see?
        i. Sometimes when programs get a referral there have been changes since the original VI-SPDAT was administered and so they do it again and then the person's eligibility is altered
            1. Only should give second VI-SPDAT if major change
            2. Programs need guidelines on what a major/significant change would be meriting a second assessment
        ii. With the new VI-SPDAT trainings and one person doing all of them (Michelle) it seems like there might be less inconsistency across agencies
        iii. There are differences in the assessment depending on WHEN it is administered (by shelter staff right away v. in a program where they have been working with the person)
        iv. People are inconsistent in their answers depending on the situation - so variables have more to do with the client-experience than the agency
        v. At BWC one person is entering the VI-SPDATs – so she will see if there are patterns (like all answers are no) and then check back with the staff about what happened
            1. Perhaps it would be good for there to be a VI-SPDAT supervisor or leader who communicates policies or enters everything into HMIS
    c. Training should be for more than just the assessors, but everyone in the system who may be speaking to clients

d. People may be also concerned that being transparent with make them disqualified – so need to explain to clients what the impact is of answering questions

e. ROI issue – ROIs are put into HMIS that have a lot of missing signatures in "boxes" for releases of critical information, and also ROIs are expiring and then matchmakers have to obtain new ones before moving forward
    i. You get a notice if you log into HMIS for clients if their ROI is expired
    ii. The ROI entry is not automated because it is scanned in
        1. So this may be hard to gather data on
        2. Bit Focus does some spot checking, but can't check everyone
    iii. What can we do to better support people who are dealing with the ROI
        1. People may just miss boxes accidentally
        2. Can we change the form so it's shorter?
            a. "If you agree to release everything, sign here?", OR if you want to be selective, do the boxes
            b. Originally, adding the check boxes was meant to provide people with more choice – so we want to keep the choice, but offer an alternative to agree to everything as well
        3. Could add that the assessor has to check the ROI before scanning
        4. Could we have a better script to explain what the ROI is and the consequences of not signing?
            a. How do we make sure that this is not coercive (you will be disqualified if you don't share X)
        5. When possible give forms for people to sign in advance so they can really read them
    iv. BitFocus might be able to build a report for agencies about expiring ROIs

f. What should the consumer experience of being assessed look like?
    i. It should give them a sense of hope that this could lead to something
        1. This will help keep the connection with the client
        2. Want people to have a clear idea of what the assessment is for and what it could lead to or not
        3. It should also not be a stand-alone assessment – it should be part of a larger continuum of

working with that person and they should be leaving with goals (short term, long term)

    iii. **Prioritization and Queue**

        1. Benchmarks
   a. Participants know what to expect following assessment
   b. Most acute/vulnerable households receive referrals first
   c. Households not eligible for an intervention receive other appropriate referrals
   d. Households low on the queue receive services to support resolution outside the system

        2. Strengths and challenges identified so far
   a. System prioritizes the most vulnerable
   b. System implements HUD's guidelines for prioritization
   c. Resource limitations result in long waits on the queue
   d. Resources to support self-resolution may not be available
   e. It may be difficult to remain in contact with households on the queue to provide ongoing support.

        3. Discussion
   a. What are we doing for the people who are not being housed through the queue?
   b. People in low scoring range might still be getting housing referrals because they are veterans
   c. It will be interesting to see what happens in the coming months as more RRH programs come online
   d. We don't know a lot about "self-resolution"
   e. We need to know what other services are available to people beyond CoC housing
   f. Could ideally create other queues for other resources
      i. Ex. People who want to work
      ii. Could move people through the system more and perhaps people would self-reserve more
   g. Could make more things available online – the ROI – to give people a website where people can read ahead of time (most people have phones)

6. **Peer Learning Topic: Integrating Employment Assistance into the CAS**
   a. Why is employment important to focus on?
      i. Financial independence and income growth are important for housing stability and important to HUD
   b. Destination: Home is in the process of working with the CoC to determine whether and how to receive referrals through the CAS
      i. The goal is to connect people in Rapid Rehousing Programs to employment assistance as early as possible
   c. Challenges
      i. At what point do you begin discussing employment or getting info about interest?

1. Consensus is that asking as early as possible is best – even during the VI-SDPAT assessment – most access points will be asking about employment during their intake anyway
            ii. Who makes the referrals?
                1. Many organizations now have employment specialists
            iii. One challenge will be changing the culture to encourage a focus on employment along with housing

7. **Check out**
    a. The next Coordinated Assessment Work Group meeting will November 9, 2017 from 1-3pm at The Health Trust.
    b. We will continue our discussion of the annual evaluation, focusing on match & referral and enrollment in housing.