

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

Meeting Minutes

January 11, 2018

Attendees: Jenn Ong (BitFocus), Beile Lindner (HomeBase), Nikka Rapkin (HomeBase), Kathryn Kaminski (County Office of Supportive Housing), Leila Qureishi (County Office of Supportive Housing), Michelle Covert (County Office of Supportive Housing), Elizabeth Olivera (Family Supportive Housing), Justin Daniel (Midpen), Esmeralda Torres (YWCA-SV), Janie Primrose (YWCA-SV), Kerry Lao (YWCA-SV), Miranda Martone (YWCA-SV), Rachael Castro (Community Solutions), Bea Ramos (HomeFirst), Linda Jones (HomeFirst), Laura Foster (Bill Wilson Center), Patricia Nanez (NDS), Trinh Nguyen (AACI).

1. Welcome and Introductions

2. CoC Updates

- a. The CoC website has new documents to help programs establish eligibility for CoC-funded programs, including
 - i. Checklists for chronic homelessness and homeless definitions
 - ii. Templates and materials to support collecting eligibility documents (i.e. third-party documentation)
 - iii. HomeBase looks forward to hearing people's feedback on how these documents are working!
- b. Upcoming trainings
 - i. 1/16 – HQS Inspections
 - ii. 1/25 – CoC Financial Management – will cover time tracking, eligible costs, and match documentation
 - iii. 2/22 – New Requirements for CoC-Funded Programs Under the Violence Against Women Act (VAWA) – will cover compliance, cultural competency, and safety planning
- c. HUD NOFA announcements made today!
- d. Quarterly Uplift meeting happening on 1/16 at Sobrato in Milpitas
- e. HMIS announcements from BitFocus:
 - i. For anyone who has a Clarity HMIS log in, next week on 1/16 BitFocus will be activating two-factor authentication (will be additional step when log-in to HMIS - can ask Clarity to send 6-digit code to you or download an app on your phone that will provide that code for you)
 - ii. HIC and PIT count for shelter programs will be 1/24 – BitFocus has been reaching out to programs to verify their info
 1. Programs need to make sure that their data on shelter and transitional housing is updated for 1/24

3. Coordinated Assessment Updates

- a. In progress
 - i. Finalizing VAWA emergency transfer P&Ps
 - ii. Finalizing CAS Annual Evaluation
 - iii. Finalizing transitional housing CAS P&Ps
- b. CAS documents are now available on the CoC website in Spanish and Vietnamese – other languages in progress

- c. Ongoing implementation of PR-VI-SPDAT pilot program
- d. Reviewing CAS P&Ps to ensuring compliance with January 2018 HUD deadline

4. Ensuring Safe Access for DV Survivors

- a. Presentation of HUD requirements
 - i. Should have safe and confidential access, including equal access to Victim Services Providers (VSPs) and non-VSP services; must have equal access to CoC resources
 - ii. Should also have safety protocols in place for every phase of CAS, people should be informed about how their information is used, staff should have information to refer people to emergency services
 - iii. Question: Can the slides be circulated after the meeting?
 - 1. Answer: HomeBase will definitely circulate the slides on the DV conversation
- b. Santa Clara County's CAS process described
 - i. VSPs use a confidential queue that uses unique identifying numbers; matchmakers look at both confidential queue and HMIS queue when making matches to ensure access; then matchmaker connects to VSP to tell them their client has been matched and VSP reaches out to client
 - ii. Question for group: how do non-VSPs handle DV survivors in the field?
 - 1. Outreach: our people would provide VI-SPDAT in the field and ask if they feel safe or feel in danger
 - 2. Maybe might be better to stop then and there and coordinate a warm hand off
 - 3. Maybe check if in HMIS and if so ask if want to be taken out of HMIS
 - iii. Question for the group: Do the VSPs have the capacity to do the VI-SPDAT on a walk-in basis; will that be too many people to assess?
 - 1. The non-VSPs don't have access to the confidential queue, right? One option would be for the non-VSPs to do the Vi-SPDAT but not enter the info and instead give it to the VSP as part of the warm handoff.
 - 2. VSPs would rather conduct VI-SPDAT themselves and yes, would have capacity to take warm handoff from the non-VSPs.
 - 3. People might also be willing to share more info with the VSP. Capacity is limited, so we focus on immediate safety issues first.
 - 4. Some non-VSPs want the ability to complete the VI-SPDAT because you're so far along once you ask about DV anyway you may as well finish the VI-SPDAT. Should be people's choice.
 - 5. Maybe we should find out sooner if somebody is fleeing DV, before they start the VI-SPDAT.
 - 6. Important to clarify difference between people who are fleeing right now vs. people who simply have experience with DV.
- c. SCC Quality Assurance Standards
 - i. VSPs can't put client info in HMIS, non-VSPs must protect privacy of survivors, households won't be denied, immediate access to emergency services, and all staff will be trained on DV, confidentiality and safety planning
 - ii. Question for the group: do people feel that these policies are being implemented in practice? For example, are survivors of DV being properly kept out of HMIS?

1. Reinforcement of training would be a good idea; I like the idea of asking somebody as soon as possible if they want a referral to a VSP.
 2. Strengthening policies and making people aware of them through HMIS training is important
 3. You can always offer to your clients to not be in HMIS or be anonymous. Also, safety planning should be done across the CoC and, not just by the DV providers.
 4. Should we have a practice or HMIS block for having data in HMIS of people who are fleeing DV?
 - a. BitFocus: HMIS has language that instructs people to protect privacy of survivors.
 - b. CoC needs to clarify – what is the policy for non-VSPs entering survivor info into HMIS
- iii. Question for the group: are people adequately trained on these issues?
1. Is there a template of some sort or something that we can use for safety planning if people don't want to attend a training?
 2. Really the bottom line is that you are having a conversation with the survivor to let them take charge of their safety. There's a lot you can look up, but it's really crafted to each situation.
 3. Let's solidify the policies and have a safety planning training.
 4. Also, there's always a crisis line they can contact to work on a safety plan as well as a safe chat program at sv.com.

5. Annual Coordinated Assessment System Evaluation Findings

- a. HUD requires CoCs to conduct annual evaluations of their CAS
- b. This is the first time SCC has really had the opportunity to look at the full year of information
- c. HomeBase engaged several types of methodologies
 - i. 8 key informant interviews
 - ii. 3 focus groups – 2 with consumers (south and north county), 1 with providers
 - iii. Provider survey
 - iv. HMIS data analysis
- d. The one issue HomeBase did not focus on is the effectiveness of the VI-SDAT because that was the topic of the 2016 evaluation which resulted in the VI-SPDAT working group and some other protocols
- e. Evaluation focused on three phases of the system
 - i. Ensuring access
 - ii. Assessment and prioritization
 - iii. Match and referral
- f. Presentation on ensuring access
 - i. Discussion
 1. People surprised that consumers are concerned that the process will take up a lot of time
 2. Providers like the image/flowchart on the website and use it to explain the process – anything with pictures on it is very helpful
 3. Outreach workers often take images out like that and laminate them and use them to explain the process

4. Explaining in words can be hard – and sometimes people start to glaze over – also, people are not retaining information later
 5. The number one question we get is – who do I call to follow-up? How do I find out where I am on the list?
 6. People are telling clients to follow up with THEM – the person who did the assessment
- g. Presentation on assessment and prioritization
1. Discussion
 - a. People are not sure how it's possible to submit incomplete assessments
 - i. BitFocus says there are some questions where it's possible to leave questions blank – mostly about how to contact, who did the assessment, etc.
 - b. Discussion that people are concerned that people will seek additional VI-SDPATs to manipulate their scores
 - c. Would be helpful to look closer at ROI data at system admin meetings?
 - d. Unclear how much of the data entered is legacy data from when the data was migrated from Service Point to Clarity
- h. Presentation in match and referral
- i. Discussion
 1. Are people being rejected due to criminal background or credit?
 - a. Unclear – may be in “other” category or eligibility
 2. Possible that data could be inaccurate because person entering the reason for rejection considers something an eligibility issue when another person would categorize it differently

6. Check out

- a. The next Coordinated Assessment Work Group meeting will be March 8, 2018 from 1-3pm at The Health Trust