Santa Clara County Continuum of Care

COORDINATED ASSESSMENT WORK GROUP

WELCOME!

Coordinated Assessment is the system that matches people who need housing and services with programs that can help them.

This Work Group reviews and evaluates how well that process is working and suggests improvements.

ZOOM INFORMATION TO GUIDE DISCUSSION

- You were automatically placed on mute when you entered the meeting. If you wish to speak, click the [Mute] button in the bottom left corner of your screen

- You can also share your thoughts with the group using the [Chat] feature at the bottom of your screen

- If you have any tech challenges during the meeting, please let us know using the [Chat] feature or email us at santaclaracoc@homebaseccc.org

INTRODUCTIONS!

Please tell us your name and the agency you work with

WAYS OF INTRODUCING YOURSELF...

I AM!

I AM YOUR FATHER

I AM MARCUS AURELIUS, LEADER OF THE ARMIES OF THE NORTH...

ER... MY NAME IS DAVE...
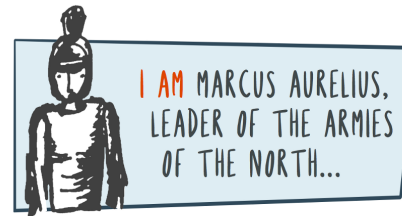
@bryanMMathers

AGENDA

- Coordinated Assessment System Data Updates
- Coordinated Assessment Access During COVID-19
- Coordinated Assessment Evaluation Recommendations
- Check Out

COORDINATED ASSESSMENT
SYSTEM DATA UPDATES

Nov 15, 2015 – Mar 31, 2020:

23,934 Unduplicated Assessments

34,735 Total VI-SPDATs

63 Justice Discharge

79%

6%

15%

18,802 Individual Adults

1,480 Transition Age Youth (TAY)

3,589 Families with Children

VI-SPDAT Type

Many TAY are assessed with other assessments besides the TAY VI-SPDAT. Over 1,158 TAY have been assessed with the Adult VI-SPDAT and 524 TAY have been assessed with the Family VI-SPDAT, thus increasing the percentage of TAY who have taken an assessment from 6% to 14%

Permanent Housing Program Referrals
(Referred to queue Nov 15, 2015 – Mar 31, 2020)

Assessment Score:

23,934 Total Unduplicated Assessments by Level of Housing Intervention:

8+ Single Adult
9+ Families

**PSH Range
8,650
Assessments
(36%)**

→ ***Permanent Supportive Housing***
2,023 referrals to PSH programs to date.

4-7 Single Adult
4-8 Families

**RRH Range
11,457
Assessments
(48%)**

→ ***Rapid Rehousing***
4,539 referrals to RRH programs to date.

0-3 All
Assessment Types

**Minimal Intervention
3,827
Assessments (16%)**

COORDINATED ASSESSMENT
SYSTEM ACCESS DURING COVID-19

HOUSING PLACEMENTS AND SYSTEM ENTRIES BY MONTH

- The chart below shows households placed in permanent housing compared to homeless clients assessed for the first-time in the last 12 months.

- The number of first time VI-SPDATs declined in March 2020 and further declined in April 2020 (about 25-30%). This decline appears to related to COVID-19 social distancing, sheltering in place, and agencies busy addressing clients' immediate needs from the crisis.

- Housing placements also declined in April 2020 which may be due to a maximum number of clients being housed in recent PSH developments as well as agencies busy due to the COVID-19 crisis.

Number of Households Placed in Housing and Households Requesting Assistance for the First Time (First VI-SPDAT Assessment)

Legend:
- Households Placed in Housing
- Inflow: PSH Score Range
- Inflow: RRH Score Range
- Inflow: Minimal Intervention

Month	Households Placed in Housing	Inflow: PSH Score Range	Inflow: RRH Score Range	Inflow: Minimal Intervention	Total
May-19	283	106	144	29	279
Jun-19	126	101	128	32	261
Jul-19	145	118	145	35	298
Aug-19	142	143	140	37	320
Sep-19	127	113	147	38	298
Oct-19	159	154	194	47	395
Nov-19	147	124	158	48	330
Dec-19	182	122	159	52	333
Jan-20	237	138	163	57	358
Feb-20	218	142	160	52	354
Mar-20	221	118	109	37	264
Apr-20	132	76	76	24	176

CAS Evaluation Update
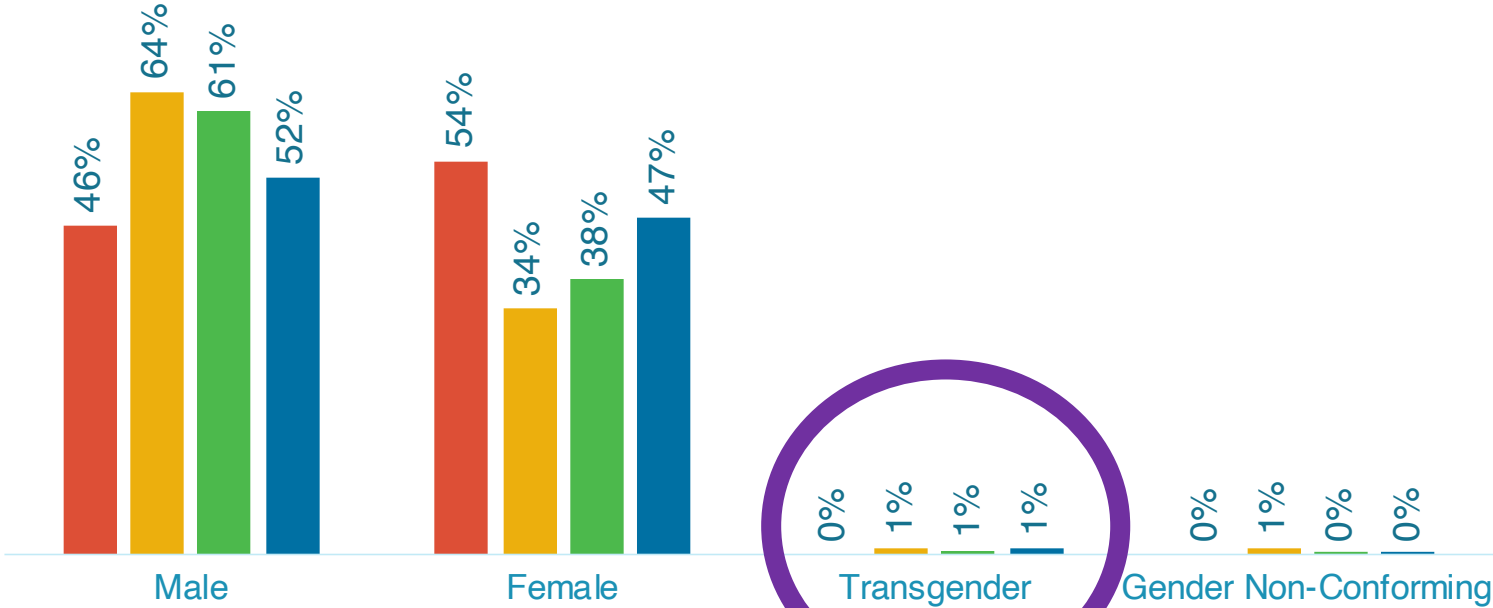
SCC Coordinated Assessment Work Group

Background

February – June 2019: 5 public Coordinated Assessment System Prioritization Subcommittee meetings
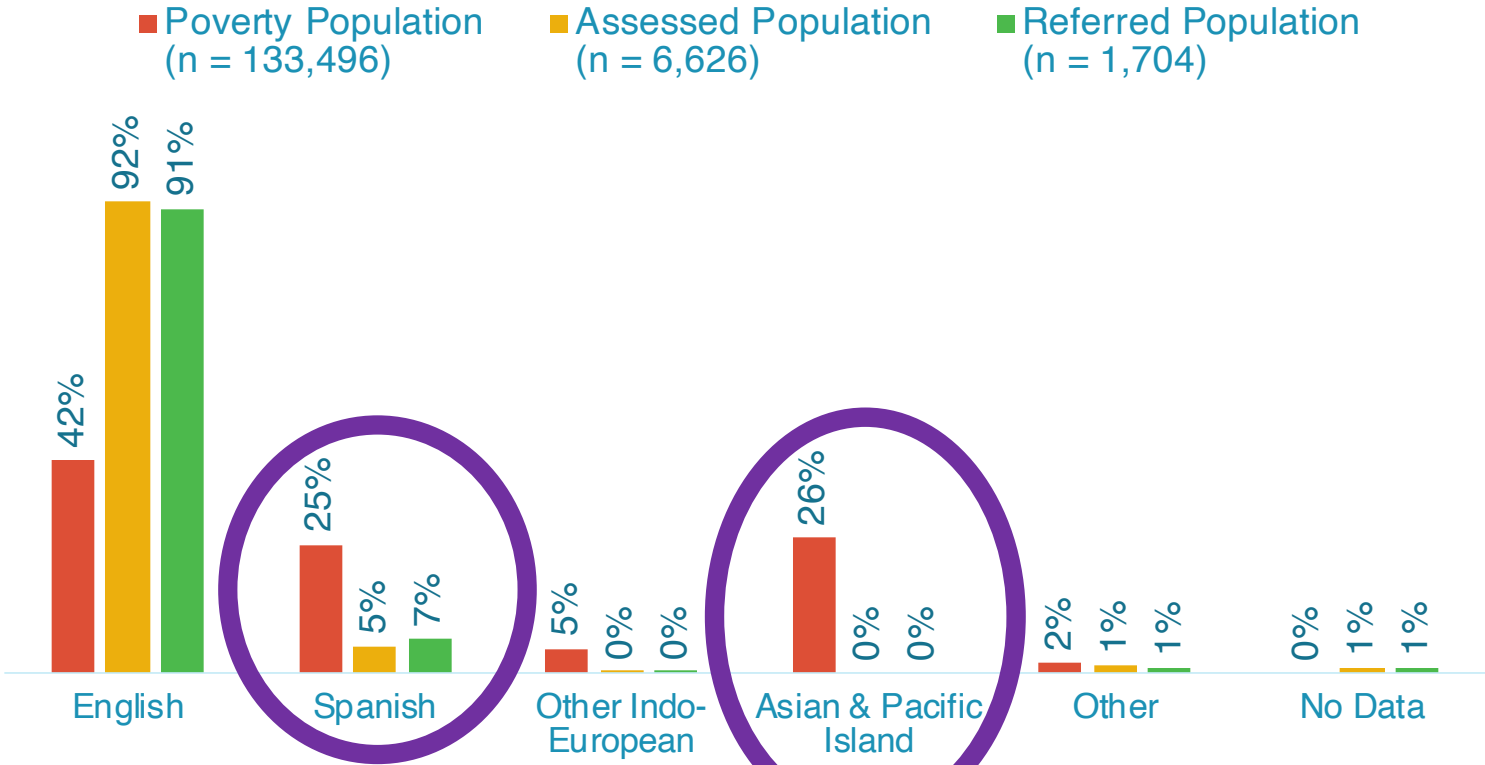
- **Goal:** Identify opportunities to strengthen CAS

- **Core values:**
  1. Continue to prioritize the most vulnerable
  2. Ensure that the system is fair, just, & equitable
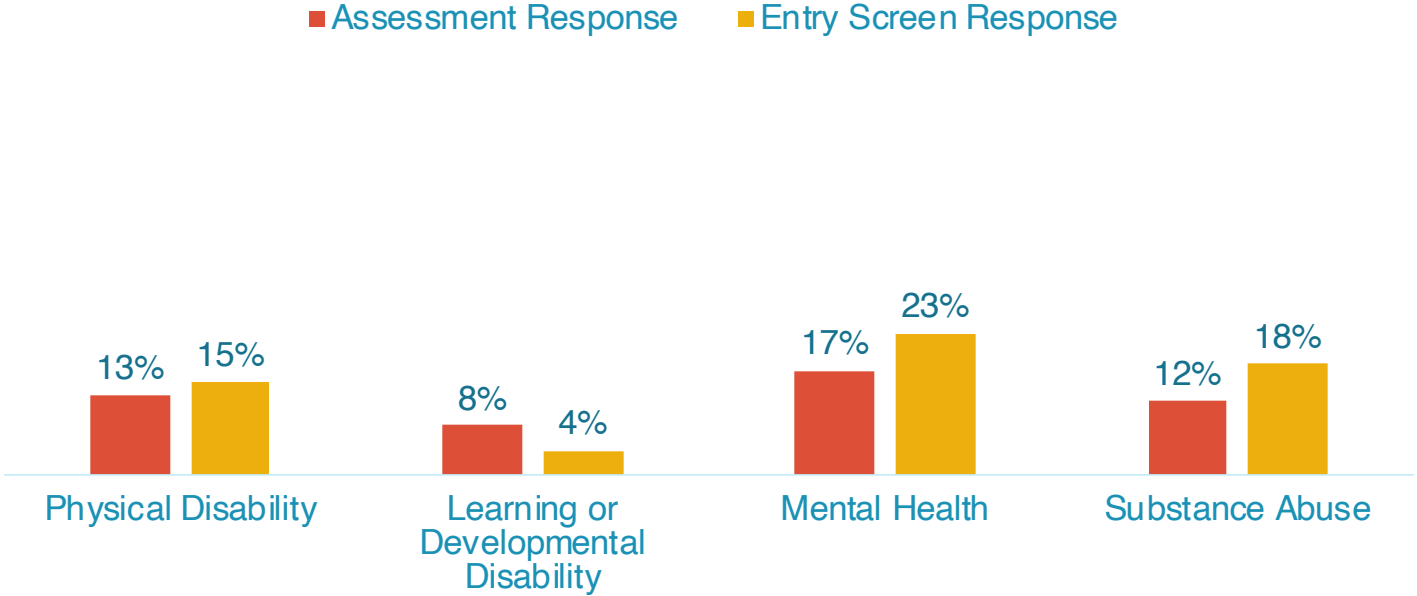
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Equity in Access: Gender

Legend:
- Poverty Population (n = 162,525)
- PIT Population (n = 587)
- Assessed Population (n = 6,626)
- Referred Population (n = 1,704)

Male: 46%, 64%, 61%, 52%
Female: 54%, 34%, 38%, 47%
Transgender: 0%, 1%, 1%, 1%
Gender Non-Conforming: 0%, 1%, 0%, 0%

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Health Concerns Reported at Assessment vs RRH Enrollment

■ Assessment Response   ■ Entry Screen Response

	Physical Disability	Learning or Developmental Disability	Mental Health	Substance Abuse
Assessment Response	13%	8%	17%	12%
Entry Screen Response	15%	4%	23%	18%

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Health Concerns Reported at Assessment vs PSH Enrollment

■ Assessment Response   ■ Entry Screen Response

	Physical Disability	Learning or Developmental Disability	Mental Health	Substance Abuse
Assessment Response	22%	18%	31%	26%
Entry Screen Response	36%	10%	69%	41%

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RRH Referral Denial Reasons

Not Located	Housed or Enrolled	Other	Ineligible	Refused	Can't Meet Needs	Lack of Capacity	Incarcerated or Moved
47%	17%	13%	11%	6%	3%	1%	0%

Homebase
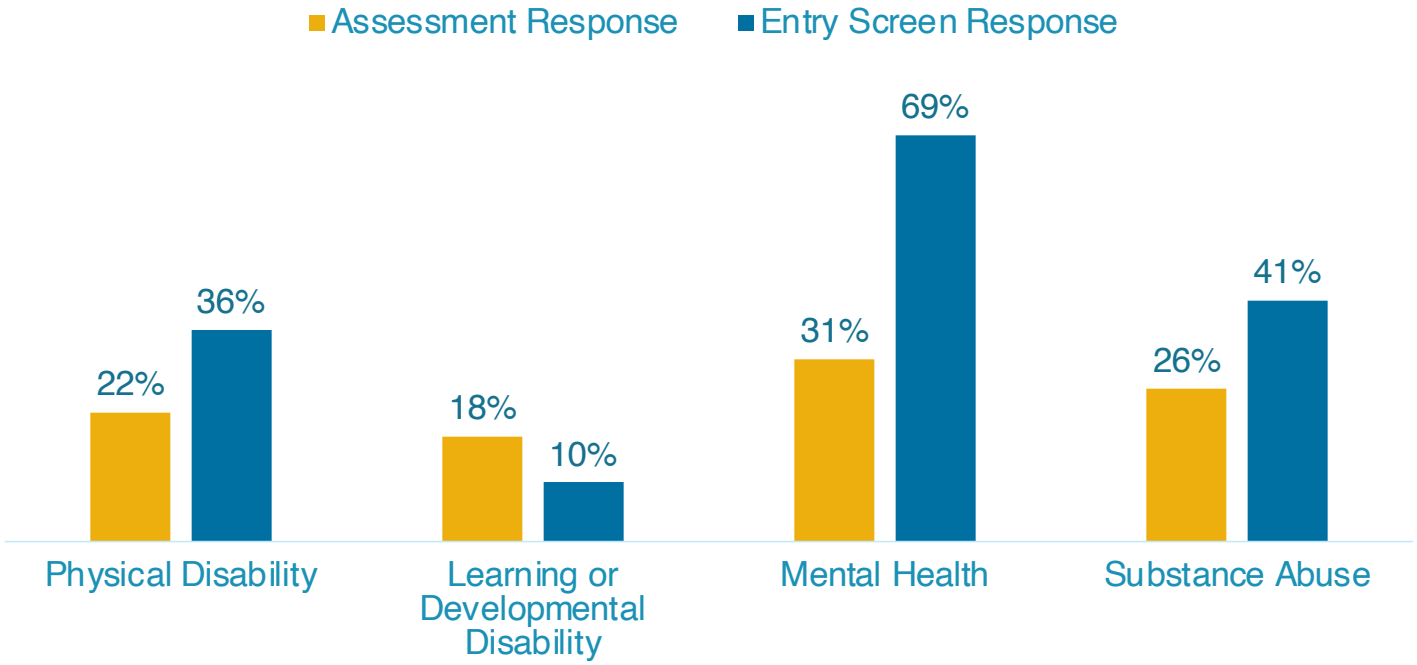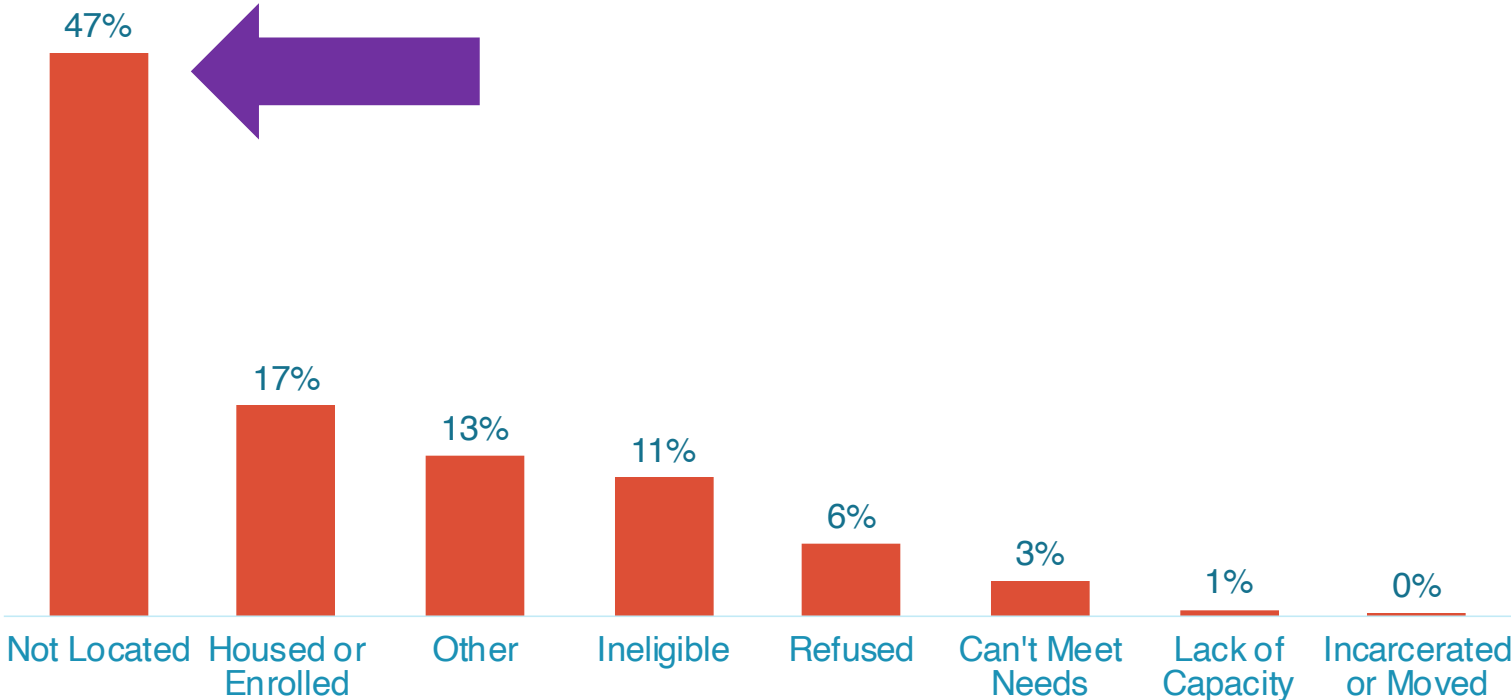
PSH Referral Denial Reasons

Goals for Strengthening the CAS

- ***Access.*** Increase system accessibility to more effectively reach:
  - LGBTQIA+ persons, particularly youth
  - Hispanic/Latinx persons
  - Asian & Pacific Islander persons

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- ***Assessment & Prioritization.*** More accurately assess vulnerability related to physical & behavioral health to:
  - Effectively prioritize the most vulnerable persons experiencing homelessness
  - Refer prioritized persons to supportive housing programs that will provide them the right level & types of assistance to regain housing stability

Goals for Strengthening the CAS

- *Access.* Increase system accessibility to more effectively reach:
  - LGBTQIA+ persons, particularly youth
  - Hispanic/Latinx persons
  - Asian & Pacific Islander persons
- *Assessment & Prioritization.* More accurately assess vulnerability related to physical & behavioral health to:
  - Effectively prioritize the most vulnerable persons experiencing homelessness
  - Refer prioritized persons to supportive housing programs that will provide them the right level & types of assistance to regain housing stability
- *Referral.* Support matchmakers & agencies receiving referrals in promoting consistency & fairness of referral processing to maximize consumer access to supportive housing

Evaluation Methodology

- 3 interviews with staff from CBOs serving underrepresented populations
- 4 interviews with staff from health care & criminal justice systems
- 3 interviews with CAS matchmakers
- Focus group with individuals & families with lived experience
- 2 meetings with LEAB members, CAS matchmakers, & staff representing outreach, prevention, emergency shelter, supportive housing, reentry, health care, & criminal justice
- Web-based survey completed by 68 staff from housing & service providers

Homebase

Access: LGBTQIA+ Persons

Strategy	Impact	Lift	Status
Provide space where clients can disclose whenever they are comfortable & make clear that their identities will be accepted & respected (interviews, survey)	1	1	
Provide cultural competency & responsiveness training, including confidentiality, use of pronouns, & available mental health resources (interviews, survey)	2	2	Big priority
Engage allies with established LGBTQIA+ specific, confidential, safe spaces (interviews)	1	1	
Provide support in accessing affirming, inclusive, & respectful public health services (interviews)	3	3	
Coordinate more community support groups to provide assistance & resources in overcoming discrimination, prejudice, & stigma (interviews)	2	3	
Hire & center LGBTQIA+ staff to administer assessments, provide services, & manage programs (interviews)	3	2	Explore further w/ wider group & incorporate LE

Access: Hispanic/Latinx & Asian & Pacific Islander Persons

Strategy	Impact	Lift	Status
Develop an accessible web presence (in Spanish, Mandarin, & Vietnamese) & post more flyers with information about existing resources, access points, & immigrants' rights (interviews, survey)	2	2	
Provide cultural competency & responsiveness training to support staff in understanding diverse values, beliefs, & practices & include front desk staff in training (interviews, survey)	2	2	
Ensure there are enough staff fluent in commonly spoken languages & provide training accessible to that staff (interviews, survey)	3	2	
Partner with community centers & churches (interviews)	1	1	
Expand CAS access to community-based organizations (interviews)	3	2	2 lift upfront, 1 long-term
Hire more Latinx, Chinese, & Vietnamese staff to administer assessments, provide services, & manage programs (interviews)	3	2	Explore further w/ wider group & incorporate LE; aligned w/ CPEH

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Assessment: Process

Strategy	Impact	Lift	Status
Provide respondents time to reflect & the opportunity to subsequently adjust answers and/or allow more frequent re-assessment – e.g., quarterly (interviews, mtgs, survey)	2	1	Parse data by circumstances (e.g., language) Easy – let's try?
Provide more flexibility regarding when and where (phone?) the assessment takes place (mtgs)	1	1	Easy – let's try? Aligned w/ HPS
Narrow the pool of assessors, e.g., by requiring a higher level of training (mtgs)	3	2	How to maintain easy access? Train more but not narrow? Develop training plan for next CAWG?
Have a problem-solving conversation before/instead of administering the assessment (mtgs)	3	3	In progress – explore further
Include more persons with lived experience of homelessness & clinicians in outreach teams (FG)	3	2	

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Assessment: Training & Quality Assurance

Strategy	Impact	Lift	Status
Develop & implement a quality assurance process to ensure consistent & informed administration of the assessment, e.g.: • A small inter-agency task force that monitors on a system-level • Compare data on assessment results among assessors to identify red flags • Shadow assessments to assess fidelity • Provide technical assistance & training to assessors to address identified issues • Develop accountability measures to ensure fidelity (FG, mtgs, survey)	3	3	
Revisit the assessment script to provide a more accurate estimate of how long the assessment will take, incorporate safe space agreements, stress importance of candid responses, & highlight potential impact of not self-disclosing (interviews, mtgs)	2	1	

Assessment: Training & Quality Assurance

Strategy	Impact	Lift	Status
Provide & require ongoing training for assessors regarding: • Strategies to minimize & address re-traumatization, including an overview of available community mental health resources (interviews, FG, mtgs, survey) • Strategies to abate fear that acknowledging disability might harm housing potential or limit options, build trust, & encourage candid responses (interviews, FG, mtgs, survey) • Conflict & crisis de-escalation (interviews, FG, mtgs, survey) • Communication & messaging regarding assessment & prioritization (interviews, FG, mtgs, survey) • Cultural sensitivity & immigrants' rights (interviews, survey) • Elimination of bias (mtgs) • Best practices in administering the assessment (mtgs) • Identifying household size & selecting the appropriate assessment, including hypotheticals reflecting common situations (interviews)	3	3	Not longer but more frequent (e.g., pick a training); ensure topic is covered by agency, e.g., deescalation

Assessment: Tool

Strategy	Impact	Lift	Status
Explore alternative or supplemental assessment tools, such as: • An observation-based assessment (interviews, FG, mtgs, survey) • A behavioral health scale or assessment of the respondent's level of functioning (interviews)	3	3	
Partner with persons with lived experience of homelessness to develop & pilot alternative formulations of assessment questions to: • Minimize re-traumatization (FG) • Address racial & ethnic disparities (mtgs, survey) • More effectively identify physical & behavioral health conditions (FG, mtgs, survey)	3	3	

Referral

Strategy	Impact	Lift	Status
Provide a mandatory introductory webinar training on the CAS process & provider responsibilities for new housing program staff (interviews)	1	1	
Expand the *Standard Location Practices for Community Queue Referrals* to include a written protocol detailing the workflow & best practices for locating referred clients (interviews)	2	1	
Incorporate the *Standard Location Practices for Community Queue Referrals* into onboarding process for new housing program staff, demonstrate all the ways HMIS can be helpful in locating referred clients, & provide best practices & hypotheticals to test knowledge & troubleshoot (interviews)	2	2	
Make it easier to determine in HMIS whether someone has been assessed & whether they should be reassessed (interviews)			

Referral (cont'd)

Strategy	Impact	Lift	Status
Track the processing & outcomes of transitional housing referrals in HMIS (interviews)			
Provide consistent technical assistance targeted to agencies based on identified patterns to minimize referral rejections (interviews)	3	2	
Coordinate with the VA to track available HUD-VASH resources in HMIS (interviews)			
Automate a process for obtaining the community queue (applying logic formulas & eliminating duplicates) in real-time (interviews)			
Create a client portal to support housing programs in locating & communicating with referred clients (interviews)	3	3	

Homebase

What's Next?

1. *Homebase* to incorporate the CAWG's insight & finalize evaluation report
2. *The CAWG* to develop an implementation plan

THANK YOU FOR JOINING US!

Next Meeting:

Thursday, July 9, 2020

1-2:30pm

Location TBD