

**Santa Clara County Continuum of Care
Coordinated Assessment Working Group Meeting Notes
7/9/20**

Attendees

- Lori Andersen – Santa Clara Family Health Plan
- Shelly Barbieri – OSH
- Nicole Bell – Santa Clara Family Health Plan
- Robert Brownstein – Working Partnerships USA
- Sheri Burns – Silicon Valley Independent Living Center
- Rachael Castro – Community Solutions
- Ganlin Chen – AACI
- Peggy Cho – Santa Clara County Behavioral Health Services
- Consuelo Collard – Catholic Charities
- Alexis Crews-Holloway – Downtown Streets Team
- Benaifer Dastoor – West Valley Community Services
- Sasha Drozdova Caine – Homebase
- Janel Fletcher – Bitfocus
- Laura Foster – Bill Wilson Center
- Susan Frazier – Institute on Aging
- Justin Heffelfinger – Mental Health Systems
- Elisha Heruty – OSH
- Soo Jung – OSH
- Babita Kumari – The Health Trust
- Kerry Lao – YWCA
- Beile Lindner – Homebase
- Charles Lowery – Bill Wilson Center
- Maria Magallanes – VA
- Trevor Mells – Bitfocus
- Marlene Mora-Fausto – Bill Wilson Center
- Trang Ochoa – OSH
- Elizabeth Olvera – Family Supportive Housing
- Leila Qureishi – OSH
- Hamida Sharifi – Telecare
- Hunter Scott – HomeFirst
- Monica Simons – Bill Wilson Center
- Rebecca Siqueiros – Whole Person Care
- Jan Stokley – Housing Choices
- Nikole Thomas – Homebase
- Vaughn Villaverde – Working Partnerships USA

Coordinated Assessment System Data Update

- OSH provided data on the Coordinated Assessment System (CAS)
 - Assessment (VI-SPDAT) data from November 15, 2015 – June 30, 2020
 - 35,471 total VI-SPDATs (includes duplicates)
 - 24,620 unduplicated VI-SPDATs
 - 19,296 individual adults
 - 1, 558 transition age youth (TAY)
 - Note: Over 1,700 TAY (18-24-year-olds) are also assessed with Single Adult or Family VI-SPDATs. Because of this, TAY actually make up about 13% of all assessments.
 - 3,703 families with children
 - 63 justice discharges
 - VI-SPDAT assessments over time (2016 to June 30, 2020)
 - The number of VI-SPDATs in 2020 has dipped quite significantly (so far) – possibly due to COVID-19
 - Intervention score range data from November 15, 2015 - March 31,2020
 - 36% score within Permanent Supportive Housing (PSH) range
 - 48% score within Rapid Rehousing (RRH) range
 - 16% score within Minimal intervention range
 - There have been over 2,318 referrals to PSH and over 4,790 referrals to RRH to date.
- Untrained assessor issue
 - OSH noted that they are noticing based on recent HMIS monitoring that people who have not completed the live VI-SPDAT training are completing assessments. OSH has been reaching out to these individuals where they have been able to identify contact information and urged agencies to look into and address the issue internally as well.

VI-SPDAT 3.0

- Homebase presented on the newly released VI-SPDAT 3.0, providing a comparison between 2.0 and 3.0.
- With 3.0, it is fine to rephrase a question or provide examples to clarify the intent if someone indicates that they do not understand the question, or you believe the question is not understood.
- Self-reporting remains the primary way information is captured in 3.0, but known information from case notes, observations, documentation, and what has been communicated with consent by professionals can be included.

- You MUST inform the respondent so that they can correct any information as necessary.
- Major changes in 3.0 include new questions added, questions moved between sections, questions amended to add specificity or improve questions based on feedback.
 - Questions have been added to capture ability to meet basic needs, housing history, gambling problems, and hoarding.
 - Greater specificity has been added to adequately capture domestic violence experience and criminal justice involvement.
 - Questions pertaining to physical and behavioral health have been condensed and rephrased to be less stigmatizing and address Fair Housing concerns that were raised with Version 2.0.
 - Several questions have been expanded into separate questions concepts that were previously tied into the narrative of a single question.
- Discussion
 - Members of the group asked about when this would be rolled out in the County and whether they would be able to have input on that
 - Homebase and Bitfocus clarified that the County has not yet started any process to switch to 3.0, and that this was just an informational overview and not a decision-making discussion regarding implementation
 - Comment: *it would have been better for them to make the question about time homeless a yes or no question (e.g. have you been homeless for more than 1 year), as opposed to asking people to add up their time homeless on the spot*
 - *It will also be hard to verify this information and could be easily manipulated.*
 - Comment: *"Cognitive disability" is used much less frequently than "intellectual disability." When Cognitive Disability is followed immediately by the example, "Including brain injury," I'm concerned about the question causing people with an intellectual disability not to self-identify.*
 - Question: *Will this take the same amount of time as 2.0?*
 - *Homebase: OrgCode asserts that it should take the same amount of time. They have added some questions but also streamlined others – so this should balance out the timing.*
 - Question: *Should we administer 3.0 to people who have had 2.0?*
 - *Homebase: no – people should still use their 2.0 scores and be reassessed as usual at the appropriate time.*
 - Question: *are the scoring ranges for referrals different?*
 - *Homebase: they are the same between assessments.*

Proposal for Supplemental Functional Assessment

- Members of the Long Term Services and Supports (LTSS) Integration Committee presented on a proposed functional assessment to supplement the VI-SPDAT
- Background
 - The LTSS Committee includes representatives from organizations and government agencies serving seniors and persons with disabilities.
 - LTSS are “for older adults and people with disabilities who need support because of age; physical, cognitive, developmental, or chronic health conditions; or other functional limitations that restrict their abilities to care for themselves.”
 - The Committee developed this assessment out of concern that the VI-SPDAT was not prioritizing older adults and people with disabilities with long-term care needs in PSH.
 - This population regularly scores too low to be referred to PSH because people in skilled nursing facilities (SNFs) are considered “housed,” and the VI-SPDAT (2.0) asks only one question (C-13) about functional capacity
 - Concern that people who can live independently are stuck in SNFs and this leads to bad outcomes
- Proposal
 - The supplemental assessment would be rolled out in two phases
 - Phase one: “Authorize a small-scale pilot that allows use of the VI-SPDAT supplemental functional assessment for resident selection at Leigh Avenue Senior Apartments.”
 - Phase two: “Evaluate proposed supplemental functional assessment for broader, countywide implementation.”
 - Supplemental assessment details
 - When people answer “no” on the VI-SPDAT 2.0 question C-13, they would undergo supplemental assessment asking about functional capacity risk factors
 - Embedded in the supplement is the Montreal Cognitive Assessment
 - This assessment also allows for the observer to make their own notations
 - People would be able to score up to 4 additional points on the VI-SPDAT based on their answers
- Discussion
 - *Comment: this could add significant time onto the assessment.*
 - *Comment: this would require additional assessor training.*
 - *LTSS: the training would likely be straightforward – these are not assessments that require specialization to administer.*

- *Comment: this assessment would favor is group’s vulnerabilities and create possible equitable imbalances in system access*
- *Question: would this be administered only to certain people, or everyone*
 - *LTSS: after roll out, it would probably be provided to everyone answering “no” to C-13 on the VI-SPDAT*
- *Comment: I am concerned about SNFs referring people who are not capable of independent living, and therefore would not be well-suited to PSH. This is already happening with some of the referrals we are seeing from SNFs to the COVID-19 hotels.*
 - *LTSS: this is a legitimate concern, and people do need to be assessed properly by staff. Also important to note that people are often more capable than we assume – they just need the right supports in place.*
- *Comment: please make sure the group has an opportunity to weigh in on this before a decision is made about going with this supplemental assessment.*
- Next steps
 - OSH and CAWG to identify how to move forward
 - For further information or questions about this proposal, people should reach out to:
 - Vaughn Villaverde, MPH (he/him/his)
Associate Director of Health Policy
Working Partnerships USA
Office: (408) 809-2138
Mobile: (562) 480-4373
Email: vaughn@wpusa.org

Next meeting: September 10, 2020 from 1-2:30, location TBD