

CAWG Meeting Minutes

Attendees

Janel Fletcher – Bitfocus
Lesly Soto Bright – Bitfocus
Kathryn Kaminski – OSH
Bea Ramos – HomeFirst
Channy Singh – Abode
Pauline Bayati – HomeFirst
Mona Guerrero – OSH
Elizabeth Olvera – FSH
Lily Harvey – HomeBase
Sasha Caine – HomeBase

Leila Qureishi – OSH
Hanh Le – Health Trust
Bebita Kumani – Health Trust
Nicole Bell – SCFHP
Elisha Heruty – OSH
Valerie Kang – MidPen Housing
Jade Bradley – West Valley Community Services

Maria Magallanes – VAPAHCS
Jhoana Diaz – WVCS
Sanders Trent – YWCA
Claudia Urena – YWCA
Laura Foster – BWC
Kojo Pierce – LifeMoves
Juan Guel Jr. – OSH

Introductions

CAS updates – Kathryn Kaminski

- Most of our updates will happen throughout today's meeting (see CASPS discussion, below on agenda)
- The PIT on website tomorrow; community, nonprofits, and Board of Supervisors received "soft release" version earlier.
- We are on a break from trainings; starting up again in September
- We are in the beginnings of NOFA - it was released just before July 4th holiday.
 - Info about TA workshop on Friday, July 19 from 12:30 - 3:30pm (Excite Credit Union Community Room (next to iJava), 3315 Almaden Expwy, Suite 55, San Jose, CA 95118); if you're interested (or might be) in applying for funding, you must attend (mandatory).

HMIS updates – Janel Fletcher

- If you are an agency administrator, you should have received a survey. We'd like feedback on restructuring the HMIS Admin Meetings.
- Towards the end of the month Bitfocus will roll out an update that will prevent program enrollment for someone under the age of 18 as a head of household.
- Lesly and Janel (Bitfocus) are doing agency visits - to meet providers and provide any TA that might be useful. They would love to hear about everyone's HMIS experience.

CASPS debrief – Sasha Caine and Lily Harvey (HomeBase)

- Origin of subcommittee: to address desire from CAWG to talk through prioritization process.
- Goals: make sure we are accurately assessing vulnerabilities and ensure the system is addressing them through just, fair, and equitable processes. Make sure assessments are consistent and that processes are clear to providers/clients.
- To meet these goals, the group did a deep dive into data through an iterative process that followed up on various trends we saw as we went.
- We identified areas for improvement and will now move to a smaller group to focus more on how to best address what we have seen.

- Through the process, we looked at a range of info across timeline of CAS. We looked at the timeline by score, by age, household make up, RRH/PSH, demographics (age, race, gender, ethnicity, primary language, disabilities). For each of these demographic areas, we did a deep dive into each subcategory and looked at them through numerous lenses/comparison points. We compared multiple sets of data to look for any disparate treatment or effects. We looked at overall numbers of people coming into the system, as well as how people were referred, enrolled, or denied by the system. (See slides for more detail).
- What we found:
 - The subcommittee identified several areas for follow up – in summary:
 - There is a significant difference in how people are self-identifying disabilities at intake and assessment.
 - LGBTQI+ people (particularly youth) are not accessing the system as much as we'd expect.
 - Same as above for Spanish speakers and a range of Asian-language speakers.
 - Single people 45+ are less likely to be referred to RRH and more likely to be denied for PSH.
- People are less likely to self-identify as having a disability upon assessment.
 - Some of the reasons underlying this is that assessment questions are asked in the context of impact to ability to stay housed, the context of the timing of assessment administration (people are tired and just want to go to sleep if they are waiting for a shelter bed and being assessed), etc.
 - Potential solutions discussed by the CASPS:
 - Changing when assessments are administered;
 - Implementing the Silicon Valley Triage Tool to incorporate objective information into the process;
 - Incorporating an additional tool that allows for assessor input -- although this is tough because it might introduce bias into the system.
 - THT is having a challenging time contacting referrals and providing the adequate level of support -- it would be helpful to have an additional assessment.
 - Remaining question: When would we administer an additional assessment?
 - It might be more effective to have a phased assessment process -- we don't want to add questions to the initial assessment when this is already a rushed situation, but we don't want to wait too long to follow up either.
 - This is a key question -- we will need to have a retreat to dig into these questions.
 - What is happening with the Triage Tool?
 - It is held up with legal
 - Can we change the VI-SPDAT?
 - We cannot change the questions, but we could add.
- What is happening with disparities we see among persons 45+?
 - This may be related to resources in terms of referrals to RRH.
 - This population may have the disabilities required for PSH, but not the chronicity.
- Equity-related findings
 - Gender/sexual orientation
 - We looked at this data across the population, PIT, assessed population, referred population.
 - The LGBTQI+ subpopulation seems very off the grid/underrepresented compared to the national numbers we know to be true.

- And we have received, particularly from youth, feedback that we need to do better with this subpopulation.
 - We saw that referrals for male and female identified people are relatively equal.
 - The group was concerned about what appeared to be low LGBTQI+/gender non-conforming people showing up in PIT count.
 - CASPS thinks there should be more outreach to local identity-based advocacy/support/service groups.
 - We should consider a True Colors assessment of system.
 - We should increase cultural competency of assessors to avoid skipping questions/making assumptions, and overall cultural competency.
 - We should try to increase feelings of safety amongst this client subpopulation.
 - We should increase trainings and education to better serve this diverse subpopulation.
 - CAWG thoughts
 - These sound like good ideas. We should also consider:
 - increasing safety/comfort and education across community/providers;
 - adding HMIS questions about sexual orientation (not just gender identity).
- Primary Language
 - Spanish speakers and "Asian language speakers" (especially Vietnamese community) is underassessed (they are not under-referred)
 - CASPS
 - We should expand outreach to places where members of these communities may be connected (churches, community centers, etc.) These groups/partners do not need to do homelessness work, but they can potentially be bridges to better serving the community.
 - Data on "Asian-PI" is very limited/hard to approach because of HUD/HMIS information. We are not sure how to get around this.
 - CAWG
 - This subpopulation experiences safety and security issues as well; particularly for the Spanish-speaking community in light of current climate around citizenship status.
 - Word of mouth travels; if someone's aunt was denied or someone had a bad experience, that can do a lot of damage in terms of bringing folks in and/or the perception that engaging with the system will be worth anyone's while.
 - We have ongoing agency capacity issues around the ability to talk to people in non-English languages. These limitations are exacerbated by the nature of the assessment questions and their "translation" into other languages; cultural sensitivity.
- Single Adults, 45+
 - This age range is represented just as much as others in RRH, but referrals are lower.
 - PSH denials are higher for this group too.
 - CASPS

- This is not just a resource issue for singles because singles under 45 are referred as frequently as other household makeups; just 45+ (RRH)
- for PSH denials, there is a possibility that 290 status or other criminal history issues plays a role.
- CAWG
 - It could be that people are coming to Santa Clara County because they know we have good resources but move on quickly; anecdotally these people seem to be in this age group.
 - For PSH denials, it is possible that lack of documentation of chronic homelessness and/or disability may play a role.
 - Possible issues with people being denied because of ineligibility based on not being able to be located in this group.
 - Let's keep an eye on this and, hopefully, the newer protocols will hopefully generate some better data in this area

Draft Decision Tree - Elisha Heruty

- Background: Timing of VI-SPDAT has not been altogether clear and/or consistent. This tree is designed to help provide better guidance and promote consistency.
- Question to the group: Does this feel like an issue for you all?
 - CAWG: Yes, people are confused about when to reassess and would benefit from ongoing guidance.
- This tree doesn't go deep, i.e., does not address what a "significant change" is. It just gives general guidance.
- CAWG questions
 - If someone is pregnant at time of VI-SPDAT, should they be reassessed after giving birth?
 - Yes.
 - If household is already on the queue and no VI-SPDAT but they have a significant change, do a new VI-SPDAT (and make sure they are referred back to the queue).
 - It is also helpful to put in the "notes" section why any re-assessing happens.
 - "Housing program" language could be confusing to people doing assessments; change to names of specific programs (BitFocus: this will be coming in the next several months). They can at least label TH, PSH, RRH for now for all of the programs. This will need to be updated frequently. This hopefully will work as a stop-gap measure until the labels will show in HMIS.
 - "Literally homeless" question; we do still have programs for youth at risk of homelessness. Add an asterisk so people don't stop using TAY-VI-SPDAT/VI-SPDAT on youth who aren't "literally homeless."
 - This year's NOFA, CoCs can serve people at "imminent risk" of homelessness; SCC hasn't decided how to adjust accordingly (and if they will).

New prescreening for victim/survivors of DV – Elisha Heruty

- Background: There is a need/request from DV providers to have DV-competent providers work with those who have experienced DV. There is now a 5-question supplemental to VI-SPDAT to get people to these DV advocates, as necessary.

- CAWG
 - No one is using it because we thought we were supposed to wait.
 - OSH: there is no need to wait so, for new staff, they will get trained on this at VI-SPDAT training and should use this. They may have questions on it; let Elisha know if so.
 - The questions are posted currently on HMIS website.
 - A webinar should be rolled out soon for current staff who is already trained on VI-SPDAT. May be modeled after client consent training (quiz after). Kathryn will take the lead on this.
 - OSH will also develop an expectations document for agencies with recommendations, etc.
 - This questionnaire should happen asap so that these people can be referred to an advocate swiftly. This is particularly valuable for people who have their info in HMIS, linked to their abuser(s).

Clarity update: hiding assessment score after VI-SPDAT so that only matchmakers will see it. - Janel Fletcher

- This is not happening yet; this is a sneak peek.
- Instead of a score, a customizable message will show on the assessor's screen.
- Ultimately, this means that everyone will be referred to the queue and eligibility will be handled on the queue side.
- For CAWG
 - Does not knowing if someone scored 4+ impact what else you do with consumers?
 - Given the current state of housing availability, everyone should continue to look for housing.
 - ESG, minimal to RRH requires us to know. But matchmakers can help work around this.
 - If OSH administrators are the only ones who get to see the score, are there concerns about transparency? What are the checks and balances? Should agency admin have access to this information for agency-level transparency?
 - OSH: We will think on this to try to address transparency piece. We will discuss again at the next meeting to run ideas by the group; feel free to send ideas to OSH.
 - What info should be included in the assessment message?
 - Should include updating client contact and location information.
 - Should we do different messaging based on assessment type (VI-SPDAT versus VI-F-SPDAT)?