

**Santa Clara County Continuum of Care Coordinated Assessment Working Group  
Meeting Notes 9.12.19**

- **Attendees**

- Desarie Abeyta, Bill Wilson Center
- Warda Ali, CSH
- Nicole Bell, SCFHP
- Janel Fletcher, Bitfocus
- Lesly Soto Bright, Bitfocus
- Danielle Creer, West Valley Community Services
- Laura Foster, Bill Wilson Center
- Mona Guerrero, OSH
- Jessie Hewins, Homepage
- Sandra Jackson, The Health Trust
- Valerie Kang, MidPen Housing
- Babita Kumari, The Health Trust
- Kerry Lao, YWCA-SV
- Beile Lindner, Homepage
- Liz Lucas, LifeMoves
- Cindy Lui, LifeMoves
- Jose Lupercio, LifeMoves
- Maria Magallanes, VA Palo Alto
- Thao Nguyen, The Health Trust
- Elizabeth Olvera, Family Supportive Housing
- Hunter Scott, HomeFirst
- Channy Singh Abode Services
- Claudine Sipili, City Team
- Kelly Sumner, HomeFirst
- Arisha Williams, City Team
- Leila Qureishi, OSH

- **Coordinated Assessment Data Updates**

- 20,145 unduplicated assessments from November 2015 to June 30, 2019
  - 7,000 scored in the PSH range with 1,700 referred
  - 10,000 in the RRH range with 4,000 referred
  - 3,000 in the minimal assistance range
- Currently, there are roughly 6,000 to 7,000 people on the queue

- **HUD Data Standard Updates for Coordinated Assessment**

- The following changes will be going live in April; see slides for more detail.
  - 4.19 Coordinated Entry Assessment
    - HUD wants to standardize collection of assessment date, location and result
  - 4.20 Coordinated Entry Event

- Will track key referral and placements and the results of those, including both access and referral events
  - What does this mean in Clarity?
    - When this goes live, end users will complete a Coordinated Entry project enrollment to record the assessment and each of the coordinated entry events
    - Bitfocus will provide additional training as we get closer to implementation in the Spring.
  - Question: How will it work with VSPs who don't have access to HMIS and the community queue?
    - Bitfocus will check on how that will work.
- **Annual Coordinated Assessment System Evaluation**
  - OSH will be embarking on the annual evaluation of the system, similar to last year.
  - This year, the evaluation will build upon the work that the Prioritization Subcommittee started.
  - The subcommittee met 6 times this year between February and June and looked at who is accessing the system, who is being referred, and identified areas for improvement.
  - The findings were reported back at the last working group meeting. Findings included:
    - Concerns about underreporting of disabling conditions at assessment
    - Concerns that LGBTQI people, Spanish and Asian language speakers were underrepresented
    - Older adults were being referred to rapid rehousing less than would be expected
  - The assessment this year will focus on:
    - Access for those underrepresented groups
    - Obtaining accurate information at assessment (e.g. disabilities) to facilitate appropriate referrals
    - Improving the referral process to promote fairness and consistency
  - The information gathering process will include:
    - Focus groups with consumers
    - Interviews with community-based organizations serving underrepresented populations
    - Survey for provider staff
    - Interviews with people who have been referred through the coordinated assessment system
    - Interviews with staff from healthcare and criminal justice systems
    - Focused meetings with program staff, the Lived Experience Advisory Board, and matchmakers
  - Group discussion of ideas for where and when to host focus groups:
    - Bill Wilson Center has a LGBTQ drop in center they can offer for a focus group
    - City Team could host a meeting for their clients at their site
    - Family Supportive Housing could help once their shelter is back up and running
    - Would recommend doing them close to public transportation; later in the evening is good time usually, but would need to provide childcare

- Have food and incentives to entice people to come and honor their participation
    - The group would be willing to share the information with their agencies and clients
    - Keep in mind that shelter users might not be able to do night-time meetings because need to be in their shelter
  - Discussion of community-based organizations that serve underrepresented communities (e.g. LGBTQ Youth Space, New Haven Inn, Amigos, Grail Family Services and Vietnamese Voluntary Foundation) to help develop strategies for reaching these communities. Other ideas/suggestions from the group:
    - Sacred Heart Church
    - AACI
    - LifeMoves safe parking programs at several San Jose community centers that serve individuals and families
    - LGBTQ center and the host homes program at Bill Wilson Center
  - Feedback from group on interviews for participants in PSH programs who went through coordinated assessment:
    - Have PSH providers coordinate with clients in their programs; it would be more comfortable for them to meet where they are meeting with case managers.
    - Would recommend expanding the population we interview to rapid rehousing households as well.
      - Permanent supportive housing clients who were on the queue for a while after assessment might not remember what they did or did not say. Rapid rehousing clients might be closer to the assessment process and remember more.
      - Some rapid rehousing providers have identified clients that should have gotten permanent supportive housing – could connect with those providers to pinpoint that population that probably underreported conditions at their assessment.
- **Community Plan to End Homelessness Discussion**
  - What is working well in our Coordinated Assessment System that we can build on?
    - Definitely improved in terms of coordinating efforts between agencies
    - Have better quality of contact information for referrals – now being gathered much more consistently.
    - Having the VI-SPDAT reduces prior loopholes – it’s not about personal relationships anymore and it is more transparent and uniform
    - Homelessness prevention system is working well
    - The gap between homeless inflow and placements is narrowing for families with children and veterans so we are doing well with those populations
  - What are the gaps?
    - large gap for single adults who are over 25 and not vets
    - Would be great if clients could receive something after VI-SPDAT that says you were assessed and what is next. This would be helpful in making clients feel seen and acknowledged.

- Would be great to create a client portal where they can directly get information (not through a caseworker). Bitfocus is working with Cisco, OSH and Destination: Home to develop a client portal.
  - It would be great if we could give people more of a sense of how long things will take. It's hard to get clients to update assessments or ROIs if they don't see where it's going.
  - VI-SPDAT has a lot of gaps – consistently getting people in rapid rehousing who should be in permanent supportive housing.
  - The last provider that a person worked with should get the public alerts for that person or even ANY person that person worked with – everyone should be alerted
  - Would be ideal to have an online thing with quiz & practice (not just a webinar)
- What is our collective vision for CAS in 5 years?
  - More resources for people in encampments to prepare them for housing
  - More resources to help rapid rehousing clients stabilize (e.g. more drug treatment, mental health services, etc.) – it cannot all be on the provider to help stabilize people in housing
  - Take a fresh look at what is going on with people scoring in the 8-12 VI-SPDAT score range and make services available for that range.
  - Try to track the people who refuse to take the assessment or refuse housing due to paranoia
  - Create a by-name list of ALL homeless persons (not just veterans)
  - Explore shallow subsidies and other services for people in the 0-3 VI-SPDAT score range who are entering homelessness & can self-resolve
  - Add HUD VASH resources to HMIS/Coordinated Assessment System.
- **Next Meeting:**
  - Thursday, November 14th from 1– 2:30pm at the Health Trust (3180 Newberry Dr, Suite 200, San Jose, CA)