

**Santa Clara County CoC
Coordinated Assessment Work Group
Meeting Minutes
11.8.18**

- **Welcome and Introductions**

- Attendees:
 - Desarie Abeyta, Bill Wilson Center
 - Alicia Anderson, Behavioral Health Services
 - Jazmin Buntic, Behavioral Health Services
 - Devon Grover, PATH
 - Elisha Heruty, Office of Supportive Housing
 - Juliana Juarez, Abode Services
 - Kathryn Kaminski, Office of Supportive Housing
 - Kerry Lao, YWCA of Silicon Valley
 - Beile Lindner, HomeBase
 - Liz Lucas, LifeMoves
 - Maria Magallanes, VA
 - Nan Mager, Behavioral Health Services
 - Tami Moore, Bill Wilson Center
 - Rosa Navarro, Next Door Solutions
 - Elizabeth Olivera, Family Supportive Housing
 - Jenn Ong, BitFocus
 - Maria Price, PATH
 - Hunter Scott, HomeFirst
 - Lesly Soto Bright, BitFocus
 - Kelly Sumner, HomeFirst
 - Bea Ramos, HomeFirst
 - Zach Rooney, PATH

- **CoC Updates**

- The CoC has started planning for 2019 Point in Time (PIT) Count
 - There was a meeting held on Monday 11/5, and there will be future planning meetings as well.
 - The CoC will be putting out calls soon for volunteers for the count.
 - The PIT Count is an important event, and accuracy is critical because funding is based on this count.
- CoC Grantee TA Visits
 - TA visits for CoC-funded programs are underway.
 - These visits are problem-solving opportunities to address targeted issues.
 - Common issues raised or ideas that come up during these visits may be brought back to this group for discussion.
- CoC NOFA
 - First NOFA committee meeting will be held in January.

- We will also be hearing about CoC awards around then as well.
 - Homeless Emergency Assistance Program (HEAP)
 - \$17.5 million in CA state funding allocated to the Santa Clara County CoC!
 - CoC membership meeting will be in early December to discuss how this funding should be used.
 - Upcoming CoC Trainings
 - November 13th – Equal Access & Cultural Competency with HomeBase, the Office of LGBTQ Affairs, and Family & Children Services of Silicon Valley.
- **HMIS updates from Jenn (BitFocus)**
 - Introducing Lesly – the newest member of the BitFocus team.
 - BitFocus has been updating the community queue to make sure that clients’ profiles are updated with their most recent VI-SPDATS – so some providers may have gotten an email letting them know that their referrals have been updated – this doesn’t mean a new referral has been made, just that the VI-SPDAT been updated.
 - The CoC is in the middle of working on the Longitudinal System Analysis (SA) report (a new HUD-mandated report this year) – thank you to all who have helped clean up their data!
 - The Housing Inventory County (HIC) is coming up – BitFocus will be reaching out to providers about that soon.
- **Coordinated Assessment Updates**
 - This working group will need to move its meeting space starting in 2019 because The Health Trust needs to use their boardroom at this time.
 - We do not want to change the time of this meeting because it seems it works for attendees and is already in people’s calendars.
 - Potential new meeting locations: Alliance Credit Union, Charcot, Berger Auditorium, the Learning Partnership, Milpitas Sobrato, or County Office of Adult Probation?
- **Coordinated Assessment 2.0**
 - It’s time to start planning next annual Coordinated Assessment System (CAS) evaluation.
 - As part of the planning process, we want to discuss some of the changes that were made as a result of last year’s evaluation and then move forward with prioritizing the areas to focus on this year.
 - **2018 Evaluation Recap**
 - Last year’s evaluation focused on three key areas: ensuring access, assessment and prioritization, and match and referral.
 - Ensuring Access
 - Key issue: clients and providers misunderstanding the VI-SPDAT and CAS
 - The CoC responded to this issue by creating some tools for providers to use to explain the system (i.e. [this FAQ](#)).

- People say they have been using them and they are “super helpful.”
- One question providers keep getting from clients – even though it is covered by the FAQ - is whether there is a place they can check – in to find out whether an agency is trying to find them (for example, because there is a referral or if they need to re-take the VI-SPDAT).
 - Current situation
 - People are calling agencies directly to get this information or to update their contact information – or outreach teams are checking in with people on an ad hoc basis in the community.
 - One provider pointed out that they cannot always tell in HMIS whether there has been a referral made unless the agency seeking the client has issued a public alert.
 - BitFocus is going to update client profiles so that providers can see that there is a referral pending and click a link to see the referral details.
 - Potential solutions/discussion
 - HMIS currently lacks a portal to look up this info, and in building one we would need to consider privacy issues.
 - Suggestion to create a log-in page where clients can get information using their HMIS number. BitFocus says this would need to be built.
 - OSH will work with BitFocus to explore more HMIS solutions – the other option is for there to be designated staff at each agency to provide this information to clients.
- Key issue: Access point information availability
 - Current situation
 - People seeking information about access points are directed to a list of HMIS partners.
 - Potential solutions/discussion
 - Refine this list to provide more information about the agencies who they can assess – because, for example, some of these places will not conduct VI-SDPATs for walk-ins.

- Refine this because it lists general categories like “THPs” and “services,” but not all THPs or service providers are access points.
 - Discussed that it is possible to centralize access points, or to create a hotline – but the benefit of having service providers administer the VI-SPDAT is that people can also get assistance.
 - Key issue: VI-SPDAT and assessment
 - Current situation
 - Some agencies expressed that the VI-SPDAT was insufficient as an assessment tool.
 - The 2006 VI-SDAT subcommittee established the current use of the VI-SPDAT and local questions.
 - The Silicon Valley Triage tool is still in the works – need to reconcile the issue that cannot legally access criminal justice system information.
 - Potential solutions/discussion
 - The CoC wants to re-establish the VI-SPDAT committee over the next few months (likely in January) to re-examine the VI-SPDAT and discuss other related issues.
 - Assessment and Prioritization
 - Key issue: Preventing duplicate VI-SPDATs
 - Current situation
 - The CoC has created a policy to prevent unnecessary duplicate VI-SPDATs
 - This policy provides the circumstances that warrant re-assessment [change in circumstances or expiration (as defined by the policy)]
 - Discussion of suspension policy
 - The CoC is implementing a policy to suspend HMIS users who do not follow the re-assessment policy because re-assessment can be so detrimental to clients and cause problems with referrals.
 - CoC will send a warning first by email – and people can respond if they feel the new assessment was warranted (or can pre-empt the warning by reaching out to Shelly or Jessica to explain after they have re-assessed someone).
 - Suspended users will be re-instated after attending another HMIS training (many of the users who are administering these duplicate assessments have not had a recent training).

- OSH is planning to start offering re-fresher HMIS trainings and they would like feedback on how to roll these out and what to focus on.
- Question: Is there still an issue with people administering the VI-SPDAT by paper without checking first to see if the client has already been assessed?
 - OSH – every agency should have an internal process where, whenever possible, the system is checked before an assessment is given.
 - There is no uniform process yet for how to address that – but it’s OK not to enter the new VI-SPDAT – don’t have to enter just because it was done!
- Question: What about when there has been a significant life change during enrollment?
 - If someone has been enrolled in a program, do not re-do VI-SPDAT.
 - Can re-do VI-SPDAT if someone is discharged from the program.
- Group consensus seems to be that this policy makes sense.
- If it is going to be a major hardship for someone to lose their HMIS access (and therefore also their VI-SPDAT capabilities) then Elisha can come and provide a one-off training (she will send out her contact information) or the suspended user can go to a re-fresher training held at their agency or another agency.
- Question: What about OrgCode coming out to do another train-the-trainer session?
 - Bill Wilson and HomeFirst are the only agencies that have people who have attended the “train-the-trainer” training.
 - OrgCode doesn’t permit people who are already permitted to “train the trainers” to educate other people to “train the trainers” – only OrgCode can do this.
 - OrgCode’s trainings also do not provide information on SCC CoC policies and practices.

- Also, we do not want to have too many trainers. We need to have consistency – so need to weigh the need for additional trainers with the need to have uniformity.
 - People can also always go to the monthly trainings at OSH.
 - Key issue: VI-SPDAT Training Content
 - Question: Is the training providing the right content?
 - People feel that the old trainings did not provide sufficient context about the CAS and the reason why the VI-SPDAT was being administered.
 - Future trainings should explain how the VI-SPDAT fits into CAS and how CAS fits into the broader housing-assistance system.
 - Idea: perhaps offer a separate training on CAS?
 - Match and Referral
 - *Key issue: Establishing mandatory practices*
 - Current situation
 - We are in the process of creating protocols for what steps an agency must take to locate clients (i.e. a checklist).
 - Potential solutions/discussion
 - Create a way to drop a pin onto a map in HMIS rather than entering address.
 - BitFocus – if you’re out in the field, you can log coordinates – but then providers need to know how to use these coordinates to locate people.
 - HMIS could allow providers to enter multiple locations.
 - BitFocus – providers can already add more than one address.
 - People would like to add more than an address because these locations are often best identified through descriptions - i.e. this person can be found at XYZ creek by the large tree, etc.
 - Train VI-SPDATers to ask additional questions to probe for location information – i.e. where do you go for lunch? Where do you go when you first wake up?

- The VI-SPDAT on the paper form does provide some guidelines on how to ask these questions.
- *Key issue: Improving safety for DV survivors*
 - Current situation:
 - The QAS have been updated in response to these concerns
 - We are currently in the process of creating the DV Pre-Screening tool and seeking feedback from VSPs.
- ***Moving forward... what should we focus on this year?***
 - Should this evaluation re-examine these three areas from last year, or focus on something new?
 - Ideas
 - Transitions between RRH and PSH
 - Current situation
 - If you think someone may need PSH, you gather the necessary eligibility documentation.
 - Try to get them stably housed in RRH in the meantime – they have to be housed in RRH for 12 months in order to be considered for a transfer to PSH.
 - Case managers hold conferences with matchmakers to discuss potential transfer.
 - There are no open spaces for transfers at this time, but new PSH is coming online (ex. Second Street Studios).
 - Concerns
 - What can be done for people who are unable to transfer to a PSH program?
 - We need a procedure for how to address the situation when a client is aware that they could transfer to PSH and then “take advantage” of this
 - Report that someone turned down a referral to an RRH program because they wanted to “wait for PSH.”
 - Would like greater transparency in decision-making – how are the matchmakers deciding who to transfer?
 - Concern that requiring a stay in RRH for 12 months does not work for programs (such as SSVF) that have a 9-month time limit.

- SSVF programs are not allowed to house people in RRH with the intention that they will be transferred to PSH.
 - Potential solutions/discussion
 - How are others handling this? In LA, when someone is currently in RRH and needs PSH, they are prioritized at the top of the community queue.
 - Conduct an analysis of the data to see how often people need to transfer.
 - SSVF reports transferring to HUD VASH about 3x month.
 - We should also analyze the reasons for RRH denials as well because this is related.
 - Transfer process and decisions are subjective and need to be flexibly – so we do not want to make these guidelines too firm – however, it would be good to ensure consistency.
 - It is also important to avoid a situation where RRH programs are identifying hard-to-serve clients for transfers to PSH because they do not want to work with them.
 - We also need to be aware that people scoring at a 9-10 on the VI-SPDAT will never be housed if PSH is only being filled by people at the top of the PSH range and people who cannot stay in RRH.
 - Move-on strategies
 - How can we identify clients who do not need PSH anymore, but do need a subsidy?
 - People think this population is large.
 - Racial equity across our system
 - OSH is trying to include information on race in all reports.
 - The CoC is aware of the disproportionate representation of people of color in system.
 - This is something OSH wants to continue to discuss at this group and beyond the evaluation as well.
 - This year’s evaluation won’t be as robust as last year’s – we will look at the data first and then perhaps do interviews/focus groups.
 - **Check Out**
 - Next Meeting – Thursday, January 10, 1:00 – 2:30pm (location TBD)