

**Coordinated Assessment Working Group Meeting Notes
September 13, 2018**

Attendees:

- Margaret Alfaro, Abode Services
- Alicia Anderson, Behavioral Health
- Jaime Betancur, VA
- Consuelo Collard, Catholic Charities of Santa Clara County
- Neil Fong, Goodwill
- Laura Foster, Bill Willson Center
- Rosa Elaine Garcia, Abode Services
- Elisha Heruty, OSH
- Jessie Hewins, HomeBase
- Kathryn Kaminski, OSH
- Cindy Lui, Life Moves
- Maria Magallanes, VA
- Nan Mager, Behavioral Health
- Crystal Olivas, YWCA
- Elizabeth Olivera, Family Supportive Housing
- Jenn Ong, Bitfocus
- Jessica Orozco, OSH
- Maria Price, PATH
- Leila Qureishi, OSH
- Bea Ramos, HomeFirst
- Zach Rooney, PATH
- Hunter Scott, HomeFirst
- Aida Zaldivar, Community Solutions

Agenda Items:

- **CoC Updates**
 - Nearing end of the NOFA process; thanks to everyone for their work! The consolidated application is posted to the OSH website now and will be submitted early next week.
 - The next Performance Management Working Group Meeting on October 4 at 1:30pm; will be followed by the HMIS Admin Meeting at 2:30pm
 - HomeBase's CoC trainings will be picking back up in October after hiatus for NOFA.
 - Technical assistance visits with HomeBase coming up; they will be reaching out to schedule in the next couple months
 - HMIS updates from Bitfocus:
 - Starting September 19, there will be additional information available for clients about how many days a referral has been pending, the number of days since the agency has been actively working on the referral, as well as updates to referral history.

- Will be adding or renaming options for when a referral is denied based on internal feedback and feedback from providers at meetings and trainings.
 - HUD's LSA report is coming up – Bitfocus has been contacting shelter and housing programs to review data quality to prepare.
- **Coordinated Assessment System Updates**
 - Now available on OSH website:
 - Have posted FAQ for VSPs who administer the VI-SPDAT
 - Translated FAQs are now posted in 3 languages
 - In process:
 - Updating QAS to ensure safe access for survivors
 - Pre-screening tool for DV, sexual assault, and human trafficking survivors; HomeBase will be getting additional feedback on that tool from VSPs and will bring it to this group again before finalized.
 - Recap of CAS tools that are currently available:
 - FAQ for providers
 - FAQ for agencies that don't administer the VI-SPDAT
 - Flyer for clients
 - FAQ for VSPs
- **Proposed HUD Coordinated Entry Data Elements Changes**
 - HUD is requesting feedback on data elements they are considering putting into HMIS to track coordinated entry efforts; feedback due by Oct 1st.
 - These updates will have an impact on how data will be entered and workflow; gathering feedback at this meeting and OSH and Bitfocus will compile and submit.
 - HUD's proposed data collection flow:
 - Clients would be enrolled into CE project that is shared countywide
 - Agencies would enroll clients into project when they first work with the client (CE project enrollment would be concurrent with any other project enrollment)
 - After entered into HMIS, there are series of events that could happen including assessment, referral, etc.
 - If a client is getting services outside of HMIS may want to enter that information as well.
 - Clients are exited if housed, moved out of region or has not been contacted by a project in the CoC for 90 days (or as community sees fit)
 - Questions/feedback – what are the challenges you foresee?
 - What prompted this? Probably in order to make reporting on coordinated entry consistent across systems and need more guidelines on how communities structure their systems.
 - One option is to ask HUD what are they looking for and if we could provide that in the APR in a different way which would still all them to collect similar data across communities.
 - Concern about additional data entry that this will require as many agencies have their own internal databases to track services. This would mean staff would have to track those services in HMIS so that they stay “active” in HMIS.
 - Worried that people will get exited from CE project even if they are receiving services. Currently its 390 days that they are deactivated on the queue.

- Problematic for clients who want access to housing but don't want to check in with providers at a federally mandated interval. Would be open to housing but don't want other services in the meantime.
 - Would a no show or attempted contact count? In strict sense that is a service but it seems like that might not count. Could ask HUD to define what no activity means more specifically.
 - What about duplicate entries where we only have minimal information? Could be issues with multiple services received by the same person.
 - Will require really robust CM outreach process which we don't have and additional time to train provider staff and input data. This will impact data quality negatively.
 - Would need many more additional user licenses (potentially double) in order to make this happen and train additional staff and would be a huge burden.
 - Could be some benefits for keeping track of clients and some interesting reporting that could be helpful for understanding system performance.
 - What happens if they reappear on the 92nd day? Do they need to be reassessed or are they just reactivated?
 - How do we convince other departments/county agencies to input this information? Would be challenging to incentivize them.
 - Unrealistic that people are going to double entry; the priority for healthcare providers is to enter into EMRs to bill for services.
 - What do we think is a reasonable length of time? If there was more time would some of the duplicate entry concerns go away? Somewhat, but still a concern. Activity/event definition should be broader – providers have incentive to update contact information and can click check in button.
- OSH and Bitfocus will also be asking for a lot of lead time on these changes and additional resources for training.
- **Technology Needs Assessment**
 - HomeBase is working with Destination: Home on a technology needs assessment to identify barriers and challenges around technology and data and potential solutions.
 - Cisco Foundation has made a significant funding commitment and the needs assessment is a first step to identify technology needs across the system.
 - Feedback on challenges re: technology and data and wish list items:
 - Interested in knowing what is out there that we don't know? What is available that could help us in our work?
 - There is a big push towards billing Medicaid. This is a big barrier in terms of time. Would be helpful to have technology solutions that made this easier to do and integrate into current system.
 - Agencies spend a lot of time looking for individuals. Website or link for individuals to check their status on the queue, update their location, etc.
 - More mobile tools for data entry in the field.
 - How could nonprofits use technology in an affordable way to help do our work (ie. clients could sign on a tablet instead of paper)
 - Is there a way to notify the agency that did the assessment when the client is first referred? We may be able to support finding that client if we knew they had received a referral.

- Duplicate data entry in an internal database and HMIS is a challenge. Need the two systems to communicate and talk to each other.
- All government bodies are asking for more data and the demand is just increasing. This increased demand can negatively affect data quality.
- Dashboards that bring in information from various systems are helpful
- Features similar to electronic medical records to write and read notes – supervisor can be notified when client notes are entered and can review it in a batch instead of having to go into each client’s individual record.
- Access to real-time, user friendly data for decision making – Takes too long to clean it and do clean up and we can’t get real-time data
- **CAS Evaluation Recommendations**
 - Match and Referral – updates from discussion at July meeting:
 - Still have challenges locating clients after referral is made and at last meeting, it was suggested to create a checklist/steps to locate clients to make client location more uniform and thorough
 - OSH drafted and shared a checklist based on feedback from this group, OSH RRH matchmaker, and PSH client engagement team.
 - Please take this back to your agencies, see if there are more things we can add so everyone goes through a similar process before saying you can’t find someone.
 - Some questions about what ROI allows you to disclose though. If they’ve done the VI-SPDAT, then can talk to any partner agencies in HMIS; can send email in HMIS but can’t just pick up the phone and ask if they have seen them.
 - Discussion of Contact Information Data Entry:
 - Agencies are already constantly reminding people to fill out more information in the contact tab. Need to be doing more on the other end to make sure the data is complete.
 - OSH is doing VI-SPDAT trainings and emphasizing this point.
 - HomeFirst is asking open ended questions to get at where to find people – where do you go in the morning? Where do you get medical care? Where do you get food, do your laundry?
 - Could not allow to move forward until they send to the queue. See clients that do the assessment and don’t refer to the queue so they are in limbo while they could be on the queue.
 - Still seeing a lot of clients without any contact information at all. Could make sense to have a feature that at least routes you through a location specific screen.
 - Could have a list of things they are looking for location-wise – who do trust? Where do you go?
 - Could we do google coordinates? There is an option to drop a pin currently but the accuracy is not always great.
- **Close Out**
 - Future topics for November meeting:
 - Two follow up items on assessment and prioritization