

**Coordinated Assessment Work Group  
Meeting Minutes  
7.12.18**

- **Welcome and Introductions**

- Attendees:

- Desiree Abeyta, Bill Wilson Center
- Conseulo Collard, Catholic Charities of SCC
- Rachel Gandt, Anthem – Cal MediConnect
- Jessie Hewins, HomeBase
- Elisha Huerty, OSH
- Valerie Kang, MidPen Housing
- Kathryn Kaminski, OSH
- Patricia Nanez, NextDoor
- Crystal Olivas, YWCA
- Elizabeth Olivera, Family Supportive Housing
- Jenn Ong, BitFocus
- Bea Ramos HomeFirst
- Lili Rivera, Bill Wilson Center
- Zach Rooney, PATH
- Ane Watts, Anthem Blue Cross

- **CoC Updates**

- CoC NOFA process is underway. The local competition kicked off yesterday and applicants are now working on proposals. The next NOFA committee meeting will be on August 29<sup>th</sup>, which will be announced to the CoC list serve.
- Bitfocus is working on a Data Literacy training program which will have different tracks for different roles. The first few events are scheduled below:
  - There will be a webinar for general HMIS users covering program information, client summary and service reports on July 18 and Aug 23<sup>rd</sup>. An email announcement with registration information was sent to all HMIS users and will be sent again prior to the July webinar.
  - For agency managers who want to know more about data, there will be a presentation during the next HMIS Admin meeting to cover useful reports and resources, which will be geared more toward program management/outcomes.

- **Coordinated Assessment System (CAS) Updates**

- Domestic Violence (DV) Screening Tool
  - OSH is working with victim service providers (VSPs) on a pre-screening tool that would precede the VI-SPDAT so that clients may be referred to a VSP to continue with administering the VI-SPDAT, if they choose to. This will be discussed more at the next workgroup meeting.
- Triage Tool
  - The results of the CAS evaluation showed that stakeholders felt that the VI-SPDAT does not capture the complete picture for many clients, especially for those with mental health issues they may not be disclosing initially.
  - OSH is working with the Public Health Department on a new triage tool to incorporate into the current assessment process to help address some of the VI-

SPDAT's shortfalls. The idea is to use County behavior health system, medical system, and criminal justice data to help assess more accurately and comprehensively and prioritize.

- OSH will be putting together a subgroup to begin talking about how to incorporate the triage tool into SCC's prioritization and assessment process, and will keep the workgroup updated and potentially include for future workgroup meetings.
- HMIS updates
  - The new snooze function is active now, which allows the OSH matchmakers to "snooze" or pause a referral, as provided for in the CAS policies and procedures.
    - The current policy allows a client to be "snoozed" in the system if they refuse three referrals in a row.
    - This function is mainly for matchmakers, though users may see a reasoning for why the snooze was put in place in the notes in HMIS.
  - Client contact information warning
    - There will now be a red warning sign if a client has no contact information in the location tab, to remind agencies to fill that information in for clients accessing services with their agency. This will help with locating clients who are referred to a housing program.
  - Automatic removal of clients from the queue if they get housed
    - New function is going live on Monday 7/16, which will remove clients who have been housed from the queue and help keep the queue up to date.
    - If a client is on the queue and the client exits to permanent housing (or if they are enrolled in permanent supportive housing or rapid rehousing program and a Housing Move-In Date is entered), this new function will automatically remove them from the queue.
    - A pop up box will appear and the user will have to select OK to remove from the queue
- **CAS Tools**
  - Reviewed CAS tools for providers and for clients at the last workgroup meeting, which will be posted on the OSH website tomorrow, including: FAQ for non-CAS providers, FAQ for CAS providers, and Client Handout.
  - Tools are designed to help communicate how the system works and next steps for clients.
    - OSH is in process of getting it translated into Spanish and will also translate into Vietnamese
    - Send any additional feedback to OSH if you have any issues, questions, or would like to add anything
    - Will also be providing a similar handout and FAQ for VSPs that address unique process. Likely will have it to share for feedback in the next month.
  - Question about whether there was a way to provide a contact for clients to find out about status in the pool.
    - This is addressed in the provider FAQ. Agencies can have them come back to their agency or any access point could provide this information.
- **CAS Evaluation Recommendations**
  - Discussed the evaluation in more detail at the March workgroup meeting. The evaluation looked at:

- Ensuring Access (outreach, geographic reach, etc.)
  - Assessment & Prioritization
  - Match & Referral Process
- For this meeting, OSH picked one recommendation from each of these areas to look at.
- Recommendation #1 – Ensuring Access: Create a list of access points and relevant info (e.g. location, hours, population served).
  - Currently, OSH has a list of HMIS partner agencies. Most are access points with few exceptions; want to add more information but will take some coordination to ensure this information stays up to date.
  - Feedback from the group:
    - Not sure if this is necessary because the VISPDAT might not be a common or well-known tool and clients don't come in asking for it very often. Some word is getting out about it though but can be challenging for agencies that might not be able to do the assessment for anyone that walk in (e.g. shelters that can't serve minors)
    - Would be helpful for providers referring clients to access points to have them organized by the populations they serve. Some access points will do VI-SPDATs for anyone, even if they can't serve them in their programs. (e.g. Bill Wilson Center will do a VI-SPDAT for anyone that calls or asks for it, not just youth.)
  - First 5 Family Resource Centers will start being access points next month. Will have rotating housing navigators working with families to access housing services via CAS and other resources. OSH will ask if First 5 can come to next meeting.
  - What information would be useful to include?
    - Population served
    - Who takes walk ins
    - Link to website
    - NOT hours or location because these are easy to find on a website and difficult to keep up to date.
- Recommendation #2 - Assessment: Monitor consistency of VI-SPDAT administration and recommend/require agencies to adopt internal controls.
  - What are agencies currently doing with respect to internal controls either formally or informally?
    - One agency does some role playing to train/practice and ensure internal consistency
    - Shadow new hires – watch me do it, and then I'll observe you
    - Will play out different scenarios to practice and will shadow outreach teams doing assessments in the field.
    - Will invite other agencies staff to come to their training to allow more frequent training.
    - HomeFirst has internal staff that can train on VI-SPDAT so they can train new staff right away. Could explore if they have capacity to open it up to outside agencies.
  - How do your agencies keep track of who has been trained?

- Managers keep track of who has done the training and every year have trainings again.
- Keep excel spreadsheet to keep track of who has done the training
- Keep track as part of new hire check list
- Additional Feedback from the group:
  - Once a month training is not often enough. The timing can make it difficult to get new hires trained and sometimes a new case manager could go for over a month without being able to do VISPDAT
    - Twice a month would even be better; would prefer weekly.
    - OSH taking that into consideration
- Agencies here at the meeting do a lot of VI-SPDATs, but other agencies that do not do as many may not have strong internal controls; what would be helpful to those agencies
  - Could require all agencies to have internal controls, with some examples of best practices collected from what higher volume agencies are doing.
  - If anyone has written policies and can share them, send to OSH.
- Recommendation #3 - Match & Referral Process: Strengthen practices to locate referred clients.
  - Significant number of stakeholders from the evaluation indicated that it was “somewhat” or “very challenging” to locate clients once referred.
  - For Permanent Supportive Housing, OSH dedicates the Client Engagement Team to help locate and do a warm handoff to the agencies but we don’t have the same for rapid rehousing programs.
  - Feedback from the group on what would be helpful – Trainings? Mandatory practices/checklist? Peer sharing opportunities?
    - Nevada does geo-mapping and also uses a clarity outreach app. Jenn can check to find out more about what they do.
    - OSH could collect list of what the Client Engagement Team does or other agencies successful practices; could use this to create a training or a checklist.
    - Agencies are still having issues with referrals and contact information for service providers that referred the client.
      - Need better data entry in HMIS and to keep pushing this for service providers. New HMIS update will hopefully be helpful with this.
      - Completing the location tab is in the general HMIS training but not necessarily making the connection with CAS because that can be community specific. BitFocus could also revamp that section of the website.
    - Some clients might not have any address or contact information but will say you can find me here which is included in the notes. In that case, there is still the red warning sign that says they don’t have contact info even if there are detailed notes.
    - Agencies try to communicate with clients about how the information/photo is used to help locate if/when a program slot is available.

- OSH could incorporate best practices for finding clients in VI-SPDAT training or have separate training.
- Email is really helpful – if they don't have one, tell staff to take the time to get them one. People change their phone numbers all the time but usually not their email.
- Next Steps: The work group liked the idea of a checklist to standardize practices and have some documentation of what agencies are doing. OSH can create this tool.
- **Check Out**
  - Potential Future Agenda Topics
    - OSH will invite First 5 to talk about CAS access and partnering with other agencies in the county
    - More CAS evaluation recommendations
    - VI-SPDAT accuracy/assessment tools – could look at other factors to consider but can't change the tool itself; can look at how we use the score and what else we could consider in prioritization/scoring
    - DV screening tool for next meeting
  - Next Meeting - Thursday September 13, 1:00-2:30pm