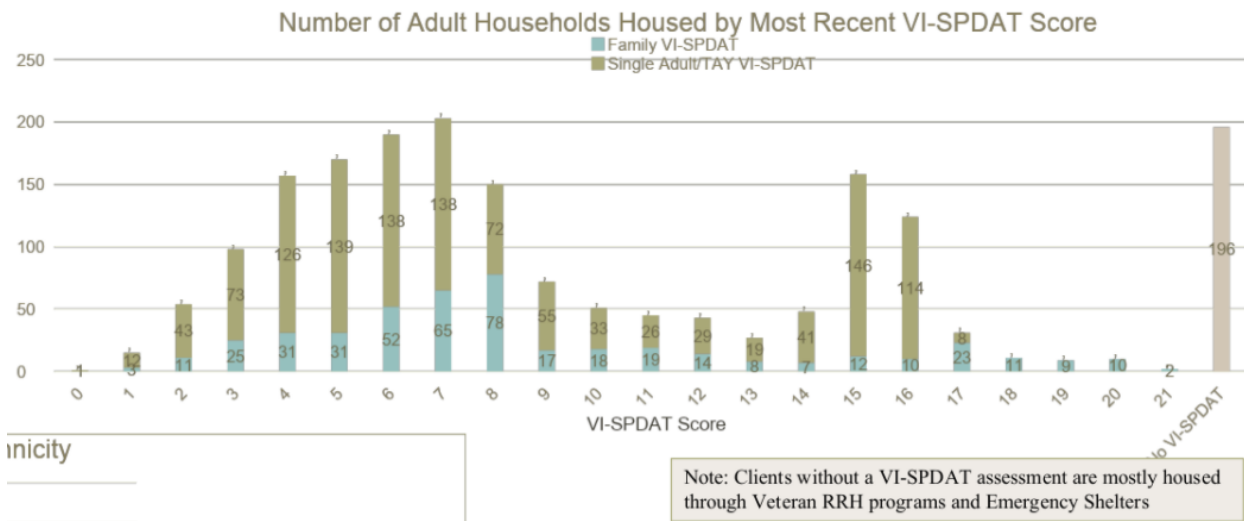# Santa Clara County Continuum of Care
Coordinated Entry Working Group Meeting Notes
January 13, 2022

Coordinated Entry System Data Update

- Leila from OSH provided data on the Coordinated Entry System (CES) Assessment (VI-SPDAT) data from November 15, 2015 – December 31, 2021
    - 46,234 total VI-SPDATs (includes duplicates)
    - 29, 695 unduplicated VI-SPDATs
        - 23,110 individual adults (78%)
        - 1,902 transition age youth (TAY)
            - Note: TAY (18-24-year-olds) are also assessed with Single Adult or Family VI-SPDATs. Because of this, TAY actually make up about 13% of all assessments.
        - 4,6720 families with children
        - 63 justice discharges
        - 976 VISPDATS are included from the Confidential Queue
            - Roughly 40 per month
- Intervention score range data from November 15, 2015 – September 30, 2021
    - 36% score within Permanent Supportive Housing (PSH) range
        - 3,164 referrals to PSH to date
    - 48% score within Rapid Rehousing (RRH) range
        - 7,642 referrals to RRH to date
        - 500 households were referred directly to rapid rehousing programs and not through the traditional VISDPAT route. These direct referrals are mainly through veteran and CALWORKS family programs.
    - 16% score within Minimal intervention range
- Since January 2020, there have been 5,941 household placements
    - 30% on our way to our goal of housing 20,000 households by 2025
    - An average of 162 households per month have been placed in permanent housing in the past 12 months and an average of 262 households per month have taken the VI-SPDAT assessment for the first time.
    - In the past 12 months, 14% of clients scored in minimal intervention range, 47% in RRH, and 39% in PSH range.
- Of the 1,943 housing placements in CY 2021:
    - 400 placements were individuals who are 55-64
    - More than 350 placements were individuals who are 25-34
    - 350 placements were individuals who are 35-44
    - More than 250 placements were individuals who are 45-54
    - More than 250 placements were individuals who are 65+
    - More than 150 placements were individuals who are 18-24
    - More than 50 placements were individuals who are 0-17

- Of the 1,943 housing placements in CY 2021:

Number of Adult Households Housed by Most Recent VI-SPDAT Score

Note: Clients without a VI-SPDAT assessment are mostly housed through Veteran RRH programs and Emergency Shelters

Coordinated Entry: What? Why? How?

- Sasha from Homebase provided an overview of coordinated entry.
  - Access points use a standard assessment to gather information on housing needs
  - Coordinated entry prioritized the most vulnerable households who are most unable to resolve their own homelessness without assistance
  - Primary goals are to streamline access to housing and minimize barriers
  - The aim is to match people to the types of programs that are the best fits for their situations
  - The VI-SPDAT is currently the tool used in SCC and it relies on self-reported information about people's current situations and past experience
  - People with higher VI-SPDAT scores are referred first

Why are we talking about re-envisioning Coordinated Entry?

- Questions are highly sensitive, stigmatizing, and potentially traumatizing
- A CAWG member raised that people who tend to score between 4-7 are placed into RRH 13-16 are referred to PSH. What outreach has noticed is that people who score between 8-12 don't seem to be referred to any housing opportunities.
- The population scoring between 8-12 are at the most risk at becoming chronically homeless because they are waiting in the queue forever when they had the ability of being stably housed if given the opportunity of being housed earlier on
  - This is a supply issue, until we increase the housing supply, this issue will likely persist
  - **Leila will pull this data to see where people scoring this mid-range are being connected to.**
- There are also concerns with the self-reporting feature of the VI-SPDAT
  - This is why we are having this conversation today.

- The community knows we have a real commitment to racial equity and to reduce racial disparities in our unhoused population, we need to critically examine and explore how we do this and what's next.

What are our goals?

- Until we have enough resources to fully meet the need in our community, what should CE assessment and prioritization look like?
  - CAWG members shared the following in the chat. ***Please refer to the Jamboard PDF for more feedback shared.***
    - There should be higher weight placed on length of homelessness (chronically homeless) than there is
    - Questions need to be changed drastically to be more inclusive a variety of different types of traumas (whether it's related to gender, LGBTQIA+ status, race, etc.) and not just questions solely centered around substance abuse.
    - Prioritization to people disabled by health issues and the elderly with medical conditions.
    - Take location-based consideration, and the community itself might be vital to the system. When we are trying to develop housing solutions, there is pushback from the community because they don't feel like the services and supports are localized
    - Improved client access to housing resource centers
    - System that identified missing info or discrepancies in HMIS so client doesn't get recognized for housing placement and sits indefinitely
    - Is there an opportunity to create more tailored assessments for different subpopulations that genuinely have different vulnerabilities?
    - More culturally sensitive assessment
    - It seems important to center the voices of people with lived experience in the process of re-envisioning the assessment.
    - Notification system to existing providers that client was referred to another housing provider
    - Prioritize those who are have severe mental illness and are unable to care for themselves due to mental illness
    - There are too many excuses when it comes to open land being underutilized or abandoned buildings not being utilized - I hear too much yellow tape responses when it comes to the capitalist side of "Ownership and Buying of properties" but I say if we need to House people better, we need more Properties and NIMBY folks should not have a say in how the City or County responds since this is a Human Mission and should be supported by those in the Field more aggressively
    - It would be helpful to get a sense of the scope of what we can actually change
    - Trainings aren't standardized in practice and there are constant gaps and not enough guidance is provided re: best practices and the nuances of actually administering the VI-SPDAT (x2)
      - This needs to be developed in the interim
    - Prioritization is dynamic, not rigidly constrained by scores. Also, one tool will not capture the risks factors of each population like- individuals with

mental health issues, or veterans group, will be different from the risks factors involved among families in child welfare.
- Consider length of time in queue
- Send multiple referrals to provider at one time as many clients cannot be located to place
- Educating and integrating the community more so people aren't dehumanizing the homeless which makes it harder to build housing for the unhoused
- We need to see Clients/consumers as a partner. We tend to gatekeeper the information instead of explaining the system to those that are in it and seeing that they also need to be involved in their housing possibilities.
- we should be telling people scores and how the VISPDAT works and is being scored - they should have a bill of rights as consumers of what they can expect from all agencies.
- If a client is in a temporary placement and doing all things that would help with getting a stable place(i.e. has a job past the probation period - 3months), they should go into another system like maybe a stage 2 where they work on finding a permanent place (own apartment) still.
- Maybe even redesigning systems already in place... like: shelter = beginning of the process, motel program = steady income achieved, but still working on stability, PSH = steady income and other vulnerabilities addressed
- We should consider having a consolidated data warehouse situation in SCC. Our population intersects in many of these systems and it would be important to incorporate that data in better serving the client.
- Must include what clients want out of the program, where are clients at currently in all aspects and where do they want to be in say 1 or 2 years..

Predictive Risk Modeling

- Rhema Vaithianathan provides an overview of the Housing Assessment Screening Tool which was developed in collaboration with Alleghany County.
  - Uses predictive risk modelling, it's built on data based on the jurisdiction's data to figure out the kinds of questions and data fields that would be most predictive of future risk.
  - They have two types of HAST—HAST and HAST (DW)
  - HAST is most likely the appropriate type for SCC because SCC does not have an integrated data warehouse. The HAST version is used by CoCs who only have access to HMIS data
  - HAST DW—Folks call homeless assessment coordination system, they are still asked about if they are part of a prioritized subpopulation but they are not asked any questions from the needs assessment section. The tool rather pulls all the relevant HMIS data on these fields and generates a score instantaneously between 1-10
    - Staff takes this score and takes into account the conversation they are having with the client and can then apply discretion
  - HAST—they are asked far fewer questions from the VISPDAT and these questions are streamlined to assess the risk of three future adversities
    1. Mental health inpatient stay
    2. Jail booking

3. Frequent emergency room usage (4+ visits)
- o Found that clients that scored higher on the HAST tool were predictive of experiencing the three adversities Alleghany was trying to prevent and the HAST tool significantly outperformed the predictive ability of the VI-SPDAT
- o The VI-SPDAT also showed no higher risk of mortality when compared to lower scores, whereas with the HAST tool, higher risks corresponded to a 3x higher risk of mortality.
- o If someone is a lower utilizer, this assessment can tend to underestimate their needs which is why they always have assessor discretion as a check.
  - ▪ Overrides are allowed at case manger level, they just need to fill out a form so leadership can review it to analyze racial profiles of overrides and better understand if there are shortcomings in the tool.
- We ask people incredibly invasive questions knowing that they will not receive a housing placement
- Once they are on a community queue, we do not do enough to manage their wait time and provide services. We do not give them any indication on how long they will remain on that waitlist, and it can stop you from exploring alternatives. If they accept temporary solutions in the interim, this may disqualify them from more permanent solutions
- Black clients systematically understated risks and had lower scores even though they had the same number of verifiable ground truth risk, this is the challenge whenever we base our tool on self-report questions. We have an obligation to keep these questions super non-stigmatizing
  - o Black families are worried about having child welfare services called on them and separating them from their children if they are to disclose the family's true vulnerability.
- Allegheny does share the HAST DW score with clients
- You could create a HAST tool to never have a waiting list.
  - o The tool can be used to generate a score where the assessor can tell the client it is not likely they will ever receive a housing placement so they can then better provide wraparound services
  - o Each community writes their own threshold, and if you set it decently high, every person on the queue should receive a placement within 1-3 months

- Process for adapting the HAST to a new CoC:
  - o This tool is built on single linkages with outcome data.
  - o Questions that have equity and privacy implications are excluded
  - o The research team trains a model and tests for accuracy and equity
  - o The CoC then deploys this tool within their own systems

What's Next?

February 10th CEWG meeting from 1-2:30pm where we will discuss our goals and values around revamping assessment, prioritization, and referral systems, continue to explore how other communities have approached CE redesign, and discuss who we should continue to engage in moving this work forward.