

Santa Clara County Continuum of Care Coordinated Entry Working Group Meeting Notes February 10, 2022

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 prioritizes 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.
- We do not have enough supportive housing beds for everyone who needs them and could benefit from them but we are exposing people who will never get a referral to incredibly invasive questions.
 - A CEWG member would like to see a process which allows clients to know where they are in housing queue at any given time
- CEWG members have also expressed challenges with locating/contacting clients and by the time they have successfully made contact, they have been put back on the queue.
- There are also concerns with the self-reporting feature of the VI-SPDAT
- A CEWG member notes that the prioritizing system needs to be re-vamped, it seems like the questions are tricky and not everyone who is in the queue who are living outdoors get a fair opportunity because of the way they answered the questions.
 - Other CEWG members echo that sentiment, expressing that the journey from just became homeless to chronically homeless is hazardous and strips our fellow humans of their dignity with every additional day on the streets. The assessment through the VISPDAT questionnaire is also very subjective and depends on several factors including the mental health/status of the unhoused person, and how the assessor scores the question.
 - Additionally, the scores don't represent the chronically homeless very well. The longer someone is on the streets, the less likely they are to engage in services where utilization is an indicator of vulnerability. Statistics show that scores go down the longer people are on the streets.

- A CEWG member noted that people experiencing homelessness do better with people they trust. Sometimes it takes a few times for a homeless person open up honestly.
 - This sentiment was seconded; the assessment should be done by a provider who the participant is familiar with. Trust or rapport definitely plays a role in gaining accurate information
 - One way to address that might be to identify an advocate/representative for the individual whose intake is being done (wherever possible), who know and see the individual more frequently and who can then be the point of contact/liaison between the county and them for updates/locating them etc.
- People with lived experiences should be a part of re-designing the prioritization and questions on the assessment and questions should be asked in a way our clients understand.

What are our goals?

- Center lived experience, equity, efficiency, evidence-based decision making, transparency, and community engagement in the re-design process
 - Lessen the burden of discussing invasive questions on unhoused persons
 - Provide transparency about who will and won't get housed through CE
 - Improve equitableness on housing referrals
 - Potential to create a process that more effectively prioritize people with the highest need for support

What cannot be achieved through Coordinated Entry (CE) Design?

- CE redesign will never change how much housing there is in the system however, this and reducing the inflow of people experiencing homelessness will be done instead through the implementation of Strategy 2 of the Community Plan to End Homelessness

Thinking Beyond Assessment

- Redesigning Assessment
 - What does vulnerability mean?
 - One CEWG member thinks we need to consider the definition of vulnerability in this context. Some of the most vulnerable avoid certain types of service provision
 - What are the fewest questions we can ask to predict the likelihood of the outcomes we are trying to avoid
 - Should there be room for assessor discretion?
 - Is the system we want to set up one where self-report is part of the process but assessor discretion is incorporated?
- Redesigning Prioritization
 - How do we want to structure the community queue?
 - Does it make sense to have a shorter queue where fewer people make it on the queue to begin with but everyone on the list has a 95% chance of getting housed within 3 months

- Should be apply the same prioritization criteria across all program types (TH, RRH, PSH)
 - ⇒ Should we be getting rid of banded intervention ranges?

Redesigning Referrals

- How do population specific set asides fit in?
- How does client choice fit in?

What Are Other Communities Doing?

- A CEWG member shared that Austin developed an equity centered prioritization tool that retained some questions from the VI-SPDAT, but with their own questions as well so that the tool is fully tailored to the needs of their community: <https://www.austinecho.org/api/>
- Allegheny County—Predictive Risk Modelling
 - Allegheny County Housing Assessment uses a 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—they are asked far fewer questions from the VISPDAT and these questions are streamlined to assess the risk of three future adversities:
 - Mental health inpatient stay
 - Jail booking
 - Frequent emergency room usage (4+ visits)
 - Found that clients that scored higher on the HAST tool were predictive of experiencing the three adversities Allegheny was trying to prevent and the HAST tool significantly outperformed the predictive ability of the VI-SPDAT
 - 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.
 - Process for adapting the HAST to a new CoC:
 - This tool is built on single linkages with outcome data.
 - Questions that have equity and privacy implications are excluded
 - The research team trains a model and tests for accuracy and equity
 - The CoC then deploys this tool within their own systems
- The primary concerns CEWG members discussed with the model deal with the reliance on service utilization and concern that this model still relies on self-report and therefore does not sufficiently address the vulnerabilities of subpopulations who do not get help when they need it, due to stigma, cultural belief systems, lack of access, traumatization from previous utilization of these services, experiences of being dehumanized when trying to engage in services, etc.
 - The sentiment that people would be left out using this model was largely echoes by CEWG members.
- The CEWG also had the following questions:

- Would we be stuck in this predictive risk modelling or would we be able to add questions on to that? Could we blend a model where there is predictive elements but we're not discounting the population who may not utilize systems for various reasons?
 - Yes! There are opportunities to blend and explore what kind of questions/circumstances can predict likelihood of these harm outcomes. There is also an override feature where assessor discretion can be incorporated to better address potential equity concerns
- How is the person doing the intake able to assess a client's mental health? In my opinion, that is key to how they answer questions, besides their emotional health?
 - Guidance and training can be built in regarding how staff can use the override feature to more accurately assess mental health conditions.
- Under this model, would the hospitals and DOC be expected to share data?
 - No, SCC does not currently have a data warehouse.
 - A CEWG member asks how difficult it would be to develop a data warehouse?
 - From a technical perspective, it's not a problem, but overcoming all of the legal hurdles would be a challenge. The County has limited access to data from other healthcare systems. So, for example, we might not be able to get access to the VA healthcare system data, so that would be a population disadvantaged due to data access. It would be particularly difficult to get data from the criminal justice system, substance use treatment services, and the child welfare system.
 - Hilary Barroga expanded on this noting that SCC did start laying groundwork when they did the 2015 cost of homelessness study, and they return to talking about it every now and then, but they might need to explore some legislative changes in order to overcome the legal walls. They already have the tech infrastructure in place. Many privacy laws only have a sharing exception for research, not for service implementation.
- Hennepin County
 - Hennepin County has removed the VI-SPDAT from the coordinated entry process to prioritize based only on disability status, chronic status, and length of time experiencing homelessness.
 - They are currently working to identify a series of questions to capture medical fragility to replace disability status question.
 - They have applied the new prioritization process across all program types (RRH & PSH)—they have done away with banded intervention ranges.
 - They have added a client choice section explaining program models and asking questions regarding client preference
 - In terms of shortcomings with this model, the CEWG discussed the following:
 - Chronicity is a very narrow definition of vulnerability
 - Strongly disadvantages certain demographics, e.g., youth, DV survivors
 - Has stark negative equity impacts in SCC based on a mockup utilizing this criteria scheme.
 - CEWG members expressed that they liked the person-directed/informed choice philosophy of this model.

- A couple of CEWG members noted that this type of model without formal banded intervention ranges would work well with housing problem solving/diversion as a first step intervention
- The CEWG would like to learn more about the implications of doing away with banded intervention and how those transfer policies would work practically speaking.
- CEWG members would like to learn more about how Hennepin deals with situations where someone should be progressively engaged to PSH from RRH but there isn't PSH available at the time?
- Chicago CoC
 - Chicago through the HUD equity demo, formed a work group that then identified 20 assessment questions they wanted to use as a replacement for the VI.
 - They were then able to narrow that list down to six questions by testing questions aimed to represent the experiences of Black and Brown people as a way of learning if new questions will be more racially equitable than the current questions that are used to score people based on need.
 - They have previously prioritized by length of time homeless, with the following tie breakers:
 - Unsheltered status
 - Veteran status
 - VI Score
 - DV
 - The six questions they finalized are:
 - Have you ever in your life, spent any amount of time in a juvenile or adult correctional facility, jail, prison, or detention center?
 - Growing up, did your family experience housing instability such as frequently moving due to financial reasons, living with other families, relatives, (also known as doubling up), living in a shelter, living in nightly or monthly rentals, or anything like that?
 - Have you ever been discriminated against because of your sexual orientation or gender identity?
 - Do you identify as a Black, Indigenous/Native, and/or a Person of Color who has been discriminated against because of your race or ethnicity?
 - Have you experienced violence in a home where you lived or seen others experience violence in a home where you lived? Violence can be physical or emotional.
 - Are you currently being hurt or experiencing violence on the streets or in a shelter or attempting to avoid people who have hurt you since experiencing homelessness?
 - They are waiting for COVID to subside to fully pilot and implement this new prioritization model.
 - CEWG members noted that a con to this model is that it does not incorporate disability into its prioritization.
 - A CEWG member expressed that Chicago might be good as an initial screen tool, but I think prioritization would need to be a little bit more in depth

What is the CEWG most interested in discussing?

- As next steps, the CEWG would like to explore the Austin Prioritization Index, discuss intervention ranges further, and continue to discuss what it would take to develop a data warehouse in SCC.

- The CEWG is also most interested in continuing to explore Chicago's six pilot questions and Hennepin County's client choice section.

What's Next?

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