Santa Clara County Continuum of Care
Coordinated Assessment Working Group Meeting Notes
June 10, 2021

In Attendance:

- Laura Foster—Bill Wilson Center
- Leila Qureishi— Office of Supportive Housing
- Trevor Mells—Bitfocus
- Nicole Buccalo—PATH
- Maria Magallanes— VA Palo Alto Health Care System
- Kelly Sumner—HomeFirst
- Bea Ramos—HomeFirst
- Alex Chavez —Abode
- Darryl Williams — HomeFirst
- Jazmine Wong — Office of Supportive Services
- Andrea Gera — Kings Crossing
- Juan Guel — Office of Supportive Services
- Hunter Scott —HomeFirst
- Lily Harvey—Homebase
- Nikole Thomas—Homebase

Functional Capacity and Cognitive Functioning in CAS Recommendations

- Homebase shares report for reference
- Nikole goes through recommendations in report
    - Recommendation #1 – Emphasize and encourage engaged interview approach
        - Assessors can remind clients of past information from various sources.
        - Assessors must be transparent about intent and give chances to correct information.
        - If there are discrepancies between provided answers, answer given by client is retained.
        - Group indicates that they are in support of this recommendation
    - Recommendation #2 – Strengthen assessor training around intent of questions
        - Referencing the SPDAT section from which the VISPDAT question is drawn can inform context for training around intent
        - Along with enhanced training, the intent of questions should additionally be communicated to clients.
        - Group indicates support for recommendation.
    - Recommendation #5 – Revising Quality Assurance Standard (QAS) policy to allow for reassessment when new information is discovered
        - Expand current process to allow reassessment when new information relevant to vulnerability related to cognitive functioning/functional capacity limitations are discovered.
            - Essentially recommendation is to emphasize these points in QAS
        - Group indicates strong support
    - #3 – Aligning questions around physical and behavioral health conditions with VISPDAT Version 3

        - Behavioral health conditions from Version 2 were revised in favor for fewer, broader, and less stigmatizing questions in Version 3.
        - Scoring itself doesn't change
            - If over 60 years old --> score 1
            - Score 1 for physical health with more general questions
            - Score 1 for mental health with more general questions
            - Tri-morbidity score of 1 reached through similar assessment as that in VISPDAT version 2.
        - There was a question about whether there would be reassessment if an assessor thinks Version 3 will yield different results.
            - While version 3 has made changes in phrasing to decrease stigma, the guidance remains that people that took Version 2 shouldn't be reassessed with 3, unless changes that would otherwise prompt reassessment occur.
        - <u>Group indicates strong support</u>
    - Recommendation #4 – Implement the SPDAT feature of assessor observation of mental health and substance use
        - Assessor's checkbox tool for observations around behavior indicating MH or cognitive issues and/or indications of drinking and/or drug use.
        - A score of 1 would occur if the client self-discloses OR if assessors make these observations.
        - Assessors can incorporate medical chart/history info that is available to inform as well as described in Recommendation #1. But for these questions, points are still based on 1) client's real-time report; or 2) assessor's real-time observations.
        - Relevant observations based on assessor skill are allowable, but it is important to be fairly concrete to avoid speculation/going beyond assessor skill base.
            - The CAWG express a desire for this guidance to be expanded upon in the training overhaul. They would like to see more observations factored in for broad consideration, while balancing this with subjectivity concerns.
        - <u>With an understanding that this recommendation will continue to be refined and observation criteria broadened, the group supports the recommendation.</u>
- Long term recommendation – Design a local assessment tool to replace the VISPDAT
            - Many highly support this recommendation
            - Others have significant reservations related to process and time/resources needed, particularly because so many programs and strategies are tied to current system.
    - Follow up questions:
        - What is timeline for these 5 recommendations?
            - This has not been determined yet but the CAWG will be looped in/updated

- Will other groups chime in on these recommendations prior to implementation?
    - No, CAWG is the body to endorse or not.