



CONTRA COSTA HMIS POLICY COMMITTEE

Tuesday, November 17th from 3:00-4:00pm

Meeting Recording: <https://web.microsoftstream.com/video/b65ecce5-d40b-40d9-ad00-b4ce03c81a94>

MEETING MINUTES

Welcome & Introductions

Cassie Hourlland (H3), Jamie Klinger (H3), Kimberly Thai (H3), Tammy Stoicich (H3), Dana Ewing (H3), Kristina Jackson (H3), Kayla Edwards (H3), Shelby Ferguson (H3), Tony Ucciferri (COH), Jonathan Russell (BACS), Reggie Sironen (BFHP), Kathryn Lee (Catholic Charities of the East Bay), Laura Sharples (H3), Contesa Tate (GRIP), Sara Marsh (Hope Solutions), Bertha Lopez (Hume Center), Sharon Osterweil (Lifelong Medical), Janel Fletcher (SHELTER, Inc.), Marjolein Daas (Trinity Center), Jenny Quijada (Trinity Center), and Chris Capdevielle (Veterans Accession House)

Agency Updates

- Kristina asked for updates from providers.
- Sara Marsh reminded attendees of the event recognizing volunteers. CoC Learning Hub: Sharing Stories Thursday, November 19th at 1:00pm.

CES Data Review & Group Discussion

- Shelby provided an overview of the Coordinated Entry System (CES) explaining it is a system to ensure all people experiencing a housing crisis have easy and equitable access to homeless services. Shelby also described to attendees the reason for collecting data related to CES explaining that these elements will help providers and administrators understand how the Coordinated Entry System is working to make sure it is an effective system.
- Attendees were provided an overview of the Coordinated Entry Data Elements which include the CES Enrollment, Triage Tool (Crisis Needs Assessment) & Referral, Current Living Situation (CLS) Assessments, CES Events (Services & Referrals) and the VI-SPDAT (Housing Needs Assessment) and referral to Community Queue.
- Attendees received information on the CES Enrollment process. Attendees learned that front door service providers should be enrolling clients into the CES program before they receive homeless services. This should be done for all clients who are homeless or imminently at risk.
- Attendees learned about the three parts to complete the CES Enrollment: Enrollment, the Triage Tool and the Current Living Situation Assessment. Attendees were provided an explanation of each part.

- The Triage Tool is attached to the CES Enrollment. This is the Crisis Needs Assessment and should be added to the HMIS. This provides the opportunity to engage in problem solving conversations, identify if the client is eligible for Rapid Resolution services, and schedule a housing needs assessment if applicable.
- Current Living Situation (CLS) Assessment should be completed by all providers and is to determine the program eligibility and assist in locating the client.
- **Q:** What is the timeframe between contacting H3 as a homeless person/family and getting assigned to housing?
- **A:** It varies based on the type of housing the individual is looking for and eligible for. If they are just looking for affordable housing or fair market rent and they can be connected to housing navigation that can be a couple of months. If the individual is looking for or eligible for rapid rehousing that can be a slightly longer timeframe. If they are looking for PSH, units don't open up often so that can be 6-11 months. The average for PSH waitlist is 11 months so it varies on the type of housing.
- **Q:** So, there is nothing really that is like instant, we've got a bed we will do an assessment and send you on your way.
- **A:** Shelter, but at this time there is limited shelter capacity. In theory you could get assessed and sent to a shelter bed in the same day but that is a short term not long-term solution.
- **Q:** Isn't there another path with housing navigation where they can be assessed and placed in some of the alternate shelters that exist as well.
- **A:** Yes, absolutely which could be a quicker turnaround.
- **Q:** Are CLS's only reported under the CES enrollment?
- **A:** Yes, only under the CES enrollment. This is just for providers under the CORE Outreach Team.
- Attendees were provided information on CES Events. These are designed to capture all problem solving and referral events that occur to get someone housed. CES events include Problem Solving, Referrals to the Housing Needs Assessment, Housing Navigation project or services, Street Outreach, Emergency Shelter Bed Opening, Transitional Housing bed, Rapid Rehousing Project, Permanent Supportive Housing or other Permanent Housing Project. This information is tracked to see how clients are moving through the CES and to understand their outcomes. HUD would like to know which pathways are most effective for clients.
- Attendees learned about the VI-SPDAT (Housing Needs Assessment). Any provider encountering a literally homeless client that has not received an assessment should receive an assessment. This information is collected to show the most vulnerable individuals in the community to be prioritized and placed on the housing placement list.
- Attendees learned about the final step, the CES Exit. The CES Exit is to be completed when the client becomes housed. This information is collected to attach an end date to the client's episode of homelessness in the CoC and determines the client outcomes and efficacy of the CES. Attendees learned about the new "auto-exit when housed" feature. When a client exits a program as housed or moved-in, it will automatically close the CES enrollment as well and apply the same exit destination/move-in date. Note: This is different from the "auto-exit when inactive" feature, which the RED Team has turned off. Providers should make sure the exit is appropriately applied to the CES enrollment.

- **Q:** It didn't sound like this applies to housing prevention, or did I miss something?
- **A:** Correct.
- Attendees were shown data about the Contra Costa CES. Since March, the community has conducted 2,859 enrollments in the CES. Of those enrollments, there are 2,718 clients with a CES enrollment. Of those, there are 202 clients with Triage Tool assessments. Each client should have a corresponding Triage tool assessment so these numbers should be similar, and they are not.
 - The group was asked why we would expect the number of triage tools conducted to be higher. What do you think the challenges are around this required element? What obstacles have you run into within your organization?
 - **Q:** Is the Triage tool only recorded under the head of household? Maybe it could be helpful to look at the number of assessments recorded for heads of households or adults.
 - **A:** The report logic should have built that in. We are still noticing that the Triage tool is still happening at a lower frequency that it should be even at the head of household.
 - At Trinity Center, there was a huge impact when this was rolled out. It has a larger impact for the program since. It took more effort for enrollment and to train volunteers. COVID-19 had a large impact on the way they were able to implement this within their own program.
 - **Q:** Are you administering the Triage Tool on paper or just skipping that step?
 - **A:** We were for a long time only providing basic services and emergency case management services only, so we didn't do that step.
 - **Q:** Do you still use our standard intake for Trinity center numbers?
 - **A:** Correct.
 - The Triage tool is built in so it is now part of the intake.
 - We are doing the intake digitally we do not do anything on paper.
 - **Q:** Is it more the time commitment?
 - **A:** It was not providing case management services, only basic services.
- Attendees were asked about the Current Living Assessments. There have been 1,270 conducted so far. This number is expected to be higher. Attendees were asked how this is going as far as workflow is concerned. Does the frequency of this make sense? Is there something that can be clearer?
 - No comments from the group.
- Attendees were also asked about the VI-SPDAT's. 1,082 VI-SPDAT's were conducted and added under the CES agency. Attendees were reminded that the VI-SPDAT should be conducted and entered in HMIS at any point when the client experiences a life event update. The VI-SPDAT "Assessment Level" is the Housing Needs Assessment. About 20% of the VI-SPDATs that have been conducted since CES began have an incorrect assessment level response. This question should be housing needs assessment and not crisis needs assessment.
- 791 clients have been exited from the CES. 693 clients were not housed on exit. The majority of those clients' exit destination was "Data not Collected". 101 clients were housed on exit. Attendees were reminded to not complete the exit destination with data not collected.

- Attendees were asked to provide feedback on how they can be supported, other areas the organization may need training, or for any other CES questions.
 - **Q:** What is the timeframe for the exits? Were they receiving services for 120 days and they were exited automatically, is that what happened?
 - **A:** The auto-exit feature was turned off. Clients weren't having CES events updated or if they weren't receiving a currently living situation. If nothing happened related to CES they were automatically removed from the CES program. That has been turned off for now. There are two features, auto exit when inactive and auto exit when housed. We turned off the auto exit when inactive. The reason it isn't working is because we see clients not having CES events entered for over three months. There is a theory this is a data collection error.
 - **Q:** Request to have the group discussion questions so they can be taken back to the program.
 - **A:** The individual was provided the first question again.
 - Attendees were provided a demonstration of how to enter the triage tool in the CES Enrollment.

Questions and Comments

- **Q:** If someone is fleeing from Domestic Violence, what is the definition of fleeing from domestic violence?
- **A:** For the purposes of Triage, we want to know if they feel safe. There is a lot of requirements specifically related to program enrollments for VSP consumers.
- **Q:** Since we only have PSH, when we're enrolling someone and have the question about fleeing, would the answer be "no" unless they're coming from those DV-specific resources/programs?
- **A:** The RED Team will follow up with this question separately.

Next Meeting: December 15th from 3:00-4:00pm