

**SYSTEM COORDINATION COMMITTEE AGENDA
4-8-2020**

System Coordination Committee meetings are open to the public. Homeless and formerly homeless Alameda County residents are encouraged to attend. Public comment will be taken at the beginning of each meeting and is limited to 2 minutes per person.

Due to the COVID-19 stay-at-home restrictions, System Coordination Committee meetings will be held via zoom.

Join Zoom Meeting

<https://zoom.us/j/264251656?pwd=dmp5TG05eEZVbXZXeTBWQXBCT21VQT09>

Meeting ID: 264 251 656

Password: 636938

Persons who are unable to attend the meeting may submit written comments. Comments should address an item on the agenda and be submitted prior to the meeting. Comments which include "For Public Distribution" in either the title and/or body of the email or letter will be brought to the attention of the SCC Committee and included in the public meeting notes. Written comments should be submitted to:

jleadbetter@everyonehome.org

or

*Julie Leadbetter, Director of System Coordination
101 Callan Ave, Ste 230,
San Leandro, CA 94577*

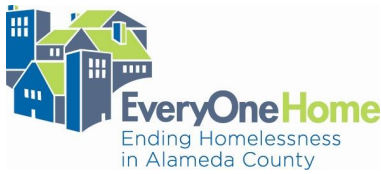
Attendance: Gloria W., Jessica L., Suzanne W., Vivian W., Jamie A., Fina Perez, Nic M.(Lara T's sub), Alison D., Kerry A., Tunisia O., C'Mone, Kate, Calleene E.,

Staff: Julie L., Dorcas C.,

Presenters: Katharine G., Jessie S.

Public: Tunisia O. Marta L., Alexis L.

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- | | |
|---|--------------------|
| 1. Public Comment (Julie) | 2:00-2:10pm |
| a. Public comment – no public comment | |
| b. Reading of written comments submitted, if any | |
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| 2. Gratitude for COVID response work | 2:10-2:15pm |
| a. Members express gratitude for amazing work from service providers all over the county and their team who are going above and beyond for their clients right now | |



3. Director's Report (Julie)

2:15-2:20pm

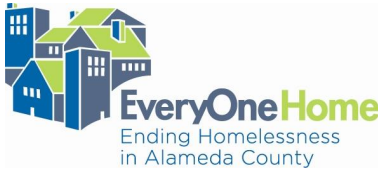
- a. Coordinated Entry Management Entity RFI
 - i. The RFI was released and posted on the EveryOne Home website and sent to their listserv. Current due date is May 1st.
- b. Housing Problem Solving Work Groups
- c. COVID Response
 - i. Held couple emergency meetings.
 - ii. Ad-hoc check ins:
 - 1. If there needs to be a meeting on how people are getting into hotels/working around Coordinated Entry, we can try having another meeting and go through EveryOne Home to set it up.
 - 2. Continue using System Coordination Committee to assemble quickly.
 - iii. COVID-19 update from Kerry:
 - 1. State leased hotels open and have 68 people between two hotels
 - 2. Referrals to COVID-19 positive hotel are through agency that can screen for medical systems
 - 3. Referring to safe ground hotel by placing alerts in HMIS
 - a. If people are flagged for Safer Ground and not in a shelter/place that has HMIS, then they should contact HRC.
 - b. Referral Agencies are on Alameda County Public Health website
 - 4. Looking to lease additional 300-500 units over new few weeks
 - 5. So many people on this committee contributed to the isolation housing
 - 6. Keep COVID-19 update as standing agenda item
- d. Temporary change to Katharine Gale consulting contract plan
 - i. EveryOne Home will hold Katharine Gale's contract a little longer until it can go to Health Care Service Agency

4. Urgent Items (Julie)

a. CE Triage Protocol Pilot (Julie)

2:20-2:30pm

- i. What are the current COVID triage protocols for CE – HRCs, Outreach, 211? Is this teaching us anything for CE triage/phased assessment?
 - 1. BACS: Haven't officially changed but eager too. Starting with HPS. Not starting with assessment but still assessing.
 - 2. Abode: Still doing assessment in the field, would like to establish a protocol we call follow
 - 3. EOCP: agency eager to transition as best as they can
- ii. CE triage will be addressed comprehensively in the CE 2.0 Phased Assessment work stream, however is there a CE triage protocol that could be piloted in the short term to support ease of operations?
- iii. Proposal to have an SCC work group that includes members of CE operations group held by HCSA and HMIS Oversight
 - 1. Proposal: Call work group to pull together a proposal and move forward with implementation after policy is created Work group will identify start date and Marta will promote to HRC operation and CE operation group.



- 2. Vivian made motion to move action. Suzanne seconded.
 - a. Vote: Alison – yes, Jamie – yes, Gloria – yes, Fina – yes, Kerry – yes, Calleene – yes, Kate – yes, C’Mone – yes, Jessica – yes, Nic (Lara)– yes, Suzanne – yes, Vivian – yes
 - b. Motion passed
- 3. SCC will host work group.
 - a. Work group will include: Katharine, Jessie, Kara or Deana from Abode, C’Mone, Sean, Jamie or Johnathan from BACS, Nic, Mike Keller, Calleen or Angela from BFHP, Kate, Alison, Marta
 - b. Aim to have meeting next week

5. Action Items for Vote (Lara)

a. CE Triage Protocol Pilot Recommendation (Julie)

2:30-2:40pm

- i. Presentation of Recommendation
- ii. Amendments
- iii. Call to Vote
- iv. Vote

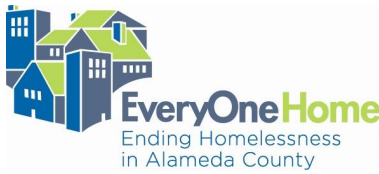
b. HMIS Restructure

2:40-3:00pm

i. Update (Jessie)

- 1. Meeting weekly to refigure.
- 2. Deadline extended from April to October.
- 3. Group wants to continue to engage BitFocus
- 4. HN is used in a lot of different ways in our system. Housing Problem Solving policy conceptualizes HN as a specific set of services provided by certain roles.
- 5. In the next month, HMIS Oversight Committee is trying to use housing problem solving policy and guidelines around HN to setup CE services for the new HMIS that will be rolled out later this year. This process will show how the policies are translated into HMIS, and HMIS Oversight will share a final draft with SCC for feedback.
- 6. Run into issue of the way scoring is done. For prioritization policy, trying to do the same prioritization as close as to the same so that we don’t change prioritization.
 - a. Trying to keep as close as possible to system we do have in place but there will be subtle changes applied across the board
 - b. It is important for SCC to know that these things are coming up and this is how we are attempting to navigate it. If people have concerns, HMIS Oversight committee would like to hear about it.
 - i. Fina – does this have a time frame? Pilot? A permanent change?
 - 1. There won’t be pilot. HMIS Oversight is grappling with at what point do we start training providers and turning these changes on?

ii. Disability Scoring Recommendation (Jessie)



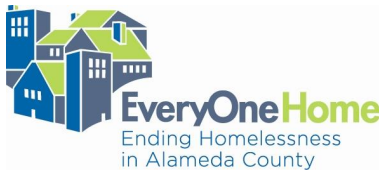
1. Amendments:
 - a. The assessment processor favors more straight forward scoring than what we are currently using specifically on the household member age. HMIS Oversight Committee and BitFocus recommends:
 - i. 9 points – household members’ age 0 to 2
 - ii. 6 points – household members’ age 3-5
 - iii. 3 points – TH head of household
 - iv. 3 points – household members’ age 62 and older
2. Call to Vote
 - a. Jessica called recommendation to vote. Alison seconded.
3. Vote
 - a. Alison – yes, Gloria – yes, Jessica – yes, Calleene – yes, Fina – yes, Jamie – yes, Kate – yes, C’Mone – yes, Marta (Kerry) – yes, Nic (Lara) – yes, Suzanne – yes
 - b. Vivian – abstain
 - c. Recommendations passed.
4. What’s your vision for assessment timeline?
 - a. Action plan is to give time around the COVID-19 pandemic, overall no major changes.
 - b. Action plan might change depending on HPS with Katharine Gale.

c. Housing Problem Solving (Katharine)

3:00-3:45pm

i. Presentation of Recommendations

1. HPS Policy Guide – at a system level how and where it should happened
 - a. Katharine G. presented a Powerpoint summarizing the policy drafting process, main points of the policy and future considerations that will need to be developed. She highlighted four key areas for discussion with the group
 - b. Discussion:
 - i. HPS services available to people who are literally homeless and non-literally homeless?
 1. To extent possible, want folks to get the same resources homeless or not.
 2. Crisis Response System could be overwhelmed with people who are not literally homeless and not having enough resources for literally homeless
 3. If prioritization is done as we designed it, both makes more sense than having different places to go. They should be permissible to use it for both groups. Set up contracts with funding expectations. Design system that is not rigid and is needs based.
 4. Response to this: Modified wording to make it more permissive – this needs to be handled in funding. See what funders require. Need to have oversight to ensure



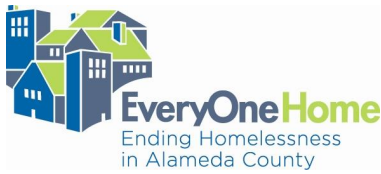
we are not cutting out literal homeless folks from being assisted.

- ii. Outreach workers should be trained and deliver HPS but will need protocols with an HRC or other entities for flex funds
 - 1. OK
- iii. HPS short term service, with the need to get supervisor approval to extend
 - 1. OK
- iv. Flexible fund caps - make them high to allow for most flexibility and resolution
- v. These thresholds are generous
 - 1. Should a funder or supervisor have ability to waive caps? Allow zone leads to permit waive caps
 - 2. Recommend an average rather than a cap?
 - 3. Implementation depends on who the funder is who is implementing
 - 4. Katharine Gale to work on this section one more time and run it by BACS and Abode and City of Oakland and HCD
- vi. Other items
 - 1. What about appeals process?
 - a. Grievance policy should be across Coordinated Entry
 - b. SCC is pending to get back to grievance policy
 - c. There needs to be a standard grievance policy for all CE including HPS.
 - 2. Suggestion made to number the forms.
 - 2. HPS Conversation Guide and Resolution Plan
 - 3. Housing Problem Solving Flexible Funds Request Form
- ii. Amendments
 - 1. Recommend that System Coordination Committee adopt policy “substantially in this form” with additional attention to financial assistance portion and any other written feedback that Katharine Gale receives in the following week. If there are substantive changes made, Katharine will bring it back to the SCC meeting in May.
 - 2. Call to Vote
 - 3. Jamie called motion to vote. C’Mone seconded.
- iii. Vote
 - 1. C’Mone – yes, Fina – yes, Jamie – yes, Alison – yes, Gloria – yes, Kerry – yes, Kate – yes, Vivian – yes, Calleene -tes, Nic (Lara) – yes, Suzanne – yes, Jessica - yes

6. Discussion Items (Lara)

- a. Housing Problem Solving Implementation (Lara)

3:45-4:00pm



- i. Given the rapidly changing context, what resources and timeline should be taken into consideration for Housing Problem Solving implementation?
 1. CE Management Entity
 - a. Should this wait until there is a CE management entity? Katharine G. suggests moving quickly with any already available funding, especially since the CE triage process (discussed above) will rely on HPS being widespread and available to those who are not assessed or prioritized.
 2. HHAP/ Boomerang/ CDBG/ ESG/ COVID emergency funds
 - a. CoC has pending conversation with other funders to see where things are at with HHAP dollars. Will make sure to get back to this group
 - i. Prevention is a big priority for CoC.
 - ii. HHAP is strong source of funding to put into this effort with HPS.
 - iii. In last round hoped for 5m but scaled back to 3m. We are working with that 3m that is set aside for prevention.
 3. Other anticipated prevention dollars
 - a. We can rely on philanthropic funding short term
 - b. CESH round 1 funding – allocated for flexible funding. Being administer by HCSA through their housing assistance fund. Those don't have a lot of restrictions.
 4. Defining eligibility piece for non-homeless going to be critical post COVID-19. We need to be thoughtful what our system can respond to because the need is going to be so great.

7. Consent Items

- a. none

8. Next Steps

- a. Members will have next week to provide any written feedback as Katharine works on some revision we discussed today. The updated policy would be sent back out over email since it's already been approved.
- b. The next version would be the approved document and from there ensure that all the HRC will began implementing?
 - i. Want to set implementation date as the same as the new triage pilot date?
 1. Bring it up with at the work group meeting and see if It makes sense
 2. If there is substantial change, we will put it on the agenda in May and look at the new document
- c. Change access package to reflect triage