

**SYSTEM COORDINATION COMMITTEE AGENDA - NOTES**  
**5-13-2020**

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*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](mailto:jleadbetter@everyonehome.org)

*or*

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

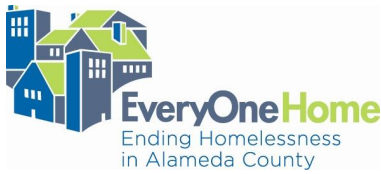
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**Attendance:** Fina P., Kate H., Jamie A., Gloria W., Vivian W., Lara T., Alison D., Kerry A., Kathy Treggiari (Calleene's rep), C'Mone F., Suzanne W., Helen A.,

**Public:** Katharine Gale (Consultant), Nic M

**Staff:** Dorcas Chang, Julie Leadbetter, Jessie Shimmin

- |   |                    |
|---|--------------------|
| 1. Public Comment (Julie)   | <b>2:00-2:10pm</b> |
| a. Public comment <b>No comment</b>   |                    |
| b. Reading of written comments submitted, if any                              |                    |
| <br>  |                    |
| 2. Director's Report (Julie)  | <b>2:15-2:30pm</b> |
| a. CE Triage Protocol Work Groups   |                    |
| i. <b>Work group met two times. Katharine will report back on that.</b>       |                    |
| b. Coordinated Entry Management Entity RFI Review Subcommittee                |                    |
| i. <b>Health Care Services Agency (HCSA) submitted a response to the RFI.</b> |                    |
| ii. <b>Thank you HCSA for stepping into this critical role.</b>               |                    |
| c. Housing Problem Solving Policy Guidance finalized                          |                    |



d. EveryOne Home Staffing Updates

- i. Elaine went on medical leave starting today and Jessie is stepping into the Executive Director position.
- ii. Julie is leaving EOH on June 1<sup>st</sup> and starting a new job.
  1. Thank you, Julie for organizing and launching this committee. Congrats!
- iii. EOH will continue to support SCC. Lara and Suzanne will need support to do this work.
  1. EOH is in the process of interviewing candidates and has a strong pool of applicants.
  2. EOH should fill the vacancy in a few weeks until then EOH has contracted with Kathie Barkow to provide support to keep this committee going and not leaning on co-chairs too heavily to carry on.
  3. SCC is in a good place for this transition.

3. Urgent Items (Julie)

a. a. Technical Assistance Guidance on CE and COVID-19 (Vivian)

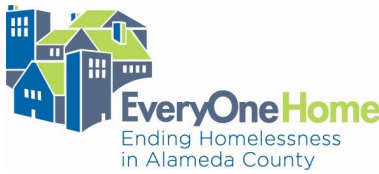
- i. Would be a worthy decision to discussed on what SCC will do with COVID-19 as it relates to CE design.
- ii. No recommendation other than that not to be so rigid in our tools to house as many people as quickly as possible.
- iii. Discussion:
  1. There are still pieces of this type of endgame that is nimble and flexible that SCC wants to consider in CE 2.0, so it's good to put in the mix now
  2. That was one of the biggest reasons why the committee is trying to move quickly to a more triage proposal, needs to be addressed systemically but quickly.
  3. One thing to note is that the biggest thing people don't want to do is something that takes a lot of retraining on staff and decision making that isn't reflected in the process

4. Discussion Items (Suzanne)

a. a. Results of CE Triage Protocol Work Groups (Katharine)

**2:45-3:00pm**

- i. Recommendation from workgroup – not to do this right away and to move with all deliberate speed to looking at these things as a piece
  1. Number of work streams that are converging on these issues (how is the HMIS flow going to change? Shorten assessment with people? or not do them with people we shouldn't be doing assessment?, etc)
  2. Wait until other things are in place and consolidate the work groups because they are all connected.
  3. Katharine is already in contract with EOH/HCSA and can get started right away on getting a small group to address these things.
  4. How long will it take where we have those triage questions where we are only assessing a third of number we are accessing now?

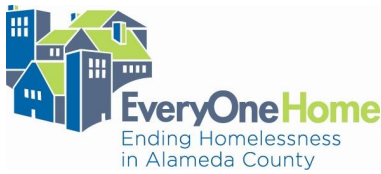


5. This can take maybe 3 months. There is a lot of things that need to get ordered and then knocked out. This group ran into problems making decision about one piece in the absence of those other things lay out.
6. Have a management entity that can make the decision stick and make sure they are getting operation around the different settings (HMIS, policy pieces goes to SCC, etc). Good time to have a singular group that can work with management entity that can ask, answer, and pin down decision things
7. Working group:
  - a. Meet regularly
  - b. BitFocus brought in as needed for consultation in real time
  - c. Group needs to be aware that certain things need to come back to different bodies (is it a little design that needs to be made? Policy implications for SCC?)
  - d. Is this working group empowered to change the assessment tool?
    - i. We want this group to take the design product to 99 percent of best thinking. SCC can't spend the amount of time to really think through all the details but hope it would work together with the management entity to bring pieces the policy folks can weigh in comfortably
    - ii. We want to empower HCSA as an operation system as much possible and take the operational and procedural out of SCC. The work group will closely work with HCSA to look at the management operations across its different platforms and HCSA will figure out the pieces and how to have the policy questions with HMIS oversight and SCC.
      1. MOU will lay out clearer roles
      2. Management Entity concept is important for implementation and acting on recommendations
      3. There is still larger governance that needs to happen
    - iii. When will the workgroup convened in conjunction with HCSA and the entity support?
      1. Need a set of clear questions. Not there yet.
      2. There might be a few things that need decision making, seeing the next month as reporting on progress made.

**b. Housing Problem Solving Final Version (Katharine)**

**3:00-3:15pm**

- i. Further discussion on HPS plan approved last month. Katharine made final edits. We are shifting to implementation and next steps.
  1. Primary change is the financial decision, as opposed to caps, has notes depending on what funding source is there more restrictive guidance that comes along.
  2. Fairly small changes.



3. Document itself is final but Katharine is still going to modified as SCC moves on other things that might change it.
  4. Yesterday, how the HHAP was submitted was approved at the board. There's administrative or CE planning money in the admin section that could be used.
  5. Money for HPS and rental assistance – once board approved HHAP, county would meet with the cities and discussed how that gets deployed before putting into contract. Funding starts July 1<sup>st</sup>.
  6. In Oakland, HHAP money got approved and there's an allocation for HPS that is under prevention.
- ii. Date to start HPS? Date for triage? (Are we still moving forward using this policy guide for HPS? Or wait based on C.E 2.0?)
1. Seems like a lot of the plan can be implemented now and people have some understanding of it.
  2. There's money in the works and there are resources in the system.
  3. Triage work group is meeting and can circulate draft.
  4. Do online training and see what we can learn from it.
  5. Bottom line – In many communities where they are deploying HPS without resources, they are still able to help a lot of people. Do some graduate roll out and pay attention to training.
  6. What about HMIS infrastructure?
    - a. That is a question for the workgroup Katharine is talking about.
- iii. There's going to be large community wide policy questions about HPS.
1. SCC members can take the work around HPS and bring into other forums.
  2. SCC members can contribute to larger body of knowledge and practice adoption as we move into prevention.
  3. Oakland doing a lot of work to focus on downstream as much as possible.
  4. Hayward using CDBG allocation to focus on prevention.
  5. Clear that cities are coming up with their own money for downstream.
  6. HCD is hosting all cities on a call about ESG and CDBG resources

5. Action Items for Vote (Lara)

3:15 -4:00pm

a. CE Management Entity Recommendation to HUD CoC Committee (Julie)

i. Presentation of Recommendation

1. Health Care Services Agency is the only respondent.
2. Subcommittee made recommendation to enter discussions and negotiation with HCSA.
3. Committee very appreciative that HCSA is stepping into this, good fit for the county role.
4. Significant questions:
  - a. How will HCSA ensure that homeless people are served equitably by CE?
  - b. How can MOU define and structure both operation role and the monitoring role of HUD CoC and SCC so that both roles enhance responsiveness of SCC?

