

# Agency Admin. Meeting

Thursday, July 1st, 2021





# *Getting to Know You!*



Would you rather know the history of every object you touched or be able to talk to animals?

# AGENDA

- Coc|Coordinated Assessment|UPLIFT Updates
- HMIS Newsletter
- SCC HMIS Website: Live
- User Satisfaction Survey - Thank You!
- Highlight: Skill Jar Training Sessions
- Spotlight: HPAT & Job Readiness Assessments
- New Form: Bed & Unit Inventory
- HIC/PIT Data Review - A Glance
- Reminders
- Next Month's Meeting



# COC UPDATES

## ■ **CoC NOFA**

- We are awaiting the release of the CoC NOFA, but expect it sometime in July. Renewal grantees have already begun the process. We will share more information with the CoC when the 2021 NOFA is released.

## ■ **The CoC is working on our application for the Youth Homelessness Demonstration Program.**

- We are seeking youth and young adults (24 years old or younger) to inform the planning and priorities for our community. If you know of youth or young adults who are interested in participating, please reach out to Kathryn. Stipends will be provided.

## ■ **Please continue to spread the word about Rent Relief programs.**

- While the eviction moratorium was extended, assistance for unpaid rent and utilities is available now. More info, including eligibility, and flyers in multiple languages are available at [www.sccrenthelp.org](http://www.sccrenthelp.org)

# COC UPDATES



## UPCOMING COC EVENTS

- **Coordinated Assessment Work Group**  
Thursday, July 8th from 1:00 - 2:30 pm
- **Rapid Rehousing and Employment Initiatives Provider Meeting**  
Thursday, July 8th from 3:00 - 4:30 pm

**COC UPDATES - Upcoming Events**



# UPLIFT UPDATES

# UPLIFT UPDATES

**Reminder: Vincent Nguyen is no longer with OSH. All UPLIFT-related correspondence must be sent to [UPLIFT@hhs.sccgov.org](mailto:UPLIFT@hhs.sccgov.org)!**

## Q3 July – September

- Thanks for your patience as we work to fulfill your Q3 UPLIFT requests. For this quarter, we need ALL requests submitted in two ways:
  1. In the Excel sheet template that was emailed to each UPLIFT HMIS user.
  2. The usual process - completing the Status Assessment and Enrollment as needed for each client in HMIS.
    - Effective this quarter, all passes must be picked up at the County Office of Supportive Housing (OSH). Please have one person designated to pick up all passes for your agency.
    - Pick up times are Tuesdays and Thursdays, 9:00 AM-12:00 PM. If you're unable to pick up your passes during the scheduled pick up times, please send an email and we'll try to accommodate you.



# UPLIFT UPDATES

## Other Reminders:

- Due to the recent tragedy, VTA Light Rail Service is suspended until further notice.  
Please contact VTA Customer Service at **(408) 321-2300** for alternate trip plan information using regular bus service.
- Please ensure your users are exiting clients from your UPLIFT program if:
  - You are no longer requesting UPLIFT passes for the client, or
  - You are no longer working with the client, or
  - The client is no longer eligible for the program



# HMIS NEWSLETTER

# HMIS NEWSLETTER

- New Features in Clarity Human Services
- VI-SPDAT Training Satisfaction Survey
- Report Spotlight: [HSNG-108] Housing Census
- Upcoming Events



## Santa Clara **HMIS News**, June 2021

Welcome to the Santa Clara County **HMIS** Newsletter! In this edition you'll find the following:

- [New Features in Clarity Human Services](#)
- [VI-SPDAT Training Satisfaction Survey](#)
- [Report Spotlight: \[HSNG-108\] Housing Census](#)
- [Upcoming Events](#)

### New Features in Clarity Human Services

Bitfocus is excited to announce new feature updates in Clarity Human Services scheduled to **go live in early July**. These enhancements would not be possible without your contributions & feedback! Thanks for helping us to make Clarity Human Services better for everyone!

### Duplicate Queue Referrals Pop-Up

In the case where a client has been referred to a program from the Community Queue, and the referral is now *pending* or *pending - in process* with the program in the system, Assessors will now see a new message pop up if they attempt to add the client to the Community Queue again. Since re-adding the client to the Queue may be considered a duplicate, and would prevent the program from denying and sending the referral back to the Queue, the system now asks for confirmation.

- If staff click *OK*, the system creates a Referral in the selected Community Queue.
- If staff click *Cancel*, the system does not add the client to Queue again.


base.clarityhs.com says

This client has a pending referral associated with MIP Test 1. Please




NEW WEBSITE LIVE!

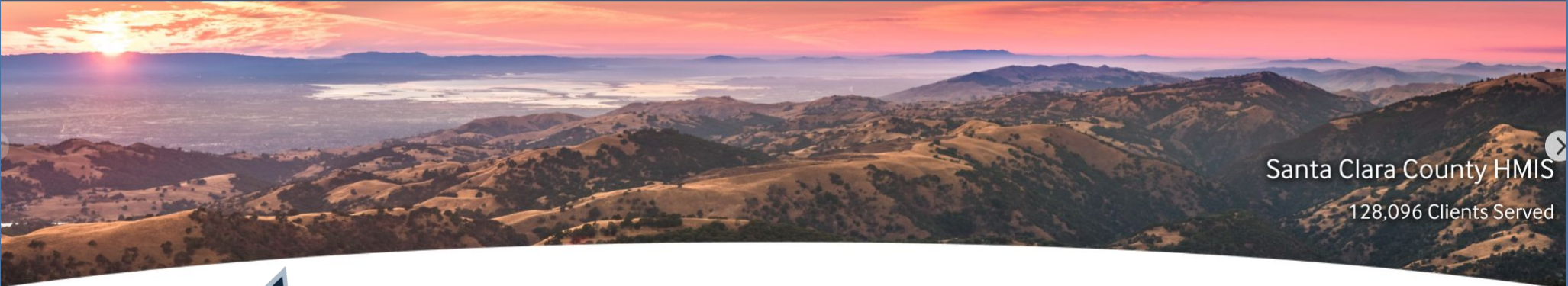
# NEW AND IMPROVED: SCC HMIS WEBSITE - LIVE!




(408) 596-5866, EXT. 2 | [SCCSUPPORT@BITFOCUS.COM](mailto:SCCSUPPORT@BITFOCUS.COM)

Home | About Us | Training | Agency Admin Info | Resources | Forms and Manuals | Contact






Santa Clara County HMIS  
128,096 Clients Served



Check out the new SCC HMIS website!  
Please be sure and update your new URL:  
***scc.bitfocus.com***


### Welcome to the Santa Clara County HMIS!


A Homeless Management Information System (HMIS) is a secure online database that stores data on all homelessness services that are provided in Santa Clara County. Santa Clara County uses this data to improve the ability of local organizations to provide access to housing and services, and strengthen our efforts to end homelessness. All identifiable information is securely stored within the HMIS, and state-of-the-art security features protect the privacy of all clients.



#### Login To HMIS

Login to the Santa Clara County Clarity Human Services HMIS here.





For the next five years, this plan will guide the County, cities, nonprofits, and other community members as they make decisions about funding, programs, priorities, and needs.

Need Help?

#### Contact Support


Reach the SCC Help Desk at:  
[sccsupport@bitfocus.com](mailto:sccsupport@bitfocus.com)  
(408) 596.5866, Ext. 2

### Highlights


Data Engagement Workshop (DEW): *ROI Monitoring: Simple & Effective Way to Get It Done!* Check out the details here!

### Featured

[Agency Admin Minutes: June '21](#)  
[Agency Admin Minutes: May '21](#)  
[Agency Admin Minutes: April '21](#)



Hello! — Anything I can do to help? Just let me know.





USER SATISFACTION  
SURVEY - THANK YOU!

# USER SATISFACTION SURVEY

*Thank You!*

*We appreciate you taking the time to submit your responses and for encouraging your staff to complete the survey!*

*Results coming soon!*

Let Your Voice Be Heard!

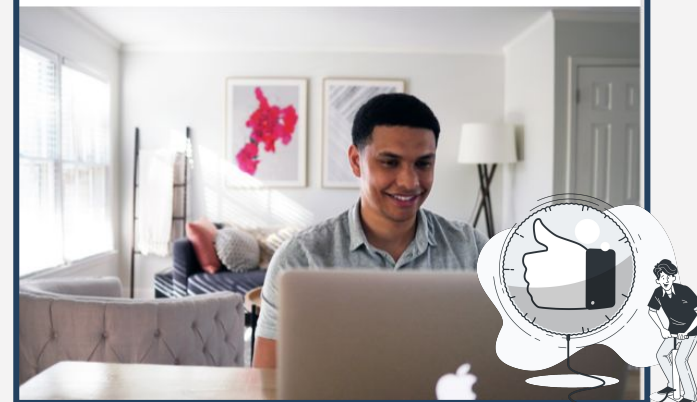
## **Santa Clara County 2021 User Satisfaction Survey**

Why wait...take the survey now! [Click here.](#)

We invite all Santa Clara County HMIS users to participate in this [HMIS satisfaction survey](#).

Your anonymous responses to our 12-question survey will help us to improve HMIS in Santa Clara County.

We estimate that it will take 8 minutes or less to finish.













# *HIGHLIGHT:* SKILL JAR TRAINING SESSIONS



## Bitfocus Training

|  |   |   |   |
|--|---|---|---|
| <br>FEMA Agency Non-Congregate Shelter Workflow<br>FREE<br>15 Minutes | <br>2020 Data Standards for End Users<br>FREE<br>20 Minutes    | <br>General HMIS Requirements<br>FREE<br>30 Minutes  | <br>Santa Clara County Client Consent Training - 2021<br>FREE<br>75 Minutes |
| <br>Santa Clara County Entry/Exit Shelter Workflow Training<br>FREE   | <br>Santa Clara County: 2020 Coordinated Entry Updates<br>FREE | <br>Clarity Human Services: Frequently Asked Questions - System Administration Communities<br>FREE | <br>Clarity Human Services: General Training<br>FREE                        |

**Do you need a refresher on a training or maybe want to learn more about a workflow?**

### ***Check out the Bitfocus Training Site***

- Please note you need to sign-in to access the trainings
- You can view the trainings as many times as you like
- You can watch part of a training and resume at a later time



# ***SPOTLIGHT*** - Assessments: HPAT & Job Readiness

# HPAT (Homeless Prevention Assessment Tool)

HPAT

Homelessness Prevention

Assessment Administration -

|                      |                      |                                |
|----------------------|----------------------|--------------------------------|
| Interviewer's Name:  | Agency:              | Assessment Date:<br>DD/MM/YYYY |
| <input type="text"/> | <input type="text"/> | --/--/----                     |

Opening Script -



Every assessor using the HPAT should use the same introductory script. In that script you should highlight the following information:

- Your name and affiliation (organization where you work or volunteer, etc.)
- Why you are conducting the survey.
- The survey questions are very personal. The reason you ask them is that the answers help you understand the risk factors and challenges that the family is facing, and will help you determine if they are eligible for assistance.
- The questions only require a Yes/No or one word answer. No additional detail is needed.
- The participant can skip or refuse to answer any question. However, skipping multiple questions could impact the accuracy of the assessment.
- If the participant does not understand a question, clarification can be provided.
- Participants should do their best to answer all of the questions as honestly and accurately as possible.
- Tell the participant where the data will be stored (for example, HMIS or other database that you use).
- The participant should answer the questions for themselves and everyone in their household.

## What is the HPAT?

- **Homelessness Prevention Assessment Tool** that replaces the existing tool (the PR-VI-SPDAT) for the Homelessness Prevention System (HPS) programs
- This new tool is shorter, with only 9 questions
- There is only one version for both single adults and families
- This tool is only used for designated programs
- End Users need to be trained in using the HPAT before having access to administer the assessment

# Job Readiness Assessment


|  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
|--|--|---|-------------------------------|-----------------------|---|-----------------------|--|-----------------------|------------|-----------------------|--|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|------------------------|-----------------------|---|
| Agency Name: _____   |  |  |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <b>CLARITY HMIS: Work Readiness Assessment</b>   |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <small>Use block letters for text and bubble in the appropriate circles.<br/>Please complete a separate form for each household member.</small>  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| Assessment Date: ____/____/____  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| CURRENT LIVING SITUATION   |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| Where did you sleep last night?  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <table border="1"><tr><td><input type="radio"/></td><td>Place not meant for habitation (e.g., a building, bus/train/subway station/airport)</td></tr><tr><td><input type="radio"/></td><td>Emergency shelter, including hotel or motel emergency shelter voucher, or RHY-fulfilling</td></tr><tr><td><input type="radio"/></td><td>Safe Haven</td></tr><tr><td><input type="radio"/></td><td>Foster care home or foster care group home</td></tr><tr><td><input type="radio"/></td><td>Hospital or other residential non-psychiatric</td></tr><tr><td><input type="radio"/></td><td>Jail, prison or juvenile detention facility</td></tr><tr><td><input type="radio"/></td><td>Long-term care facility or nursing home</td></tr><tr><td><input type="radio"/></td><td>Psychiatric hospital or other psychiatric</td></tr><tr><td><input type="radio"/></td><td>Substance abuse treatment facility or detox</td></tr><tr><td><input type="radio"/></td><td>Residential project or halfway house with</td></tr><tr><td><input type="radio"/></td><td>Hotel or motel paid for without emergency</td></tr><tr><td><input type="radio"/></td><td>Transitional housing for homeless persons (youth)</td></tr><tr><td><input type="radio"/></td><td>Host Home (non-crisis)</td></tr><tr><td><input type="radio"/></td><td>Staying or living in a friend's room, apartment</td></tr></table> |  |   |                               | <input type="radio"/> | Place not meant for habitation (e.g., a building, bus/train/subway station/airport) | <input type="radio"/> | Emergency shelter, including hotel or motel emergency shelter voucher, or RHY-fulfilling | <input type="radio"/> | Safe Haven | <input type="radio"/> | Foster care home or foster care group home | <input type="radio"/> | Hospital or other residential non-psychiatric | <input type="radio"/> | Jail, prison or juvenile detention facility | <input type="radio"/> | Long-term care facility or nursing home | <input type="radio"/> | Psychiatric hospital or other psychiatric | <input type="radio"/> | Substance abuse treatment facility or detox | <input type="radio"/> | Residential project or halfway house with | <input type="radio"/> | Hotel or motel paid for without emergency | <input type="radio"/> | Transitional housing for homeless persons (youth) | <input type="radio"/> | Host Home (non-crisis) | <input type="radio"/> | Staying or living in a friend's room, apartment |
| <input type="radio"/>  | Place not meant for habitation (e.g., a building, bus/train/subway station/airport)      |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Emergency shelter, including hotel or motel emergency shelter voucher, or RHY-fulfilling |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Safe Haven   |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Foster care home or foster care group home   |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Hospital or other residential non-psychiatric  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Jail, prison or juvenile detention facility  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Long-term care facility or nursing home  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Psychiatric hospital or other psychiatric  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Substance abuse treatment facility or detox  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Residential project or halfway house with  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Hotel or motel paid for without emergency  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Transitional housing for homeless persons (youth)  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Host Home (non-crisis)   |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/>  | Staying or living in a friend's room, apartment  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| Agency Name: _____   |  |  |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| Do you have CalFresh/SNAP/Food Stamps?   |  | <input type="radio"/>   | Yes                           |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
|  |  | <input type="radio"/>   | No                            |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| POTENTIAL EMPLOYMENT BARRIERS  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| Do you have a valid ID? (e.g., State issued identification, Driver's License, Passport, or Military Identification)  |  | <input type="radio"/>   | Yes                           |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
|  |  | <input type="radio"/>   | No                            |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| Do you have "Right-to-Work" documents?   |  | <input type="radio"/>   | Yes                           |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
|  |  | <input type="radio"/>   | No                            |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| ARE ANY OF THE FOLLOWING REASONS WHY YOU ARE CURRENTLY UNEMPLOYED? (CHECK ALL THAT APPLY)  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Employer Initiated   |  | <input type="radio"/> Health (please specify)                                     |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Job opportunity (please specify)   |  | <input type="radio"/> Physical Health   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Quit   |  | <input type="radio"/> Mental Health/Stress  |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> No jobs available  |  | <input type="radio"/> Pregnancy   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Satisfaction/Motivation (please specify)   |  | <input type="radio"/> Alcohol/drugs   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Did not like the work  |  | <input type="radio"/> Household (please specify)                                  |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Do not want to work  |  | <input type="radio"/> Issue with child  |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Schedule/shift issues  |  | <input type="radio"/> Issue with household member                                 |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Too busy to work   |  | <input type="radio"/> Need to work close to home                                  |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Compensation (please specify)  |  | <input type="radio"/> Child Care (please specify)                                 |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Low wages/hours  |  | <input type="radio"/> Cannot find childcare                                       |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> No benefits  |  | <input type="radio"/> Location of available childcare                             |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Poor benefits  |  | <input type="radio"/> Cannot afford (childcare)                                   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Worksite Behavior (please specify)   |  | <input type="radio"/> Housing Transportation (please specify)                     |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Insubordination  |  | <input type="radio"/> No transportation   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Interpersonal conflicts  |  | <input type="radio"/> Vehicle Needs repair  |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Tardiness/Absence  |  | <input type="radio"/> No permanent housing  |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Experience/Skills (please specify)   |  | <input type="radio"/> Other (please specify reason): _____                        |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Inadequate education, experience, or skills  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Language barriers  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| <input type="radio"/> Returned to school   |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| In the past 7 years have you had any legal issues that may hinder your hiring process? <input type="radio"/> Yes <input type="radio"/> No  |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| EDUCATION/TRAINING   |  |   |                               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
| What is your highest level of education?   |  | <input type="radio"/>   | GED/Equivalency               |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
|  |  | <input type="radio"/>   | HS Diploma                    |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
|  |  | <input type="radio"/>   | College Degree                |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
|  |  | <input type="radio"/>   | Post-graduate/Graduate School |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |
|  |  | <input type="radio"/>   | None                          |                       |   |                       |  |                       |            |                       |  |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |   |                       |                        |                       |   |

## What is the Job Readiness Assessment?

- **The Job Readiness Assessment** is used to determine eligibility for the JobTrain Program
- The assessment does not require program enrollment
- The assessment may be administered multiple times if necessary to capture any changes reported by the client
- Only of a subset of agencies have access to this assessment
- Training for this is assessment is highly recommended



# HIC/PIT Data Review: A Glance

- 
- Over 2,200 individuals counted on the Sheltered PIT count
  - This is largest sheltered count to date due primarily to the COVID/FEMA Shelter Effort around the county
  - 215 housing and shelter projects surveyed across 30 agencies

## HIC/PIT DATA REVIEW - AT A GLANCE



# New Form: Bed & Unit Inventory

As part of Data Quality, we have created the “**Bed & Unit Inventory Update**” form that will assist in this process of updating your programs BUI.

- Updating Bed and Unit Inventory (BUI) is a crucial part of ensuring your programs are up to date and are capturing changes that occur over time. And can help identify trends.
- BUI tell a story of capacity needs and utilization. Additionally, it is a large component of the HIC and LSA reports.
- Updating BUI on an ongoing basis helps to reduce the burden of time used during reporting periods.



### Bed & Unit Inventory Update Form

It's important your agency maintain up-to-date and accurate data on one of the most fundamental elements: Bed & Unit Inventory. Changes over time should be documented such that a historical record of inventory is retained.

Minor day-to-day fluctuations need not be recorded, but differences due to significant changes in project operations should be entered as they occur to ensure the inventory record in HMIS is as accurate as possible, we encourage agency leads to make updates if there is a significant change in project operations. If there are no changes in inventory, you need only to confirm your inventory ahead of official HIC reporting. If you do that, the inventory will also be fine for LSA purposes.

Projects that provide housing rental assistance and have a fixed number of vouchers should determine the number of beds and units based on the number of vouchers currently funded and available for use.

Projects that provide emergency shelter or housing rental assistance vouchers and without a fixed number of units or vouchers (e.g., Emergency Shelter-hotel/motel project, Rapid Re-Housing, some scattered site PH-Permanent Supportive Housing) should determine the number of beds (and units) based on the maximum number of persons (and households) who can be housed on a given night.

If you have questions about how to fill-in this form, please reach out to the Help Desk at [sccsupport@bitfocus.com](mailto:sccsupport@bitfocus.com) for further assistance.

\* Required

# NEW FORM: BED & UNIT INVENTORY





# REMINDERS

## REMINDER: DEW - ROI Monitoring: Simple & Effective Ways to Get it Done!

- Thank you and/or staff for joining this workshop! (Thursday, June 17th, 2021)
- Slide Deck is available on the SCC HMIS Web page: [DEW](#)
- Please share any ideas you may have about upcoming topics of interest
- If you, or your staff participated please be sure and submit [DEW Survey](#)

# VI-SPDAT Training Satisfaction Survey

- The Office of Supportive Housing is seeking your feedback to improve the VI-SPDAT training.
- Please take 5 minutes to complete this brief survey on your own behalf and/or on behalf of your team(s)
- <https://www.surveymonkey.com/r/3HZVWS6S>
- The survey is anonymous, but please don't hesitate to share your contact information at the end if you would be interested in providing more detailed feedback and suggestions on how to improve the training.

## VI-SPDAT Training Satisfaction Survey

Thank you for sharing your feedback to help us improve the VI-SPDAT training! Please answer on your own behalf and/or on behalf of your team(s).

1. What is your role as it relates to administering the VI-SPDAT?

- ☐ I administer the assessment with clients
- ☐ I oversee others who administer the assessment
- ☐ I am not involved in the VI-SPDAT assessment process
- ☐ Other (please specify)

2. How recently did you complete the VI-SPDAT training?

- ☐ Within the last 3 months
- ☐ Within the last 6 months
- ☐ Within the last year

# REMINDER: Encrypted Emails - When To Use

## What is an Encrypted Email?

- Encrypting the connection prevents unauthorized users on the network from intercepting and capturing the details of the email being sent.

## When to use Encrypted Emails?

- The goal of email encryption is to prevent all kinds of inadvertent release of sensitive data, whether it's because an unauthorized user gains access to the email communications channel or if an internal user accidentally emails it to the wrong recipient.
- When communicating confidential matters, such as personal data, client level identifying information; such as the clients name, address etc..

## When NOT to use Encrypted Emails

- Do not use encryption if you are not providing any PII for the client
- If you use the client's UID#
- If your question does not relay any personal data that is compromising

*Though we understand the need for encrypted emails, when not providing PII for the client, please use regular email to communicate to the Sys. Admin Team and the Help Desk.*

# REMINDER: Security Compliance Checklist

**If you have not already submitted your Security Compliance Checklist, please do so.**

**SCC HMIS Quarterly**  
**Compliance**  
**Certification**  
**Checklist**

**Self certification form** is  
available on our website if  
needed - please do not send  
these to us; instead retain for  
your records

# REMINDER: Using the Help Desk

**When requesting the following please be sure and contact the Help Desk:**

1. End User Access
2. Update a users access after completion of the VI-SPDAT/HPAT required training
3. Verifying an end user has completed required training
4. When an end user has separated from your agency (make inactive)
5. Access to the SCC HMIS Training Instance/Sandbox
6. General Assistance with reporting

# REMINDER: Office Hours

*Have questions about HMIS or Looker?  
Join us and get these questions resolved!*

## **Clarity Office Hours**

When: Bi-weekly, Thursday

Time: 10:00am - 11:30am

## **Looker Office Hours**

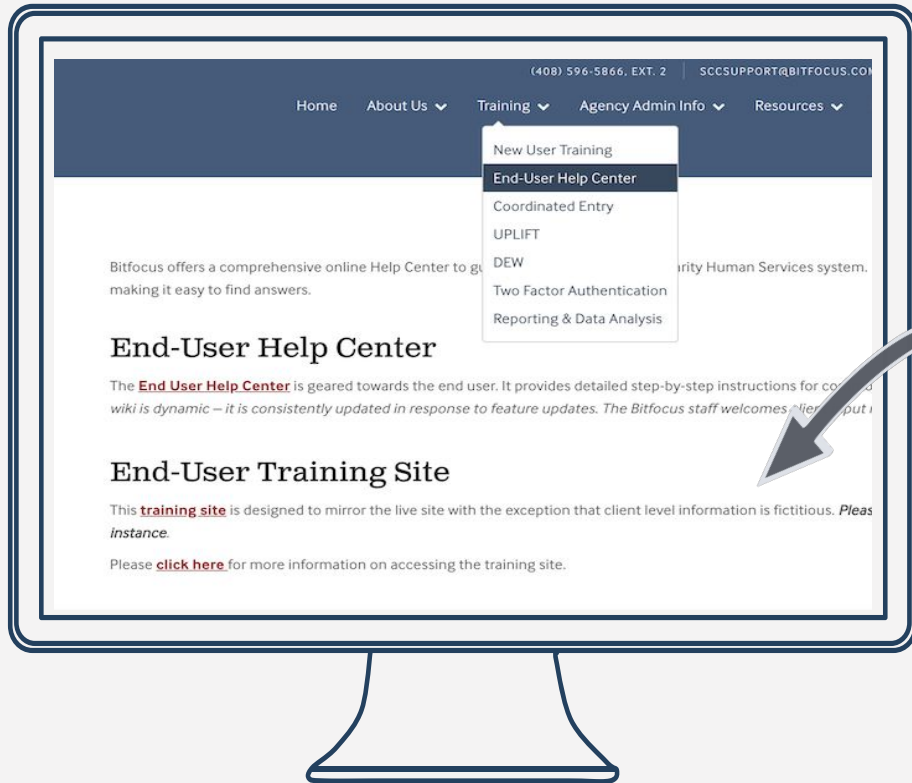
When: Bi-weekly, Monday

Time: 2:00pm - 3:00pm



# REMINDER: SCC HMIS Training Site

*Want to Hone Your Skills?  
Use the SCC HMIS Training Site*



## *What you need to know:*

- From the Training Tab select the **End-User Help Center** drop down
- **Scroll to the End-User Training Site**
- Contact the Help Desk to gain access at **[sccsupport@bitfocus.com](mailto:sccsupport@bitfocus.com)**
- You should complete all required training as usual
- Practice entering client information and uploading docs. in an agency/program set-up to mirror your current agencies set-up in the live HMIS website



# REMINDER: Virtual Suggestion Box



*Have ideas about enhancements and/or  
additions to HMIS?*

*Have general questions you'd like to ask?*

*Drop it in your Virtual Suggestion Box!*



# NEXT MONTHS MEETING:

*Thursday, August 5th, 2021*