SACRAMENTO
STEPS FORWARD
Ending Homelessness. Starting Fresh.

Combined CES and CES Evaluation Committee Meeting

Monday, October 28, 2019 | 2:30 PM – 4:00 PM
925 Del Paso Boulevard, Suite 200, Sacramento, CA 95815 | Sequoia Room

Attendance:

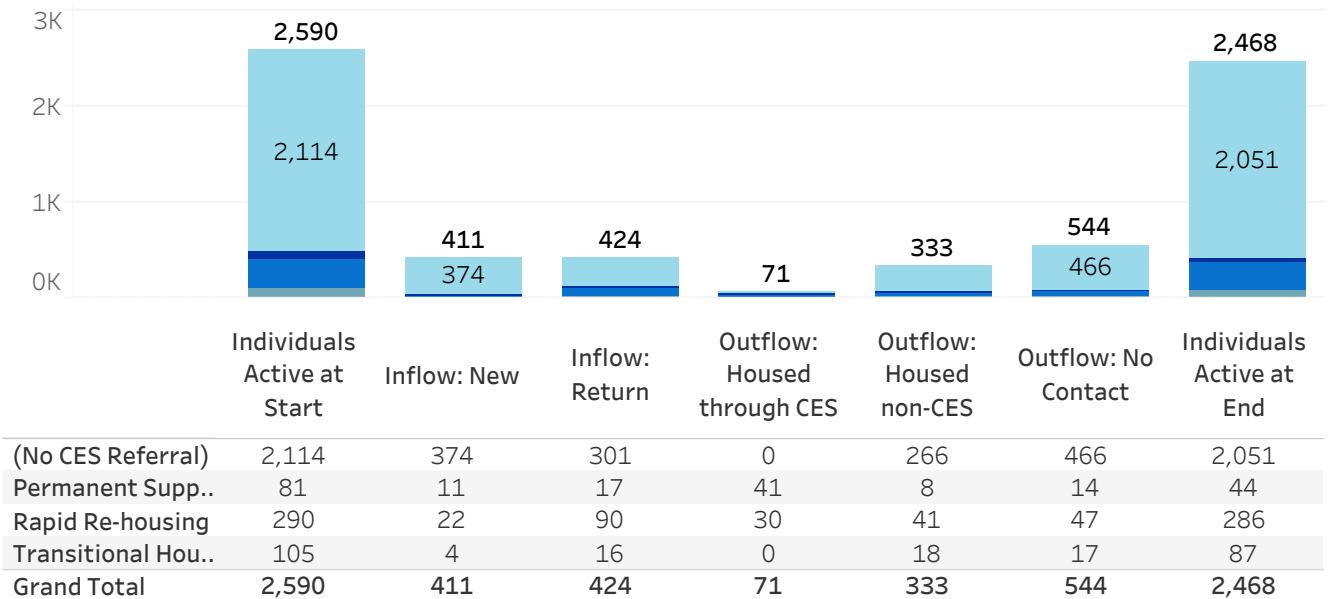| Member	Area of Representation
Veronica Williams	Volunteers of America
Christina Kitchen	The Salvation Army
Alexis Bernard	Turning Point Community Programs
John Foley	Sacramento Self Help Housing
David Boscow	2-1-1
Peter Muse	Veterans Resource Center
Philip Scott Reed	VA-Northern California
Nina Acosta	Department of Human Assistance
Jenn Fleming	Mercy Housing
Tina Glover	SACOG
Maryam Nateghi	Behavioral Health Services
Monica Rocha-Wyatt	Behavioral Health Services
Angela Upshaw	Roads Home
Bridget Alexander	Waking the Village
Kayla Aanerud	Hope Cooperative
Howard Lawrence	ACT
Sheri Green	Behavioral Health Services
Noel Kammermann	Loaves & Fishes
Robynne Rose-Haymer	Wind Youth Services
Tanya Tran	SHRA

Staff	Title
Lisa Bates	SSF Chief Executive Officer
Kate Casarino	SSF CoC & Contracts Coordinator
Michele Watts	SSF Chief of Programs
Greg Schuelke	SSF CoC Program Manager
Ya-Yin Isle	SSF Chief Strategic Initiatives Officer
Joe Concannon	SSF CES Program Manager
Christine Wetzel	SSF Referral Specialist

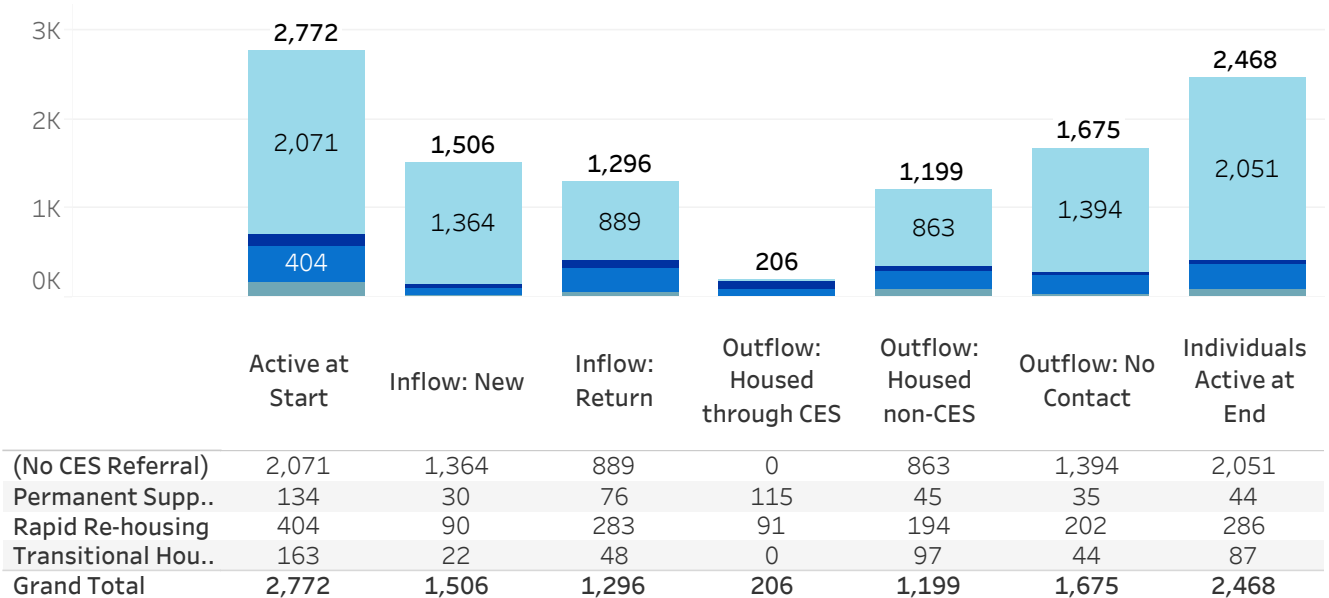| I. Call to Order & Welcome: John Foley, Co-Chair		
John Foley, Co-Chair, called the meeting to order at 2:37 PM.		
II. Program Updates	Presenter: John Foley & Jenn Fleming, Co-Chairs	Information
Quick look at the quarterly report. The committee would like to know where the people came from, what access points did they use, and where did they go when they got housed. What populations are not captured by the data presented? Ask: add definitions on the next iteration.		
III. Overview Discussion	Presenter: Lisa Bates & Joe Concannon, SFF; with Meadow Robinson, HomeBase	Information
The CoC will begin CESH work without the reestablished CES Committee. The Systems Map and Gaps Analysis will help with the CES Assessment, which will ultimately lead to the CES re-design. What does a functioning CES look like? - Increase access points - Sustainability - Putting clients in the a program that fits, rather than in any spot because it's the only spot. - Community knowledge of system Homebase researched evaluations in other CoCs and can suggest potential areas of focus.		
IV. CESH Announcement	Presenter: Lisa Bates	Information
Lisa announced there would be coming disuccsions on the next rounds of funding as more information becomes available.		
V. CESH: Background & History	Presenter: Lisa Bates	Information
Lisa described the process used to allocate the first round of CESH funding.		
VI. Breakdown of Funding Opportunities	Presenter: Meadow Robinson	Information
No information was available at the time of the meeting.		
VII. Open discussion of Funding Opportunities	Presenter: Lisa Bates	Discussion
The committee broke out into small groups to discuss topics that will inform assessment work: Shared definitions, key partners, data, other topics. A summary of the discussions is included in a sepatate attachment.		
X. Adjourn		
The meeting was adjourned at 4:00 PM.		

Next Steps:

Community Queue Activity (All household types)

Quarter (July 1, 2019 - September 30, 2019)

	Individuals Active at Start	Inflow: New	Inflow: Return	Outflow: Housed through CES	Outflow: Housed non-CES	Outflow: No Contact	Individuals Active at End
(No CES Referral)	2,114	374	301	0	266	466	2,051
Permanent Supp..	81	11	17	41	8	14	44
Rapid Re-housing	290	22	90	30	41	47	286
Transitional Hou..	105	4	16	0	18	17	87
Grand Total	2,590	411	424	71	333	544	2,468

Year to Date (January 1, 2019 - September 30, 2019)

	Active at Start	Inflow: New	Inflow: Return	Outflow: Housed through CES	Outflow: Housed non-CES	Outflow: No Contact	Individuals Active at End
(No CES Referral)	2,071	1,364	889	0	863	1,394	2,051
Permanent Supp..	134	30	76	115	45	35	44
Rapid Re-housing	404	90	283	91	194	202	286
Transitional Hou..	163	22	48	0	97	44	87
Grand Total	2,772	1,506	1,296	206	1,199	1,675	2,468

CES Referral Program Category:
- (No CES Referral)
- Permanent Supportive Housing
- Rapid Re-housing
- Transitional Housing

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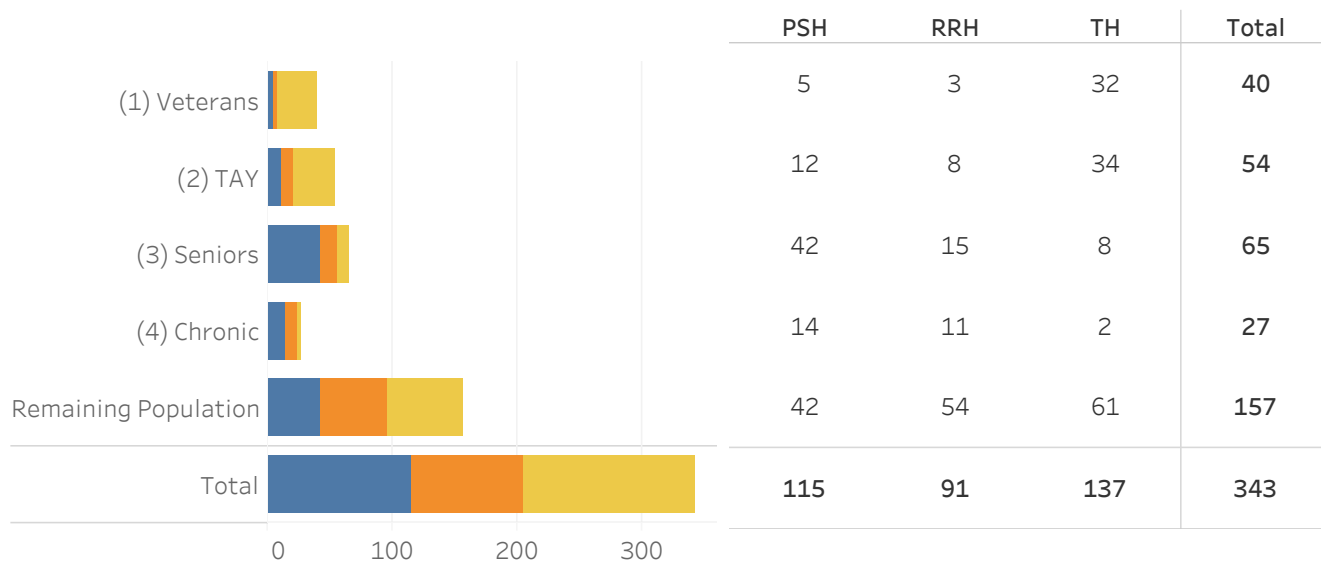
Updated 2019-10-25

Housed through CES (All household types)

Quarter (July 1, 2019 - September 30, 2019)

	PSH	RRH	TH	Total
(1) Veterans	2	0	6	8
(2) TAY	5	5	11	21
(3) Seniors	21	7	0	28
(4) Chronic	10	7	1	18
Remaining Population	3	11	5	19
Total	41	30	23	94

Year to Date (January 1, 2019 - September 30, 2019)

	PSH	RRH	TH	Total
(1) Veterans	5	3	32	40
(2) TAY	12	8	34	54
(3) Seniors	42	15	8	65
(4) Chronic	14	11	2	27
Remaining Population	42	54	61	157
Total	115	91	137	343
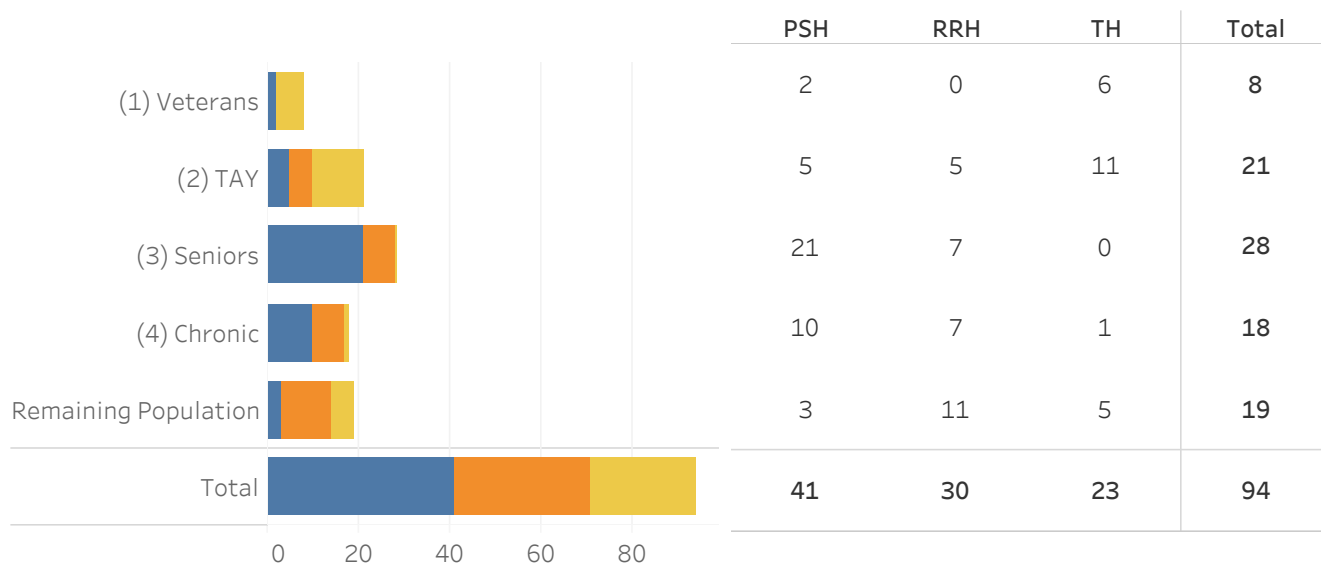
Housing Intervention*:   ■ PSH   ■ RRH   ■ TH

* Households enrolled and housed in Transitional Housing programs remain active in the Referral Pool, and therefore are NOT included in outflow. So in the charts above, the PSH and RRH counts total "Outflow: Housed through CES"; TH is completely separate, taken from active persons who entered TH during the time frame.

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Housing Outcomes

Quarter (July 1, 2019 - September 30, 2019)
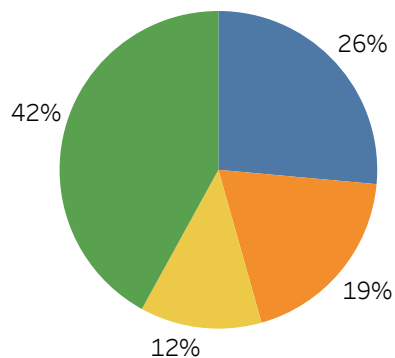
Placed into a Permanent Supportive Housing Program (PSH).	109
Found a rental with the help of a Rapid Rehousing Program (RRH).	79
Placed into a Transitional Housing Program (TH).	51
Assisted Resolution: moved into a rental, living with family or friends.	173
Grand Total	**412**

Year to Date (January 1, 2019 - September 30, 2019)
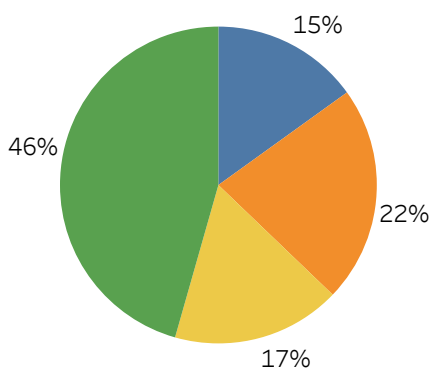
Placed into a Permanent Supportive Housing Program (PSH).	228
Found a rental with the help of a Rapid Rehousing Program (RRH).	335
Placed into a Transitional Housing Program (TH).	261
Assisted Resolution: moved into a rental, living with family or friends.	690
Grand Total	**1,514**

■ PSH   ■ RRH   ■ TH   ■ Assisted Resolution

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Active All household types:
September 2019 (2,468 Clients)

Characteristic

Gender

Age

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Updated 2019-10-25
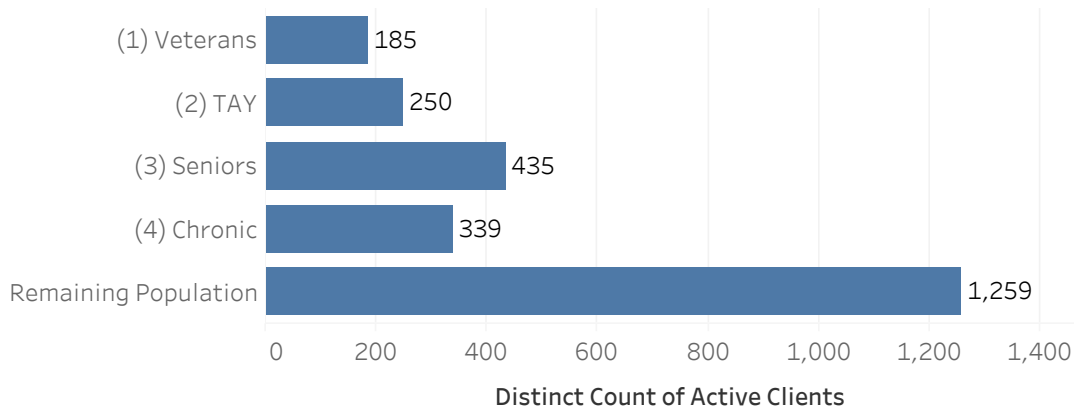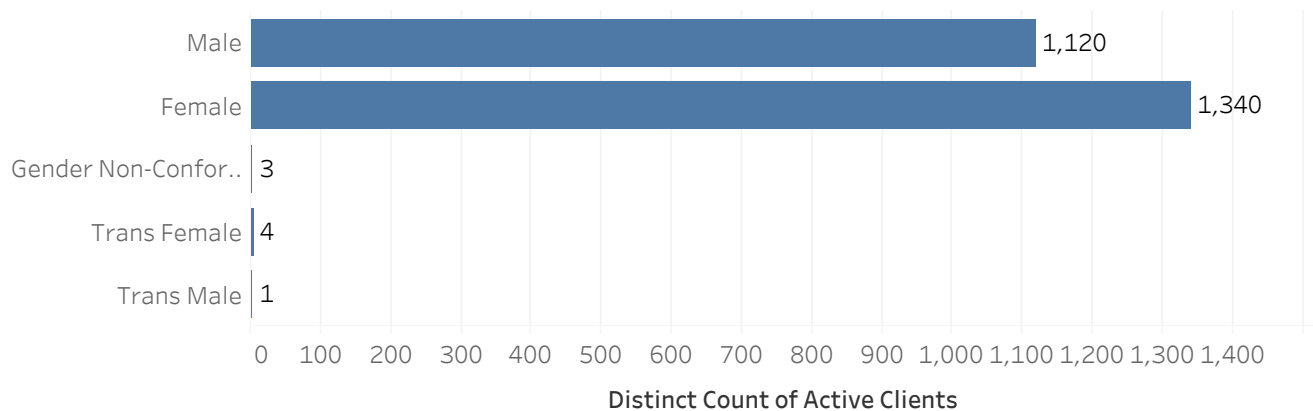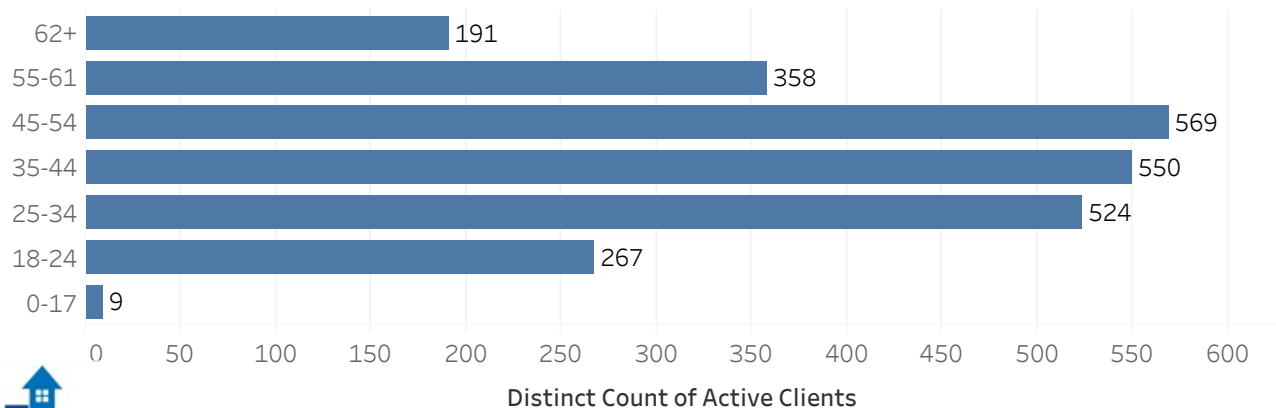
Active All household types:
Recommended Housing Intervention
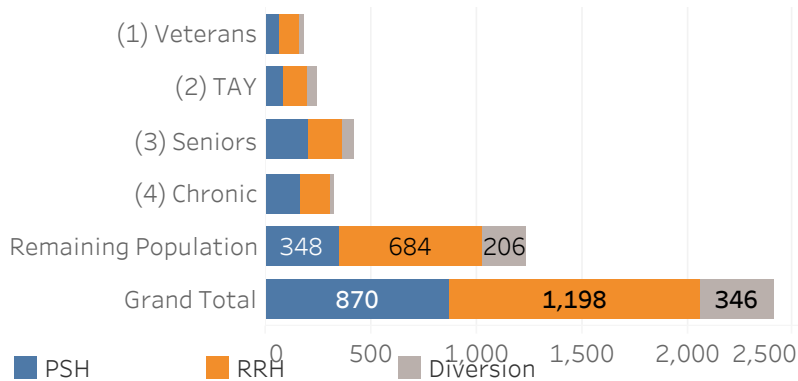
	PSH	RRH	Diversion
(1) Veterans	69	91	23
(2) TAY	80	119	47
(3) Seniors	203	162	54
(4) Chronic	170	142	16
Remaining Population	348	684	206
Grand Total	870	1,198	346

Legend: PSH, RRH, Diversion

Active All household types:
Severity of Service Needs
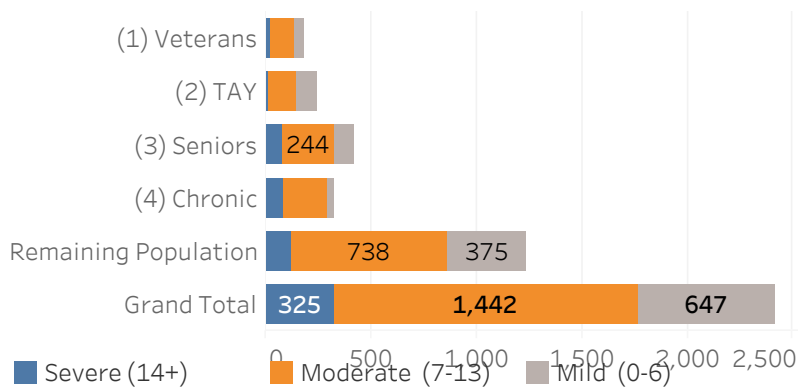
	Severe (14+)	Moderate (7-13)	Mild (0-6)
(1) Veterans	24	112	47
(2) TAY	12	134	100
(3) Seniors	82	244	93
(4) Chronic	82	214	32
Remaining Population	125	738	375
Grand Total	325	1,442	647

Legend: Severe (14+), Moderate (7-13), Mild (0-6)

Waiting for Referral vs. Enrolled in a Program
(2,468 Clients)

38
2%

2,405
97%

- Enrolled in RRH
- Enrolled in TH
- Waiting for a Program Referral

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Updated 2019-10-25
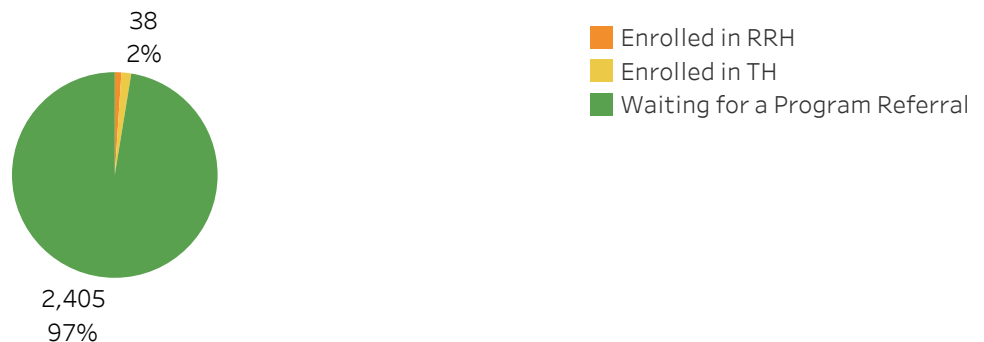
All Openings* by Household Type, 2019 ytd

program_type	Inventory Type	name	Capacity	Turnover	Openings, Year	Turnover Rate
PH	Families	ReSTART - PSH	121	17	46	0.1
		LSS SUS: TAY Families - PSH	15	18	18	1.2
		CH: Quinn Cottages - HUD PSH	70	8	8	0.1
		LSS SUS: Single Adults - PSH	40	7	7	0.2
		CH: McClellan Park - Non HUD PSH	43	7	7	0.2
		TLCS: Co-Ops - PSH	6	5	5	0.8
		SHRA Shelter Plus Care - HUD TRA PSH	565	5	5	0.0
		Next Move SUS: Adult Families - PSH	20	5	5	0.3
		CH: McClellan Park - HUD PSH	40	5	5	0.1
		TPCP: Pathways Scattered Site - PSH	70	4	4	0.1
		Ardenaire Apartments - PSH	19	4	4	0.2
		TLCS: PPHP (PACT Perm Housing Program) - Legac..	55	2	2	0.0
		TLCS: WORK (Widening Opportunities for Rehabilit..	41	1	1	0.0
		Flexible Supportive Rehousing Program - GF	350	1	1	0.0
	Individuals	SSHH: Friendship Expansion - HUD PSH	40	40	40	1.0
		Mather Veteran's Village - HUD VASH PSH	25	27	27	1.1
		SSHH: Building Community - PSH	50	25	25	0.5
		Mather Veteran's Village - Income Based PSH	8	23	23	2.9
		SSHH: New Community - HUD PSH	60	22	22	0.4
		SSHH: Friendship Housing - HUD PSH	24	15	15	0.6
		TLCS: PPHP (PACT Perm Housing Program) - Expan..	20	0	10	0.0
		Mercy MLK Village (The King Project) - HUD PSH	40	10	10	0.3
		Wind SUS: Single TAY - PSH	12	7	7	0.6
		Mercy Blvd Court - NON S+C PSH	60	7	7	0.1
		LSS: Achieving Change Together (ACT) - HUD PSH	33	7	7	0.2
		Mercy 7th and H - PSH	75	6	6	0.1
		Next Move: Casas De Esperanza - HUD PSH	18	5	5	0.3
		Next Move SUS: Seniors - PSH	40	5	5	0.1
		SSHH: Friendship Housing Community - PSH	30	3	3	0.1
		LSS: Mutual Housing at Highlands - HUD PSH	21	3	3	0.1
		TPCP: YWCA - PSH	11	2	2	0.2
		TLCS: Hotel Berry - PSH	10	2	2	0.2
		Mather Veteran's Village - HUD CoC PSH	25	2	2	0.1
		TPCP: Mutual Housing at the Highlands - PSH	33	1	1	0.0
		Next Move SUS: Single Adults (Overflow) - PSH	6	1	1	0.2
RRH	Families	HSP - RRH	183	121	121	0.7
		Sacramento SSVF - RRH	48	90	90	1.9
		Roads Home - RRH	121	42	60	0.3
		VOA: Vet Families Non-HUD RRH	86	53	53	0.6
		County ESG RRH - Sacramento	29	32	32	1.1
		Countywide - State ESG RRH	28	24	24	0.9
		City ESG RRH - Sacramento	22	17	17	0.8
		LSS: Connections - HUD RRH	31	11	11	0.4
		Bringing Families Home - RRH	7	0	9	0.0
		Saint John's Independent Housing Partnership - RRH	9	5	5	0.6
	Individuals	Possibilities RRH Component (Joint RRH/TH Progra..	15	0	3	0.0
TH	Families	VOA: Adolfo Mather THP Plus Housing for Foster Yo..	34	41	41	1.2
		E.Claire Raley Transitional Living Program (TLP) - N..	32	29	29	0.9
		Bridges SLE - TH	56	5	21	0.1
		VOA: Mather Community Campus (MCC) Families - ..	27	18	18	0.7
		Tubman OES - TH	8	9	12	1.1
		Audre's RHY - TH	8	6	6	0.8
		SSHH: Meadow House - TH	3	4	4	1.3
		VOA: AHS Scattered Sites - TH	17	2	2	0.1
		Audre's Emporium of New Tomorrows - TH	1	1	1	1.0
	Individuals	VOA: Mather Community Campus (MCC) Singles - ..	183	117	117	0.6
		SVRC: GPD Men's Transitional Housing - TH	42	98	98	2.3
		VOA: GPD Program - TH	40	6	53	0.2
		SVRC: GPD Behavioral Health Center - TH	22	36	36	1.6
		Possibilities TH Component (Joint RRH/TH Program)	15	7	22	0.5
		Xpanding Horizons - TH	12	1	19	0.1
		SVRC: GPD Women's Transitional Housing - TH	5	11	11	2.2
		SSHH: Grace House - TH	5	8	8	1.6
		Emergency Housing for Victims of Crime - TH	8	3	6	0.4
		Transformational Living Program - TH	12	4	4	0.3
		SSHH: Charlotte House - TH	4	0	3	0.0

Turnover rate: # turnover units / capacity
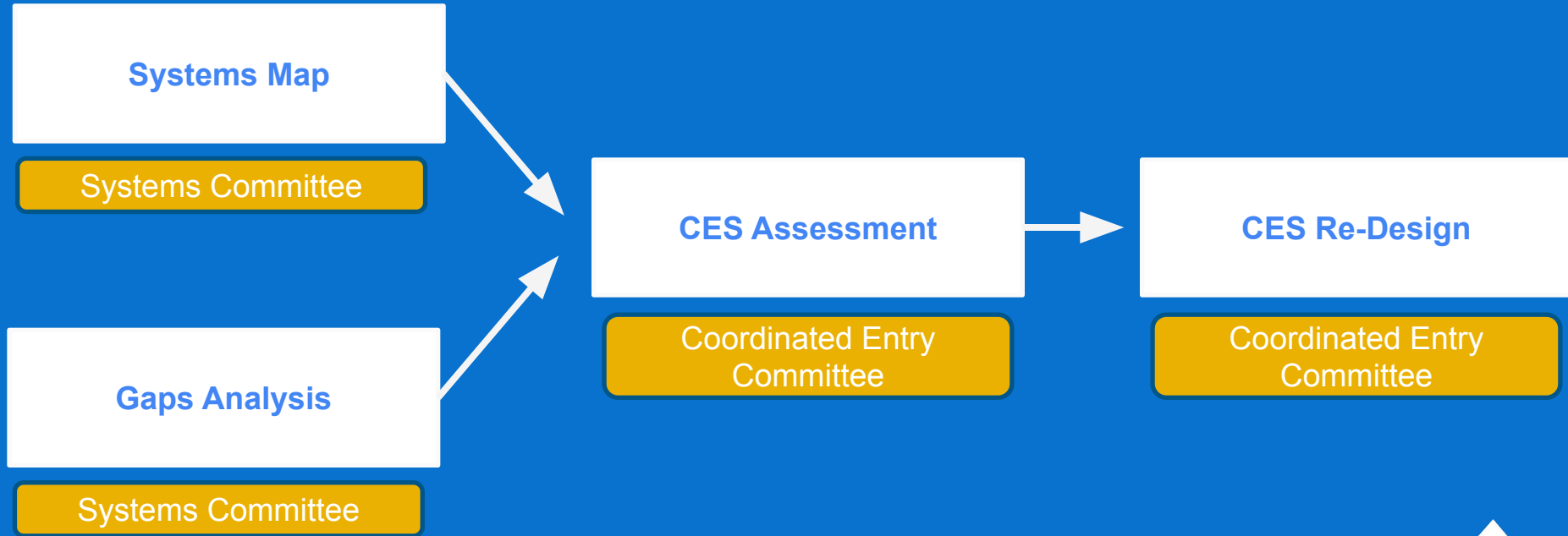
CE Participation
- Not CES
- CES
- Proposed

CES Combined Committee Meeting

10/28/19

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Information Flow for CESH Homeless System Performance Work

Systems Map

Systems Committee

Gaps Analysis

Systems Committee

CES Assessment

Coordinated Entry Committee

CES Re-Design

Coordinated Entry Committee

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Why is a functioning CES important?

- Reach the most vulnerable in the system
- Improve efficiency and increase system capacity
- Garner competitive funding
- Decrease silo-effect across the system of care
- Improve the experience of the Coordinated Entry System for both providers AND participants
- Improve Systems Performance Measures outcomes

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Systems Performance Measures – Sacramento Context

SPM 1: Length of Time Homeless

- **Goal: reduce by 5%** average length of time homeless
- Sacramento CoC: **9% increase** (6 points lost)

SPM 2: Returns to Homelessness

- **Goal: reduce by 5%** RTHs between 6-and 12-months after exit
- Sacramento CoC: **28.5% increase** (4 points lost)

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Systems Performance Measures – Sacramento Context

SPM 3: Number of Homeless Persons

- **Goal: decrease of 5%** in sheltered & unsheltered homeless individuals
- Sacramento CoC: **35% increase** (10 points lost)

SPM 4: Mainstream Benefits

- **Goal: increase** in income from non-employment cash sources
- Sacramento CoC: **3% reduction** (1 point lost)

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Systems Performance Measures – Sacramento Context

SPM 5: First Time Homelessness

- **Goal: reduce** number of first time homeless
- Sacramento CoC: **3.5% increase** (6 points lost)

SPM 6: Rapid Re-Housing of Families with Children

- **Goal: increase** number of RRH beds
- Sacramento CoC: **increase of 7 beds** (10 points gained)

SPM 7: Exits to Permanent Housing and Retention of Permanent Housing

- **Goal: increase by 5%** the rate of exits to PH destinations
- Sacramento CoC: **2% decrease** (4 points lost)

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Coordinated Entry Groupings
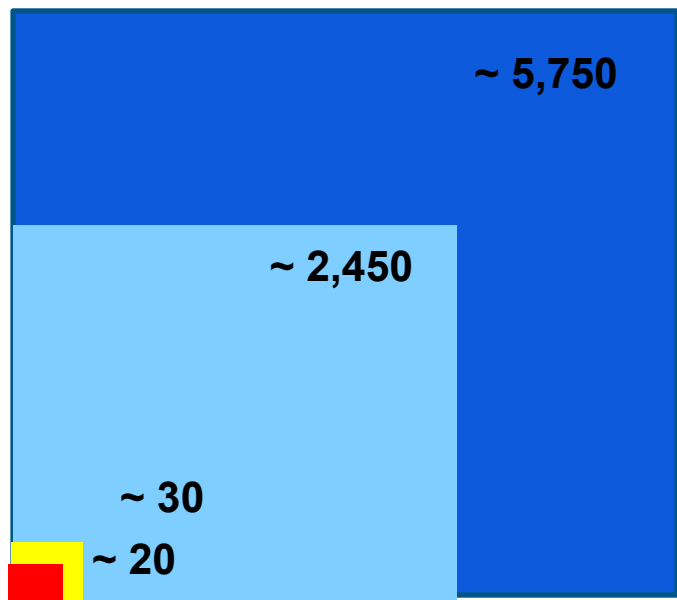
By-Name-List (5,750 People)
Is literally homeless
Service or contact entered in HMIS within 90 days

Community Queue (2,450 People)
Eligible for By-Name-List
Has VI-SPDAT

Priority Queue for PSH (30 People)
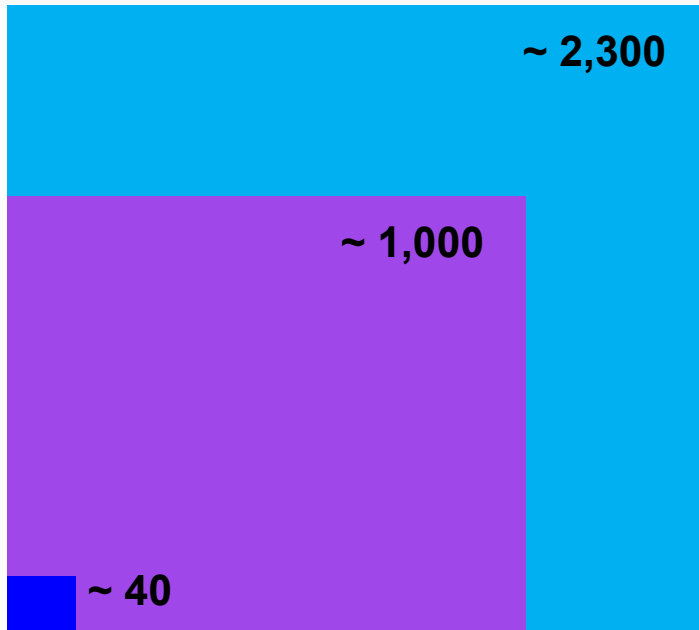Prioritized from the CQ for vulnerability and length of homelessness.
Priority Queue size is ~ 2x the anticipated openings for the month.

PSH Referrals Made (20 People)
Priority Queue client who is eligible for current program opening.

~ 5,750

~ 2,450

~ 30

~ 20

7

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Coordinated Entry Capacity / Availability

~ 2,300

~ 1,000

~ 40

Households in Community Queue

(~2,300 People)

Housing Units in Coordinated Entry System (~ 1,000 units)

28% of total units in Housing Inventory

Monthly CE Vacancies (~40)*
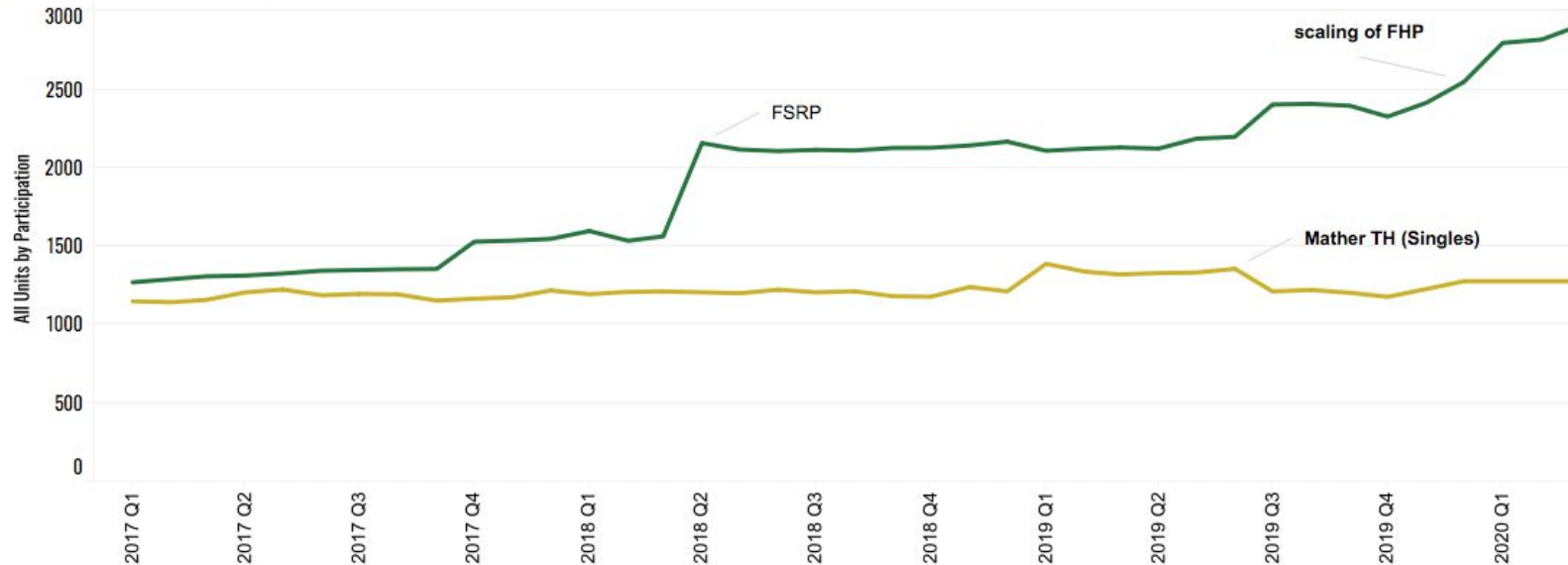
*Not including new program availability

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Units Participating in Coordinated Entry

Inventory, All Agencies, by Participation Status
actualized availability in HMIS participating programs,
plus HIC-reported inventory among non-HMIS participating

Legend:
- CES / Proposed
- Not CES

Y-axis: All Units by Participation — 0, 500, 1000, 1500, 2000, 2500, 3000

Annotations: FSRP, scaling of FHP, Mather TH (Singles)

X-axis: 2017 Q1, 2017 Q2, 2017 Q3, 2017 Q4, 2018 Q1, 2018 Q2, 2018 Q3, 2018 Q4, 2019 Q1, 2019 Q2, 2019 Q3, 2019 Q4, 2020 Q1

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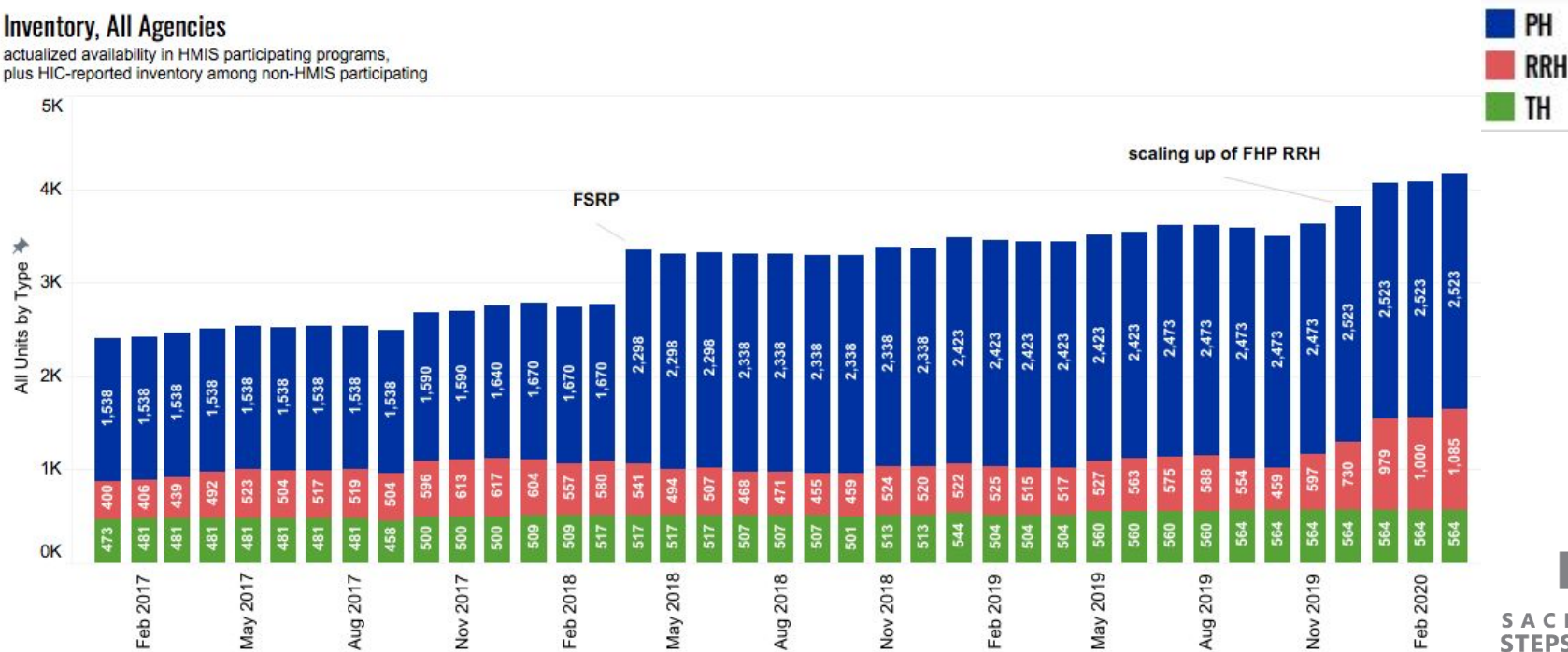
All Units by Type (Non-CE & CE)

Actualized availability in HMIS participating programs and HIC inventory reported from non-HMIS participating partners.

Inventory, All Agencies
actualized availability in HMIS participating programs,
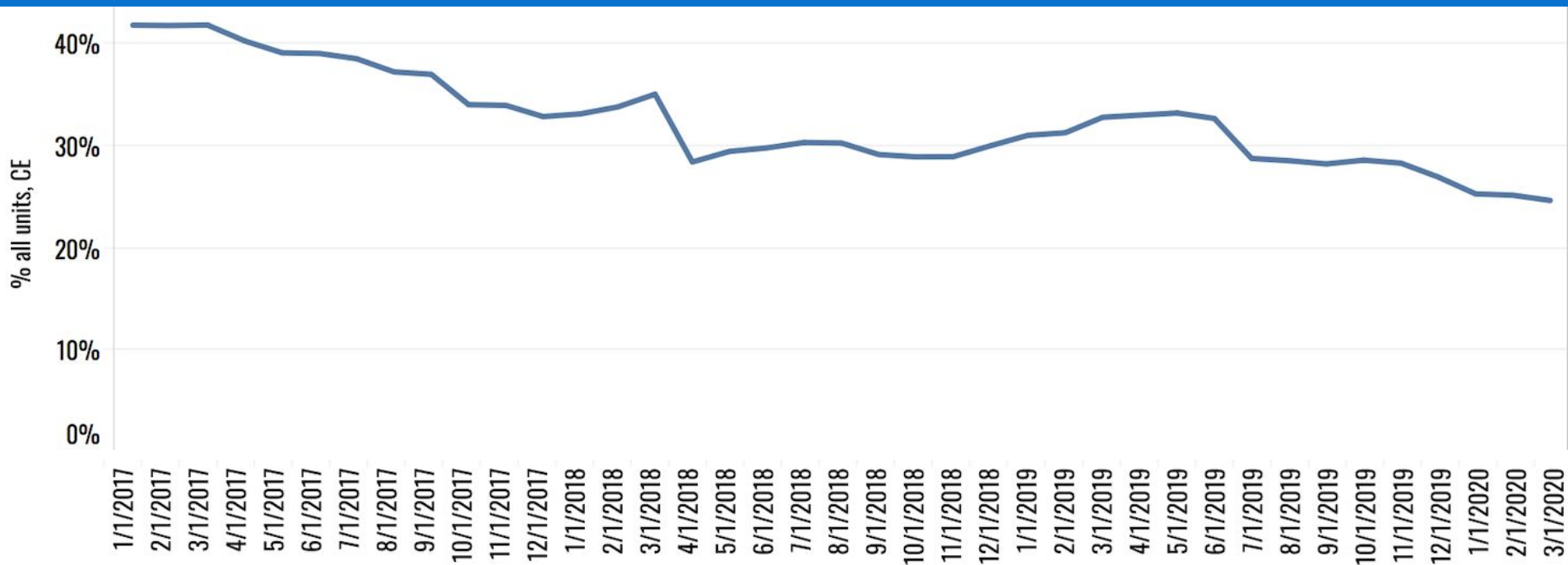plus HIC-reported inventory among non-HMIS participating

Legend: PH (blue), RRH (red), TH (green)

Annotations: FSRP, scaling up of FHP RRH

% change MoM by Inventory Type
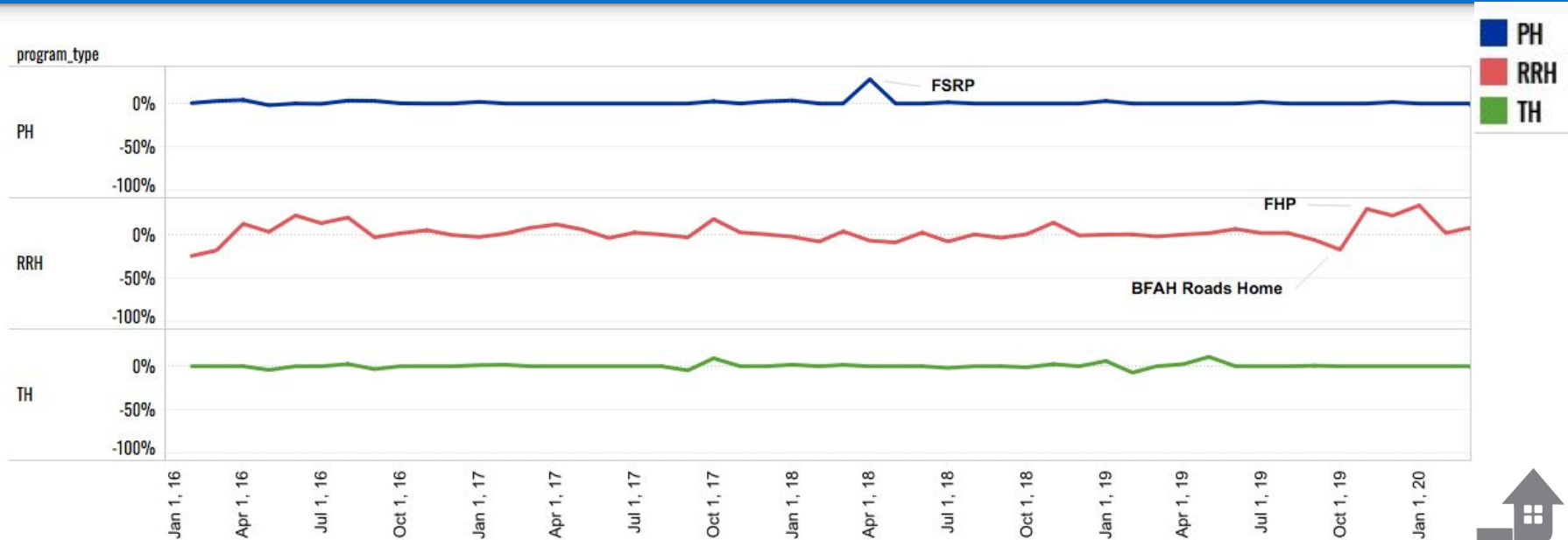
Percent of all Units in Coordinated Entry

CES Design

Shaping the design of Sacramento's CES Evaluation:

Potential Areas of Focus
- **Access**: Fair & Equal Access, Consistency, Client Experience
- **Assessment & Prioritization:** Accuracy of Assessment, Timely Reassessment
- **Match & Referral:** Rejected Referrals, Timeline Vacancy Fills, Document Readiness
- **Roles & Responsibilities:** Shared Expectations, Communication

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CES Design

Shaping the design of Sacramento's CES Evaluation:

Potential Information Sources
- **Focus Groups:** Consumers, Access Point Staff
- **Key Informant Interviews:** Key CES Staff, Organizations receiving Referrals
- **Provider Survey:** All CES participating Organizations
- **HMIS Data Analysis**

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Questions to Inform Assessment Work

- Shared definitions ?

- Key partners ?

- Data ?

- What else?

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Summary of CE Committee Feedback from 10/28/2019

Why is a functioning CES important?

In addition to the reasons provided by SSF, the CE Cmte identified a number of reasons a functioning CES is important in Sacramento. Overall, a functioning CES:

- Improves the participant experience in CES.
  - Supports a clear sense of what services are available to individuals experiencing homelessness;
  - Provides more access to the "right fit" for resources, including housing opportunities beyond the typical level of care (e.g., board-and-care).
- Builds capacity overtime.
  - Increases the number and geographic diversity of access points in the area;
  - Increases the desirability of collaborating with CES to other systems of care touching individuals experiencing homelessness.
- Improves outcomes for the full system
  - Increases sustainability of housing solutions for clients;
  - Reduces recidivism; and
  - Builds equity for all individuals accessing CES, including the most vulnerable.

Shared Definitions

- The CE Cmte believes that standardizing definitions across the County, cities, education system, and healthcare system, with a specific consideration for emerging state definitions is essential to improving the functioning of the CES.
- Members of the CE Cmte believe that the following terms still lack clarity within the Coordinated Entry System and/or the greater homelessness system of care. These specific terms include:
  - Coordinated Entry
  - CES Entry Point
  - Assessment Point
  - Homelessness
  - Chronic Homelessness
  - Break in homelessness
  - Transitional Housing
  - Permanent Housing
- In addition to a lack of clarity around exact definitions, members of the CE Committee also indicated that the following terms are used interchangeably and lack clear standards for care:
  - Crisis Response System vs. Homeless Response System
  - Prevention vs. Diversion

Key Partners

- The CE Cmte identified a number of key partners to the CES, including both partners that are currently participating in the system and those operating in a silo outside of CES.
    - County of Sacramento
    - City of Sacramento
    - Shelter/Outreach System
        - 5 Regional Support teams
        - Regional Centers
    - Other Sacramento County cities
    - Healthcare System
        - Whole Person Care
        - Hospitals
    - Mental Health System
        - Are there individuals receiving care in the mental health system that could benefit from services in the homelessness care system?
        - Hope Cooperative, T-CORE
        - Guest House
    - Law Enforcement and other 1st responders
        - Can help identify frequent users of emergency services
    - Veterans Administration
        - Including HUD-VASH, SSVF
    - Education System
    - Faith Community
- To facilitate better partnerships with these key partners, members of the CES Cmte suggest implementing a streamlined approach for non-CoC projects to participate in CES, increasing transparency across CES, and exploring how private funds can be leveraged to support these partnerships.

Data

CE Cmte had a number of requests for data points that could help improve collective understanding of the CES and its functioning.

- What is the average length of time between referral and match (to housing or services)?
- Are we able to access project level data on outcomes or other metrics of performance?
- How does administration of the VI-SPDAT differ between providers and even individual staff?
    - How does the ability of a VI-SPDAT administrator to document observable factors affect the VI-SPDAT score?
- What are the main reasons for recidivism?
    - Has the ability of providers to initiate transfers reduce the instances of recidivism?

- What are the long-term housing outcome for individuals by service type?
  - E.g., if an individual receives RRH support, what are their outcomes 6 months after exiting the program?
- How can the CES bring data from outside sources into HMIS (i.e., Avatar System, DVHS, City of Sacramento, County of Sacramento)?

What Else

Members of the CE Cmte had a number of other questions that could be used to shape the CES Evaluation or Re-Design process.

- How can CES improve transparency to improve functioning?
  - Community queue
  - CES entry points: Where are they? How many are there?
    - E.g., A representative from 2-1-1 told the group that 2-1-1 can only schedule 12 assessment appointments per week for single adults and are currently booking 1 year in advance.
    - Where should providers, outreach workers, etc. be directing clients to, in addition to 2-1-1, in order to ensure a timely assessment process?
- How can the CES access more resources to improve functioning?
  - Increase the number of people working on the CES
  - Increase training opportunities for providers
- How can a more dynamic prioritization model be used in Sacramento?
  - Some CE Cmte members shared their concerns with the static nature of the VI-SPDAT, the difference in administration between providers, and the potential benefit of introducing non-self-reported factors to the assessment process.
- What models are currently successfully leveraged by providers in Sacramento? How can other programs replicate these successes?
- How do we increase the number of clients who are doc ready at the time of referral?
  - There is some existing confusion about who is responsible for ensuring a client is document ready, especially if the client is not specifically linked to a single program.
- How can the CES increase the number of units with HMIS coverage across the Sacramento system of care?
- How can providers use interns from Sacramento State and other colleges in the area to boost their effectiveness?
  - Are there interns available who can design apps, update webpages, or otherwise improve the communication methods of the CoC/providers within the CoC?