SACRAMENTO STEPS FORWARD

Ending Homelessness. Starting Fresh.

Coordinated Entry Committee Meeting

Thursday, November 12, 2:30-4 p.m.

Zoom

https://us02web.zoom.us/j/85139063012

Agenda Item	Presenter	Time	Item Type
1. Welcome and Introductions	Co-Chair: John	2:35 PM (5 min)	Informational
2. RAPS proposal and evaluation	SSF	2:40 PM (30 mins)	Discussion and Action
3. CE Committee Slate	SSF	3:10 PM (10 mins)	Presentation
4. CE Prioritization	SSF	3:20 PM (30 mins)	Discussion and Action
5. Next Steps a. CE Evaluation	Co-Chair: John	3:50 PM	

Other CE Projects:

- DV/SV/HT comparable system and CE process
- New HUD-funded programs
- COVID Rehousing
- Move-On Vouchers

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Temporary Coordinated Entry Covid-19 Prioritization schema

Single Adults

PSH process: Chronically homeless clients (per HUD or Sacramento local definition) with all required documentation are eligible for PSH openings, prioritized as follows:

People who score 10+ on the VI-SPDAT will be further prioritized as follows:

1. People who are at higher risk of developing severe covid-19 symptoms.
    a. Those 65+; and/or*
    b. People of all ages with underlying medical conditions including
        i. Chronic lung disease/moderate to severe asthma;
        ii. Serious heart conditions;
        iii. Those who are immunocompromised (including cancer treatment, smoking, bone marrow or organ transplant, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune-weakening medications);
        iv. Severe obesity (BMI 40 or higher);
        v. Diabetes;
        vi. Chronic kidney disease undergoing dialysis; and
        vii. Liver disease.
2. Length of time homeless
3. Each group above will be further prioritized by VI-SPDAT score (highest to lowest)

**Clients who are both 65 or older and have underlying medical conditions will be prioritized first.*

Case Conferencing should be used whenever possible to affirm that PSH is a feasible housing setting for the person.

RRH process: Not required to be chronically homeless

People with VI-SPDAT scores of 5-9 further prioritized as follow:

1. People who are at higher risk of developing severe covid-19 symptoms.
    a. Those 65+; and/or*
    b. People of all ages with underlying medical conditions including
        i. Chronic lung disease/moderate to severe asthma;
        ii. Serious heart conditions;
        iii. Those who are immunocompromised (including cancer treatment, smoking, bone marrow or organ transplant, immune deficiencies, poorly

controlled HIV or AIDS, prolonged use of corticosteroids and other immune-weakening medications);
iv. Severe obesity (BMI 40 or higher);
v. Diabetes;
vi. Chronic kidney disease undergoing dialysis; and
vii. Liver disease.

2. VI-SPDAT score (highest to lowest)

**Clients who are both 65 or older and have underlying medical conditions will be prioritized first.*

Case Conferencing should be used whenever possible to affirm that RRH is a feasible housing setting for the person.

Families

PSH process: At least one member of the family is Chronically homeless (per HUD or Sacramento local definition) with all required documentation are eligible for PSH openings, prioritized as follows:

Families who score 12+ on the F-VI-SPDAT will be further prioritized as follows:

1. At least one person within the family who is at higher risk of developing severe covid-19 symptoms. COVID 19 Response Shelter Survey forms may be recorded in HMIS even if the family does not want to be considered for placement in a Project Roomkey site.
    a. Those 65+; and/or*
    b. People of all ages with underlying medical conditions including
        i. Chronic lung disease/moderate to severe asthma;
        ii. Serious heart conditions;
        iii. Those who are immunocompromised (including cancer treatment, smoking, bone marrow or organ transplant, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune-weakening medications);
        iv. Severe obesity (BMI 40 or higher);
        v. Diabetes;
        vi. Chronic kidney disease undergoing dialysis; and
        vii. Liver disease.
2. Length of time homeless
3. Each group above will be further prioritized by F-VI-SPDAT score (highest to lowest)

**Clients who are both 65 or older and have underlying medical conditions will be prioritized first.*

Case Conferencing should be used whenever possible to affirm that PSH is a feasible housing setting for the family.

RRH process: Not required to be Chronically Homeless

Families with F-VI-SPDAT scores of 6-11 further prioritized as follow:

1. At least one person within the family who is at higher risk of developing severe covid-19 symptoms..

a. Those 65+; and/or*
b. People of all ages with underlying medical conditions including
    i. Chronic lung disease/moderate to severe asthma;
    ii. Serious heart conditions;
    iii. Those who are immunocompromised (including cancer treatment, smoking, bone marrow or organ transplant, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune-weakening medications);
    iv. Severe obesity (BMI 40 or higher);
    v. Diabetes;
    vi. Chronic kidney disease undergoing dialysis; and
    vii. Liver disease.

2. F-VI-SPDAT score (highest to lowest)

**Clients who are both 65 or older and have underlying medical conditions will be prioritized first.*

Case Conferencing should be used whenever possible to affirm that RRH is a feasible housing setting for the family.

TAY

PSH, RRH and TH/RRH processes: Unchanged from normal prioritization process.

At this time Single/Family Transitional Housing and Diversion/Prevention resources are not prioritized within the CoC. Case Conferencing should be used whenever possible to determine eligibility for and feasibility of those available resources. We are in the process of looking at additional assessment tools which might allow for a later prioritization for these resources.

This temporary Covid-19 prioritization would remain in effect until the end of 2020. On January 1, 2021, the prioritization schema would revert to the current process unless additional action is taken to extend the temporary prioritization or adopt a new prioritization schema. There are tentative plans to return to the committee during the December meeting to propose additional action.

Side-by-side Comparison of Normal Prioritization vs. Temporary Covid-19 Prioritization

Normal PSH Prioritization - Single / Families*	**Covid-19 PSH Prioritization - Single / Families***
Eligibility: Must be Chronically Homeless	Eligibility: Must be Chronically Homeless
Eligibility: VI-SPDAT Score of 10+ / F-VI-SPDAT Score of 12+	Eligibility: VI-SPDAT Score of 10+ / F-VI-SPDAT Score of 12+
1. Local Priority for VI-SPDAT scores 14+	1. Covid-19 Vulnerability (65+ or health conditions - see list)
2. Length of time homeless	2. Length of time homeless

	3. VI-SPDAT score (high to low)
Does not utilize Case Conferencing to affirm PSH appropriateness	Utilizes Case Conferencing to affirm PSH appropriateness

Normal RRH Prioritization - Single / Families*	**Covid-19 RRH Prioritization - Single / Families***
Eligibility: VI-SPDAT Score of 5-9 / F-VI-SPDAT Score of 6-11	Eligibility: VI-SPDAT Score of 5-9** / F-VI-SPDAT Score of 6-11
1. VI-SPDAT score (high to low)	1. Covid-19 Vulnerability (see health conditions)
	2. VI-SPDAT score (high to low)
Does not utilize Case Conferencing to affirm RRH appropriateness	Utilizes Case Conferencing to affirm RRH appropriateness

**TAY Prioritization for PSH, RRH, and TH/RRH is unchanged from the normal prioritization.*

TO: CE Committee Members

FROM: Peter Bell, CE Manager

DATE: November 12, 2020, CE Committee meeting

RE: Rapid Access Problem Solving (RAPS) proposal

Overview

This memo will explain the intent to increase funding to improve four of the Coordinated Entry System's (CES) five critical elements.

1. Access
2. Assessment
3. Referral
4. Diversion

*Prioritization is the fifth element

It will do this by examining:

1. The rationale for increasing system staff and problem-solving resources
2. The essential elements and budget for the proposal
3. Next steps and recommended action to be taken by the board

We are recommending the CE Committee approve this proposal. Upon approval, the CoC Board will review the contents of this memo and make a final decision.

Background

Of Sacramento's 38 Coordinated Entry (CE) access points, none are available on a drop-in basis.[1] People experiencing homelessness are frequently instructed to contact 2-1-1 and can be scheduled an appointment with one of three Housing Resource Access Points to complete a VI-SPDAT assessment. However, those appointments can take over a year to complete.

For 2-1-1 to effectively serve as a front-door for people experiencing homelessness, an investment is required to expand 2-1-1 staff capacity to handle the high volume of calls effectively and provide them with the tools necessary to complete VI-SPDAT (and other) assessments over the phone.

[1] SPC July meeting materials, available at https://sacramentostepsforward.org/wp-content/uploads/2020/07/July-SPC-Meeting-Packet.pdf

Increased assessments alone will not move people out of homelessness.

For people completing assessments, there are few options available for those not considered the most vulnerable. The majority of projects (54%) associated with the Homeless Management Information System (HMIS) are permanent supportive housing (PSH) programs, typically reserved for the most vulnerable households.[2]

In 2019, 2,020 people found permanent housing outside of system-related resources, 38% more than those who found housing from within the system.[3] Yet, in 2019, 1,264 people returned to homelessness after having previously exited homelessness to permanent housing. (Exits were initially recorded in 2017, and returns to homelessness were tracked over 24 months.)[4]

Sacramento's homeless prevention programs have the highest success in connecting people to permanent housing than other project types. 90% of people exit prevention programs for permanent housing. The next closest was PSH programs with 69% of people exiting to permanent housing.[5] Yet, prevention programs make up only a small percentage of dedicated system resources and are primarily decentralized and available only to the transition-age youth (TAY) and veterans sub-populations.[6]

The system should be responsive to this and dedicate resources to assist in resolving homelessness quickly. Preventing homelessness is cheaper than the cost of sheltering households in emergency shelters.[7]

This proposal will dedicate resources to improving ease of access into the CE system and create opportunities for quicker exits from it.

Rapid Access Problem-Solving (RAPS) Scope and Budget

This proposal's framework is as follows:

1. Improve ease of access to coordinated entry & broader system of services.
2. Provide triage through phased assessments.
3. Offer system-wide problem-solving resources to divert/prevent people from entering into homelessness.
4. Evaluate the proposal and seek opportunities to expand access and triage services.

[2] SPC August meeting packet, available at https://sacramentostepsforward.org/wp-content/uploads/2020/08/Draft-August-SPC-Agenda-2-merged.pdf
[3] 2019 HMIS data, available at https://sacramentostepsforward.org/data/
[4] SPC May Meeting packet, available at https://sacramentostepsforward.org/wp-content/uploads/2020/05/SPC-MAY-Packet.pdf
[5] SPC May meeting packet
[6] SPC August meeting packet
[7] 2015 HUD Homelessness Prevention study available at https://www.huduser.gov/portal/sites/default/files/pdf/HPRP-report.pdf

This proposal will improve the ease of access through the following strategies.

1. Expand 2-1-1 Access Services - publicly available access to a wide array of housing connections - by funding three full-time Care Coordinators
2. Expand CES Services - Problem-Solving system-wide support, increased training, policy refinement, and implementation of CE Evaluation improvements - by funding a Coordinated Entry Program Coordinator and a Problem-Solving Access Point Navigator

Below are examples of the types of phased assessments that will be utilized or developed by this proposal.

Current Assessments:

1. VI-SPDAT 2.0 (long-term housing)
    a. NEW ADDED FEATURE ability to conduct over the phone
2. Shelter Survey (shelter eligibility)

NEW phased assessments:

1. Problem-solving (diversion/prevention)
2. Client's housing preference
3. Crisis intervention (immediate response, urgent resources)
4. Domestic/sexual violence and human trafficking screening (DV/SV/HT system connection)

This proposal will provide system-wide problem-solving resources through the following strategy.

1. Include financial and non-financial resources to support clients exiting homelessness
2. Support initial training and tools to help in developing problem-solving plans
3. Provide ongoing opportunities for collaboration and skills training
4. Infuse existing access points with problem-solving resources
5. 2-1-1 will have the ability to schedule problem-solving conversations at the new Problem Solving Access Points
6. This process will consider RFPs from 1-5 sites at $132,500 per year (divided equally among sites)
    a. funds will support problem-solving activities (sample list of allowable costs is below)

Sample list of allowable problem-solving activities:

- Security deposit
- First month's rent
- Rent in arrears
- Application fees
- Employment Assistance (clothes, transportation, vehicle repair)
- Eviction avoidance
- Moving costs - truck and other Expenses

- Storage fees
- Household furnishings and essential home goods
- Host household assistance - paid to the host
- Return to Residency costs - bus ticket, food for travel, luggage, and other necessary travel expenses
- Utility deposits or past due utility payments
- Outstanding debt that prevents the ability to lease

Anticipated Outcomes

1. **Improved public relations** by providing a dedicated front-door for people experiencing homelessness
2. Earlier interventions = **fewer people waiting in the system**
3. **Dedicated resources for folks with lower vulnerabilities**
4. Improved ability to effectively **triage and direct to appropriate resources**
5. **Faster exits** from homelessness
6. An influx of new, **non-housing related services** to the CE system
7. **Consistency in service delivery** with dedicated training for providers

Pilot Process

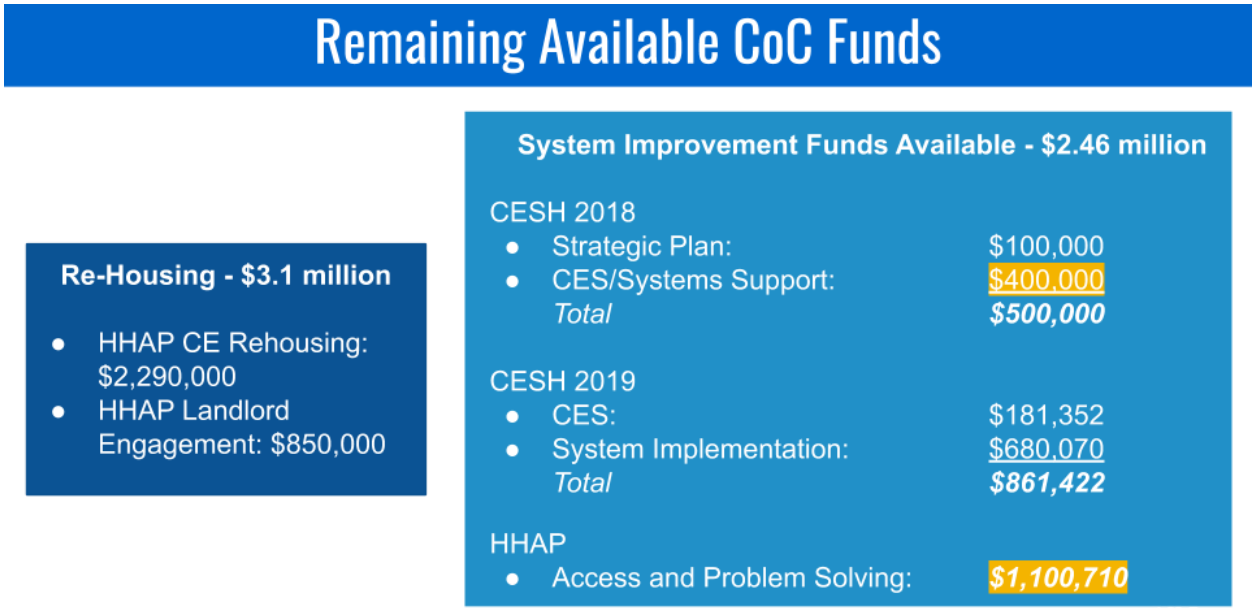
This proposal will be a pilot that will feature two separate evaluation periods to assess effectiveness. The first evaluation will conclude in Q3 and the second in Q7. If successful, this proposal will seek additional funding to expand activities related to CE elements (access, assessment, prioritization, referral, and diversion) for the pilot's second year. **The Coordinated Entry System Committee will lead the RAPS proposal review.** Additionally, there will be an opportunity to extend the two-year pilot an additional two years. A list of possible expansion elements is listed below.

1. Drop-in services
2. Problem-solving, direct-services staffing costs
3. Expand problem-solving resources
4. Outreach & Engagement
5. Inter-system connectivity (mental health, VA, healthcare, DV, jail)

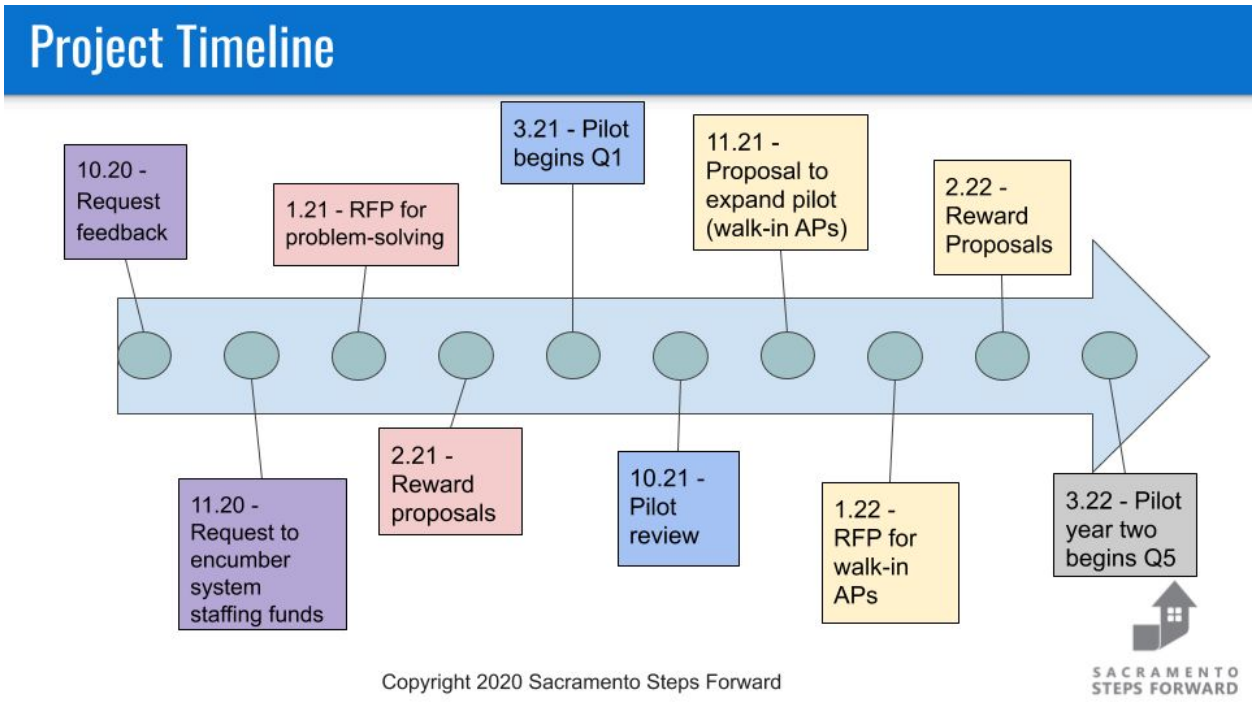
Budget

The total amount available for this effort would be $1.5 million over four years. The budget for these projects is made available from the following sources, listed below.

Funded Activity	Year 1 Cost/source	Year 2 Cost/source	Year 3/4 Cost/source	Total
CES Service Enhancement	$125,000 CESH 1	$125,000 CESH 1	n/a - potential to use CoC Competition	$250,000
211 Access Services (3 care coordinators)	$180,000 CESH 1 / HHAP (30k)	$180,000 HHAP	$180,000 (x2) HHAP	$720,000
Problem Solving 1-5 sites	$132,500 HHAP	$132,500 HHAP	$132,500 (x2) HHAP	$530,000
Expanded CE activities	n/a	TBD	TBD	
Total	$437,500	$437,500	$312,500 (x2)	$1,500,000



An expected project timeline is as follows:



Proposal Drafting Process

This proposal has gone through several iterations and approval steps. We initially discussed a proposal to utilize the HHAP problem-solving funds in the September CE Committee meeting. Suggestions included funding drop-in centers, 2-1-1, and outreach events that focused on braiding services. Ideas were synthesized and shared with the Executive Committee in September. Based on the Executive Committee's feedback, the proposal was refined to focus on 2-1-1 staffing expansion, system-wide problem-solving resources, and CE system enhancements. The revised proposal was presented again to the Executive Committee in early October. The proposal then moved to the CE Committee in October, where the proposal was presented in its entirety. The CE Committee provided feedback and was then shown to the CoC Board and CoC providers in October. During this feedback stage, several questions were asked. We've attempted to synthesize the questions and provide answers here.

1. Will 2-1-1 staff carry a caseload? **Answer:** The Care Coordinators will have the ability to support clients virtually and attempt to triage and provide referrals and connections to other resources. Some clients may require more intensive support and can be supported for an indeterminate amount of time.

2. Have we applied an equity lens to this proposal? **Answer:** To answer this question, we asked ourselves a series of questions.

a. Who benefits from this change, and how? **Answer:** People experiencing homelessness who are currently disconnected from services will benefit from an increased ease of access to the CES. This proposal provides a clear "front door" for those seeking services. While this approach may not serve everyone, it offers unprecedented access to the CES and removes the need to schedule assessments that take longer than a year to complete. This proposal benefits people with lower vulnerabilities, who may have otherwise not been served by the CES. The majority of CE resources are dedicated to the most vulnerable people experiencing homelessness. This proposal fills a missing gap within the system and brings resources to folks who may not meet PSH eligibility requirements.
b. Who will be burdened by this change, and how? **Answer:** This process of conducting a VI-SPDAT assessment over the phone might not be preferable for everyone. Depending on the geographic location of problem-solving access points, it may be challenging for some people to access them.
c. What potential unintended consequences exist? **Answer:** There may be reduced interest from community partners to provide drop-in services and resources by relying on 2-1-1 to connect people to the right locations.
d. How will you address burdens and unintended consequences? **Answer:** Evaluate the proposal objectively in Q3 and Q7.

3. With easier access, will waitlists increase? **Answer:** As the CES access is made more accessible, there are likely to be more people in the community queue. However, we believe there will be faster exits for people who don't require intensive services.

4. Will problem-solving sites be geographically diverse? **Answer:** We will be looking for geographic diversity from the Problem-solving Access Points during the RFP process.

5. Will 2-1-1 care coordinators be able to answer calls in real-time? **Answer:** Yes, they will likely be available during regular business hours (M-F, 8-5) and possibly beyond.

6. Will this proposal serve the most vulnerable populations and those who don't benefit from "lighter touch" services? **Answer:** The problem-solving resources will be available to anyone. However, the problem-solving will rely on a person's ability to self-resolve with limited resources and support.

7. Will this expedite the ability to complete a VI-SPDAT assessment? The current wait time is too long. **Answer:** Yes. 2-1-1 will be able to take live calls and will also contact the folks previously scheduled.

8. Who is most likely not to be served by this proposal? **Answer:** High service-need clients not able to be served with problem-solving resources.

9. What other options were considered? **Answer:** Drop-in centers, outreach events, and problem-solving direct services staff.

Recommended Committee Action

We recommend that the committee approve the RAPS proposal and forward it to the CoC Board for approval. Funds used for this RFP must be encumbered **by January 8th, 2021**.

Next Steps

If approved, this proposal will move to the CoC Board for final approval on November 18th, 2020. Requests for proposals for problem-solving access points will be released in January 2021. The expected start date for this proposal will be March 2021. The CE Committee will partner with SSF staff to evaluate the RAPS proposal implementation and return to the CoC Board in November 2021 to discuss the first evaluation findings.