



SACRAMENTO STEPS FORWARD

Ending Homelessness. Starting Fresh.

Combined Coordinated Entry/Evaluation Committee Meeting

Thursday, July 16 3-4:30 p.m.

Zoom

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

Agenda Item	Presenter	Time	Item Type
1. Welcome and Introductions	Co-Chair: John	3:05 PM (5 min)	Informational
2. Introduce new CES Manager: Peter Bell a. Review the CES team	Michele Watts	3:10 PM (5 mins)	Informational
3. Discuss CE Committee Membership a. Why Formalize? b. Member qualifications c. Recruitment efforts	Peter Bell & Michele Watts	3:15 PM (20 mins)	Discussion
4. CE Committee Projects / Work Plan a. CE Evaluation i. Visioning (next steps) ii. HUD Requirements iii. Existing Work b. Future Work Products: i. CE Compliance Checklist	Homebase	3:35 PM (25 mins)	Presentation and Discussion
5. Coordinated Entry: Temporary Covid-19 Prioritization schema	Peter Bell & Michele Watts	4:00 PM (30 mins)	Presentation and Discussion
6. Adjourn	Co-Chair: John	4:30 PM	



SACRAMENTO STEPS FORWARD

Ending Homelessness. Starting Fresh.

Rationale:

With the emergence of Covid-19 and the risk it poses to the most vulnerable people who are experiencing homelessness a new Coordinated Entry Prioritization is required.

Policy:

The previous Coordinated Entry Prioritization will be amended to reflect the new temporary Covid-19 Prioritization. The Covid-19 Prioritization will remain in effect through the remainder of the year (2020) or until sufficient evidence is available that demonstrates a clear and consistent reduction of the risk of Covid-19 for people experiencing homelessness. (See attached Covid-19 Prioritization)

Procedure:

1. The existing Coordinated Entry prioritization will be changed to reflect the new prioritization model.
2. A new By-Name-List (BNL) will be created to reflect the new prioritization model.
3. Available PSH and RRH units will be referred into based on the new BNL.

Temporary Covid-19 Prioritization: For 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. COVID 19 Response Shelter Survey forms may be recorded in HMIS even if the person does not want to be considered for placement in a Project Roomkey site.
 - a. Those 65+; 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 (if feasible to record/identify)
3. Each group above will be further prioritized by VI-SPDAT score (highest to lowest)

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

Recommendation: 20-100% of available ESG-RRH units should be set aside for PSH eligible clients due to a limited stock of PSH units available in Sacramento.

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+; 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)

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

Temporary Covid-19 Prioritization: For 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+; 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 (if feasible to record/identify)
3. Each group above will be further prioritized by F-VI-SPDAT score (highest to lowest)

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+; 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)

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

Temporary Covid-19 Prioritization: For 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 developing a housing assessment tool which might allow for a later prioritization for these resources.

We recommend that the above prioritizations remain in effect through the remainder of the year (2020) or until sufficient evidence is available that demonstrates a clear and consistent reduction of the risk of Covid-19 for people experiencing homelessness.

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+
Eligibility: Client <u>does not</u> need to be “doc ready”	Eligibility: Client <u>must be</u> “doc ready”
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 (if feasible to record/identify)
	3. VI-SPDAT score (high to low)
<u>Does not</u> 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 <i>**20-100% of available ESG-RRH units made available to PSH eligible clients</i>
1. VI-SPDAT score (high to low)	1. Covid-19 Vulnerability (see health conditions)
	2. VI-SPDAT score (high to low)
<u>Does not</u> 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.*

Coordinated Entry: Work Products to Date & Evaluation

July 16th, 2020

Combined Coordinated Entry Committee



SACRAMENTO
STEPS FORWARD

CESH Work with CE Committee to Date

October

- CESH kickoff
- Gathering members' initial thoughts on a Coordinated Entry Evaluation

December

- Discussion with Santa Clara County about their Coordinated Entry System
- Collecting members' initial ideas for improving Coordinated Entry

June

- Previewing the Coordinated Entry Visual Map

Feedback Collected from CE Committee

1. How can we broaden the scope of CES?
2. How can we improve access to CE?
3. How can we improve prioritization?
4. Why is a functioning CES important?
5. What shared definitions do we need?
6. Who are key partners we need to loop in?
7. What CE data do we need to analyze to build system-wide buy-in?
8. What other questions are you hoping we will answer with this process?

CESH Coordinated Entry Work

- 31 Coordinated Entry qualitative interviews (November 2019-January 2020)
- Coordinated Entry Visual Map & Analysis
- In Progress:
 - Eligibility Matrix
 - HUD Coordinated Entry Compliance Analysis
 - Coordinated Entry Evaluation Framework

Initial Findings from CESH Work

- Community members believe that:
 - Assessors are not connecting clients experiencing homelessness with **adequate housing and services** after completing the VI-SPDAT, while the client waits for referrals.
 - The **community queue is too large** and individuals wait on the queue for **too long**.
- Community members feel like they don't understand:
 - Who is responsible for establishing **document readiness** with clients.
 - Where **CE Access Points** are located and what they do.
 - What **prioritization** scheme is being used to for PSH and RRH.
- Community members would like to further explore:
 - The **scope of CE** and the possibility of **integrating emergency shelter**.
 - The utility of the **VI-SPDAT** and other models for assessment.
 - How to **better locate clients** when they rise to the top of the community queue.

What is required by HUD for a CE evaluation?

- Conducted annually
- Engages participating projects and project participants
- Covers intake, assessment, and referral processes
- Policies and Procedures describe the frequency and method by which the CE Evaluation will be conducted
- Provides privacy protections for all participant information collected during the evaluation

Sample CE Evaluation Questions

- Are the tools and protocols developed to support assessment and prioritization serving their intended purpose?
- Are provider agencies able to serve clients who are referred to them?
- How is the by-name-list functioning?
- What is the time from assessment to referral? From referral to placement? What can be changed so that this wait time is reduced?
- What is the rate of referral denial and the reasons for denial? Are there any common patterns among agencies or client subpopulations?

**Feedback: What data analysis
would you like us to focus on
for the CE Evaluation?**

To provide additional feedback on the CE Evaluation...

Homebase: sacramento@homebaseccc.org

Peter Bell, CES Manager: pbell@sacstepsforward.org