I. Welcome & Introductions: Noel Kammermann, Chair

II. New Business:

A. Items for Feedback/Discussion: CESH Work Products
   1. Final Presentation & Analysis: Tableau Movements Analytical Tool – Work Product #3
   2. Final Presentation & Analysis: Coordinated Entry Visual Map – Work Product #1
   3. Discussion: HMIS Client Flow Case Studies – Work Product #4

   Presenter(s): Homebase
   Time: 85 minutes

B. Discussion Item: Racial Equity & Systems Performance Committee

   Presenter(s): SSF
   Time: 15 minutes

C. Action Item: SPC 2020 Workplan

   Presenter(s): Homebase
   Time: 20 minutes

III. Review of new agenda items for next meeting

IV. Announcements

V. Meeting Adjourned

For questions about accessibility or to request accommodations please contact Alicia Music at amusic@sacstepsforward.org or 916-993-7055. Two weeks advance notice will allow us to provide seamless access.
Tableau Movements Analytical Tool Analysis

Overview
While the Visual Map and Eligibility Matrix provides an understanding of how clients are intended to move through the system of care, the System Performance Committee created the Tableau Movements Analytical Tool to provide a data-driven perspective of how clients actually do move through the system of care, including additional information about access and client flow.

Using this analytical tool, the System Performance Committee can begin exploring and understanding relationships between agencies, project types, and exit outcomes. Ultimately, the analytical tool does not provide in-depth analysis on its own; instead, it is a tool to identify high-level trends that should be investigated further.

For example, this analytical tool aggregates and simplifies HMIS data to identify items such as: a) which agencies/project types are having the most success connecting individuals to permanent exits, b) which agencies appear to be the most connected within the system, or c) which project types most often lead to other project types. Homebase and the System Performance Committee will use the Tableau Movements Analytical Tool to identify trends for further exploration when conducting the Gaps Analysis.

Foundational Questions for the Gaps Analysis
The questions below have been identified as foundational research questions for the Gaps Analysis. Of these, the Tableau Movements Analytical Tool will help answer Questions 1 & 2.

1. How do individuals access and flow into Sacramento's homeless-dedicated housing projects? (Work Product 1, 2, 3, 4)
2. What are the differences in access, eligibility, and client flow between the different referral systems (i.e., Coordinated Entry, Dept. of Behavioral Health Services, Emergency Shelter, County-funded Permanent Supportive Housing, Rapid Rehousing, Transitional Housing)? (Work Product 1, 2)
3. How do temporary housing locations/supports (i.e., emergency shelter, transitional housing, rapid re-housing, or street outreach) connect clients to permanent housing? (Work Product 1, 3)
Supporting Questions
Each foundational research question must be broken down further to glean more specific findings. The following two questions, for example, can be answered using the Tableau Movements Analytical Tool and help better understand the third foundational question above: *How do temporary housing locations/supports (i.e., emergency shelter, transitional housing, rapid re-housing, or street outreach) connect clients to permanent housing?* The data below comes from HMIS and covers the period between July 1st, 2018 and June 14th, 2020.

Note: Agencies were contacted prior to sharing their data to provide some context/considerations around their data. Overall, these included:
- Different programs serve different populations with varied needs and acuity, which can significantly impact outcomes
- Different programs offer varying services (including types of case management and lengths of case management)
- Some programs have varying levels of access to different referrals
- Some agencies are undergoing active efforts to improve their data quality
- Not all agencies felt their program matched the HUD definition; this was especially the case with street outreach
- Rapid re-housing programs within Sacramento are time limits and/or are not time-limited

1. Comparing only Street Outreach projects, which agency’s project had the most movements out of Street Outreach?
   - **Key Takeaway:** Across all agencies offering street outreach, the percentage of individuals that moved onto other project types ranged from 64%-84%.
   - **Suggested Questions for Further Analysis:** Why are some street outreach agencies having more success than others? Are they providing any replicable interventions/services that have an impact on outcomes? What is the process for data management/cleaning and who oversees it?

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Moved Out of Street Outreach</th>
<th>Remained in Street Outreach</th>
<th>Total Recorded Movements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento Steps Forward Outreach</td>
<td>709 (84%)</td>
<td>136 (16%)</td>
<td>845</td>
</tr>
<tr>
<td>Wind Street Outreach Program</td>
<td>276 (83%)</td>
<td>58 (17%)</td>
<td>334</td>
</tr>
<tr>
<td>Sacramento Covered Outreach</td>
<td>120 (76%)</td>
<td>37 (24%)</td>
<td>157</td>
</tr>
</tbody>
</table>
2. Comparing only Rapid Re-Housing projects, which agency’s RRH project had the most exits to permanent destinations?²

- **Key Takeaway**: Across all agencies offering Rapid Re-Housing, the percentage of individuals that moved on to permanent destinations ranged from 26%-100%.
- **Key Takeaway**: Many programs had several individuals still enrolled in their program at the end of the dataset period (e.g. Volunteers of America, Sacramento Housing Support Program, and Sacramento Flexible Housing Program).
- **Suggested Questions for Further Analysis**: Why are some rapid re-housing agencies having more success than others? Are they providing any replicable interventions/services that have an impact on outcomes? What is the process for data enhancement/cleaning and who oversees it?

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Permanent Destinations</th>
<th>Temporary, Unsheltered, Unknown, or Deceased</th>
<th>Total Exits from System</th>
<th>No Exits Recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lutheran Social Services Connections</td>
<td>11 (100%)</td>
<td>0 (0%)</td>
<td>11</td>
<td>32</td>
</tr>
<tr>
<td>Veterans Resource Center SSVF</td>
<td>132 (80%)</td>
<td>33 (20%)</td>
<td>165</td>
<td>80</td>
</tr>
<tr>
<td>St. John’s Independent Housing Partnership</td>
<td>14 (78%)</td>
<td>4 (22%)</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Volunteers Of America RRH Programs³⁴</td>
<td>312 (77%)</td>
<td>93 (23%)</td>
<td>405</td>
<td>370</td>
</tr>
<tr>
<td>TLCS &amp; Wind Youth Possibilities</td>
<td>8 (67%)</td>
<td>4 (33%)</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td>Berkeley Food &amp; Housing Roads Home</td>
<td>100 (63%)</td>
<td>59 (37%)</td>
<td>159</td>
<td>84</td>
</tr>
<tr>
<td>Sacramento County DHA Housing Support Program</td>
<td>1,348 (46%)</td>
<td>1,552 (22%)</td>
<td>2,900</td>
<td>536</td>
</tr>
<tr>
<td>Sacramento County DHA Flexible Housing Program⁵</td>
<td>7 (26%)</td>
<td>20 (74%)</td>
<td>27</td>
<td>396</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,932 (53%)</strong></td>
<td><strong>1,765 (47%)</strong></td>
<td><strong>3,697</strong></td>
<td><strong>1,559</strong></td>
</tr>
</tbody>
</table>

---

1 Including SSHH: Citrus Heights Outreach Program, SSHH: Elk Grove Outreach Program, SSHH: Folsom Outreach Program, SSHH: Rancho Cordova Outreach Program, SSHH: SacPath, and SSHH: Unincorporated Homeless Outreach
2 Only includes agencies with at least 10 total exits.
3 Including Bringing Families Home RRH and VOA: Vet Families Non-HUD RRH
5 Ibid.
Other Key Takeaways
Below are previous questions presented at the May 2020 meeting of the System Performance Committee. This data below comes from HMIS and covers the period between October 1<sup>st</sup>, 2017 and September 30<sup>th</sup>, 2019.

3. Which project types had the most exits to permanent destinations?
   - **Key Takeaway**: Permanent supportive housing, and transitional housing projects all had the highest rates of exits to permanent destinations among individuals that exited the housing system of care. Note: While 69% for individuals exiting Permanent Supportive Housing to permanent destinations appears low, it is important to note that this is only for those exiting, and most individuals in Permanent Supportive Housing never exit/remain in their unit.
   - **Key Takeaway**: Rapid re-housing projects had the highest number of permanent destinations exits overall.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Permanent Destinations</th>
<th>Temporary, Unsheltered, Unknown, Institutional, or Deceased</th>
<th>Total Exits from System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Supportive Housing</td>
<td>165 (69%)</td>
<td>75 (31%)</td>
<td>240</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>557 (58%)</td>
<td>402 (42%)</td>
<td>959</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>2550 (53%)</td>
<td>2,286 (47%)</td>
<td>4,836</td>
</tr>
<tr>
<td>Other Permanent Housing</td>
<td>3 (38%)</td>
<td>5 (62%)</td>
<td>8</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>693 (30%)</td>
<td>1,598 (70%)</td>
<td>2,291</td>
</tr>
<tr>
<td>Street Outreach</td>
<td>524 (14%)</td>
<td>3,118 (86%)</td>
<td>3,642</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>4,788 (38%)</strong></td>
<td><strong>7,516 (62%)</strong></td>
<td><strong>12,304</strong></td>
</tr>
</tbody>
</table>

4. Where do individuals go after ___________ agency?<sup>6</sup>
   - **Key Takeaway**: Some agencies move their clients into other programs within their same agency, while others refer them to other agencies.
   - **Suggested Questions for Further Analysis**: Of the relationships that appear to exist below, which are formal or informal? What do these relationships look like?

<table>
<thead>
<tr>
<th>Agency</th>
<th>Most Common Subsequent Enrollment</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Most Common Subsequent Enrollment</th>
<th>Total Movements Within System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volunteers of America</td>
<td>Volunteers of America (37%)</td>
<td>Sacramento County DHA (19%)</td>
<td>929</td>
</tr>
<tr>
<td>Sacramento County DHA</td>
<td>Sacramento County DHA (35%)</td>
<td>Volunteers of America (24%)</td>
<td>919</td>
</tr>
</tbody>
</table>

<sup>6</sup> Note: Filtered to show only top 6 agencies with most movements.
5. Where do individuals go after __________ project type?

- **Key Takeaway:** For individuals with multiple enrollments, many have subsequent enrollments within the same project type (e.g. Street Outreach, Emergency Shelter, and Rapid Re-Housing). This may suggest a level of difficulty with moving on to other project types.

- **Key Takeaway:** 38% of those individuals with an enrollment in Permanent Supportive Housing went on to a subsequent enrollment in Street Outreach. Most likely, these individuals were waiting for their PSH move-in date while in Street Outreach; however, this suggests an opportunity to provide more stable temporary housing for this waiting period.

- **Suggested Questions for Further Analysis:** What opportunities exist for moving clients on to other project types?

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Most Common Subsequent Enrollment</th>
<th>2nd Most Common Subsequent Enrollment</th>
<th>Total Movements Within System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Outreach</td>
<td>Street Outreach (31%)</td>
<td>Emergency Shelter (28%)</td>
<td>2,203</td>
</tr>
<tr>
<td>Emergency Shelter</td>
<td>Emergency Shelter (36%)</td>
<td>Street Outreach (25%)</td>
<td>2,084</td>
</tr>
<tr>
<td>Rapid Re-Housing</td>
<td>Rapid Re-Housing (33%)</td>
<td>Emergency Shelter (25%)</td>
<td>1,417</td>
</tr>
<tr>
<td>Transitional Housing</td>
<td>Rapid Re-Housing (35%)</td>
<td>Transitional Housing (22%)</td>
<td>352</td>
</tr>
<tr>
<td>Permanent Supportive Housing</td>
<td>Street Outreach (38%)</td>
<td>Permanent Supportive Housing (22%)</td>
<td>72</td>
</tr>
<tr>
<td>Other Permanent Housing</td>
<td>Street Outreach (54%)</td>
<td>Emergency Shelter (31%)</td>
<td>13</td>
</tr>
</tbody>
</table>
Coordinated Entry Visual Map Analysis

Overview
Using a variety of data collection methods, the System Performance Committee (SPC) has developed a Visual Map depicting the Coordinated Entry System in Sacramento. In keeping with the systems priorities identified by the SPC, the following analysis focuses on access, eligibility, and client-flow as understood using this Visual Map.

Limitations
The Coordinated Entry Visual Map was a result of a qualitative research process. Collecting information about informal and formal referral processes can be difficult in the context of community-wide surveys with non-standardized definitions (e.g., referral). Some agencies may have interpreted key definitions in different ways or otherwise misreported an individual project’s referral partnerships or participation in Coordinated Entry. As much as possible, Homebase contacted providers about any potential corrections; however, there may still be cases where information on the map differs slightly from current operations.

Summary of Key Takeaways
Overall, there are several challenges to client-level access, eligibility, and flow illustrated by the Coordinated Entry Visual Map. Initial access to the Coordinated Entry System can be difficult. While there are several locations administering or otherwise connecting individuals experiencing homelessness to the VI-SPDAT, accessing these locations relies on an individual’s ability to schedule an appointment, enroll in a participating project, or adequately connect with a street outreach worker. After individuals have received the VI-SPDAT, they are prioritized for housing resources. Often this process can be delayed by lack of housing resources available and/or lack of staff capacity to secure document readiness. Finally, the number of housing resources dedicated to taking referrals through Coordinated Entry is limited by each project’s eligibility requirements, low turnover and/or process of taking referrals from other sources.

Initial Points of Contact
Initial Points of Contact (IPCs) are defined as agencies that make contact with individuals experiencing homelessness and refer them to a Coordinated Entry Access Point for a VI-SPDAT. Throughout the data collection process, 69 IPCs were identified by providers.

Key Takeaway: While there are some relationships between the Coordinated Entry System and other sectors serving individuals experiencing homelessness (i.e., criminal...
justice and healthcare), there are fewer overall connections between these systems of care than anticipated.

- Connections between the **healthcare system** and CE are dependent on key stakeholders committed to serving individuals at the intersection of homelessness and healthcare need.
  - The **key stakeholders** at this intersection include El Hogar, MercyClinic, Sacramento County Behavioral Health Services, Wellspace, One Community Health, Whole Person Care, Sacramento Covered, and Hope Cooperative.
  - There were fewer connections with **direct healthcare providers** than anticipated, with organizations like Elica Health Centers and other clinics playing a smaller role than anticipated in connecting individuals experiencing homelessness to the Coordinated Entry System.

- Connections between the **criminal justice system** and CE are inconsistent and vary by the type and jurisdiction of the specific agency.
  - Most police departments in Sacramento County have at least one connection to CE Access Points, but entities like Sacramento Regional Transit Police Services (SacRT), Sacramento Fire Department Emergency Medical Services Divisions, and City of Sacramento Park Rangers are currently unconnected.

- Of the IPCs, 29% (20/69) **connected to just one CE Access Point**. Typically, the IPCs that were connected with just one Access Point are subpopulation specific (e.g., American Legion – veterans, WEAVE – domestic violence, Adult Protective Services – seniors), although that is not always the case.
  - HART, Sacramento County Behavioral Health Services, Whole Person Care, Sacramento County Department of Human Services, and City of Sacramento IMPACT Team are the IPCs from **other sectors with the most connections** to CE Access Points, indicating that these agencies may connect clients experiencing homelessness with the Coordinated Entry System using a variety of paths.

**Coordinated Entry Access Points**

Coordinated Entry Access Points are defined as agencies that administer the VI-SPDAT in-house or otherwise connect individuals experiencing homelessness to the VI-SPDAT (e.g., SSF Navigators perform on-site visits and administer the VI-SPDAT). In Sacramento there are **38 CE Access Points**. Of those 38 CE Access Points, eight are street outreach teams, fourteen are emergency shelters, and fifteen are homeless-dedicated housing/services providers. Currently, we anticipate additional CE Access Points being added from the Behavioral Health sector during the summer of 2020.

**Key Takeaway:** The process for obtaining a VI-SPDAT is highly dependent on referrals, geographic location, and ability to secure an appointment through 2-1-1.
Currently, there are no drop-in locations in Sacramento where an individual experiencing homelessness can request a VI-SPDAT.

2-1-1 schedules appointments for three Housing Resource Access Points (H.R.A.P.s) that administer the VI-SPDAT, but appointment slots are limited and often scheduled several months in advance.

The remaining 35 CE Access Points differ in their approach to administering or otherwise connect individuals experiencing homelessness to the VI-SPDAT.

- The emergency shelter and the homeless-dedicated housing/services providers CE Access Points are typically only available to individuals experiencing homelessness upon enrollment in one of the agency’s projects.
  - In Sacramento, enrollment in emergency shelters are increasingly based on referrals, geographic location, and additional demographic eligibility, making the path to a VI-SPDAT via emergency shelter highly dependent on an individual’s circumstances.
- The street outreach teams CE Access Points differ in their approach to administering the VI-SPDAT. They may administer the VI-SPDAT after meeting someone for the first time or they may require that an individual complete a Housing Plan and meet with a worker more than three times.

Coordinated Entry Process
The following CE process was introduced to Sacramento in 2018 and draws from HUD-recommended practices that have been successful in other communities.

- There are currently 3 dedicated CE staff members primarily responsible for administering the CE Process (CES Program Manager, Senior Referral Specialist, Coordinated Entry Projects Navigator).
- When a client makes contact with HMIS participating agencies in the homeless system of care, that interaction is logged in HMIS and the client is added to the By-Name-List.
- Every two weeks, the CES Program Manager runs the full By-Name-List through a locally developed query that cleans the data and sorts for individuals that have had a logged contact with the system of care within the last 90 days (active) and have completed a VI-SDPAT to create the community queue.
- The community queue is sorted by the chronicity of homelessness and then the length of time homeless. After, the community queue is further sorted for eligibility dependent on the eligibility requirements for anticipated vacancies.
- This prioritized list is curated to create the CE Hot List (approximately 30 people), as well as Hot Lists used for veterans and TAY case conferencing.
- The Senior Referral Specialist & Coordinated Entry Projects Navigator begin the process of locating and getting each client on the HOT list document ready.
  - If an individual does not have a clear relationship with a provider or SSF
Navigator, locating the individual can be a lengthy and difficult process spanning several weeks.

- Once a client is document ready, they are matched with the first vacancy that fits their eligibility and preferences.

**Key Takeaway:** The Coordinated Entry System manages inflow from a variety of IPCs and CE Access Points and prioritizes individuals for housing interventions based on community-adopted standards. There are many steps after the VI-SPDAT is done, before an individual can be prioritized for housing, that are time-intensive and can strain limited CE Staff capacity. Case conferencing is currently being done for the veterans and TAY case conferencing processes, but could be beneficial to implement with the general Hot List as well in order to streamline the process of document readiness.

**Housing Resources**

There are **38 housing projects** currently connected to the Coordinated Entry System, spread across three project types: permanent supportive housing (20), rapid re-housing (8), and transitional housing (7).

**Key Takeaway:** The Coordinated Entry System has relatively few housing resources available. The housing resources that do work with CE are further limited by subpopulation eligibility requirements, referrals from other sources, and the low turnover typical to PSH.

- Of those 38 projects connected, 58% (22/38) of projects fill their vacancies entirely through Coordinated Entry, while the other 42% (16/38) take referrals from other sources as well as Coordinated Entry.
- 50% (19/38) of the projects connected to Coordinated Entry are focused on serving the TAY or veterans sub-populations.
- In alignment with Sacramento CoC and HUD’s funding priorities, 53% (20/38) of projects are permanent supportive housing, a housing intervention with low turnover rates that are generally reserved for chronically homeless individuals.

**Suggested Questions for Further Analysis**

- How can relationships with other systems increase the number of initial points of contact?
- How can the process of entry to a CE Access Point be streamlined at the client level?
- What is the community definition of a “CE Access Point” and what are the responsibilities of the agency administering the Access Point?
- What are some ways that CE staff capacity can be expanded to better manage the inflow from the community?
- Who is ensuring document readiness for clients?
• How can the housing capacity of Coordinated Entry be expanded?
Systems Performance Committee 2020 Workplan

Overview

This document outlines the proposed workplan for the Systems Performance Committee (SPC) through the beginning of 2021, as well as basic information about the SPC’s outstanding responsibilities outlined in the CoC Governance Charter and the CoC NOFA application. Currently, the proposed 2020 Workplan focused on the Systems Mapping Work Products and the Gaps Analysis, but the Committee can exercise discretion to reprioritize its work in favor of other responsibilities listed under the “Parking Lot” section below.

Proposed 2020 Workplan

<table>
<thead>
<tr>
<th>Month</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 2020</td>
<td>• Final Presentation &amp; Analysis Tableau Movements Analytical Tool (WP 3)</td>
</tr>
<tr>
<td></td>
<td>• Final Presentation &amp; Analysis CE Visual Map (WP 1)</td>
</tr>
<tr>
<td></td>
<td>• Discussion of HMIS Client-Flow Sample Analysis (WP 4)</td>
</tr>
<tr>
<td></td>
<td>• Update on Racial Equity Work</td>
</tr>
<tr>
<td>August 2020</td>
<td>• Preview Visual Map drafts (WP 1):</td>
</tr>
<tr>
<td></td>
<td>o County-funded and City-funded Emergency Shelter,</td>
</tr>
<tr>
<td></td>
<td>o Behavioral Health</td>
</tr>
<tr>
<td></td>
<td>o County PH, RRH &amp; TH</td>
</tr>
<tr>
<td></td>
<td>• Final Presentation &amp; Analysis of Eligibility Matrix, inclusive of Phase 1,</td>
</tr>
<tr>
<td></td>
<td>2, and 3 of Data Collection (WP 2)</td>
</tr>
<tr>
<td></td>
<td>• Final HMIS Client Flow Case Study Analysis (WP 4)</td>
</tr>
<tr>
<td>September 2020</td>
<td>• Final Presentation &amp; Analysis of all Visual Maps (WP 1)</td>
</tr>
<tr>
<td></td>
<td>• Feedback Session on WP 1-4 to Inform Draft Gaps Analysis</td>
</tr>
<tr>
<td>October 2020</td>
<td>• Approach of Gaps Analysis (informed by WPs 1-4)</td>
</tr>
<tr>
<td></td>
<td>• System Performance Measure (SPM) Spotlight</td>
</tr>
<tr>
<td>November 2020</td>
<td>• System Performance Measure (SPM) Spotlight</td>
</tr>
<tr>
<td></td>
<td>[Opportunity for Additional Agenda Items]</td>
</tr>
<tr>
<td>December 2020</td>
<td>• Preview Gaps Analysis (informed by WPs 1-4)</td>
</tr>
<tr>
<td></td>
<td>• System Performance Measure (SPM) Spotlight</td>
</tr>
<tr>
<td></td>
<td>• PIT Subcommittee Update</td>
</tr>
<tr>
<td>January 2021</td>
<td>• Final Gaps Analysis</td>
</tr>
<tr>
<td></td>
<td>• Systems Mapping &amp; Gaps Analysis Implementation &amp; Monitoring Plan</td>
</tr>
<tr>
<td>February 2021</td>
<td>• Discuss 2021 Systems Performance Committee Workplan</td>
</tr>
</tbody>
</table>
SPC Responsibilities: In-Progress in 2020

- Map how the homeless system of services functions, including inventorying the major programs, services and resources, to inform the Sacramento CoC Board and public
- Conduct the annual gaps analysis and presenting to the Sacramento CoC Board
- Plan and conduct the Point-In-Time (PIT) Counts
- Complete the annual Housing Inventory Count (HIC) required by HUD
- Recommend strategies and actions to the Sacramento CoC Board to improve overall functioning of the homeless system
- Oversee the CoC strategy around improving SPM outcomes outlined in the 2019 CoC Application
- Identify and analyze risk factors for first time homelessness and recommend strategies to improve diversion strategies

SPC Responsibilities: Parking Lot

- **Systems Coordination**
  - Oversee the CoC’s racial equity efforts
  - Coordinate implementation of a County-wide housing and support services system for persons experiencing homelessness
  - Develop communitywide plan to ensure outreach, shelter, housing, supportive services, prevention
- **Systems Evaluation**
  - Review System Performance Measures (SPMs), not limited to HUD SPMs
  - Evaluate system-level performance data using HUD and community performance measures
  - Identify and analyze risk factors for first time homelessness and recommend strategies to improve diversion strategies
  - Report to HUD and community on system level and project performance outcomes
- **CoC NOFA Application**
  - Develop system (non-project) for portions of application, including application for planning activities
  - Review the annual CoC application relative to system performance and planning activities

SPC Responsibilities: 2021 & 2022

- Provide information for Consolidated Plan
- Consult with ESG recipients on the Consolidated Plan for allocating ESG funding and reporting on performance in CAPER
- Establish funding priorities collaboratively with PRC
## CESH System Mapping & Gaps Analysis: July Progress Report

<table>
<thead>
<tr>
<th>Data Collection Phase</th>
<th>Description of Progress Made in July</th>
</tr>
</thead>
</table>
| Data Phase 2: Non-HMIS Participating HIC Providers | • Data from nine additional surveys (out of 12 distributed) were added to the Work Products.  
• Three additional projects originally categorized as HIC-project not participating in HMIS were identified as closed. |
| Data Phase 3: Non-HMIS, Non-HIC Homelessness Providers | • The three lists of projects to be engaged as part of Phase 3 were finalized.  
• 42 surveys were distributed to projects from the Phase 3 lists.  
• Homebase began the process of collecting contact information for the 10 children’s outpatient providers that have recently begun providing housing resources. |

<table>
<thead>
<tr>
<th>Work Product</th>
<th>Description of Progress Made in July</th>
</tr>
</thead>
</table>
| WP 1: Visual Maps | • Coordinated Entry Visual Map Final Presentation & Analysis is presented to the SPC.  
• Environmental scan for materials regarding Access and Eligibility to support the remaining three visual maps began. |
| WP 2: Eligibility Matrix | • HIC provider data (Phase 2 data collection) added to the Eligibility Matrix.  
• SPC member feedback collected on the format of the Eligibility Matrix and considered for incorporation into the final version of WP 2. |
| WP 3: Tableau Movements Analytical Tool | • Tableau Movements Analytical Tool Final Presentation & Analysis is presented to the SPC.  
• Ownership of Tableau Movements Analytical Tool is transferred to SSF.  
• Outreach to street outreach and rapid re-housing providers for “special considerations” around their HMIS data is concluded to support analysis. |
| WP 4: HMIS Client-Flow Case Study | • SSF and Homebase explore the intersections of WP 4 and HUD’s new STELLA capabilities.  
• Next steps for the HMIS Client Flow Case Studies are brought as a discussion point for the SPC. |