



System Performance Committee Agenda
Thursday, November 12th, 2020 from 9-11 AM
[Zoom Link](#)

I. Welcome & Introductions: Noel Kammermann, Chair		
II. New Business:		
A. Final Presentation & Analysis: SHRA Visual Map	Facilitator(s): Homebase	Time: 15 minutes
B. Visual Maps Key Takeaways a. Presentation b. Discussion	Facilitator(s): Homebase	Time: 100 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 Michelle Hulshof at mhulshof@sacstepsforward.org. Two weeks advance notice will allow us to provide seamless access.



Visual Map Summary

Sacramento County Department of Behavioral Health, Mental Health Division

ACCESS

ASSESSMENT & PRIORITIZATION

HOUSING

CONNECTIONS



Approach

Each referral partner, drop-in center, or BHS Team connects clients to all BHS resources.

Assessment occurs in stages, with initial eligibility screening followed by a LOCUS assessment and clinical recommendation process for clients with moderate to high intensity needs.

Primarily dependent on an individual's eligibility for mental health resources. Varied levels of flexible housing funding is available for individuals with a range of mental health needs.

- Shared access points (CE)
- Shared ability to refer into specific housing programs (CE, SHRA, DHA)
- Combined referral processes (CE)



By the Numbers

21 different Access Points, including referral partners, drop-in Access Points, and the Mental Health Access Team & Intensive Placement Team.

Low to Moderate Intensity: Referrals to 16 Mental Health Programs

Moderate to High Intensity: Referrals to 10 Full Service Partnership or TCORE Programs



Low to Moderate Intensity: 16 programs offer short-term flexible funding for housing
Moderate to High Intensity: All offer flexible funding for long term housing (as needed). 3 FSPs offer connections to built projects.

Data entered into Avatar; beginning to enter information about clients experiencing homelessness in HMIS



Visual Map Summary



Sacramento County Department of Human Assistance

	ACCESS	ASSESSMENT & PRIORITIZATION	HOUSING	CONNECTIONS
 Approach	<ul style="list-style-type: none"> Referral sources vary depending on the specific program and funding stream DHA triages individuals to open programs based on eligibility 	<p>Varies. All assessed for eligibility related to funding or project site, then either waitlists, prioritization schema, and/or case conferencing processes</p>	<p>DHA's Flexible Housing Pool pairs housing and case management services in a unique and highly adaptable way.</p>	<ul style="list-style-type: none"> Shared referral sources (CE, SCDBHS, SHRA) Intentional referral processes for clients needing a higher level of care to other systems of care (SCDBHS, CE)
 By the Numbers	<p>21 unique referral sources, including, e.g., 6 projects accepting self-referral and 6 projects accepting referrals only from a specific entity</p>	<p>9 prioritize based on different factors (e.g. age, length of time homeless, disability). 3 case conferencing. 3 waitlists. 1 serves all eligible families.</p>	<p>8 projects in the Flexible Housing Pool 3 other housing projects 3 emergency shelters 2 interim housing projects</p>	<p>Data entered into a combination of HMIS, Shine, and CalWIN (depending on the program)</p>



Visual Map Summary



Sacramento Housing and Redevelopment Agency (SHRA)

	ACCESS	ASSESSMENT & PRIORITIZATION	HOUSING	CONNECTIONS
 Approach	<p>Access Points vary depending on the specific program and funding stream</p>	<p>Varies. May include service provider or community partner prioritization or wait list processes, public wait lists, or processes facilitated by other systems.</p>	<p>Housing projects include a mix of project-based, sponsor-based, and tenant-based vouchers.</p>	<ul style="list-style-type: none"> • Shared referral sources (CE, DHA, SCDBHS) • Shared projects (CE, DHA, SCDBHS)
 By the Numbers	<p>78% (15 of 19) of homeless-dedicated housing requires connection with case management to access housing</p>	<p>91% (10 out of 11) of housing projects with a preference for homeless individuals are accessed at least in part through publicly available, online waitlists</p>	<p>19 homeless-dedicated housing projects 11 housing projects with preference or prioritization for homeless individuals 2 emergency shelters 1 interim housing project</p>	<ul style="list-style-type: none"> • 6 of 19 of homeless-dedicated housing projects accessed in part through CE • 3 of 19 are accessed in part through SCDBHS. • 1 of 16 is accessed through DHA.



Visual Map Summary

Coordinated Entry System

	ACCESS	ASSESSMENT & PRIORITIZATION	HOUSING	CONNECTIONS
 Approach	<p>Each Access Point connects clients to all CE housing resources.</p>	<p>Prioritize using VI-SPDAT and Length of Time Homeless, all clients are sorted by chronicity, then time homeless, and then other eligibility criteria*</p>	<p>CE is primarily PSH with limited RRH. Some connections to additional RRH, TH, TH-RRH, and ES may be available to specific sub-populations through case conferencing.</p>	<ul style="list-style-type: none"> • Access Points intersect with other systems (SCDBHS, DHA, SHRA) • Referrals to programs that access SCDBHS and SHRA resources
 By the Numbers	<p>38 CE Access Points including: 8 outreach teams, 14 emergency shelters 15 other providers</p>	<p>3 "Hot Lists" including individuals who have prioritized for housing: Veterans, TAY, CE</p> <p>2 case conferencing processes: Veterans, TAY</p>	<p>20 programs participate in general CE</p> <p>4 veterans programs</p> <p>15 TAY housing programs</p>	<p>56% of housing programs fill their vacancies entirely through CE; 44% also take referrals from other sources</p>

**Please note, a different prioritization scheme is being used during COVID-19*

Key Takeaways from the Visual Maps

Discussion Questions:

1. What are your key takeaways from the Visual Maps?
2. Which key takeaways are the most important to communicate to the CoC Board?
3. Which key takeaways are the most important to communicate with a wider audience?
4. Do you have any concerns about these findings being misunderstood by a larger audience? If so, how could these findings be put into context?

Macro-Level Visual Map Key Takeaways

- Access
 - **Understanding the various systems:** Members of the community, providers, and other systems administrators have reported a lack of understanding for how clients should access the distinct systems.
 - **Closed referral processes:** Several programs in Sacramento are shifting to a closed referral system for both temporary and permanent housing; in turn, providers have reported an increased difficulty in connecting clients to open referral points.
- Housing Resources
 - **Varied housing models:** Program models of the same project type vary in overall structure and operations.
 - **Varied housing resources across systems:** Each unique system offers varied housing resources, targeted to different sub-populations and levels of acuity.
- Connections between Systems
 - Despite community efforts to coordinate resources, **Sacramento's systems of care are siloed and largely operate with unique access points and administrative processes.**
 - **Prioritization:** Given that each system is diverse and operates with its own goals (often reflected by prioritization), it is unclear who is not being served by any system.
 - **Triage/directing individuals to the right programs:** In general, triaging individuals experiencing homelessness to the best-fit resources is a decentralized effort and highly dependent on the Access Point and the affiliated systems of care.
 - While the systems of care have some points of intersection, **greater coordination is needed to ensure that clients are matched with the specific resources** that best fit their needs and to ensure that programs

are maximizing their funding.

Key Takeaways from Each Visual Map

Coordinated Entry Visual Map Key Takeaways

- 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.
- The **prioritization** process can be delayed by lack of housing resources available and/or lack of staff capacity to secure document readiness.
- 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.

Sacramento County Dept of Behavioral Health, Mental Health Division Visual Map Key Takeaways

- Overall, **access** to housing resources in the SCDBHS system is primarily dependent on the acuity of an individual's mental health need. Mental health providers connect clients to housing as one portion of a larger mental health treatment plan.
- The SCDBHS system has a variety of **housing resources**, including flexible housing funding and dedicated beds within built projects.
 - Flexible housing funding is available to individuals with a range of mental health needs, while beds within built projects are reserved for high acuity individuals participating in a Full Service Partnership program.
- The SCDBHS system is connected with **other systems** in a variety of ways, including shared access points (CE), shared ability to refer into housing programs (CE, SHRA), and combined referral processes (CE).

Sacramento County Dept of Human Assistance Visual Map Key Takeaways

- Overall, the path to **access** to housing and shelter resources in the DHA system is variable depending on the specific program and funding stream.
 - The DHA Homeless Services Division and DHA Bureaus work to triage clients seeking assistance to open resources that fit their needs.
- Currently, the DHA system does not use a unified **assessment or prioritization** process for their housing or shelter resources.
- The structure of DHA's Flexible Housing Pool pairs **housing resources** and case management services in a unique and highly adaptable way. This structure

allows new DHA programs within the Flexible Housing Pool to scale up quickly, as indicated by this system's role in the COVID-19 re-housing response.

- The DHA system connects with **other systems** of care through shared referral sources (CE, SCDBHS¹, SHRA) and intentional referral processes connecting clients needing a higher level of care to other systems of care (SCDBHS, CE).

Sacramento Housing and Redevelopment Agency Visual Map Key Takeaways

- The path to **accessing** specific housing and shelter resources varies.
- Depending on the type of resource (i.e., homeless-dedicated housing, homeless preference housing, emergency shelter, or interim housing), SHRA has a different **process** role related to access and connecting clients to the resource.
 - 94% of homeless-dedicated housing require that individuals experiencing homelessness have connections with case management before accessing the housing project.
- The SHRA system includes a number of **housing resources** that can be broadly categorized as homeless-dedicated housing, housing with a homeless preference, and emergency shelter.
- The SHRA system connects to **other systems** through shared referral sources (CE, DHA, SCDBHS) and shared projects (CE, DHA, SCDBHS).

The Purpose of the Gaps Analysis

The Gaps Analysis will help us further build our understanding of each of the systems with a specific focus on information that will help shape suggestions for improving the system of care. For example, among other factors, the data collection for the Gaps Analysis includes:

- Access
 - Qualitative data about individuals who are not accessing homelessness resources in general, including information about client-identified barriers to access and gaps in available resources
- Housing Resources
 - Quantitative data about each system's housing capacity and number of clients connected to permanent housing on an annual basis
 - Quantitative estimates of the turnover of beds within each system of care
 - Quantitative estimates about the number of short-term and permanent beds necessary to shelter or house all of the individuals experiencing homelessness in Sacramento
- Connections between Systems

¹ Sacramento County Department of Behavioral Health Services, Mental Health Division (SCDBHS)



- Qualitative data about the work of agencies with Access Points that span multiple systems of care (e.g., 2-1-1, El Hogar Guest House) and their work to triage individuals to the best-fit resources
- Qualitative data about promising local practices for connecting clients to housing resources across systems



Links to Visual Map Materials

- [Coordinated Entry](#)
- [Sacramento County Department of Behavioral Health Services Mental Health Division \(BHS\)](#)
- [Sacramento County Department of Human Assistance \(DHA\)](#)
- [Sacramento Housing and Redevelopment Agency \(SHRA\)](#)