



## CoC Systems Performance Committee (SPC) Minutes

Thursday, November 12<sup>th</sup>, 2020

9:00 AM – 11:00 AM

Zoom (online)

Agenda Item	Presenter	Time	Agenda Item Type
0. Call to Order & Welcome: Lisa Bates, Chair			
<i>Meeting called to order at 9:02 AM by Lisa Bates.</i>			
I. Welcome	Lisa Bates, Chair	9:05 AM (5 minutes)	
<i><u>In attendance:</u> Alexis Bernard, Amani Sawires Rapaski, Cindy Cavanaugh, Erin Johnansen, John Foley, Lisa Bates, Mike Jaske, Monica Rocha-Wyatt, Sarah O'Daniel, Stefan Heisler</i>			
<i><u>Absent Members:</u> Angela Marin, Angela Upshaw, Debra Larson, Gina Roberson, John Kraintz</i>			
II. New Business			
A. <u>CESH Work Products</u> : SHRA Visual Map	Maddie Nation, Homebase	9:10 AM (10 minutes)	Discussion
<i><u>Information:</u> Homebase presented an analysis of the SHRA Visual Map (materials available in the <a href="#">November Meeting Packet</a>).</i>			
B. Visual Maps Key Takeaways	Homebase	9:20 AM (100 minutes)	Discussion & Action
<i><u>Information:</u> SPC members were asked to share their key takeaways from the visual maps and begin to develop a plan for sharing this information with a wider audience. Discussion on what to provide as a systems mapping update for the CoC Board will continue at the next meeting. Notes taken and shared during this meeting can be found below.</i>			
III. Review of new agenda items for next meeting			
<i><u>Information:</u> The next meeting of the SPC will be on January 28<sup>th</sup>, 2021 and we will discuss the draft of the Gaps Analysis.</i>			
IV. Announcements			



***Information:** Noel Kammermann has stepped down as the Chairs of the SPC. Stefan Heisler has volunteered to fill the position of Chair and this position will be reviewed by the Executive Committee in the coming weeks.*

V. Adjourn: Lisa Bates, Chair

*Meeting adjourned at 11:03 AM by Lisa Bates.*



## Discussion Summary: Key Takeaways from the Visual Maps

At the November meeting, SPC members were asked to share their key takeaways from the visual maps and begin to develop a plan for sharing this information with a wider audience. Discussion on what to provide as a systems mapping update for the CoC Board will continue at the January meeting.

### Key Takeaways

- More discussion is needed to identify what should be shared with the CoC Board as part of a systems mapping update.
- Members of the Committee take different things away from each of the systems maps.
- There needs to be further clarification of key definitions for terms commonly used like “system,” “projects,” “programs,” and “triage” before this work is ready to be shared to a wider audience.
- Further discussion about improving access is needed and should be focused on the client or frontline staff experience. These conversations should be framed with the understanding that some access processes will be difficult to change due to funding requirements and/or historical approach.

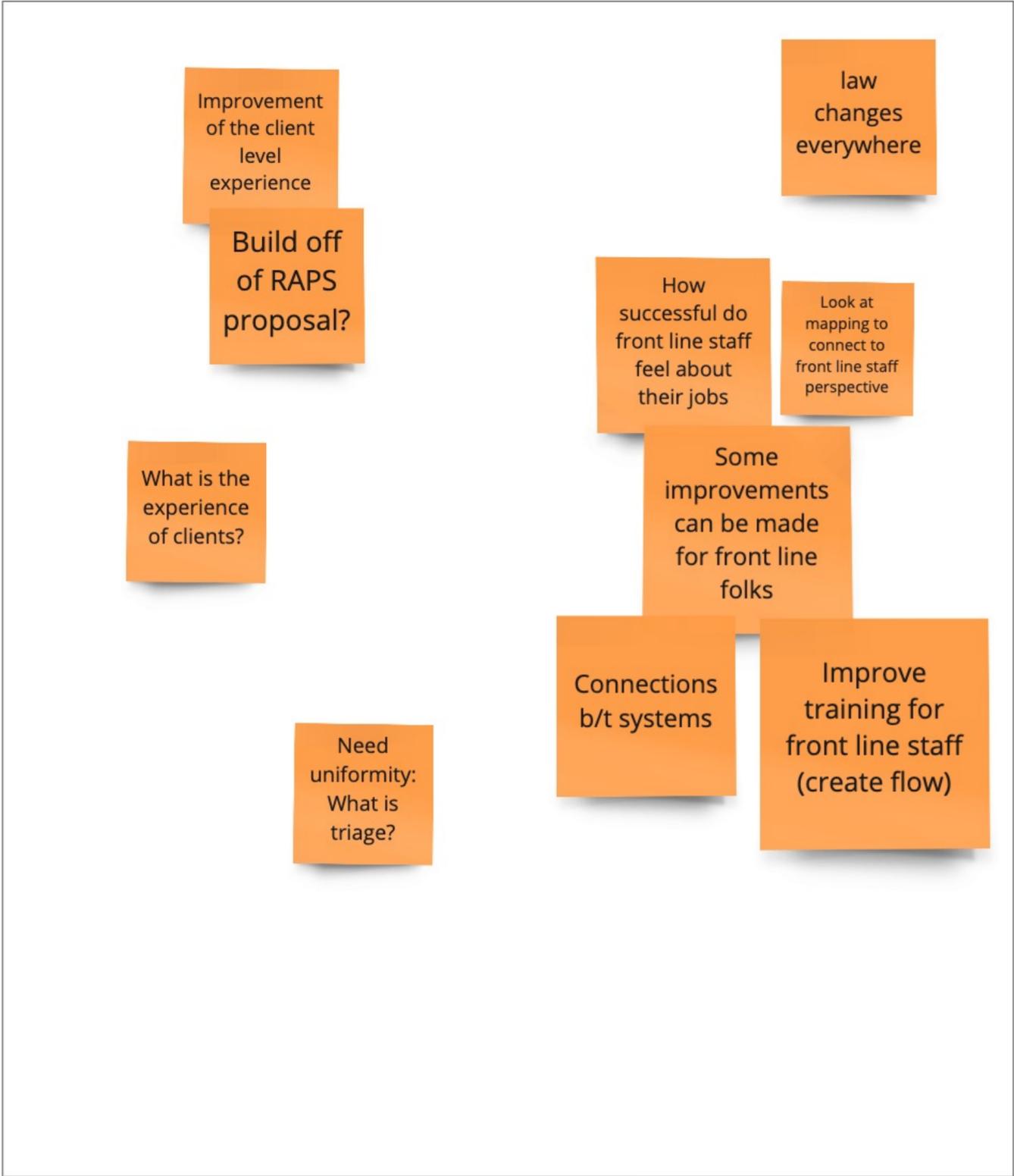
*For more detail about this discussion, please see the attached “sticky note” visual, as well as the meeting recording [here](#).*

	Coordinated Entry	BHS	DHA	SHRA
<b>Key Takeaways</b>	<p>Missing: capacity</p> <p>CE does not connect to all housing</p> <p>CE as the "most desirable" system - coordinate to all housing</p> <p>Challenging to incorporate existing projects into CE</p> <p>CE as access vs. CE requirements are different</p>	<p>Diagnosis is protected health info - challenge to share in HMIS</p> <p>Can look at specific programs and determine the level of acuity as an aggregate</p> <p>Missing: Analysis doesn't look at built units enough</p> <p>Missing: AOD resources (potentially not homeless-dedicated)</p> <p>Co-occurring (mental health &amp; SUD) can receive services through BHS</p> <p>HMIS information self-disclosed issue with mental health (vs. qualified diagnosis like BHS)</p> <p>Need a specific diagnosis (Medi-Cal determined)</p>	<p>Missing: HSP</p> <p>Missing: Clarification on "projects" vs. "programs"</p> <p>DHA is a front door for families (CalWORKs and other)</p> <p>DHA Case conferencing &amp; solicitation for nonprofit input into program development is significant</p> <p>Challenging to move folks from RSN to CE</p> <p>FHP is a flexible housing resource that can be scaled (HEAP, HHAP, HFHC, COVID motel re-housing)</p>	<p>Dif. Access Points for dif. programs makes it difficult for clients</p> <p>Fragmentation in funding - challenging for clients (eligibility, access)</p> <p>Prioritization is not clear - dependent on the providers</p> <p>Access based on historical requirements (moving towards referral process)</p>
<b>Opps for System Improvement</b>	<p>2-1-1 needs a way to connect to all systems</p> <p>Defining what is meant by a "system"</p> <p>New developments should go through CE</p> <p>Need more dynamic CE</p> <p>Need to tie other systems together?</p>	<p>Law, public policy around Medi-Cal eligible and folks that do not meet eligibility</p>		<p>Ability for more consistency in prioritization (better managing the providers that are controlling access)</p>

### Macro-Level Key Takeaways from the Visual Maps



### Macro-Level Opportunities for Improvement



# Presenting to the CoC Board

What is the value of presenting to the Board?

Potentially just an update?  
Not sharing materials?

Update on Direction & Progress

Talk about 3 work product buckets - complexity, what to do is unclear, process focused (not conclusions)

Before presenting - we need recommendations or next steps

How should the systems connect?

We need more housing and shelter

We need clearer access to the systems

CE/SSF is building the # of housing resources

SPC Next Step: How do we want clients to get connected to this variety of programs? Role of street outreach? Role of shelters? What should client flow look like?