CES Committee Agenda

Thursday, January 14, 2021 ‖ 2:30 PM – 4:00 PM

SACRAMENTO STEPS FORWARD
Ending Homelessness. Starting Fresh.

Zoom Meeting   **Meeting ID:** 858 0489 5905   **Passcode**: 178282

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Agenda Item	Presenter(s):	Time	Item Type
I. Welcome and Introductions	Co-chairs	5 minutes	Informal
II. CES Evaluation Updates	Homebase	5 minutes	Updates
III. Survey Results	Peter Bell	10 minutes	Presentation
IV. Committee 2020 Accomplishments & 2021 Goals for CoC Annual Meeting 　　a. 2021 Annual Plan 　　b. CES evaluation	Michele Watts & Peter Bell	50 minutes	Presentation - Discussion - Action
V. RAPS 　　a. RFP release 　　b. Outcomes	Peter Bell	20 minutes	Presentation - Action
VII. Meeting Adjourned 　　**Next Meeting: February 11, 2021** 　　**Upcoming Topics: Survivor System & Expanding CES resources**			

Sacramento CoC 2020 Coordinated Entry Evaluation

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Executive Summary

Between December 2019 and October 2020 Homebase conducted an evaluation of the Sacramento Continuum of Care's Coordinated Entry System. This evaluation is intended to set a baseline for future annual evaluations and included the following:

- A review of compliance with U.S. Department of Housing and Urban Development requirements,
- Interviews with community partners,
- Focus groups with recently housed and unhoused households, and
- An analysis of Homeless Management Information System (HMIS) data.

Analysis of System Compliance, Strengths, and Challenges:

The following report analyzes the strengths and challenges of the coordinated entry system and whether the system is meeting the goals of coordinated entry to provide efficient access to available housing and services and improve fairness in how housing and services are allocated. Overall, the system appears to be achieving these goals, however, there are a number of opportunities to build on current efforts to improve fairness and efficiency across the following four areas:

Coordinated Entry by the Numbers October 2018 – October 2020	
Housing Programs in Coordinated Entry	39
Coordinated Entry Access Points	38
Households Assessed	4,762
Households Enrolled in Permanent Housing via Coordinated Entry	571
Households Moved into Housing Programs	494

- **Access:** This section focuses on the system's accessibility for people experiencing homelessness and explores how households enter the system. Access was identified as a key challenge for the CoC in terms of compliance with HUD requirements and stakeholder feedback. With long wait times for appointments to take the VI-SPDAT assessment and limited access without a referral from a service provider, many people experiencing homelessness across the CoC lack meaningful access to the system.

- **Assessment and Prioritization**: This section evaluates the effectiveness of the assessment tool and prioritization processes in determining client need and explores opportunities to improve the assessment and prioritization processes. Generally, the system was compliant with HUD requirements and stakeholders had positive feedback regarding case conferencing processes utilized for transition age youth and veterans, Notably, an analysis of VI-SPDAT scores found that Black households were scoring lower on average compared to white households. Stakeholders and clients also highlighted concerns about the VI-SPDAT assessment's accuracy and consistency of administration of the assessment across access points.

- **Referral and Placement**: This section focuses on ensuring timely and appropriate referrals and an efficient enrollment process, including analysis of the equitability of enrollments and barriers to successful enrollments in projects through coordinated entry. Overall, the system is compliant with most HUD requirements and an analysis of rates of enrollment and move-in broken out by household type, race, gender, ethnicity, and veteran status were mostly consistent across subpopulations. The process to gather eligibility documentation for clients and the timeline for receiving referrals when a vacancy occurs were cited as key challenges, however recent changes to how vacancies are reported and matched with referrals may alleviate the latter concern. Relatively low rates of enrollments across the system also indicated a need for building up more and varied housing resources and services through coordinated entry.

- **System Improvement and Expansion:** This section focuses on areas for possible expansion of the coordinated entry system, including to integrate emergency shelter and additional housing programs and resources, and a review of preliminary outcomes data to show whether coordinated entry is achieving its goals and to help make the case for future expansion. A comparison of clients enrolled in Permanent Supportive Housing programs through coordinated entry with clients enrolled in Permanent Supportive Housing programs outside of coordinated entry, showed that programs

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receiving referrals through the coordinated entry system were serving more vulnerable clients.

Recommendations and Next Steps:

To address these identified gaps, the report also includes a set of recommendations in each area, which have been synthesized further below and at the end of the report to highlight areas to prioritize for greatest impact and to build upon efforts already underway to improve the system:

1. **Increase buy-in, transparency, and knowledge of the system among stakeholders, partners, and community members.** The evaluation highlighted opportunities across several areas to provide additional information, education, and transparency around coordinated entry processes and policies. A greater understanding of coordinated entry – including its value in increasing fairness and efficiency in access to housing for the community's most vulnerable residents – will support implementation of other key improvements in access and assessment and is key to expanding resources available through the system. Homebase recommends the following approach:
   - Make information about how to access the system (locations, hours, contacts) publicly available and easily accessible.
   - Translate policies and procedures into user-friendly (provider- and client-targeted) tools and resources clarifying the overall system and processes such as prioritization, document readiness, and referrals.
   - Provide regular updates on data related to the functioning of coordinated entry through the Coordinated Entry Committee, public dashboards, or other channels.

2. **Leverage efforts already underway to ensure that access to housing and services through coordinated entry is client-centered.** The Rapid Access and Problem-Solving proposal recently approved by the CoC board provides for additional capacity for 2-1-1 to serve as a front door to the coordinated entry system and expands services available through coordinated entry to include prevention/diversion services such as Problem Solving. This expansion will go a long way towards addressing various gaps raised in this evaluation: long wait times for appointments and lack of immediately available resources accessible through coordinated entry (especially for those households who are more likely to be able to resolve their homelessness with limited support and less likely to receive a referral to housing through coordinated entry). To ensure that the system is easily accessible to, further improvements to access should focus on supplementing these efforts:
   - Provide drop-in access and services at publicized locations where service providers can refer clients and which people experiencing homelessness can easily identify and access.
   - Expand outreach teams to connect clients with coordinated entry and ensure geographic coverage of underserved areas of the county.
   - Continue to expand the number of housing resources accessible through coordinated entry and the breadth of services available to clients including shelter, housing navigation, and connection to other housing resources in the community.

3. **Address inequities in the assessment process.** The evaluation identified disparities in assessment scores that may impact Black households' ability to access housing and services through coordinated entry – an issue common to communities utilizing the VI-SPDAT. To better understand and address these disparities, Homebase recommends the following:
   - Assess contextual factors that may be contributing to inequities and provide regular training for assessors on bias and consistent administration of the VI-SPDAT assessment.
   - Regularly review assessment score, referral, and enrollment data to monitor for inequities.
   - Using a race equity framework, consider changes to the prioritization factors and/or assessment methods if additional mitigation is needed.
   - Coordinate efforts with the CoC's new Race Equity Workgroup and ensure that people with lived experience of homelessness are involved in any processes to evaluate or adapt assessments.

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Introduction

Each Continuum of Care (CoC) that receives CoC and/or Emergency Solutions Grant (ESG) Program funding from the U.S. Department of Housing and Urban Development (HUD) is required to develop and implement a coordinated entry system. Coordinated entry is a process for assessing the vulnerability of all people experiencing homelessness within the CoC to prioritize those most in need of assistance for available housing and services. The goals of coordinated entry are: (1) to increase the efficiency of the local crisis response system, (2) improve fairness in how housing and services are allocated, and (3) facilitate rapid access to housing and services.

HUD requires each CoC to conduct an annual evaluation of its coordinated entry system, focusing on the quality and effectiveness of the entire experience—including assessment, prioritization, and referral processes—for both programs and participants. Per HUD requirements and for the purposes of continuous improvement, Sacramento Steps Forward commissioned Homebase to conduct an evaluation of its existing coordinated entry system from December 2019 to October 2020.

Generally, the evaluation shows that the Sacramento CoC's coordinated entry system is meeting the goals of coordinated entry, however only 17 percent of total beds dedicated to people experiencing homelessness are accessed through Coordinated Entry.[1] The evaluation also notes areas for improvement to client access, some of which are already underway, and opportunities to increase buy in and transparency across the system and improve community understanding of the coordinated entry.

This report analyzes the strengths and challenges of the coordinated entry system, looking at four key areas:

- **Access:** This section focuses on the system's accessibility for people experiencing homelessness and explores how households enter the system.
- **Assessment and Prioritization**: This section evaluates the effectiveness of the assessment tool in determining client need and explores opportunities to improve the assessment process.
- **Referral and Placement**: This section focuses on ensuring an efficient and effective referral and placement process, including analysis of the equitability of enrollments and move ins and barriers to successful enrollments.
- **System Improvement and Expansion:** This section focuses on areas for possible expansion of the coordinated entry system including a review of the available indicators that might show whether coordinated entry is achieving its goals.

Each of the first three sections also include a summary analysis of compliance with HUD requirements based on HUD's Coordinated Entry Self-Assessment tool. For all four sections, analysis is followed by a set of recommendations for improving Sacramento CoC's coordinated entry system. At the end of the report, these recommendations have been further synthesized and prioritized to highlight areas to prioritize for greatest impact and to build upon efforts already underway to improve the system.

Notably, in addition to the processes described in the "Overview" section below, in the past year there have been significant efforts to expand or shift coordinated entry processes to include more projects, such as non-congregate hotel shelter programs through Project Roomkey established in response to COVID-19, and other emergency shelter programs that now take referrals for beds through coordinated entry. For purposes of this evaluation, Homebase focused the analysis on core coordinated entry functions of access, assessment, prioritization, referral and placement into Permanent Supportive Housing and Rapid Re-housing programs.

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[1] An additional 19% of beds dedicated to people experiencing homelessness share access across multiple systems/funders including Coordinated Entry.

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Evaluation Methodology

Homebase collected and analyzed data from the following sources for this evaluation report:

- **HMIS data:** Aggregate data corresponding to evaluation questions was provided by Sacramento Steps Forward, the CoC's HMIS Lead Agency. The client pool for HMIS data is clients with a VI-SPDAT and HMIS system interaction between October 1, 2018 and September 30, 2020.

- **Stakeholder Interviews**: In total, Homebase conducted interviews with 39 stakeholders across three phases to inform this evaluation:
    - In December 2019, Homebase conducted one-on-one interviews with key partners across Sacramento County. Interviews focused on the coordinated entry system, with specific attention to access, assessment, prioritization, referral, data management, and evaluation. Interviewees included individuals administering programs across Sacramento County, City of Sacramento, City of Citrus Heights, City of Rancho Cordova, and various non-profit partners.
    - In January 2020, Homebase conducted additional interviews with CoC Board members and Sacramento Steps Forward staff members, including Coordinated Entry System staff.
    - In September 2020, Homebase conducted 8 additional interviews with service providers from programs participating in coordinated entry.

    Feedback from these interviews was utilized to identify areas where additional guidance, information, or training may be necessary to ensure that stakeholders understand the system, to build trust and buy in across the system, and to provide additional transparency. Stakeholders also provided feedback on how processes could be changed to better meet the goals of coordinated entry. For purposes of this report, Homebase focused on areas where multiple stakeholders provided similar feedback.

- **Consumer focus groups and interviews:** In September and October 2020, Homebase conducted 5 consumer focus groups and 4 interviews including:
    - Consumers housed through the coordinated entry system:
        - 2 focus groups with families and single adults housed in Permanent Supportive Housing (8 participants total)
        - 1 focus group with veterans (2 participants)
    - Unhoused consumers:
        - 1 focus group with single adults (8 participants)
        - 1 interview with single adult consumer
        - 1 focus group with transition age youth (ages 18-24) (4 participants)
        - 3 interviews with transition age youth consumers

    Clients were provided Target gift cards for participating in the focus groups. Note that due to the COVID-19 pandemic, consumer focus groups were conducted virtually via video and conference call. Feedback collected from the consumer focus groups and interviews was utilized to identify how clients are accessing services including the coordinated entry system, how well clients understand the coordinated entry process, how clients experience the assessment process and potential areas for improvement, and, for clients who were housed through coordinated entry, their experience with the referral, enrollment, and move in processes.

- **Review of key documents** related to the coordinated entry system as provided by Sacramento Steps Forward, including coordinated entry policies and procedures.

- **Sacramento Coordinated Entry Visual Map**: This evaluation also draws on information that was collected by Homebase for purposes of development of the visual map .[2]

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[2] The Coordinated Entry Visual Map is available at: https://kumu.io/maddie-homebase/sacramento-coordinated-entry-map#ce-map

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Overview of Coordinated Entry in Sacramento CoC

Sacramento CoC's coordinated entry system is governed by the *Coordinated Entry System Policies and Procedures* and is overseen by the Coordinated Entry Committee, which is responsible for providing input and making recommendations to the CoC Board on principles and guidelines for the coordinated entry system.

Overall, the Coordinated Entry System has relatively few housing resources available. There are 39 housing projects that currently take referrals from the coordinated entry system, spread across three project types: Permanent Supportive Housing (20), Rapid Re-Housing (9), and Transitional Housing (7).[3] This represents approximately 17 percent of all beds available for people experiencing homelessness each year in Sacramento County.[4] These housing resources are further limited by subpopulation eligibility requirements. For example, half of all projects connected to coordinated entry are focused on serving transition age youth or veterans, and just over half of all projects are Permanent Supportive Housing, a housing intervention with low turnover rates that are generally reserved for chronically homeless individuals. Another factor that limits the availability of housing through coordinated entry is that not all openings in projects connected to coordinated entry are filled with referrals from coordinated entry – 44 percent of projects take referrals from other sources for some of their vacancies. *See Appendix A for a list of projects participating in coordinated entry.*

People experiencing homelessness access the coordinated entry system through a variety of access points, including through 2-1-1, designated Housing Resource Access Points, emergency shelters, and outreach teams, with staff who are trained on administering the Vulnerability Index - Service Prioritization Decision Assistance Tool, commonly referred to as the VI-SPDAT. When a client makes contact with an agency that participates in HMIS 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 Coordinated Entry Program Manager runs the By Name List through a 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 and have completed a VI-SPDAT (commonly referred to as the Community Queue).

VI-SPDAT scores are utilized to determine a client's level of service needs and what housing intervention would be most appropriate to meet those needs. There are currently three versions of the VI-SPDAT assessment in use in Sacramento CoC: (1) the Single Adult VI-SPDAT; (2) the Family VI-SPDAT for households with children; and (3) the Transition Age Youth VI-SPDAT for youth and young adults aged 18-24. Households can score between one and 20 and may fall in one of three ranges: (1) Mainstream resources/referral only for households with the least severe service needs; (2) Rapid Re-Housing for households with moderate service needs; or (3) Permanent Supportive Housing for households with the most severe service needs.[5]

For most of the time period of this evaluation, prioritization was determined by the following process: households with the highest service needs in the Permanent Supportive Housing range are further prioritized based on the chronicity of homelessness and then the length of time homeless. Households that score in the Rapid Re-Housing range are prioritized first based on their VI-SPDAT score, and then length of time homeless. Due to COVID-19, this process was temporarily changed starting in August 2020 to prioritize based on age and other COVID-19 vulnerability factors.[6]

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[3] While some Transitional Housing programs accept clients through the Youth Case Conferencing process, this evaluation focuses only on rapid re-housing and permanent supportive housing programs.

[4] An additional 19% of beds dedicated to people experiencing homelessness share access across multiple systems/funders including Coordinated Entry.

[5] These ranges differ slightly for each version of the VI-SPDAT.

[6] See Temporary COVID-19 prioritization process, available at: https://sacramentostepsforward.org/wp-content/uploads/2020/10/Covid-19-Prioritization-schema.docx-2.pdf

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These prioritization criteria are utilized to create a prioritized list which is further sorted for eligibility depending on the requirements for anticipated vacancies (e.g. transition age youth, veterans, Child Protective Services-involvement, etc.). This prioritized list is curated to create a HOT sheet of approximately 30 people. Separate prioritized lists are also created for veterans and transition age youth case conferencing efforts. When a client is included on the HOT sheet, their HMIS profile is marked so that service providers that may interact with the client are aware that a vacancy could be available. If the client is not otherwise connected to case management through a different program who can assist with obtaining eligibility documentation, the Coordinated Entry Projects Navigator begins the process of locating each client on the HOT sheet and pulling together necessary eligibility documentation for enrollment in a housing program, commonly referred to as getting the client "document ready." In order for a client to be matched with a vacancy through coordinated entry, they must be document ready. This process typically takes between two to three weeks, depending on the Navigator's ability to locate clients, if a client has access to some necessary documentation, and other factors.

Once a client is document ready, they are matched with the first vacancy that fits their eligibility and client preferences. Typically, matchmaking decisions are influenced by information available via HMIS and information communicated to Coordinated Entry System staff from the service provider working on getting the client document ready. For transition age youth and veterans, there are also case conferencing processes that provide input for matchmaking decisions.

Access

Overall, access was identified as a key area for system improvement. A review of compliance with HUD requirements related to access revealed several areas where the system was not currently providing easy access for clients. Similarly, barriers to access were a common theme among stakeholders interviewed for this report. Stakeholder feedback also reflected a lack of information and understanding of how to assist clients to navigate accessing the coordinated entry system and identified key areas where additional guidance or publicly available information would support client-centered access. Despite these noted barriers, an analysis of VI-SPDAT data largely reflected equitable access to the system with the exception of a few demographic groups where targeted efforts may be needed to ensure access.

Notably, there are significant efforts currently in process that seek to address many of the issues discussed below and better align the system with the overarching goals of coordinated entry to increase efficiency in the crisis response system and connect clients to housing as quickly as possible. To support these efforts, Sacramento Steps Forward plans to release a Rapid Access and Problem-Solving Request for Proposals for new funding in early 2021 which would provide additional resources to support centralized access to the system and increase capacity to conduct assessments and connect clients with coordinated entry.

I.   Summary of Compliance with HUD Requirements for Access to Coordinated Entry

Homebase conducted an assessment of the CoC's compliance with HUD requirements related to access to coordinated entry utilizing HUD's Coordinated Entry Self-Assessment Tool.[7] Information to inform this

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[7] The Self-Assessment Tool contains HUD requirements, recommendations, and optional sections. For purposes of this assessment only "Required" sections were reviewed. For more information, see HUD's Coordinated Entry Self-Assessment, available at: hudexchange.info/resource/5219/coordinated-entry-self-assessment/

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assessment was collected via stakeholder interviews, consultation with Sacramento Steps Forward staff, and a review of relevant policies and procedures.

For each required section, the coordinated entry system was determined to be either:

(1) Compliant with HUD requirements;
(2) Policy Update Needed, indicating that a policy either did not exist or was currently common practice but not documented in written policies and procedures as required;
(4) In Process, where an effort to come into compliance is already underway; or
(3) Area for Improvement, indicating that the CoC would want to focus on this area in improve access and compliance with HUD requirements.

Key Takeaway: Access Compliance
Overall, there are a number of areas for improvement to fully comply with access related requirements and to make the system easily accessible by all households seeking assistance. In particular, there is a need for more readily available information and advertisement of the coordinated entry system, increased capacity at existing access points, and additional access points to ensure geographic coverage, as well as some specific steps, such as providing information in various languages, that would ensure specific populations had more meaningful access.

HUD Requirement [8]	Compliance Assessment
A.2. Coordinated entry (CE) covers the entire geographic area claimed by the CoC.	Compliant
A.3. CE is easily accessed by households seeking housing or services.	Area for Improvement
A.4. CE is well-advertised.	Area for Improvement
A.7. CE includes a policy to address the needs of households fleeing domestic violence who are seeking shelter or services from non-victim service providers.	In Process
A.8. The CoC, in consultation with ESG recipients, has established and consistently follows written standards for providing Continuum of Care assistance.	In process
A.9. CoC and ESG recipients work together to ensure the coordinated entry process allows for screening, assessment and referrals for ESG projects.	Compliant
A.11. CoC affirmatively markets housing and services to all eligible persons.	Area for Improvement
A.12. CE policies include a strategy to ensure the CE process affirmatively markets to all eligible persons.	Area for Improvement
A.13.CE policies ensure all people in different subpopulations have fair and equal access to the CE process.	Compliant
A.14. CoC has developed and operates a CE that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws.	Compliant

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[8] For reference, numbering in the table aligns with the sections of the Self-Assessment Tool. Sections that were not applicable to the Sacramento CoC's coordinate entry system were not included.

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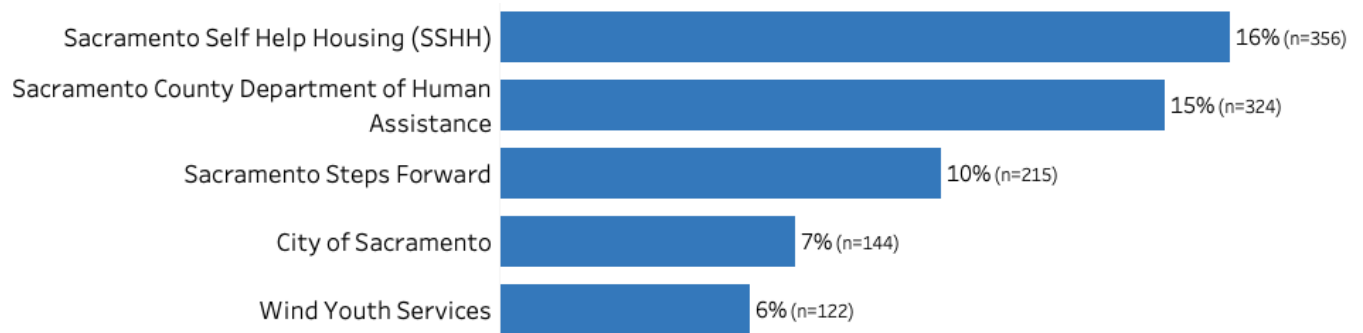
B.1. CoC offers the same assessment approach at all access points and all access points are usable by all people who are experiencing or at risk of homelessness.	Area for Improvement
B.2. CoC ensures that households can be served at all of the access points for which they qualify as a target population.	Compliant
B.3. CoC provides the same assessment approach, including standardized decision-making, at all access points.	Compliant
B.4. CoC ensures participants may not be denied access to CE because they have been a victim of domestic violence, dating violence, sexual assault or stalking.	Compliant
B.5. CE access points must be easily accessed by individual and families seeking homeless or homelessness prevention services.	Area for Improvement
B.6. CE processes allow emergency services to operate with as few barriers to entry as possible.	Compliant
B.7. CE policies document a process to ensure access to emergency services during hours when CE processes are not operating.	Compliant
B.9. CE access points cover and are accessible throughout the CoC.	In Process
B.10. CE policies document steps taken to ensure access points are accessible to individuals with disabilities.	Policy update needed
B.11. CE policies document steps taken to ensure effective communication with individuals with disabilities.	Compliant
B.12. CE access points offer materials in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency.	Area for Improvement
B.13. People fleeing domestic violence and victims of trafficking have safe and confidential access to the CE process and immediate access to emergency services.	Compliant
B.14. Street outreach efforts funded under the ESG or the CoC program are linked to and coordinated with CE.	Compliant

II. Analysis of Access Points

Coordinated entry access points are agencies that administer the VI-SPDAT in-house or otherwise connect individuals experiencing homelessness to the VI-SPDAT. In Sacramento, there are 38 coordinated entry access points, of which eight are street outreach teams, fourteen are emergency shelters, and fifteen are other homeless service providers. While there are numerous agencies administering the VI-SPDAT, there were several that performed the majority of assessments across the system. Between October 2019 and September 2020, 36 different agencies administered a total of 2,197 VI-SPDAT assessments. The top five agencies completing the most VI-SPDAT assessments (including

the single adult, family, and youth versions) are below, representing more than half, or 54 percent, of all VI-SPDATs administered.

Figure 1. Percentage of Assessments Completed by Agency, (Oct. 2019-Sept. 2020)

Agency		
Sacramento Self Help Housing (SSHH)		16% (n=356)
Sacramento County Department of Human Assistance		15% (n=324)
Sacramento Steps Forward		10% (n=215)
City of Sacramento		7% (n=144)
Wind Youth Services		6% (n=122)

Notably, Sacramento Self Help Housing, Sacramento Steps Forward, and City of Sacramento[9] primarily administer the VI-SPDAT for single adults, while the Sacramento County Department of Human Assistance and Wind Youth Services primarily administer the Family and Youth VI-SPDAT, respectively. *See Appendix C for a complete list of coordinated entry access points.*

- **Stakeholder Feedback on Access Points**

Through interviews with stakeholders and consumers, the following barriers to accessing coordinated entry were identified:

Access points are not well known and are difficult for clients to access without a referral: Nearly all stakeholders and several clients noted that current access points for the coordinated entry system are not well known to the community, including to service providers who may want to connect clients and for clients who are trying to navigate the system. Several stakeholders noted that there are no drop-in centers where clients can go to complete the VI-SPDAT assessment and access services on the same day. Without a referral from a service provider, it is challenging for clients to schedule an appointment to get an assessment. Additionally, stakeholders noted that service providers do not know where to tell an individual experiencing homelessness to go to access coordinated entry if that individual presents directly to their organization for services.

> **Key Takeaway: Access Points**
> Overall, stakeholders reported that initial access to the coordinated entry system can be challenging for clients. While there are a number of agencies that administer the VI-SPDAT or otherwise connect individuals experiencing homelessness to the VI-SPDAT through other agencies, accessing these locations relies on a household's ability to schedule an appointment, enroll in a participating project, or connect with a street outreach worker. Limited community understanding of access points further limits service providers ability to connect clients with coordinated entry.

Few resources are immediately available to clients at access points: Stakeholders also noted that there are not currently real-time resources or services available to clients when they seek assistance at access points. Additional resources are needed to triage clients seeking assistance to resources that will help meet their basic needs, such as shelter and food assistance. Additional resources are also needed to ensure that clients seeking assistance are connected to housing navigation services, which

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[9] Includes programs such as the Winter Triage Shelter, North 5th Navigation Center, and the Interim Care Program.

may assist clients in self-resolving or connecting to other housing resources in other systems across Sacramento County.

Current access points and outreach teams lack the capacity needed to serve Sacramento CoC's homeless population: Several stakeholders and clients noted that there is a lack of staff capacity at 2-1-1 to schedule appointments for clients to complete the VI-SPDAT and a limited number of appointment times available resulting in extended wait times of over a year. Notably, 2-1-1 does not currently receive any funding from the coordinated entry system for their role in triaging clients and scheduling VI-SPDAT appointments. Stakeholders also reported a lack of understanding or clarity around the purpose of 2-1-1 and how 2-1-1 staff determines how a client is scheduled for an appointment slot. Similarly, stakeholders also noted a lack of staffing at Housing Resource Access Points leading to barriers to clients being assessed. Notably, new funding to support these efforts will be available through the Rapid Access and Problem-Solving RFP in early 2021.

In addition to physical access points, clients may also be connected to the VI-SPDAT via outreach staff, however, stakeholders reported limited access in certain parts of the county, such as South Land Park and North Highlands, due to incomplete outreach coverage.

Need for increased capacity and coordination among Navigators: Stakeholders discussed several issues related to Navigators including that caseloads were perceived as too high, causing barriers for clients and that there was a need to coordinate efforts across Navigators and standardize training to increase consistency.

III. Analysis of Equity of Access

To further analyze access to the system, we examined whether people experiencing homelessness across different demographic groups are able to access coordinated entry services. We compared those completing a VI-SPDAT between October 2019-September 2020 to both the percentage of Sacramento County residents living below the federal poverty line according to 2019 U.S. Census Bureau American Communities Survey (ACS poverty) data[10], as well as the total homeless population according to the 2019 Sacramento Point-in-Time Count.[11] These two data points provide useful comparisons within similar populations across the county in order to highlight areas where certain demographic groups are over- or under-represented in the population accessing the coordinated entry system.

Based on this analysis, access to the VI-SPDAT and the coordinated entry system appears to vary across the following demographic categories:[12]

Gender: While the gender breakdown of households completing the VI-SPDAT reflected the greater Sacramento County population living in poverty, it varied significantly from the gender breakdown of the homeless population according to the 2019 Point in Time Count.[13] **The 2019 Point in Time count found that 62 percent of the homeless population identify as male, yet only 47 percent of those**

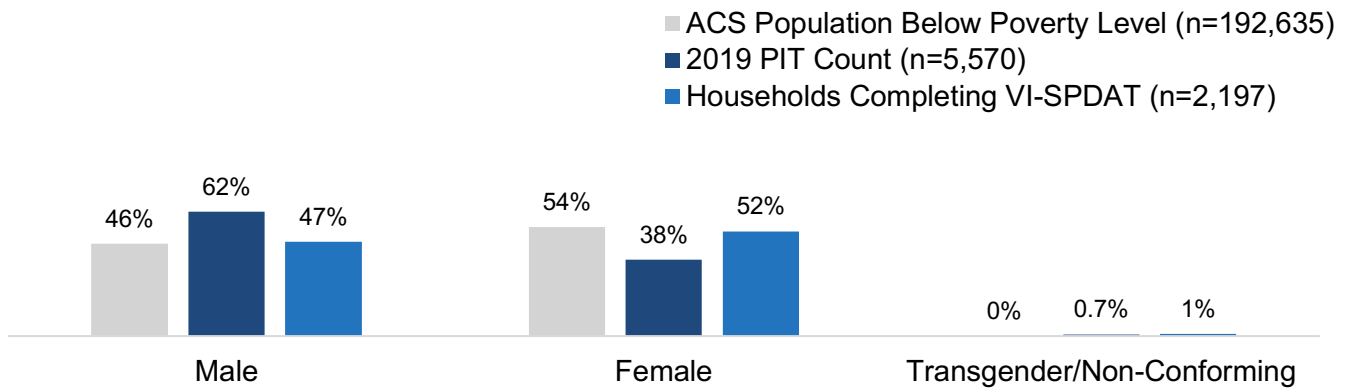---

[10] US Census American Community Survey 2019 Estimates
[11] Homelessness in Sacramento County Results from the 2019 Point-in-Time Count
[12] Age and Ethnicity were also analyzed, however access did not appear to vary across these categories. ACS poverty data, Point in Time Count, and VI-SPDAT data largely aligned across each major age group considered by the American Census Survey, including 18 and under, 18-64, and 65 and over. While the ethnic breakdown (Hispanic/Latino vs. Non-Hispanic/Latino) of households completing a VI-SPDAT differs somewhat from the ACS poverty population, it largely mirrors the ethnic breakdown of households counted during the 2019 Point in Time Count.
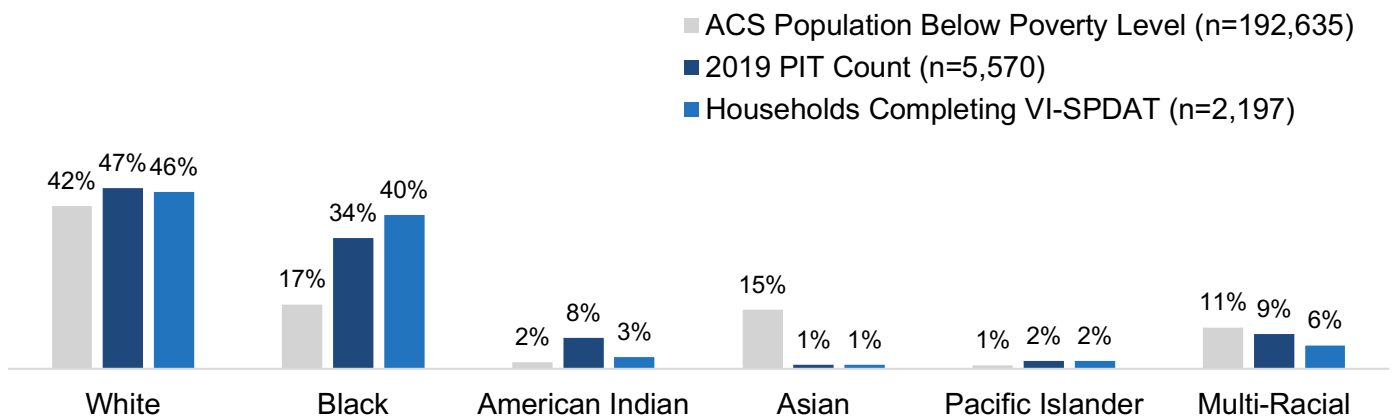[13] Ibid.

completing a VI-SPDAT identify as male. On balance, 52 percent of those completing a VI-SPDAT identify as female despite making up only 38 percent of the total homeless population.

Figure 2. Gender, Homeless Population vs. ACS Poverty vs. Households Completing VI-SPDAT (Oct. 2019-Sept. 2020)

Race:[14] Black households complete the VI-SPDAT at rates higher than their share of the overall homeless population according to the 2019 Point in Time Count. **By contrast, households from American Indian or multi-racial backgrounds complete the VI-SPDAT at somewhat lower rates than expected according to 2019 Point in Time Count.[15]** For example, only three percent of those assessed between October 2019 and September 2020 were American Indian households despite making up eight percent of the homeless population in the 2019 Point in Time Count. Similarly, of those assessed during this time period, only six percent were multi-racial households despite making up nine percent of the overall homeless population.

Figure 3. Race, Homeless Population vs. ACS Poverty vs. Households Completing VI-SPDAT (Oct. 2019-Sept. 2020)[16]

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[14] This analysis builds upon similar analysis presented by Sacramento Steps Forward at the CoC Hosted Workshop on Racial Equity on September 30,2020: https://sacramentostepsforward.org/wp-content/uploads/2020/10/Racial-Equity-Workshop.pdf
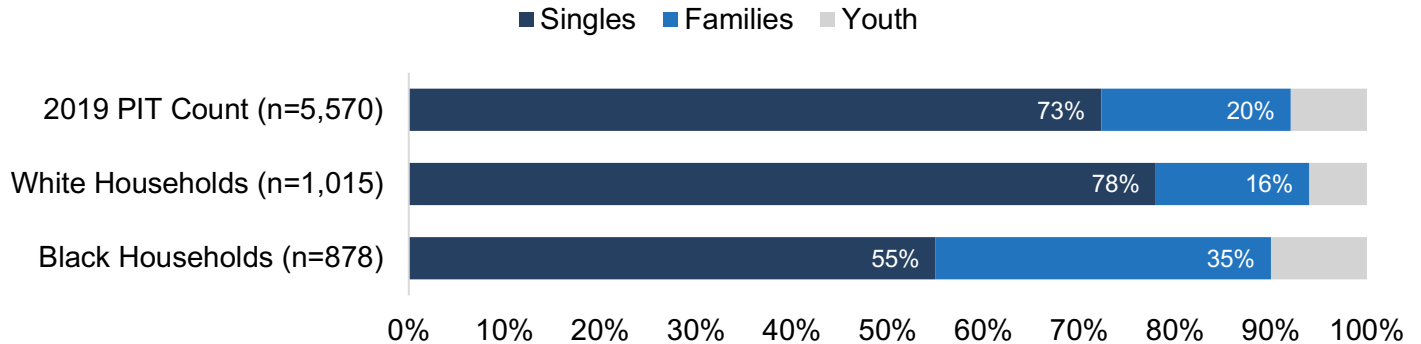
[15] Ibid.

[16] Not included in chart:
- "Other Race" for ACS Population Below Poverty Level (12%)
- "Race Unknown" for Households Completing VI-SPDAT (2%)

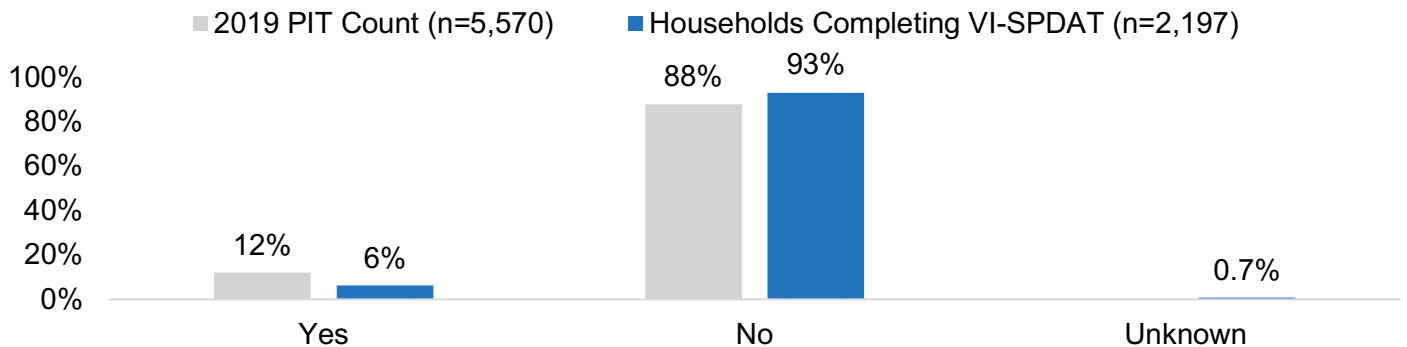Sacramento CoC 2020 Coordinated Entry Evaluation

Additionally, there are unique differences in the breakdowns of household type according to race. For example, 78 percent of all white households completing the VI-SPDAT were single adults, while only 55 percent of black households were single adults. By contrast, only 16 percent of white households completing the VI-SPDAT are families with children, compared to 35 percent of Black households. Yet, the 2019 Point in Time Count found that only 20 percent of people experiencing homelessness are in families, while 73 percent are single adults.[17] **In other words, while most households accessing coordinated entry are single adults (including both for white and Black households), a disproportionate number of Black households in coordinated entry are families with children.**

Figure 4. Household Type, Homeless Population vs. White and Black Households Completing VI-SPDAT (Oct. 2019-Sept. 2020)

Veteran Status: Veterans also appear to access coordinated entry at rates lower rates than their share of the homeless population. **In fact, only six percent of households completing a VI-SPDAT between October 2019 and September 2020 were veterans—half the rate of homeless households classified as veterans during the 2019 Point in Time Count.**[18]

Figure 5. Veteran Status, Homeless Population vs. Households Completing VI-SPDAT (2019-2020)

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[17] Homelessness in Sacramento County Results from the 2019 Point-in-Time Count
[18] Ibid.

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IV. Access Recommendations

Below is a list of tailored recommendations to address the concerns and gaps raised regarding access to the system. Immediate priorities are key areas that Homebase would advise tackling in the short-term for maximum impact and to lay the foundation for future expansion of the system. Because access was identified as a key area for system improvement, we would recommend prioritizing many of the steps identified below during the redesign process.

For additional information on sequencing and prioritization of recommendations see the "Next Steps" section at the end of the report.

IMMEDIATE PRIORITIES	• Develop a publicized and regularly updated list of access points and relevant information (e.g., location, hours, populations served, walk-ins permitted, languages, services) to support agencies in referring clients for assessments.
	
	• Assess utilization of current access points and develop a system to refer clients to underutilized points.
	
	• Strengthen understanding of the coordinated entry system at each point of contact for clients, including providers who are not participating in coordinated entry. In particular, create informational tools to:
	   o Ensure providers who are not participating in coordinated entry are able to explain they process accurately to their clients and know where to refer clients for an assessment;
	   o Provide materials for clients in multiple languages;
	   o Facilitate talking points for assessors and access point agencies to directly respond to tough questions;
	   o Support participants who take the VI-SPDAT to understand the information they are given about the coordinated entry system;
	   o Clarify for clients the roles of service providers and who they can talk to about housing;
	   o Ensure comprehensive messaging to people unlikely to obtain placements through coordinated entry; and
	   o Help providers make effective referrals to diversion or other services.

MEDIUM-TERM PRIORITIES	• Build on efforts underway to increase capacity across the system to efficiently connect clients with the VI-SPDAT by exploring a hybrid approach to coordinated entry access which builds on the existing model, combining multiple centralized access points and a "no wrong door" access model. This should include: o Increasing the number of centralized access points spread

	geographically around the county with drop-in times and appointment slots available.
	    ○ Building the capacity of access points by providing funding for diversion (e.g., housing problem solving), as well as light-touch housing navigation that can help connect clients to resources or assist in self-resolving.
	    ○ Developing shared community definitions for centralized access points with drop-in hours and for the many service provider and emergency shelter access points.
	    ○ Clarifying the role of access points by delineating the responsibilities of each type of access point in MOUs (i.e., entering data into HMIS, triage, making referrals to shelter/diversion, documenting eligibility, etc.)
	    ○ Expanding geographic coverage of outreach teams connecting clients to the VI-SPDAT to ensure access in all parts of the county.

LONG-TERM PRIORITIES	• Identify access points that see high traffic from underrepresented groups, including males, households that identify as American Indian and multi-racial, and veterans, and build additional capacity to assess these populations, in order to increase their rates of access into coordinated entry.

Assessment and Prioritization

Generally, the assessment and prioritization processes appear to be achieving the goal of the coordinated entry to provide fair access to housing programs and services, and are prioritizing highly vulnerable clients for those programs. A review of compliance with HUD requirements related to assessment and prioritization noted several areas where updates to policies and procedures were needed to ensure that client-centered policies for assessment and prioritization are documented. Similarly, stakeholder feedback revealed several areas where additional transparency regarding processes would support community buy in to coordinated entry, where additional training would improve consistency of assessment processes across the system, and where additional information and education would generally increase stakeholder understanding of prioritization processes.

An analysis of VI-SPDAT assessment data noted trends common in other communities regarding disparities in scoring across racial groups, which were also noted anecdotally by stakeholders. However, other prioritization factors, including chronicity of homelessness and length of time homeless, appear to be identifying and enrolling clients as intended for those programs.

As mentioned in the "Overview" section, during the course of this evaluation prioritization processes were temporarily changed to reflect vulnerability to COVID-19, however, this report did not look at how the

current COVID-19 prioritization process was impacting which clients were prioritized for housing as there was limited available data at this time.

I. Summary of Compliance with HUD Requirements for Assessment and Prioritization

Homebase conducted an assessment of the CoC's compliance with HUD requirements related to assessment and prioritization utilizing HUD's Coordinated Entry Self-Assessment Tool.[19] Information to inform this assessment was collected via stakeholder interviews, consultation with Sacramento Steps Forward staff, and a review of relevant policies and procedures.

For each required section, the coordinated entry system was determined to be either:

(1) Compliant with HUD requirements;
(2) Policy Update Needed, indicating that a policy either did not exist or was currently common practice but not documented in written policies and procedures as required;
(3) In Process, where an effort to come into compliance is already underway; or
(4) Area for Improvement, indicating the that CoC would want to focus on this area in improve assessment and prioritization processes and compliance with HUD requirements.

> **Key Takeaway: Assessment and Prioritization Compliance**
> Overall, the coordinated entry system is compliant in most areas related to assessment and prioritization, including using standardized assessment tools and processes and prioritizing clients based on a documented set of criteria. Several areas were noted where a procedure may be happening in practice but is not documented in the *Coordinated Entry Policies & Procedures* in order to fully comply with requirements, such as client choice and disclosure considerations, as well as clearly delineating which types of housing and services are offered through coordinated entry.

HUD Requirement [20]	Compliance Assessment
C.1. CoC consistently applies one or more standardized assessment tools, applying a consistent process in order to achieve fair, equitable, and equal access to services.	Compliant
C.2. CE policies describe the standardized assessment process, including assessment information, factors, and documentation of criteria used for uniform decision-making.	Compliant
C.3. CoC maintains written policies that prohibit screening people out of the CE process due to perceived barriers to housing or services.	Policy update needed
C.4. CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments.	Compliant

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[19] The Self-Assessment Tool contains HUD requirements, recommendations, and optional sections. For purposes of this assessment only "Required" sections were reviewed. For more information, see HUD's Coordinated Entry Self-Assessment, available at: hudexchange.info/resource/5219/coordinated-entry-self-assessment/

[20] For reference, numbering in the table aligns with the sections of the Self-Assessment Tool. Sections that were not applicable to the Sacramento CoC's coordinate entry system were not included.

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C.5. CoC's CE process training curricula includes a review of CE policies and procedures, requirements for use of assessment information to determine prioritization, and criteria for uniform decision-making and referrals.	Compliant
C.6. Participants must be informed of the ability to file a nondiscrimination complaint.	Compliant
C.7. CE participants are allowed to decide what information they provide during the assessment process and to refuse housing and service options without limiting their access to other forms of assistance.	Policy update needed
C.8. CoC has established written policies and procedures concerning protection of all data collected through the CE assessment process.	Compliant
C.9. CoC has established written policies establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. This information may only be obtained for purposes of determining program eligibility to make referrals.	Policy update needed
D.1. CoC uses the CE process to prioritize homeless persons within the CoC based on a set of criteria that are documented, made publicly available and applied consistently. CoC's written policies include information with which prioritization decisions are made.	Compliant
D.2. CoC's written CE policies and procedures include the factors and assessment information with which prioritization decisions are made for all homeless assistance.	Compliant
D.3. CoC's written CE policies distinguish between interventions that will not be prioritized based on vulnerability (e.g. crisis response) and those that will (e.g. permanent housing).	Policy update needed
D.4. CoC does not use data from the assessment process to discriminate or prioritize households on a protected basis (e.g. race, gender identity) and CE policies document how determining eligibility is a different process than prioritization.	Compliant
D.5. CE policies document process for participants to file a nondiscrimination complaint.	Policy update needed
D.7. CoC's policies document conditions under which participants maintain their place in CE prioritization lists when the participant rejects referral options.	Compliant
D.8. If the CoC manages prioritization order using a "Prioritization List," CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.	Compliant

II. Equitability and Efficacy of Assessment Processes

Sacramento CoC utilizes the VI-SPDAT assessment to determine a household's level of service need and, for those with moderate to severe needs, which housing intervention is most appropriate. To determine whether the current assessment process was meeting the goal of the coordinated entry system to provide fair access to housing resources, we analyzed assessment scores across household types, looking at various demographics, to determine if there were any trends or disparities in how certain groups were scoring on the VI-SPDAT that may impact access to housing programs through

coordinated entry. [21] Additionally stakeholders and clients provided significant feedback on the assessment process that aligned with and supported findings from the data analysis.

- **Data Analysis of Assessment Scores**

Single Adults: Between October 2019 and September 2020, 1,470 single adults completed a VI-SPDAT. When assessing differences in VI-SPDAT scores across demographic groups among single adults, only race was statistically significant, meaning that race appears to affect a household's VI-SPDAT score. There were no statistical differences detected in scores between single adult households of different gender, age, ethnicity, or veteran status.

On average, white households scored higher than Black households. **For example, the average VI-SPDAT score for all single adult white households was 10.7, compared to 9.6 among Black households.** This difference is not only statistically significant, it is also a sizable difference between average scores. While other racial groups appear to have variations in VI-SPDAT scores, the sample sizes for other racial groups were too small to detect a statistically significant impact.

> **Key Takeaways: Assessment Processes**
> Looking at disparities in assessment scores across household types, there appear to be notable differences in average scores between white and Black single adults (10.7 vs. 9.6) and white and Black families (8.4 vs. 6.8). Similarly, stakeholders and clients noted several issues with the VI-SPDAT assessment tool and how it is currently administered across the CoC, including that the tool may be biased and that on its own it does not accurately assess client vulnerability.

Figure 6. Average Assessment Score by Race, Single Adults (Oct. 2019-Sept. 2020)

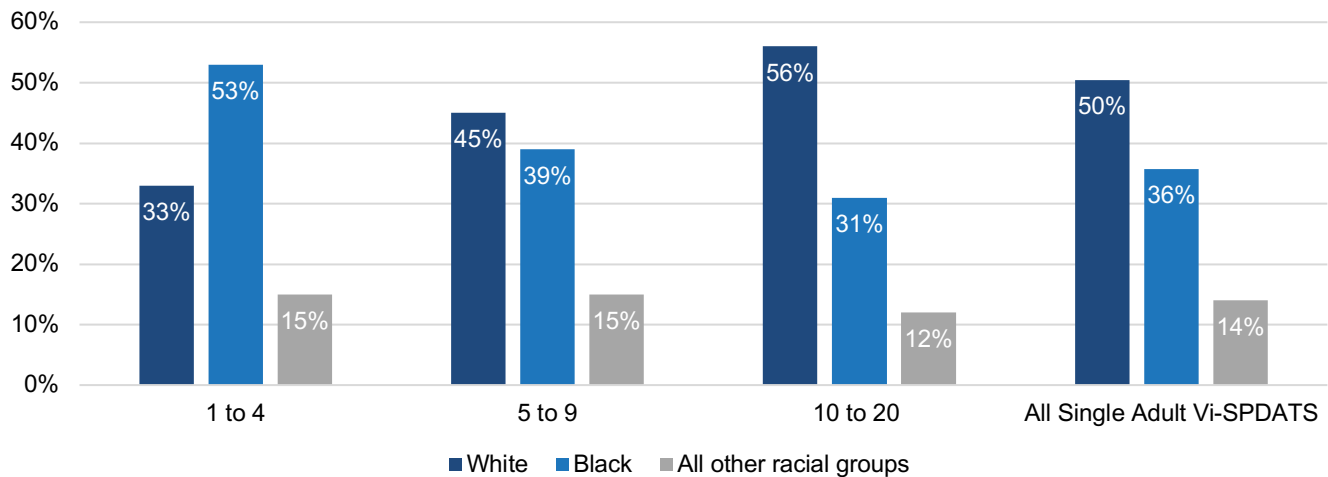| **Race** (# of VI-SPDAT Assessments)	**Average Assessment Score**
White (n=795)	10.7
Black (n=486)	9.6
Multi-Racial (n=69)	9.9
American Indian (n=44)	10.6
Unknown Race (n=35)	7.8
Asian (n=21)	9.4
Pacific Islander (n=20)	8.7

For single adults, the VI-SPDAT score range for Rapid Re-Housing is 5 to 9 and for Permanent Supportive Housing is 10 to 20, indicating that this disparity between white and Black households may be impacting black households' ability to access Permanent Supportive Housing programs. To confirm these findings, we employed a t-test analysis to compare the difference between group means (Black vs white averages) and test to see if the differences within those groups are statistically different. While the effect is small, white single adults had higher VI-SPDAT scores (M =10.34, SD = 3.34) than those identifying as Black [(M=9.16, SD=3.60), t(7.32) = 1.18, p<.001; d 32].

Further analysis of the breakdown of VI-SPDAT scores based on these ranges indicates that, compared to the racial breakdown of all single adult households completing a VI-SPDAT, Black households are overrepresented in the minimal intervention (scores 1 to 4) and Rapid Re-Housing (scores 5 to 9)

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[21] This analysis builds upon similar analysis presented at the CoC Hosted Workshop on Racial Equity on September 30,2020: https://sacramentostepsforward.org/wp-content/uploads/2020/10/Racial-Equity-Workshop.pdf

ranges, and underrepresented in the Permanent Supportive Housing range (scores 10 to 20). As discussed above, there are also disproportionately fewer Black single adults completing the VI-SPDAT, as compared to white single adults, than would be expected based on the overall homeless population in the 2019 Point in Time Count. These access and assessment disparities highlight a key area for future monitoring and further analysis.

Figure 7. Percent Breakdown by VI-SPDAT Score Ranges, Black vs. White Single Adult Households

Families: Between October 2019 and September 2020, 561 family households completed a VI-SPDAT. Like single adult households, race was the only demographic characteristic that impacted scores in a statistically significant way. There were no statistical differences detected in scores between households of different gender, age, ethnicity, or veteran status.

Again, white households score higher than Black households and with an even larger margin than single adults. The average VI-SPDAT score for white families was 8.4, compared to 6.8 among Black families.[22] In other words, white families score 1.6 points more on average than Black families—a difference that is noteworthy and warrants additional investigation.

Figure 8. Average Assessment Score by Race, Families (Oct. 2019-Sept. 2020)

Race (# of VI-SPDAT Assessments)	**Average Assessment Score**
Black (n=308)	6.8
White (n=169)	8.4
Multi-Racial (n=50)	8.1
Unknown Race (n=15)	8.3
Pacific Islander (n=8)	7.3
American Indian (n=7)	6.7
Asian (n=4)	6

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[22] No other groups had a large enough sample size to detect a statistically significant effect.

Youth: There were 166 unaccompanied youth VI-SPDATs completed during this period. Unlike single adult and family households, **there were no statistical differences detected between scores across any demographic category among this group, including race.** However, the racial breakdown of VI-SPDAT scores is still included below.

Figure 9. Average Assessment Score by Race, Youth (Oct. 2019-Sept. 2020)

Race (# of VI-SPDAT Assessments)	**Average Assessment Score**
Black (n=84)	8.4
White (n=51)	8.6
Multi-Racial (n=13)	9.2
Unknown (n=7)	8.5
Pacific Islander (n=7)	9.7
American Indian (n=4)	9

While other studies have shown that this may be a common trend in other communities relying on the VI-SPDAT,[23] the troubling findings in assessment scores among single adults and families indicates a need for further analysis to better understand the source of the disparities and to identify actions to address them. In particular, in addition to considering changes to assessment factors or methods, the community should explore whether contextual factors, such as where and how assessments are administered, the level and frequency of training assessors receive, and the cultural competence of assessors, may be contributing to these disparities.

- **Stakeholder Feedback on Assessment Processes**

In addition to the disparities noted above, stakeholders and clients highlighted a number of additional concerns related to the assessment tools and processes including:

Issues with the accuracy and appropriateness of the VI-SPDAT: Several stakeholders expressed that the VI-SPDAT does not accurately measure the level of need for clients. Additionally, some felt that the tool was racially discriminatory, resulting in bias against people of color attempting to access the homeless system of care, which is borne out in the data analysis above. Concerns were also reported about the accuracy of the assessment for specific subpopulations including persons with mental health disorders, transition age youth, and families (despite the use of specialized tools for both families and youth). Several stakeholders expressed that the VI-SPDAT should not be the only tool used for measuring vulnerability and that other assessments should be considered either instead of or in addition to the VI-SPDAT.

Consumers shared various experiences with the VI-SPDAT. One consumer found the process of recounting past experiences to be retraumatizing and some consumers noted that the purpose of the assessment was not always made clear or fully explained. Several consumers however noted a positive experience with the VI-SPDAT and reported being comfortable answering the questions.

Inconsistent administration of the VI-SPDAT: Stakeholders also reported various concerns about the administration of the VI-SPDAT that may impact the efficacy of the assessment tool. Multiple

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[23] C4 Innovations, "Coordinated Entry Systems Race Equity Analysis of Assessment Data." October 2019. Available at: https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity_Analysis_2019-.pdf

stakeholders expressed that administration of the VI-SPDAT was often subjective depending on the assessor and not consistently administered across the CoC. One example that was cited was that certain subpopulations were not consistently being administered the appropriate version of the VI-SPDAT (e.g. if an individual was not with their children at the time of assessment, they may be given the VI-SPDAT instead of the VI-F-SPDAT intended for households with children).

Another example of inconsistent administration that was cited in several interviews was a perceived variation in the length of time after a client has begun to work with a navigator or entered shelter before they receive a VI-SPDAT. However, there was some conflicting feedback regarding the best approach. Some stakeholders and clients felt that that wait times to connect a client with an assessor were already too long and clients should be connected to the VI-SPDAT quickly. Other stakeholders reported that they preferred to establish rapport and trust with clients prior to administering the VI-SPDAT in order to increase the likelihood of an accurate VI-SPDAT score that reflects the client's level of need. Accordingly, these stakeholders were concerned that some assessors do not take the time to have sufficient rapport with clients prior to administering the VI-SPDAT, potentially resulting in inaccurate assessments of a client's level of need.

III. Efficacy of the Prioritization Process

Sacramento CoC utilizes several factors for prioritizing households for housing programs through coordinated entry, including VI-SPDAT score to determine the level of service need and the most appropriate housing intervention as discussed above, as well as chronicity of homelessness (for Permanent Supportive Housing programs) and the length of time a client has been homeless in the most recent episode. To determine if these processes are effectively prioritizing based on these criteria, we compared the characteristics of individuals who were enrolled in Permanent Supportive Housing programs through coordinated entry and those that were enrolled in Permanent Supportive Housing programs outside of the coordinated entry system. [24] Additionally, stakeholders provided significant feedback on how prioritization processes played out in practice and opportunities to improve and build on existing practices.

> **Key Takeaways: Efficacy of Prioritization Processes**
>
> Coordinated entry processes appear to be effectively prioritizing clients based on chronicity of homelessness and length of time homeless. When comparing clients enrolled in Permanent Supportive Housing programs through coordinated entry and outside or coordinated entry, coordinated entry programs are serving a larger share of individuals who are chronically homeless and who have been homeless most recently for over a year.
>
> Overall, stakeholders were satisfied with case conferencing processes utilized for veterans and transition age youth. However, lack of understanding of the general prioritization scheme what happens once clients were on the By Name List were key themes from stakeholder feedback.

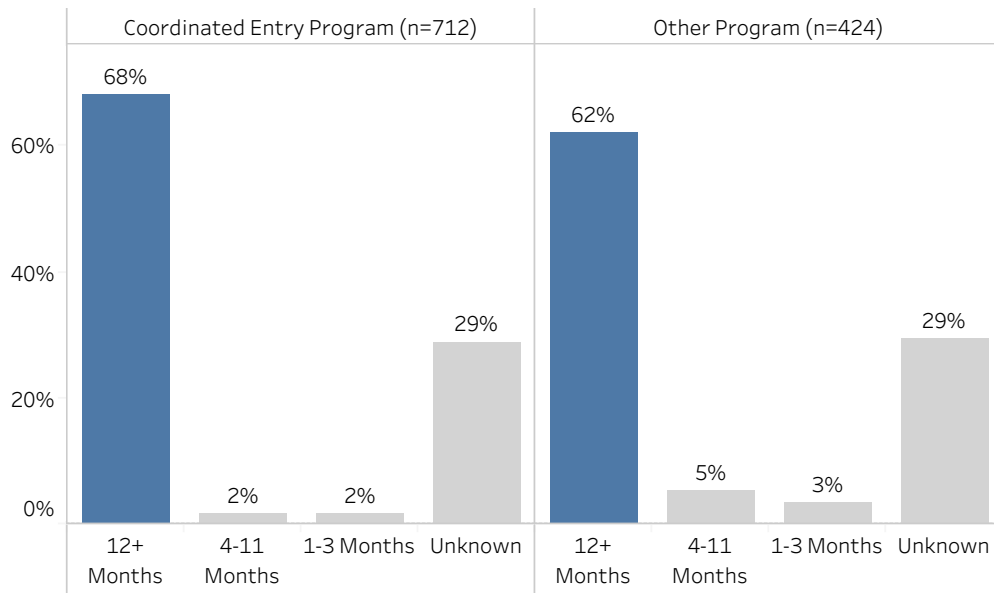- **Data Analysis of Prioritization Factors**

When looking at all persons enrolling in a Permanent Supportive Housing program, either through coordinated entry or through another process, with an enrollment date on or after October 1, 2018, we

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[24] A similar analysis for Rapid Re-Housing programs was not attempted due to more variation in Rapid Re-Housing programs across the system, making them less comparable than Permanent Supportive Housing programs.

see that the prioritization process is effectively prioritizing more individuals who are chronically homeless (i.e. have been homeless for 12 or more months in the past three years) and those who have been homeless for long periods of time.
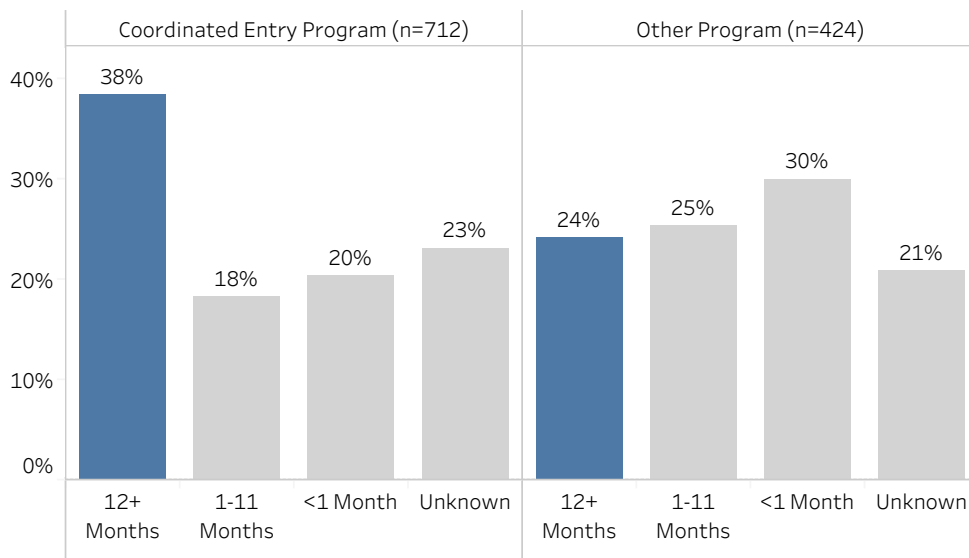
Chronicity of Homelessness (Number of Months Homeless Over 3 Years): Individuals enrolled in Permanent Supportive Housing programs through coordinated entry are more likely to have been homeless for a total of 12 or months in the three years prior to enrollment (X^2 (2, N=806)=9.00, p<.01), than clients enrolled in other Permanent Supportive Housing programs.

Figure 10. Number of Months Homeless Over 3 Years, Coordinated Entry PSH vs. Other PSH

Length of Time Homeless (Current Period): Similarly, individuals enrolled in Permanent Supportive Housing programs through coordinated entry are significantly more likely to have been homeless for 12 months or more in their most recent episode of homelessness (X^2 (2, N=755) =22.27, p<0.01).

Figure 11. Length of Time Homeless (Current Period), Coordinated Entry PSH vs. Other PSH

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- **Stakeholder Feedback on Prioritization Process**

Although the prioritization process appears to be prioritizing clients based on the established criteria, stakeholders and clients identified a number of challenges with the current prioritization process including:

Lack of understanding and transparency around the prioritization scheme: Generally, stakeholders described a lack of confidence that the most vulnerable clients were being prioritized. Several stakeholders expressed concern that that the prioritization process is not clear or transparent and felt that there were "side doors" to accessing the assessment and the resources in coordinated entry. Similarly, stakeholders reported a sense that some clients are more likely to be prioritized based on how or where an individual presents to access the system and how likely they may be to receive a referral to particular programs. Additionally, stakeholders noted a perceived preference for individuals who were more easily located by Coordinated Entry System Navigators or for individuals who already had documentation in order.

Though the data analysis above indicates that this may be more of an issue of perception and information available regarding who is enrolling in housing programs through coordinated entry, it also indicates an opportunity for further transparency through data reporting and opportunities to provide additional information and training on how to assist client to navigate coordinated entry.

Several stakeholders suggested that the CoC explore using dynamic prioritization, a prioritization system which would offer the next available housing resource to the household most acutely in need at the time the resource becomes available, regardless of whether they might be better-served by another type of housing resource. For example, because there is so little turnover within permanent supportive housings programs, someone who might be prioritized for Permanent Supportive Housing under the current system would be offered Rapid Re-Housing if an opening became available before a Permanent Supportive Housing opening. While this is being done informally in some cases though case conferencing for certain populations, it is not currently part of the general coordinated entry process.

Stakeholders also reported several areas where additional information about the prioritization process would be beneficial including how households with specific eligibility (e.g., CPS involvement) are prioritized for dedicated beds and how case conferencing is being used or not being used for all populations.

Support for case conferencing and expansion of this process: Stakeholders involved in case conferencing for transition age youth and veterans generally felt that the process worked well and appreciated the collaboration with other service providers. Several stakeholders suggested expanding case conferencing across the system and including more service providers in the process.

The current By Name List is not effective given size of the list and the number of housing resources available through coordinated entry: Stakeholders noted several issues due to the size of the by name list and the number of resources available. Several stakeholders noted that clients do not receive enough support once they have accessed the system and are on the list, such as case management or connections to other resources or housing interventions. Due to the volume of clients on the list who do not receive referrals, stakeholders noted a need for different, lower-intensity interventions for low-acuity clients who did not score high enough on the VI-SPDAT to receive a referral.

Confusion regarding processes after a client is added to the By Name List: Stakeholders also reported general confusion about what happens after a client is placed on the By Name List, including how often are they contacted and when they should be re-assessed, as well as a lack of clarity around

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how people get removed from the By Name List if they are inactive, difficult to find, or self-resolve. Also noted was a lack of clarity around steps that Coordinated Entry staff take once someone reaches the top of the list. Similarly, clients noted confusion about the process following the assessment including how long it would be until they might receive a referral to housing.

Process to Get Clients "Document Ready": Several stakeholders noted challenges with the process to obtain documentation for clients prioritized on the HOT sheet. Often HMIS data for clients is incomplete or inaccurate, which affects client eligibility and increases the difficulty of locating clients when they appear on the HOT sheet in order to begin to get them document ready. One stakeholder suggested adapting the process to focus on getting just a few people at the top of the list document ready, as opposed to everyone on list. This would help to avoid issues with clients getting document ready but not receiving a referral, as well as issues with having documentation expire.

Despite these challenges, clients who were prioritized on the HOT sheet and were working with a Navigator or a service provider to obtain documentation reported that, although the documentation process could be difficult for some, that staff were supportive with helping to get document ready.

IV. Assessment and Prioritization Recommendations

Below is a list of tailored recommendations to address the concerns and gaps raised regarding assessment and prioritization processes. Immediate priorities are key areas that Homebase would advise tackling in the short-term for maximum impact and to lay the foundation for future expansion of the system.

For additional information on sequencing and prioritization of recommendations see the "Next Steps" section at the end of the report.

IMMEDIATE PRIORITIES	• Provide clear and consistent community messaging around prioritization criteria and ensure wide dissemination of this information to service providers and stakeholders.
	
	• Clarify reassessment policy and make it easier to determine whether someone should be reassessed.
	    o Provide examples of the types of changes in circumstances that warrant reassessment.
	    o Develop a decision tree to support assessors in determining whether a household should be assessed.

MEDIUM-TERM PRIORITIES	• Increase training around VI-SPDAT administration to ensure more consistent administration and more equitable scoring across racial groups. • Provide and require ongoing training for assessors, including outreach teams, regarding:

- o Strategies to minimize and address re-traumatization, including an overview of available community mental health resources;
- o Communication and messaging regarding assessment and prioritization;
- o Cultural sensitivity;
- o Elimination of bias; and
- o Best practices in administering the assessment to foster trust and increase accuracy.

LONG-TERM PRIORITIES	• Explore phased, alternative, or supplemental assessment tools, such as an observation-based assessment (including a process for flagging potential misuse) or a behavioral health scale or assessment of the respondent's level of functioning.
	
	   o This process could be led by a subcommittee of the Coordinated Entry Committee, composed of a mix of committee members and key stakeholders, including individuals with lived experience and providers.
	
	• Partner with persons with lived experience of homelessness to develop and pilot alternative formulations of assessment questions to:
	
	   o Minimize re-traumatization,
	   o Address racial and ethnic disparities, and
	   o More effectively identify conditions and experiences affecting vulnerability.

OTHER RECOMMENDATIONS TO CONSIDER	• Require assessors to complete annual recertifications. Recertification might include a review of the access point's previous year's assessments to pinpoint any areas requiring discussion or clarity.
	
	• Establish a system for monitoring VI-SPDAT administration to ensure consistency and positive client experience and recommend or require agencies to adopt internal program controls.
	
	   o E.g., a small inter-agency task force that monitors on a system-level
	   o E.g., compare data on assessment results among assessors to identify red flags
	   o E.g., shadow assessors to assess fidelity
	   o E.g., provide technical assistance and training to assessors to address identified issues
	   o E.g., develop accountability measures to ensure fidelity

Referrals and Housing Placement

On the whole, the coordinated entry system appears to be achieving the goal to efficiently connect people experiencing homelessness to available housing and services. A review of policies related to referral processes showed general compliance with HUD requirements in this area and an analysis of data measuring the lengths of time it takes to provide a referral after a vacancy is reported, to enroll client in a program, and to move a client into housing show overall efficiency in the system. Stakeholder feedback noted challenges with certain policies such as referred clients being "document ready" and a desire for increased communication, that provide opportunities for further streamlining and coordination. In addition, some stakeholders reported concerns about lag times between when a vacancy is reported and when a referral is made, however, new processes discussed below that have been implemented as of August 2020 in response to feedback have made progress on these issues.

I. Summary of Compliance with HUD Requirements for Referrals

Homebase conducted an assessment of the CoC's compliance with HUD requirements related to referrals utilizing HUD's Coordinated Entry Self-Assessment Tool.[25] Information to inform this assessment was collected via stakeholder interviews, consultation with Sacramento Steps Forward staff, and a review of relevant policies and procedures.

For each required section, the coordinated entry system was determined to be either:

(1) Compliant with HUD requirements;
(2) Policy Update Needed, indicating that a policy either did not exist or was currently common practice but not documented in written policies and procedures as required;
(3) In Process, where an effort to come into compliance was already underway; or
(4) Area for Improvement, indicating the that CoC would want to focus on this area in improve the referrals process and compliance with HUD requirements.

> **Key Takeaway: Referral Process Compliance**
> Overall, the coordinated entry system is compliant in areas related to the referral process, including coordinated referral processes and relevant policies and procedures to ensure fairness of referrals and compliance with Fair Housing laws.

HUD Requirement [26]	Compliance Assessment
E.1. CE process includes uniform and coordinated referral processes for all beds, units, and services available at participating projects.	Compliant
E.2. CoC and projects participating in the CE process do not screen potential participants out for assistance based on perceived barriers to housing or services.	Compliant

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[25] The Self-Assessment Tool contains HUD requirements, recommendations, and optional sections. For purposes of this assessment only "Required" sections were reviewed. For more information, see HUD's Coordinated Entry Self-Assessment, available at: hudexchange.info/resource/5219/coordinated-entry-self-assessment/

[26] For reference, numbering in the table aligns with the sections of the Self-Assessment Tool. Sections that were not applicable to the Sacramento CoC's coordinate entry system were not included.

E.3. CoC- and ESG-program recipients and subrecipients use the CE process as the only referral source for filling vacancies in units funded by CoC and ESG housing program funds.	Compliant
E.4. CoC and all agencies participating in the CE process comply with the equal access and nondiscrimination provisions of Federal civil rights laws.	Compliant
E.5. CoC's referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.	Compliant

II. Analysis of Coordinated Entry Referral Processes

- **Data analysis of time from when a vacancy is reported and when a referral is received.**

In interviews, stakeholders cited long lag times between when a vacancy was reported and when a referral is made to fill that vacancy as a key concern regarding the referral process. Stakeholders also noted that long periods of time between vacancy and referrals affected the program's ability to spend down funding. One cause of this that stakeholders identified was that locating individuals who were included in the HOT sheet typically falls to Sacramento Steps Forward's one Coordinated Entry Projects Navigator, making it difficult to fill vacancies quickly. Stakeholders also reported that these issues extended the timeframe between a client's initial assessment and when referral was made, which negatively impacted client relationships and made it difficult for providers to meet other contractual obligations.

> **Key Takeaway: Referral Processes**
> Stakeholders generally noted that referral processes could be improved by increased communication and coordination with Coordinated Entry Staff, including regarding timely filling of vacancies, document readiness expectations, and notifications when clients are housed. Preliminary data reflecting new processes for reporting and filling vacancies implemented in August 2020 appear to have alleviated some of the issues around timeliness of referrals, however, this data should continue to be monitored for trends as more data become available.
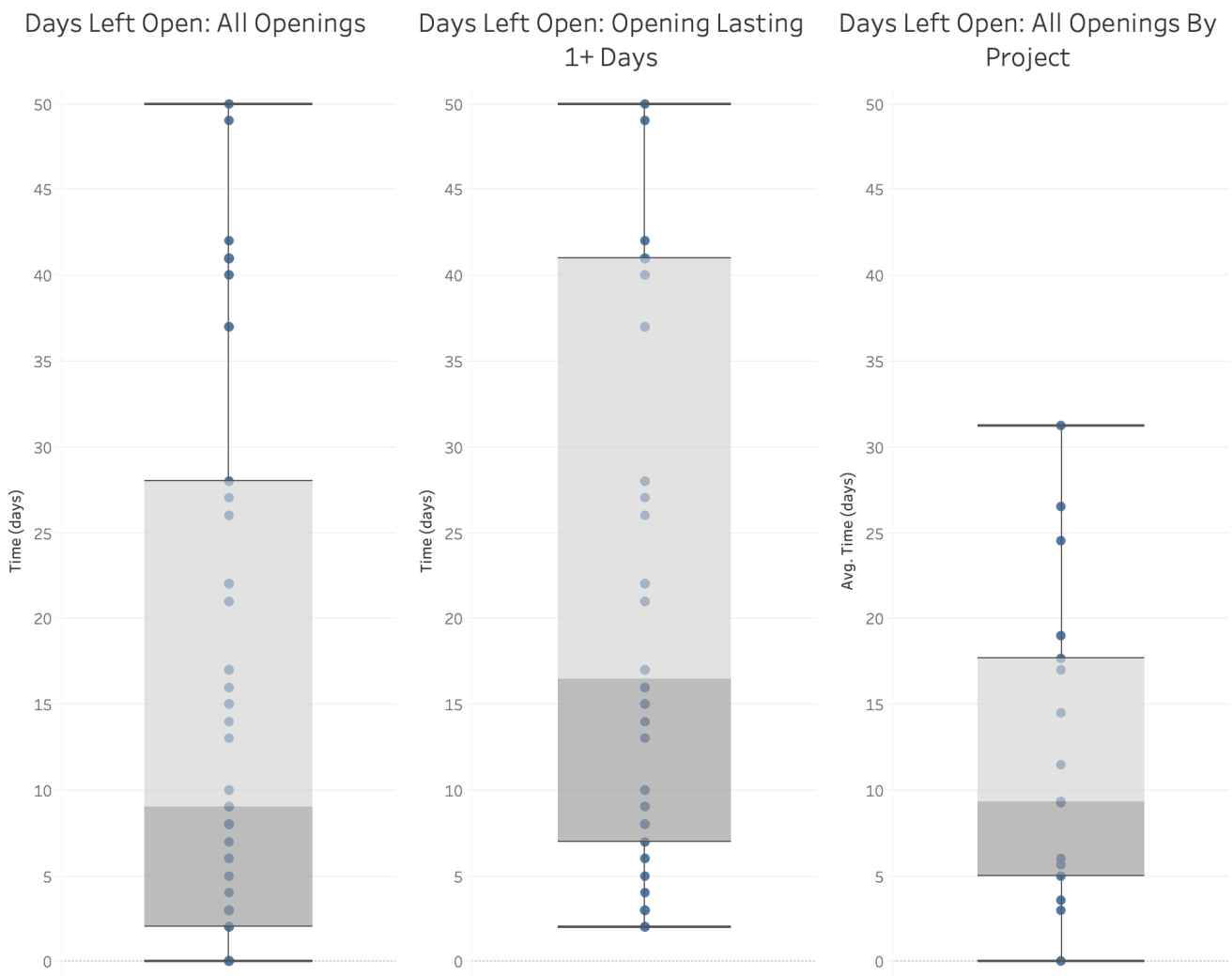
In response to community feedback regarding the timeframe for referrals and the need for additional transparency, new processes were implemented prior to August 2020 to improve (1) the notification of program openings and (2) to reduce the time between when an opening is reported and when a referral is matched to that opening. Due to these recent changes, we have analyzed data from the time period after these changes were made which includes August 2020 to October 2020, in order to better understand how current processes are working and where any bottlenecks may still remain.

Between August 1, 2020 and October 27, 2020, 97 openings were recorded in the system. Of those 97 openings, 74 were opened for one day or more. To account for the possibility that openings that were open for less than one day do not reflect the openings in context, a subset excluding these values was conducted for comparison. Viewed together, the data indicates that project opening tends to take around 2 weeks (14 days) to fill, but there is a great deal of variability in both directions. When examining the average number of days per project, we see less variability, but similar trends.

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Figure 12. Number of openings and days from when an opening is reported to when opening is matched with a referral (August 2020 – October 2020)

Openings	Number of openings	Average days left open	Median days left open	Maximum days left open	Minimum days left open
All Openings Added	97	16	9	50	0
Openings Lasting 1+ Days	74	21	16.5	50	2

Figures 13, 14, and 15. Number of days from when an opening is reported to when opening is matched with a referral (August 2020 – October 2020) by all openings, openings lasing one or more days, and openings by project.

Although the timeframes from opening to referral appear to be relatively efficient for most openings under the new processes, the data is limited in scope and indicates that there are some referrals that are still taking much longer periods of time to fill. The period of time from opening to referrals should continue to

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be monitored and further analyzed as more data is available in order to determine if there are trends among certain programs, agencies, or project types that may be taking longer to fill vacancies.

- **Additional Stakeholder Feedback on Referral Processes**

Stakeholders and clients identified a number of challenges with the current referral and placement process including:

Confusion regarding document readiness of referred clients: Multiple stakeholders noted that clients referred to programs were often not document ready and that there was a need for additional guidance and clarity regarding the expectations as to whether referred clients should all be document ready.

Lack of communication with services providers when a client is housed: The most common feedback received from stakeholders regarding the referral and housing placement processes was a desire to have Coordinated Entry staff follow-up with the assessor and/or case manager when a client has been successfully housed via the coordinated entry system. This could be accomplished through notifications in HMIS and would help providers to know when clients have been assisted and improve coordination across the system.

III. Analysis of Coordinated Entry Enrollments and Move ins

The overarching goal of coordinated entry is to provide efficient access to housing and services for people experiencing homelessness and to prioritize the most vulnerable for limited housing resources. To determine whether the coordinated entry system is providing fair and efficient access to housing, we examined several factors related to enrollments and move in below:

- **Overall Access to Enrollments and Move ins**

During the period between October 2018 and September 2020, 4,762 VI-SPDAT assessments were completed.[27] Of these, 4,193 households scored within the range eligible for Rapid Re-Housing or Permanent Supportive Housing. Of these households, 571 were subsequently enrolled in a Permanent Supportive Housing or Rapid Re-Housing program (14 percent of eligible households), and 494 had a move-in date logged in HMIS (11 percent of eligible households) during that same timeframe.

This indicates a significant gap between the population assessed as eligible for Rapid Re-Housing and Permanent Supportive Housing programs, and the resources for those households available through coordinated entry. This data also highlights the need for addition types of resources, such as Problem Solving, for the 12 percent of households scoring in the minimal intervention range as well as households who may be eligible for Rapid Re-Housing based on their VI-SPDAT scores but may have lower service needs and likely will not receive a referral for Rapid Re-Housing.

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[27] All households completing a VI-SPDAT between October 2018-September 2020 (2-year period).

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Figure 16. Assessments, Enrollment, and Move-Ins, All Households (Oct. 2018-Sept. 2020)

	Total	Rapid Re-Housing	Permanent Supportive Housing
Scored in Rapid Re-Housing or Permanent Supportive Housing Range	4,193 *(88% of all assessed)*[28]	2,112 *(44% of all assessed)*[29]	2,081 *(44% of all assessed)*[30]
Enrolled in a permanent housing program through coordinated entry	571[31]	263[32]	308[33]
Moved into a permanent housing program through coordinated entry	494 *(11% of eligible)*	190 *(9% of eligible)*	304 *(14% of eligible)*

It is also possible to compare trends over time. The period from October 2018 to September 2019 saw 2,565 households completing a VI-SPDAT, and of these, 240 eventually enrolled and moved into a housing program through coordinated entry within this same one-year period. By comparison, the period between October 2019 and September 2020 saw only 2,197 VI-SPDATs completed—a reduction of 368 households, likely related to the impacts of COVID-19. The 2019-2020 period also had fewer enrollments and move-ins recorded for both Rapid Re-Housing and Permanent Supportive Housing. As a result, only seven percent of households completed a VI-SPDAT and subsequently moved into a Rapid Re-Housing or Permanent Supportive Housing program through coordinated entry between October 2019 and September 2020, compared to 10 percent of households completing a VI-SPDAT and moving in within the one-year period prior.

Figure 17. Assessments, Enrollments, and Move-Ins, All Households
(Oct. 2018-Sept. 2019 & Oct. 2019-Sept. 2020)

	Oct. 2018-Sept. 2019	Oct. 2019-Sept. 2020
Completed a VI-SPDAT	2,565[34]	2,197[35]
Scored in Rapid Re-Housing or Permanent Supportive Housing Range	2,205 *(85% of assessed)*	1,988 *(90% of assessed)*
Enrolled into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	263[36]	173[37]
Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	240 (*10% of eligible*)	139 *(7% of eligible)*

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[28] Ibid.

[29] All households completing a VI-SPDAT between October 2018-September 2020 (2-year period) that scored as eligible for Rapid Re-Housing.

[30] All households completing a VI-SPDAT between October 2018-September 2020 (2-year period) that scored as eligible for Permanent Supportive Housing

[31] All households enrolling in a program through coordinated entry that were also assessed between October 2018-September 2020, where the enrollment date is on or after the assessment date.

[32] All households enrolling in a Rapid Re-Housing program through coordinated entry that were also assessed between October 2018-September 2020, where the enrollment date is on or after the assessment date.

[33] All households enrolling in a Permanent Supportive Housing program through coordinated entry that were also assessed between October 2018-September 2020, where the enrollment date is on or after the assessment date.

[34] All households completing a VI-SPDAT between Oct. 2018-Sept. 2019 (1-year period)

[35] All households completing a VI-SPDAT between Oct. 2019-Sept. 2020 (1-year period)

[36] All households enrolling in a program through coordinated entry that were also assessed between Oct. 2018-Sept. 2019, where the enrollment date is on or after the assessment date.

[37] All households enrolling in a program through coordinated entry that were also assessed between Oct. 2019-Sept. 2020, where the enrollment date is on or after the assessment date.

- **Analysis of Equity of Access to Enrollments and Move Ins**

To determine whether the current referral and placement processes are meeting the goal of the coordinated entry system to provide fair access to housing resources, we analyzed enrollments and move in rates across household types, looking at various demographics, to determine if there were any trends or disparities in how certain groups were accessing housing programs through coordinated entry. In an effort to understand the most current data, as well as provide benchmarks for tracking progress in future annual evaluations, the remainder of the analysis only considers the universe of individuals completing a VI-SPDAT and also enrolling in a housing program through coordinated entry within the one-year period from October 2019 through September 2020.

Key Takeaways: Enrollments and Move In

Across household type, race, gender, ethnicity, and veteran status, most groups saw a move-in rates of around seven percent compared to their eligible population, which mirror the overall trend from 2019-2020. However, there are some notable discrepancies including among families and Hispanic/Latino households, who had lower rates of move in than average, and veteran households which saw higher rates. Some of these trends may be driven by the number of housing resources available for certain populations available through coordinated entry and demonstrate the efficacy of the system when more resources are available.

Data on the efficiency of the system to enroll and house households shows that nearly half of households who are connected to housing programs through coordinated entry are being efficiently assessed, referred and enrolled in those programs. However, many are still taking more than three months to be connected and data quality limitations impact the ability to fully understand timeframes from assessment to enrollment to ultimately moving in to housing.

Household Type: Single adult and youth households saw move-in rates of eight and six percent, respectively, **while only five percent of families moved into housing compared to those assessed as eligible.** This may speak to a lack of multi-bedroom housing units or fewer family-dedicated resources within coordinated entry.

*Figure 18. Assessments, Enrollment, and Move-Ins, by **Household Type** (Oct. 2019-Sept. 2020)*

	Single Adult	**Family**	**Unaccompanied Youth**
Completed VI-SPDAT	1,470[38]	561[39]	166[40]
Scored in Rapid Re-Housing or Permanent Supportive Housing Range	1,380 *(94% of assessed)*	464 *(83% of assessed)*	144 *(87% of assessed)*
Enrolled into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	126[41]	30[42]	17[43]
Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	107 *(8% of eligible)*	23 *(5% of eligible)*	9 *(6% of eligible)*

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[38] All single households completing a VI-SPDAT between Oct. 2019-Sept. 2020 (1-year period)

[39] All family households completing a family VI-SPDAT between Oct. 2019-Sept. 2020 (1-year period)

[40] All unaccompanied youth households completing a youth VI-SPDAT between Oct. 2019-Sept. 2020 (1-year period)

[41] Households enrolling in a program through coordinated entry that were also assessed between Oct. 2018-Sept. 2019, where the enrollment date is on or after the assessment date.

[42] Ibid.

[43] Ibid.

Gender: Male identified persons and female identified persons saw similar rates of move-in compared to the population assessed as eligible for Rapid Re-Housing or Permanent Supportive Housing, with both having move-in rates near seven percent.

*Figure 19. Assessments, Enrollment, and Move-Ins, by **Gender** (Oct. 2019-Sept. 2020)*

	Male	**Female**	**Other (Includes Unknown)**
Completed VI-SPDAT	1,027[44]	1,132[45]	38[46]
Scored in Rapid Re-Housing or Permanent Supportive Housing Range	949 *(92% of assessed)*	1,007 *(89% of assessed)*	32 *(84% of assessed)*
Enrolled into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	91[47]	79[48]	3[49]
Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	69 *(7% of eligible)*	68 *(7% of eligible)*	2 *(6% of eligible)*

Race: Six percent of eligible white household ultimately moved into a program through coordinated entry compared to eight percent of eligible Black households. **Notably, a smaller share of Black households (86 percent) were assessed as eligible for Rapid Re-Housing or Permanent Supportive Housing compared to white households (95 percent) according to their VI-SPDAT score.** This follows the earlier analysis that Black households score lower on the VI-SPDAT than white households across both the single adult and family VI-SPDATs, but may also provide some evidence that lower VI-SPDAT scores may have had less of an impact ultimately on access to housing, though additional monitoring of VI-SPDAT scores and housing outcomes is needed.

*Figure 20. Assessments, Enrollment, and Move-Ins, by **Race** (Oct. 2019-Sept. 2020)[50]*

	White	**Black**	**Other (Includes Unknown)**
Completed VI-SPDAT	1015	878	304
Scored in Rapid Re-Housing or Permanent Supportive Housing Range	965 *(95% of assessed)*	752 *(86% of assessed)*	271 *(89% of assessed)*
Enrolled into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	82	67	24
Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	61 *(6% of eligible)*	59 *(8% of eligible)*	19 *(7% of eligible)*

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[44] All households with a male head of household completing a VI-SPDAT (single adult, family, or youth) between Oct. 2019-Sept. 2020 (1-year period)

[45] All households with a female head of household completing a VI-SPDAT (single adult, family, or youth) between Oct. 2019-Sept. 2020 (1-year period)

[46] All households with a head of household have another gender completing a VI-SPDAT (single adult, family, or youth) between Oct. 2019-Sept. 2020 (1-year period)

[47] Households enrolling in a program through coordinated entry that were also assessed between Oct. 2018-Sept. 2019, where the enrollment date is on or after the assessment date.

[48] Ibid.

[49] Ibid

[50] For a better understanding of the client universe used, see footnotes 38-43.

Ethnicity: Only five percent of eligible Hispanic/Latino households eventually move into a program through coordinated entry—two percentage points below the overall move-in rate for 2019-2020, as well as the Non-Hispanic/Latino population.

*Figure 21. Assessments, Enrollment, and Move-Ins, by **Ethnicity** (Oct. 2019-Sept. 2020)[51]*

	Hispanic/Latino	Non-Hispanic/Latino	Unknown
Completed VI-SPDAT	340	1,835	22
Scored in Rapid Re-Housing or Permanent Supportive Housing Range	302 *(89% of assessed)*	1,668 *(91% of assessed)*	18 *(82% of assessed)*
Enrolled into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	21	152	0
Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	15 *(5% of eligible)*	124 *(7% of eligible)*	0 *(0% of eligible)*

Veteran Status: Veteran households saw fairly high enrollment and move-in rates compared to all other demographics. **Thirty percent of eligible veterans eventually enrolled into a program, and 19 percent of eligible veterans moved in.** These rates greatly exceed the overall trend (nine percent enrolling and seven percent moving in) and likely speaks to both to the veteran case conferencing process (of which stakeholders speak highly), as well as the number of veteran-specific housing resources.

*Figure 22. Assessments, Enrollment, and Move-Ins, by **Veteran Status** (Oct. 2019-Sept. 2020)[52]*

	Veteran	Non-Veteran	Unknown
Completed VI-SPDAT	135	2,046	16
Scored in Rapid Re-Housing or Permanent Supportive Housing Range	126 *(93% of assessed)*	1,847 *(90% of assessed)*	15 *(94% of assessed)*
Enrolled into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	39	134	0
Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry	24 *(19% of eligible)*	115 *(6% of eligible)*	0 *(0% of eligible)*

- **Analysis of Timeframe from Assessment to Enrollment and from Enrollment to Move In, October 2019 - September 2020**
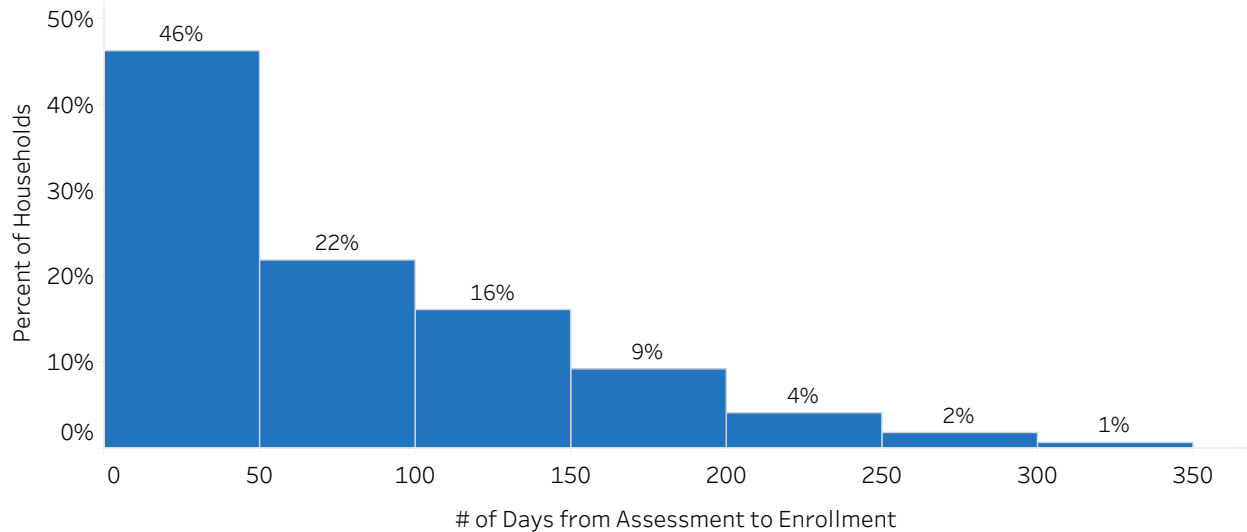
To determine whether the current referral and placement processes are meeting the goal of the coordinated entry system to provide to provide efficient access to available housing resources, we analyzed the timeframes from most recent assessment to enrollment in a housing program through coordinated entry and from enrollment to move in. By looking at these two timeframes, we can identify any bottlenecks in the process and determine if clients are being successfully housed in an efficient manner.

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[51] Ibid.
[52] Ibid.

Timeframe from Most Recent Assessment to Enrollment: Of the 173 households who were assessed between October 2019 and September 2020 and enrolled in a either a Rapid Re-Housing or Permanent Supportive Housing program through coordinated entry during that same timeframe, 46 percent were enrolled within 50 days. The median was 56 days.

Figure 23. Length of Time from Assessment to Enrollment into Rapid Re-Housing or Permanent Supportive Housing Program through Coordinated Entry (Oct. 2019-Sept. 2020)

When broken out by Rapid Re-Housing or Permanent Supportive Housing, length of time varies slightly. **Only 41 percent of those enrolled in Rapid Re-Housing were enrolled within 50 days of assessment, compared to 51 percent of those enrolling in Permanent Supportive Housing.** The median length of time from assessment to enrollment for Rapid Re-Housing and Permanent Supportive Housing was 71 days and 49 days, respectively. This may be related to the differences in how each project type operates; for example, a Permanent Supportive Housing program may only enroll a household when a unit is actually available.
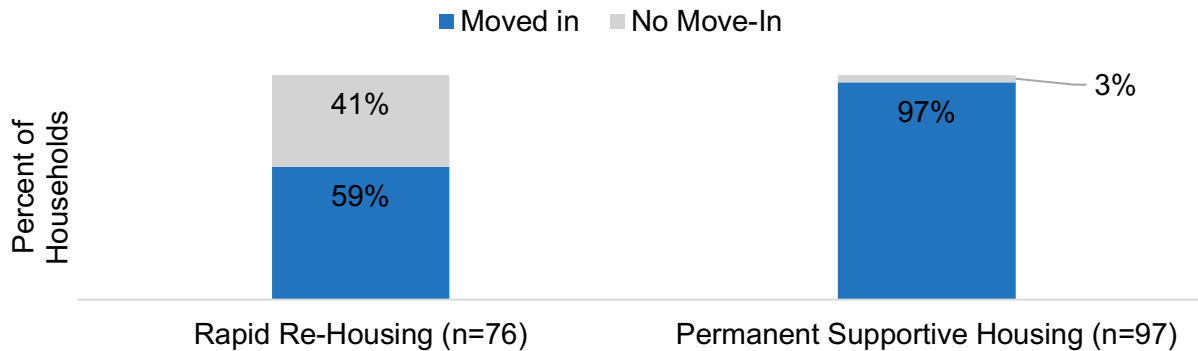
Overall, this data shows that many households who are connected to housing programs through coordinated entry are being efficiently assessed and referred to those programs. However, for about one-third of the households enrolling in programs this process took more than three months indicating a need for further streamlining. This likely reflects concerns shared by stakeholders regarding the timeframe for filling vacancies. Recently implemented processes changes around reporting and filling vacancies may help to alleviate this concern going forward and should continue to be monitored as more data is available.

Timeframe from Enrollment to Move-In: Eighty percent of households (n=138) enrolled in a Rapid Re-Housing or Permanent Supportive Housing program through coordinated entry between October 2019 and September 2020 eventually moved into a unit, and 73 percent of those with a move in date, moved in within 50 days from the date of enrollment. Because so many households have a move-in date so close to their enrollment, however, **it is unclear whether households actually are moving in expeditiously, or if the data for move-in date is unreliable due to data entry discrepancies** (e.g. some agencies may not be enrolling households until those households also move into a unit, creating an artificially short move-in timeframe).

If accurate, move-in trends do show a significant difference in the rates of move-in after enrollment between Rapid Re-Housing and Permanent Supportive Housing. **While nearly all households (97 percent) enrolled in a Permanent Supportive Housing program eventually have a move-in date,**

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this is only the case for 59 percent of households enrolled in a Rapid Re-Housing. This may suggest one or more of the following: (1) a breakdown in the process between enrollment and move-in, (2) a lack of units/housing available in which to move in a household, or (3) data quality challenges.

Figure 24. Rates of Move in After Enrollment, Rapid Re-Housing vs. Permanent Housing (2019-2020)

IV. Referral and Placement Recommendations

Below is a list of tailored recommendations to address the concerns and gaps raised regarding referral and enrollment processes. Immediate priorities are key areas that Homebase would advise tackling in the short-term for maximum impact and to lay the foundation for future expansion of the system.

For additional information on sequencing and prioritization of recommendations see the "Next Steps" section at the end of the report.

IMMEDIATE PRIORITIES	• Develop and disseminate operating procedures that memorialize the protocols for case conferencing and By Name List administration processes. • Develop and disseminate operating procedures to clarify expectations regarding responsibilities related to documenting eligibility. • Set up automatic messages in HMIS to notify the assessor and/or case manager when a client has been successfully housed via referral.
MEDIUM-TERM PRIORITIES	• Train front-line staff in problem solving to support households that are not prioritized for housing in regaining housing stability. • Expand case conferencing processes across all coordinated entry programs.

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	• Monitor timeframe for reporting and filling vacancies and adjust referral workflow as needed to proactively match households with anticipated program openings to minimize lag time between vacancies and referrals.
OTHER RECOMMENDATIONS TO CONSIDER	• Expand outreach/navigator staff capacity to proactively document eligibility of households, with a focus on a smaller number of households prioritized near the top of the HOT sheet. • Assess data quality to ensure that enrollment and move-in date data is accurate and consistently utilized. Increase training for providers to utilize enrollment and move-in date fields with fidelity.

System Improvement and Expansion

In addition to the key areas of the coordinated entry system – access, assessment, prioritization, and referral – this evaluation also examined opportunities for possible expansion of the system as well as a review of data to show whether coordinated entry is achieving its goals of providing access to housing for the most vulnerable and to help make the case for future expansion.

I. Opportunities for Further Expansion of the Coordinated Entry System

As noted throughout this report, the coordinated entry system is largely achieving the goals of providing fair and efficient access to housing resources for the county's most vulnerable residents, however, its reach is limited. Coordinated entry currently encompasses a small share of the overall housing resources available to people experiencing homelessness in Sacramento County. As a result, there are not enough resources to meet the needs of most households who are accessing the coordinated entry system.

In order to better achieve the goals of coordinated entry, stakeholders noted several areas for potential expansion of the coordinated entry system including:

- Expanding the housing resources available through coordinated entry to better meet the need of those accessing the system and to provide more centralized, client-centered access to housing resources.

- Interest in having the Coordinated Entry committee explore further whether coordinated entry should be expanded to include additional emergency shelter and other crisis response resources.

- Including additional resources and referrals for clients when they are accessing the system, especially for households who do not score highly on the VI-SPDAT and are unlikely to receive a referral to housing through coordinated entry (e.g. Problem Solving).

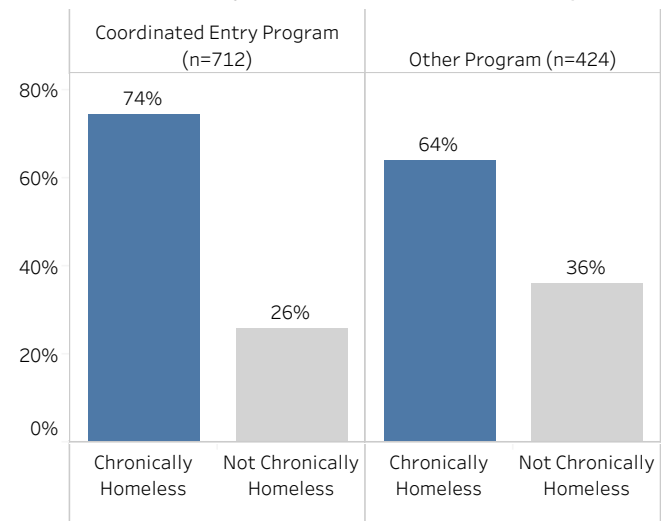Sacramento CoC 2020 Coordinated Entry Evaluation

- The need for additional community financial investment and staffing to support coordinated entry processes including an additional Referral Specialist, an additional Coordinated Entry Projects Navigator, and additional outreach staff.

II. Data Analysis of Clients Served through Coordinated Entry and Outside of Coordinated Entry

To look at preliminary indicators of whether the coordinated entry system is achieving its goals to house the most vulnerable and promote fairness and equity, we looked at the universe of clients in HMIS who enrolled in a Permanent Supportive Housing program between October 2018 and September 2020. Similar to the analysis of the efficacy of the prioritization process in "Assessment and Prioritization" above, we compared characteristics of clients enrolled in programs through coordinated entry, and those enrolled in programs outside of coordinated entry and assessed relative vulnerability and equity across multiple factors – age, chronic homeless status, experience of domestic violence, disability status, gender, number of months homeless over 3 years, length of time homeless, race, veteran status, and VI-SPDAT score. **Of these ten factors, we found statistically significant findings across five – chronic homeless status, experience of domestic violence, number of months homeless over 3 years, length of time homeless, and VI-SPDAT score – indicating the coordinated entry system is achieving the goal of serving more vulnerable households.**

Between October 2018 and September 2020, 1,136 individuals were enrolled in Permanent Supportive Housing programs. Of these, 742 enrolled in a Permanent Supportive Housing program through coordinated entry, while 424 were enrolled in a Permanent Supportive Housing program outside of coordinated entry. As discussed above in "Assessment and Prioritization," in line with the CoC's prioritization scheme, individuals enrolled in Permanent Supportive Housing programs through coordinated entry are more likely to have been homeless for a total of 12 or more months in the three years prior to enrollment, than clients enrolled in other Permanent Supportive Housing programs (68 percent vs. 62 percent, respectively). Similarly, individuals enrolled in Permanent Supportive Housing programs through coordinated entry are more likely to have been homeless for 12 months or more in their most recent episode of homelessness (38 percent vs. 32 percent, respectively).

Figure 25. Chronic Homeless Status at Enrollment, Coordinated Entry PSH vs. Other PSH Programs
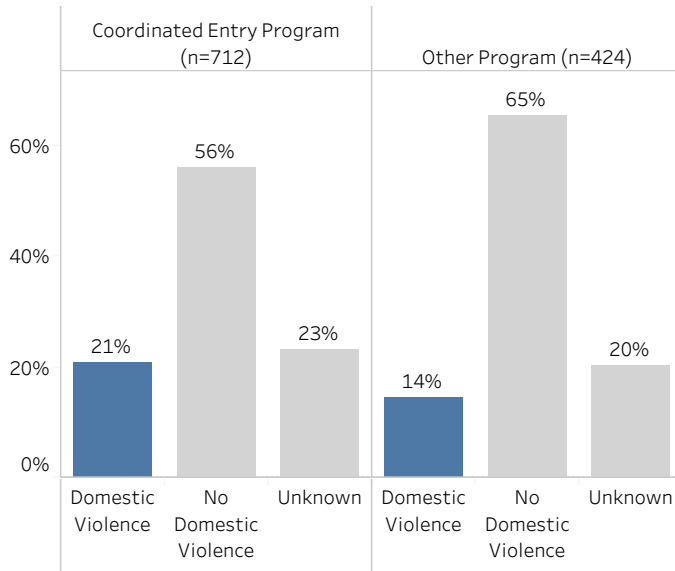
Chronic Homeless Status
Additionally, individuals enrolled in Permanent Supportive Housing programs through coordinated entry are more likely to be Chronically Homeless (X^2 (2, N=1136) = 13.36 p<0.01) at program entry than clients enrolled in other Permanent Supportive Housing programs.[53]

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[53] For purposes of this analysis, we looked at all individuals enrolled, as opposed to households. As a result, some household members were not chronically homeless, even if Permanent Supportive Housing Programs require that a household is chronically homeless.

*Figure 26. Experience of Domestic Violence,
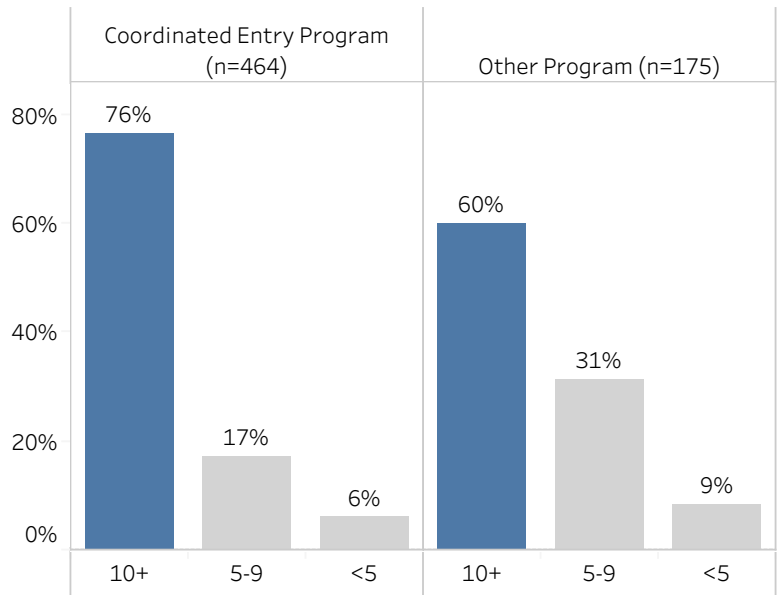Coordinated Entry PSH vs. Other PSH Programs*

Domestic Violence
Individuals enrolled in Permanent Supportive Housing programs through coordinated entry are more likely to have had experience with domestic violence (X^2 (2, N=885)=9.40, p<0.01) than clients enrolled in other Permanent Supportive Housing programs.

VI-SPDAT Scores
Looking at just individual enrolled in Permanent Supportive Housing programs who have completed a VI-SPDAT, individuals enrolled in Permanent Supportive Housing programs through coordinated entry are more likely to score in the 10 or higher range (X^2 (2, N=712)= 19.31, p <0.01) than clients enrolled in other Permanent Supportive Housing programs.

*Figure 26. VI-SPDAT Scores, Coordinated Entry
PSH vs. Other PSH Programs*

IV. System Expansion and Improvement Recommendations

Below is a list of tailored recommendations to address some of broader issues raised regarding overall system improvement and expansion. Immediate priorities are key areas that Homebase would advise tackling in the short-term for maximum impact and to lay the foundation for future expansion of the

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system. Given the variety of ways to access housing programs and services across the county, the relatively few resources available through coordinated entry was a key concern raised in this evaluation. In order to provide a more centralized and client-centered to access to services, Homebase would recommend prioritizing expansion of the system during the redesign process.

For additional information on sequencing and prioritization of recommendations see the "Next Steps" section at the end of the report.

IMMEDIATE PRIORITIES	• Incorporate feedback loops into Coordinated Entry Committee meeting structure to report back on implementation of recommendations and decisions made.
MEDIUM-TERM PRIORITIES	• Conduct a community outreach and education campaign about coordinated entry and the benefits of a centralized system in order to increase knowledge of the system among service providers and incorporate more housing programs into coordinated entry. • Explore options for incorporating emergency shelter and other crisis housing into coordinated entry.

Next Steps

To put into action the next steps identified in this report, Homebase recommends the following implementation plan:

Immediate Priorities: In the short term, focus on increasing buy-in, transparency, and knowledge of the system among stakeholders, partners, and community members. These recommendations are not only less resource-intensive and more immediately attainable, but also crucial to fostering support for more significant system changes that the community may want to implement down the line. Related recommendations include:

1. **Make information about how to access the system (locations, hours, contacts) publicly available and easily accessible.**
   a. Develop a publicized and regularly updated list of access points and relevant information (e.g., location, hours, populations served, walk-ins permitted, languages, services) to support agencies in referring clients for assessments.
   b. Assess utilization of current access points and develop a system to refer clients to underutilized points.

2. **Translate policies and procedures into user-friendly tools and resources clarifying the overall system and processes such as prioritization, document readiness, and referrals.** Create community-, provider-, and client-targeted FAQs; checklists related to partner responsibilities; and flow charts to clarify processes. Host and publicize monthly office hours

open to all current and prospective partners to address questions about coordinated entry. Record and share publicly a video overviews of coordinated entry – the general system and its various component processes.
   a. Provide clear and consistent community messaging around prioritization criteria and ensure wide dissemination of this information to service providers and stakeholders.
   b. Strengthen understanding of the coordinated entry system at each point of contact for clients, including providers who are not participating in coordinated entry. In particular, create informational tools to:
      i. Ensure providers who are not participating in coordinated entry are able to explain the process accurately to their clients and know where to refer clients for an assessment;
      ii. Facilitate talking points for assessors and access point agencies to directly respond to tough questions;
      iii. Support participants who take the VI-SPDAT to understand the information they are given about the coordinated entry system;
      iv. Clarify for clients the roles of service providers and who they can talk to about housing;
      v. Ensure comprehensive messaging to people unlikely to obtain placements through coordinated entry; and
      vi. Make effective referrals to diversion or other services.
   c. Develop and disseminate operating procedures that memorialize the protocols for case conferencing and By Name List administration processes.
   d. Develop and disseminate operating procedures to clarify expectations regarding responsibilities related to documenting eligibility.
   e. Clarify reassessment policy and make it easier to determine whether someone should be reassessed.
      i. Provide examples of the types of changes in circumstances that warrant reassessment.
      ii. Develop a decision tree to support assessors in determining whether a household should be assessed.

3. **Provide regular updates on data related to the functioning of coordinated entry through the Coordinated Entry Committee, public dashboards, or other channels.** Start by highlighting success in areas such as number of referrals and housing stability of persons connected to housing programs via coordinated entry. For purposes of the Coordinated Entry Committee, consider also sharing time from assessment to referral parsed by VI-SPAT score and time from vacancy to referral.
   a. Incorporate feedback loops into Coordinated Entry Committee meeting structure to report back on implementation of recommendations and decisions made.
   b. Set up automatic messages in HMIS to notify the assessor and/or case manager when a client has been successfully housed via referral.

Medium-Term Priorities: In the medium term, focus on strategies to engage the broader community, reduce coordinated entry inequities, and expand problem-solving resources. Related recommendations include:

1. **Continue to expand the number of housing resources accessible through coordinated entry and the breadth of services available to clients including shelter, housing navigation, and connection to other housing resources in the community.**
   a. Train front-line staff in problem solving to support households that are not prioritized for housing in regaining housing stability.

b. Conduct a community outreach and education campaign about coordinated entry and the benefits of a centralized system in order to increase knowledge of the system among service providers and incorporate more housing programs into coordinated entry.

c. Expand case conferencing processes across all coordinated entry programs.

d. Explore options for incorporating emergency shelter and other crisis housing into coordinated entry.

2. **Assess contextual factors that may be contributing to inequities and provide regular training for assessors on bias and consistent administration of the VI-SPDAT assessment.**

   a. Increase training around VI-SPDAT administration to ensure more consistent administration and more equitable scoring across racial groups, especially among agencies administering significant numbers of VI-F-SPDATs for families.

   b. Provide and require ongoing training for assessors, including outreach teams, regarding:
      i. Strategies to minimize and address re-traumatization, including an overview of available community mental health resources;
      ii. Conflict and crisis de-escalation;
      iii. Communication and messaging regarding assessment and prioritization;
      iv. Cultural sensitivity;
      v. Elimination of bias; and
      vi. Best practices in administering the assessment to foster trust and increase accuracy.

3. **Regularly review assessment score, referral, and enrollment data to monitor for inequities.**

4. **Provide drop-in access and services at publicized locations where service providers can refer clients and which people experiencing homelessness can easily identify and access.**

Long-Term Priorities: In the long-term, focus on strategies to continue improving ease of access and support race equity. It is recommended to build in various steps to ensure quality control and partner buy-in. Consider the following process:

1. The Coordinated Entry Committee determines that there is a need to solve a problem and that the solution may require a big picture change to the system;
2. Sacramento Steps Forward consults with the CoC Board to ensure alignment with the Strategic Plan to Address Homelessness;
3. The Coordinated Entry Committee defines the standards that a solution must meet (e.g., must be research-validated, approved by the Race Equity Work Group, etc.);
4. The Coordinated Entry Committee or a designated subcommittee thereof develops and vets strategies;
5. A representative of the Coordinated Entry Committee shares the analysis with the CoC at large and encourages agencies to send representatives to the Coordinated Entry Committee meeting where the recommendations to the CoC Board will be finalized;
6. The Coordinated Entry Committee weighs the available options and makes a final recommendation to CoC Board; and
7. The CoC Board considers the Coordinated Entry Committee's recommendation and votes on the proposal.

Related recommendations include:

1. **Expand outreach teams to connect clients with coordinated entry and ensure geographic coverage of underserved areas of the county.**

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2. **Using a race equity framework, consider changes to the prioritization factors and/or assessment methods if additional mitigation is needed.**
    a. Identify access points that see high traffic from underrepresented groups, including males, households that identify as American Indian and multi-racial, and veterans, and build additional capacity to assess these populations, in order to increase their rates of access into coordinated entry.
    b. Explore phased, alternative, or supplemental assessment tools, such as an observation-based assessment (including a process for flagging potential misuse) or a behavioral health scale or assessment of the respondent's level of functioning.
        i. This process could be led by a subcommittee of the Coordinated Entry Committee, composed of a mix of committee members and key stakeholders, including individuals with lived experience and providers

3. **Coordinate efforts with the CoC's new Race Equity Workgroup and ensure that people with lived experience of homelessness are involved in any processes to evaluate or adapt assessment.**
    a. Partner with persons with lived experience of homelessness to develop and pilot alternative formulations of assessment questions to:
        i. Minimize re-traumatization,
        ii. Address racial and ethnic disparities, and
        iii. More effectively identify conditions and experiences affecting vulnerability.

Appendix A: Coordinated Entry Access Points

Currently, each Coordinated Entry Access Point in Sacramento operates in a slightly different way. Some agency work to connect clients that are currently enrolled in their housing or shelter programs in the VI-SPDAT, while other agencies proactively engage in connecting folks living in unsheltered situations to the VI-SPDAT (street outreach) or take appointments to complete the VI-SPDAT (by appointment).

- Berkeley Food and Housing Project – Housing Resources
- Bishop Gallegos Maternity Home – Emergency Shelter
- Capitol Park Hotel – Emergency Shelter, Housing Resources
- City of Sacramento – Emergency Shelters/Navigation Centers
- El Hogar Community Services – By Appointment
- First Step Communities – Emergency Shelter
- Hope Cooperative/TLCS – Housing Resources
- Lutheran Social Services – Housing Resources
- Lutheran Social Services/Wind Youth Services – Street Outreach
- Midtown Churches – Emergency Shelters
- Nation's Finest (formerly Sacramento Veterans Resources Center) – Housing Resources
- Next Move – Emergency Shelters, Housing Resources, By Appointment
- Sacramento County Department of Human Assistance – Emergency Shelters, Housing Resources
- Sacramento County Sheriff's Department Homeless Outreach Team – Street Outreach
- Sacramento Covered – Street Outreach
- Sacramento LGBT Community Center – Emergency Shelters
- Sacramento Self Help Housing – Emergency Shelters, Housing Resources, and Street Outreach

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- Sacramento Steps Forward – Street Outreach
- Salvation Army – Emergency Shelters
- Shelter Inc – Emergency Shelter
- St. John's Program for Real Change – Emergency Shelter, Housing Resources
- Turning Point Community Programs – Housing Resources
- Veterans Outreach Team – Street Outreach
- Visions Unlimited – Housing Resources
- Volunteers of America – Emergency Shelters, Housing Resources
- Waking the Village – Housing Resources, Street Outreach
- Wellness & Recovery South – By Appointment
- WellSpace Health – Emergency Shelters, Housing Resources
- Wind Youth Services – Emergency Shelters, Housing Resources

Appendix B: Housing Projects Participating in Coordinated Entry

Housing Resources Participating in Coordinated Entry: The following housing resources are available to any eligible and prioritized individuals participating in Coordinated Entry, including individuals being served in the transition age youth or veterans case conferencing process.

Project Type	Agency & Project
Permanent Supportive Housing	- Cottage Housing – Quinn Cottages - Hope Cooperative/TLCS – RA Consolidation - Lutheran Social Services – Achieving Change Together, Saybrook*, Building Bridges - Mercy Housing – Mather Veteran's Village 1 & 3*, Mutual Housing at the Highlands - Next Move – Omega, Step Up Sacramento (non-TAY components), Home at Last - Sacramento Self Help Housing - Shared Community, Building Community, New Community, Friendship Housing - SHRA – Shasta Hotel - Volunteers of America – ReSTART
Rapid Re-Housing	- City of Sacramento ESG - Lutheran Social Services: Connections RRH - Possibilites RRH Component - Roads Home RRH* - Sacramento County ESG - Sacramento SSVF RRH* - State Countywide ESG - Volunteers of America – Bringing Families Home* - Volunteers of America – Veteran Families RRH*

Housing project also receives referrals from sources other than Coordinated Entry.

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Housing and Shelter Resources Participating in Transition Age Youth Case Conferencing: The following housing and shelter resources are available to transition age youth who have been prioritized through Coordinated Entry. These resources are made available through this process at the discretion of participating agencies.

Project Type	Agency & Project
Permanent Supportive Housing	• Lutheran Social Services – Connections Consolidated • Next Move - Step Up Sacramento (TAY components)
Rapid Re-Housing	• Hope Cooperative/TLCS & Wind Youth Services – Possibilities (RRH component)
Transitional Housing	• Hope Cooperative/TLCS & Wind Youth Services – Possibilities (TH component) • Next Move – Adolfo Mather THP+ for Former Foster Youth* • Sacramento LGBT Center – Transformational Living Program* • Waking the Village – Audre*, Tubman* • Wind Youth Services – Xpanding Horizons*, Transformational Living Program*
Emergency Shelter	• Sacramento LGBT Center – Host Homes Pilot Program*, Short-Term Transitional Emergency Program*, The Grove/Emergency Bridge Housing* • Wind Youth Services – Common Ground*

Housing or shelter project also receives referrals from sources other than the TAY case conferencing process.

Housing and Shelter Resources Participating in Veterans Case Conferencing: The following housing and shelter resources are available to veterans who have been prioritized through Coordinated Entry. These resources are made available through this process at the discretion of participating agencies.

Project Type	Agency & Project
Permanent Supportive Housing	• Veterans Administration – HUD-VASH Vouchers*
Rapid Re-Housing	• Berkeley Food and Housing Program – Roads Home SSVF* • Nation's Finest – SSVF* • Volunteers of America – SSVF*

Housing project also receives referrals from sources other than the veterans case conferencing process.

Appendix C: Compiled Recommendations

ACCESS RECOMMENDATIONS

IMMEDIATE PRIORITIES	- Develop a publicized and regularly updated list of access points and relevant information (e.g., location, hours, populations served, walk-ins permitted, languages, services) to support agencies in referring clients for assessments. - Assess utilization of current access points and develop a system to refer clients to underutilized points. - Strengthen understanding of the coordinated entry system at each point of contact for clients, including providers who are not participating in coordinated entry. In particular, create informational tools to: - Ensure providers who are not participating in coordinated entry are able to explain they process accurately to their clients and know where to refer clients for an assessment; - Provide materials for clients in multiple languages; - Facilitate talking points for assessors and access point agencies to directly respond to tough questions; - Support participants who take the VI-SPDAT to understand the information they are given about the coordinated entry system; - Clarify for clients the roles of service providers and who they can talk to about housing; - Ensure comprehensive messaging to people unlikely to obtain placements through coordinated entry; and - Help providers make effective referrals to diversion or other services.
MEDIUM-TERM PRIORITIES	- Build on efforts underway to increase capacity across the system to efficiently connect clients with the VI-SPDAT by exploring a hybrid approach to coordinated entry access which builds on the existing model, combining multiple centralized access points and a "no wrong door" access model. This should include: - Increasing the number of centralized access points spread geographically around the county with drop-in times and appointment slots available. - Building the capacity of access points by providing funding for diversion (e.g., housing problem solving), as well as light-touch housing navigation that can help connect clients to resources or assist in self-resolving. - Developing shared community definitions for centralized

access points with drop-in hours and for the many service provider and emergency shelter access points.

- o Clarifying the role of access points by delineating the responsibilities of each type of access point in MOUs (i.e., entering data into HMIS, triage, making referrals to shelter/diversion, documenting eligibility, etc.)
- o Expanding geographic coverage of outreach teams connecting clients to the VI-SPDAT to ensure access in all parts of the county.

LONG-TERM PRIORITIES	• Identify access points that see high traffic from underrepresented groups, including males, households that identify as American Indian and multi-racial, and veterans, and build additional capacity to assess these populations, in order to increase their rates of access into coordinated entry.

ASSESSMENT AND PRIORITIZATION RECOMMENDATIONS

IMMEDIATE PRIORITIES	• Provide clear and consistent community messaging around prioritization criteria and ensure wide dissemination of this information to service providers and stakeholders.
	
	• Clarify reassessment policy and make it easier to determine whether someone should be reassessed.
	    o Provide examples of the types of changes in circumstances that warrant reassessment.
	    o Develop a decision tree to support assessors in determining whether a household should be assessed.

MEDIUM-TERM PRIORITIES	• Increase training around VI-SPDAT administration to ensure more consistent administration and more equitable scoring across racial groups.
	
	• Provide and require ongoing training for assessors, including outreach teams, regarding:
	    o Strategies to minimize and address re-traumatization, including an overview of available community mental health resources;
	    o Communication and messaging regarding assessment and prioritization;
	    o Cultural sensitivity;
	    o Elimination of bias; and

	• Best practices in administering the assessment to foster trust and increase accuracy.

LONG-TERM PRIORITIES	• Explore phased, alternative, or supplemental assessment tools, such as an observation-based assessment (including a process for flagging potential misuse) or a behavioral health scale or assessment of the respondent's level of functioning.
	     o This process could be led by a subcommittee of the Coordinated Entry Committee, composed of a mix of committee members and key stakeholders, including individuals with lived experience and providers.
	
	 • Partner with persons with lived experience of homelessness to develop and pilot alternative formulations of assessment questions to:
	     o Minimize re-traumatization,
	     o Address racial and ethnic disparities, and
	     o More effectively identify conditions and experiences affecting vulnerability.

OTHER RECOMMENDATIONS TO CONSIDER	• Require assessors to complete annual recertifications. Recertification might include a review of the access point's previous year's assessments to pinpoint any areas requiring discussion or clarity.
	
	 • Establish a system for monitoring VI-SPDAT administration to ensure consistency and positive client experience and recommend or require agencies to adopt internal program controls.
	     o E.g., a small inter-agency task force that monitors on a system-level
	     o E.g., compare data on assessment results among assessors to identify red flags
	     o E.g., shadow assessors to assess fidelity
	     o E.g., provide technical assistance and training to assessors to address identified issues
	     o E.g., develop accountability measures to ensure fidelity

REFERRAL AND PLACEMENT RECOMMENDATIONS

IMMEDIATE PRIORITIES	• Develop and disseminate operating procedures that memorialize the protocols for case conferencing and By Name List administration processes.

	• Develop and disseminate operating procedures to clarify expectations regarding responsibilities related to documenting eligibility. • Set up automatic messages in HMIS to notify the assessor and/or case manager when a client has been successfully housed via referral.
MEDIUM-TERM PRIORITIES	• Train front-line staff in problem solving to support households that are not prioritized for housing in regaining housing stability. • Expand case conferencing processes across all coordinated entry programs. • Monitor timeframe for reporting and filling vacancies and adjust referral workflow as needed to proactively match households with anticipated program openings to minimize lag time between vacancies and referrals.
OTHER RECOMMENDATIONS TO CONSIDER	• Expand outreach/navigator staff capacity to proactively document eligibility of households, with a focus on a smaller number of households prioritized near the top of the HOT sheet. • Assess data quality to ensure that enrollment and move-in date data is accurate and consistently utilized. Increase training for providers to utilize enrollment and move-in date fields with fidelity.

SYSTEM EXPANSION AND IMPROVEMENT RECOMMENDATIONS

IMMEDIATE PRIORITIES	• Incorporate feedback loops into Coordinated Entry Committee meeting structure to report back on implementation of recommendations and decisions made.
MEDIUM-TERM PRIORITIES	• Conduct a community outreach and education campaign about coordinated entry and the benefits of a centralized system in order to increase knowledge of the system among service providers and incorporate more housing programs into coordinated entry. • Explore options for incorporating emergency shelter and other crisis housing into coordinated entry.

Sacramento Continuum of Care Coordinated Entry System Committee

SACRAMENTO STEPS FORWARD
Ending Homelessness. Starting Fresh.

Our Purpose: is responsible for the design & implementation of the local Coordinated Entry System (CES) & evaluates its functioning & impact on improving access & connection to services to resolve homelessness.

Our Key Products

- CES Evaluation

Our Accomplishments

- Amended CES prioritization schema to incorporate COVID-19 vulnerability
- Developed the Rapid Access Problem Solving (RAPS) proposal - adopted by the CoC Board in November 2020
- Ratified as an official committee of the CoC Board
- Input to SPC on CES access & system map
- Focus on case conferencing

Our 2021 Plan

- Evaluate RAPS pilot
- Goal 1: Make CES information and materials publicly available & easily accessible
- Goal 2: Develop a plan to expand CES resources including drop-in and outreach services
- Goal 3: Collaborate with Racial Equity committee to evaluate CES disparities

Coordinated Entry Committee 2021 Workplan

Goal 1: Make information on how to access the system publicly available & easily accessible

Goal 2: Continue to expand housing resources accessible through CE & breadth of services available to clients including shelter, housing navigation, & connection to other housing resources

- Subgoal 2.1: Expand outreach teams to connect clients with CE & ensure geographic coverage of underserved areas
- Subgoal 2.2: Provide drop-in access & services at publicized locations where service providers can refer clients & which people experiencing homelessness can easily identify & access

Goal 3: Coordinate efforts with CoC's new Race Equity Workgroup & ensure that people with lived experience of homelessness are involved in any processes to evaluate or adapt assessment

- Subgoal 3.1: Assess contextual factors that may be contributing to inequities & provide regular training for assessors on bias & consistent administration of VI-SPDAT

Goal 4: Translate P&Ps into user-friendly tools &resources clarifying overall system &component processes

Annual Plan (WIP)

Month	Activities
December 2020	• CES Evaluation review • Annual plan/priorities survey

January 2021	● **Finalize CES evaluation** ● **Review and approve the annual plan** ● **Review and approve RAPS outcomes**
February 2021	● **Goal 2: Review and Approve Survivor System CES** ● **Goal 2: Develop a plan to expand CES resources**
March 2021	● **Goal 1: CES Language materials** ● **Goal 1: CES Communication Strategy**
April 2021	● **Goal 3: Racial Equity work TBD** ● **Goal 2: Dynamic Prioritization discussion**
May 2021	● **Goal 4: Transfer and Discharge Policies** ● **Goal 4: Data Dictionary**
June 2021	● **Amend the CES prioritization schema** ● **Goal 1: Q1 RAPS review**
July 2021	● **Goal 2: CES Shelter review** ● **Review and discuss NOFA and PRC**
August 2021	● **Goal 3: Racial Equity work TBD**
September 2021	● **Q2 RAPS review**
October 2021	● **RAPS evaluation (YTD)**
November 2021	● **Goal 2: RAPS Expansion discussion**
December 2021	● **CES Evaluation**