

## System Performance Committee (SPC) Meeting Minutes

Thursday, February 25th, 2021 || 9:00 AM – 11:00 AM

**Recording of Zoom Meeting** - Chat is within the recording. Materials discussed at the meeting (not provided before the meeting) are below the minutes.

### Attendance:

Member	Area of Representation	Present
Alexis Bernard	Mental Health Service Organizations	Yes
Amani Sawires Rapaski	Substance Abuse & Housing Programs	Yes
Angela Marin	Local Government	No
Angela Upshaw	Veterans	No
Cindy Cavanaugh	County of Sacramento	Yes
Debra Larson	Seniors and Vulnerable Adults	No
Erin Johansen	Mental Health	Yes
Gina Roberson	Domestic Violence	Yes
John Foley	Homeless Services Provider	Yes
John Kraintz	Lived Experience	No
<b>Lisa Bates, Co-Chair</b>	<b>Lead Agency</b>	<b>Yes</b>
Mike Jaske	Faith Community Advocate	Yes
Monica Rocha-Wyatt	Mental Health	Yes

Homebase will contribute meeting materials for the SPC meetings through February 2021. If you have any questions or would like more information about this meeting, contact Homebase at [sacramento@homebaseccc.org](mailto:sacramento@homebaseccc.org) or Scott Clark, Systems Performance Analyst with Sacramento Steps Forward at [sclark@sacstepsforward.org](mailto:sclark@sacstepsforward.org).

<b>Stefan Heisler, Co-Chair</b>	<b>City of Rancho Cordova</b>	<b>Yes</b>
Sarah O'Daniel	Housing Authority	No

**Also attending:** Josh Arnold (VOA), Emily Halcon (Sacramento County), Janel Fletcher (Shelter Inc), Karri Eggers (Shelter Inc), Julie Hirota (St. John's), Ron.

<b>SSF Staff</b>	<b>SSF Title</b>
Andrew Geurkink	CoC Specialist
Christina Heredia	Referral Specialist
Hannah Beausang	Communications Manager
Lisa Bates	Chief Executive Officer
Michele Watts	Chief Planning Officer
Peter Bell	Coordinated Entry Systems Program Manager
Scott Clark	Systems Performance Analyst
Tina Wilton	HMIS Manager
Ya-yin Isle	Chief Strategic Initiatives Officer

<b>Agenda Item</b>	<b>Presenter(s):</b>	<b>Time</b>	<b>Item Type</b>
<b>I. Welcome</b>	Lisa Bates & Stefan Heisler (Co-Chairs)	9:00 AM (15 minutes)	Information
Stefan explained that the meeting will focus on understanding the content of the <a href="#">Gaps Analysis</a> . The March SPC meeting will focus on current efforts around the recommendations and how the SPC will use the Gaps Analysis moving forward.			

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<b>II. Gaps Analysis Key Findings</b>	Jessie Hewins, Collin Whelley, Maddie Nation, Bridget Kurtt DeJong, Homebase	9:15 AM (45 minutes)	Information
The Homebase team provided a high level overview of the structure, recommendations, and analysis included in the <a href="#">Gaps Analysis</a> . The document focuses on seven overarching recommendations:			
1. <b>Stop Homelessness Before It Begins:</b> Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care	2. <b>Streamline Access to the Homeless System of Care:</b> Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently	3. <b>Optimize Existing Housing and Shelter Programs:</b> Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement	4. <b>Address the Gap in Housing and Supportive Services for People Experiencing Homelessness:</b> Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.
5. <b>Create More Affordable Housing Units:</b> Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs	6. <b>Increase System Equity:</b> Improve housing access and identify targeted interventions for underserved populations to address disparities in the homeless system of care	7. <b>Forge a Cohesive and Coordinated Homeless System of Care:</b> Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting	
<b>III. Questions &amp; Answers to Understand the Gaps Analysis</b>	Jessie Hewins, Collin Whelley, Maddie Nation, Bridget Kurtt DeJong	11:00 AM (50 minutes)	Discussion

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Homebase answered the following questions during the meeting:

### Section 1

- How many prevention resources are logged vs. not logged? How does this impact the analysis?
- What would a community-wide prevention/diversion metric be? Or examples?
- Are the 12 programs that participate in HMIS HUD funded?

### Section 2

- Are the percentages of those programs that participate in CE equal to the percentage of these types of programs that are HUD funded?
- Is walk-up access considered a more effective way to allow people to enter shelter? If it is more effective, why?

### Section 3

- What are some ways to standardize best practices across programs?

### Section 4

- Did you confirm with SHRA that they removed the "rent burdened" preference from the general HCV waitlist? I know they did for the homeless set aside, which is limited in number and only accessible for certain programs. But, if "rent burdened" is still a preference for the majority of HCVs, how can we say these are "available" for homeless?
- Does slide 30 say increase the capacity in everything?
- Is using the PIT accurate given the PSH range is long term and fairly static, while the RRH range has much more flow over the course of the year?
- Is the "service need" an assessment of just service needs (case mgmt., housing location, etc.) or does it include an assessment of financial need? For instance, I might desperately need financial assistance but not really need a lot of services - would I then fall into RRH range? If so, does that assessment include an assessment of my ability to maintain the housing on my own (financially) once my time is up with RRH?

Committee did not ask any questions about Section 5

### Section 6

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- So if I'm understanding correctly, the equity issue is potentially that underrepresented groups are overrepresented in our homeless population, but are underrepresented in HMIS program placements?
- On the RRH linked is that move in date or just enrolled in program? Days counted
- For RRH slide, does "high-performing" = a certain proportion of exits to permanent housing? Does it also consider length of time to PH?

### Section 7:

- On slide 7, what is "voucher" referencing?
- Do we have a sense of why data is missing or inconsistently reported and we have a sense of why programs could not report data or (also) use more consistent reporting metrics?
- I thought Sacramento had achieved HMIS participation above 85%. isn't that good enough to make estimates for the total system?
- What does (limited) mean in the data system column?
- Question on other "systems": would that include all investments by private and jurisdictions. They weren't mentioned on slides.

The remaining questions were placed in the “Parking Lot” to be revisited by the Systems Performance Committee:

- Which communities are doing the recommendations around blending data (warehouse, etc.)?
- Re: future work/planning: IS SSF equipped to continue the gaps analysis going forward (is the methodology easily replicable)? Similarly, is SSF equipped to follow up on the recommendations re: improving data?
- Deeper dive: How do we improve our ability to use HMIS data to improve programs and system?
- Who are the players in decision making for more affordable housing? It seems that is the crux of the problem.
- I would like to also discuss what the committee does with the document - approve? adopt? etc.
- While we know that RRH is an effective model to get people off of the streets rapidly - has data (nationwide) shown that it can actually be an effective model for getting people into housing that they can then sustain on their own once the RRH support ends?
- Do we know why families with children underperform?

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- Is there a way to utilize HUD or some other type of funding to offer access, training and support so that non-HUD funded programs (which I believe are the majority of programs offering these services) can access HMIS?

<b>IV. Looking Forward</b>	Lisa Bates & Stefan Heisler	10:50 AM (10 minutes)	Discussion
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The Committee will revisit the questions in the “Parking Lot” during next month’s meeting. Before the next meeting, SPC members should review the Gaps Analysis with special attention to the strategies associated with each recommendation. If members of the committee have any questions about the Gaps Analysis, please reach out to Scott Clark ([sclark@sacstepsforward.org](mailto:sclark@sacstepsforward.org)).

**V. Announcements:** None

**VI. Meeting Adjourned**

**Next SPC Meeting: Thursday, March 25th, 2021 (9:00 AM - 11:00 AM)**

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# Gaps Analysis Key Findings

Sacramento CoC  
Systems Performance Committee  
February 25<sup>th</sup>, 2021

[Meeting Recording](#)

# Approach



# Engagement Norms



We'd love to see you, but turn off your camera if you need to.



Please ask clarifying and other questions in the chat during the presentation. We plan to answer them (to the extent practicable) during the Q&A period of the agenda.



If we use an acronym you are unfamiliar with, please let us know in the chat, so we can spell it out.



If you would prefer to ask your question out loud, please save it until the Q&A period at the end.

# Goals for Today's Presentation

## We will:

Provide an overview of Key Findings from the Gaps Analysis.

Answer clarifying questions to ensure understanding of the analysis.

## We might:

Explain high-level data limitations.

Discuss our process for engaging community partners.

## We won't:

Answer "did you talk to XX agency?"

Take deep data dives

Discuss next steps or prioritizing recommendations, because you will do that in March.

# Gaps Analysis Structure

- **Executive Summary**
- **7 Recommendations**
  - Key Takeaways
  - Potential Strategies for Response
  - Analysis (Deeper Dive on Key Takeaways)
  - Current Efforts in Alignment with Recommendation
- **Next Steps**
- **Detailed Appendices**

# Gaps Analysis Key Findings

# Key Recommendations

- ① Stop Homelessness Before it Begins
- ② Streamline Access to the Homeless System of Care
- ③ Optimize Existing Housing and Shelter Programs
- ④ Address the Gap in Housing and Supportive Services for People Experiencing Homelessness
- ⑤ Create More Affordable Housing Units
- ⑥ Increase System Equity
- ⑦ Forge a Cohesive and Coordinated Homeless System of Care

# Poll

Which recommendation are you the most interested in learning more about?

# Stop Homelessness Before It Begins

Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.

# Stop Homelessness Before it Begins

- There are **too few prevention and diversion resources** available to address the estimated need of individuals entering homelessness for the first time each year.
- There are **no community-wide standards** for diversion or prevention, making it difficult to meaningfully compare the impact of the interventions and effectively target new resources.

In FY2019

5,206 individuals accessed housing or shelter programs for the first time

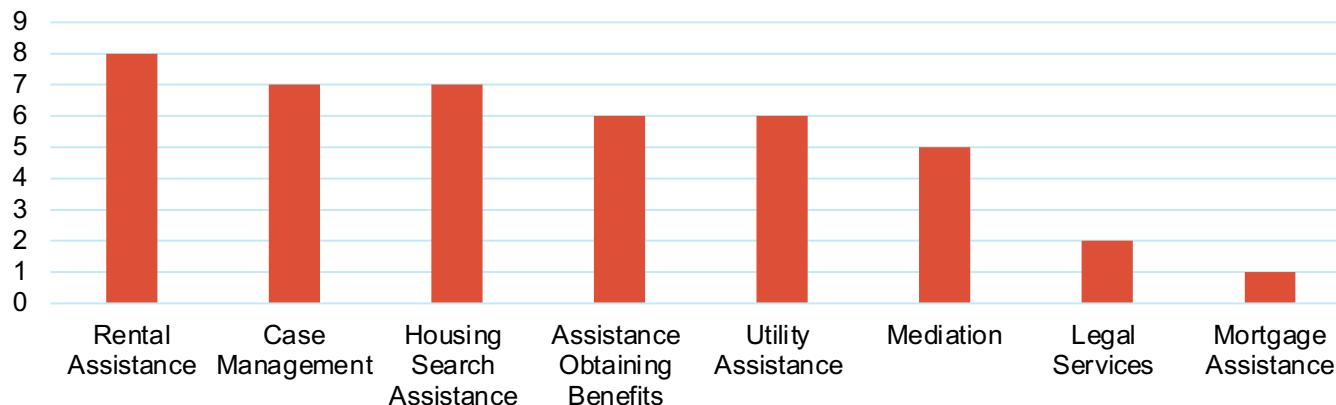
249 individuals enrolled in a HMIS-participating prevention or diversion program.

92% of participants exiting HMIS-participating prevention programs successfully exit to permanent housing destinations

# Stop Homelessness Before it Begins

- Sacramento's 12 surveyed **prevention programs** are administered by 9 agencies with **different levels of assistance available and separate access points**, making it difficult for individuals seeking assistance to identify the best fit resource.
- **Diversion programs** at important access points are **limited and uncoordinated**, making it difficult to understand the extent of current efforts and their effectiveness.

*Number of Prevention or Diversion Programs Offering Assistance by Category*



# Streamline Access to the Homeless System of Care

Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently.

# Streamline Access to the Homeless System of Care

- **Access to housing** programs is limited, decentralized, and reliant on referrals from community partners.
- **Access to shelter** programs often requires a referral from another organization, creating barriers to access for shelter.

112 Shelter & Housing Programs

26% of PSH and 12% of RRH beds are accessed through Coordinated Entry

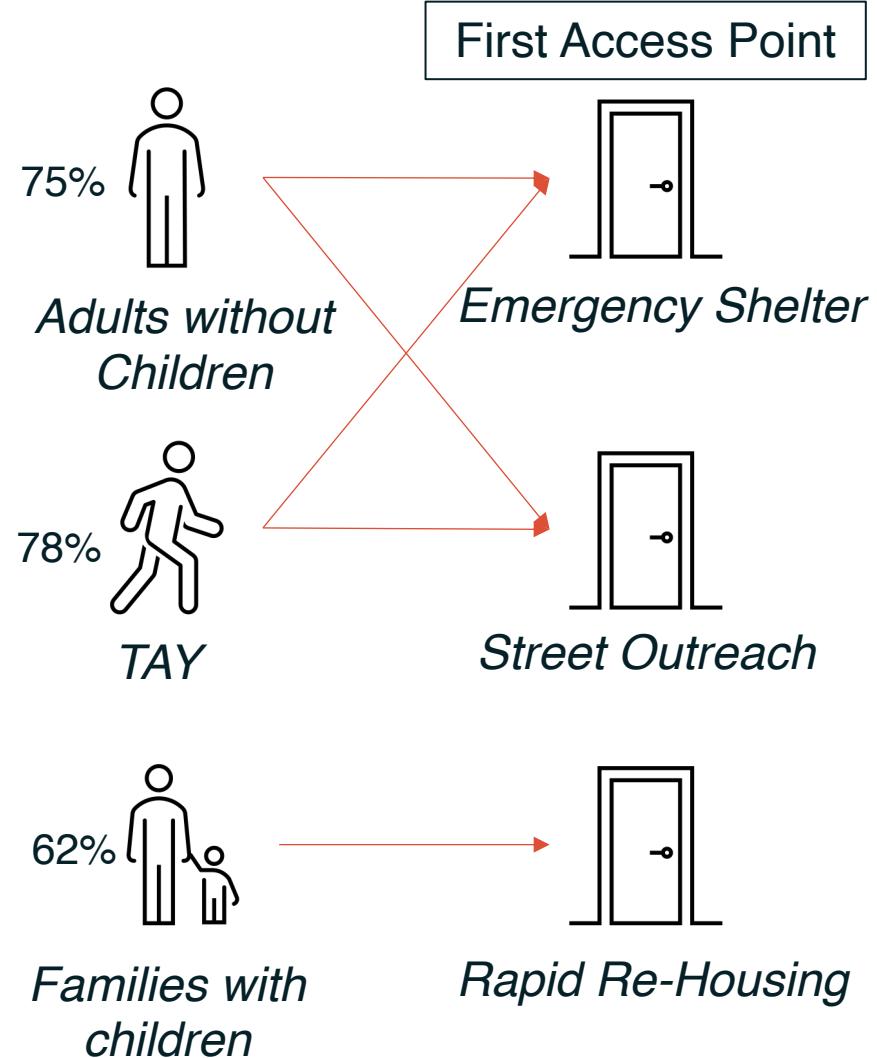
Remaining housing beds are accessed through 52 access points

No access point connects to all the shelter and/or housing resources in Sacramento County

9% of year-round shelter programs provide “walk-up” access

# Streamline Access to the Homeless System of Care

- **Access to street outreach varies by geographic area,** creating barriers to access for housing programs.
- Because different sub-populations and demographic groups access the system differently, when combined with other barriers to access, **uneven housing program access across demographic groups can result.**



# Chat Poll!

On a scale of 1-5, how well do you understand the materials presented so far?

# Optimize Existing Housing and Shelter Programs

Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement.

# Optimize Existing Housing and Shelter Programs

- A **highly competitive rental market and landlord bias against subsidy-holders** limit the effectiveness of existing housing programs.
- **Rapid re-housing has highly variable performance.**



2.5% rental  
vacancy rate

Landlord  
bias

High  
housing cost



*Housing*

Client-  
specific  
barriers

# Optimize Existing Housing and Shelter Programs

- Individual Sacramento providers and housing programs are utilizing **promising practices that have not been scaled up or standardized across the system.**
- **There is wide variation in bed utilization rates for Sacramento's emergency shelter programs.**

Cross-agency case conferencing

Dedicated housing specialists

Life skills classes

Co-location of staff at access points

Warm handoffs between providers

# **Address the Gap in Housing and Supportive Services for People Experiencing Homelessness**

Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.

# Address the Gap in Housing and Supportive Services for People Experiencing Homelessness

- At a conservative estimate, at least **5,570 people in Sacramento have shelter and housing needs that are not met** by the current homeless system of care's capacity.

2,451 with  
high service  
needs



**PSH range**

2,451 with  
moderate  
service needs

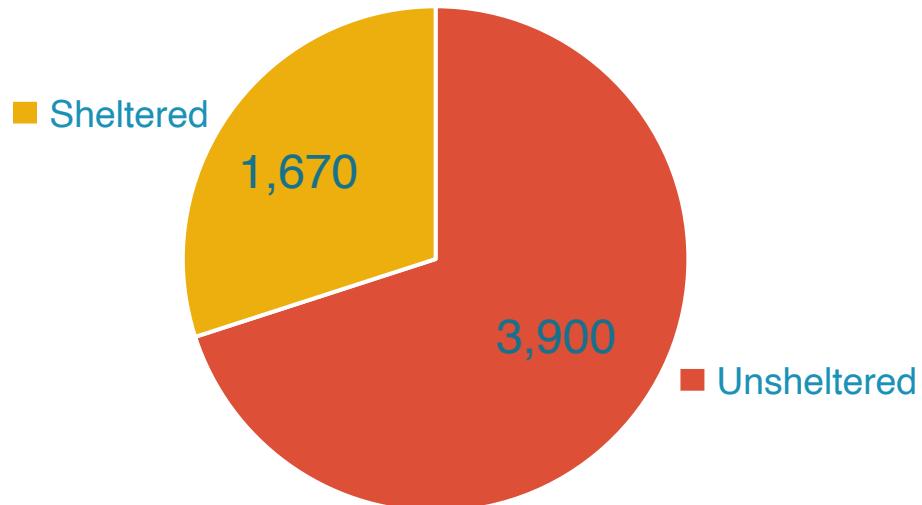


**RRH range**

# Address the Gap in Housing and Supportive Services for People Experiencing Homelessness

- Seventy percent of people experiencing homelessness in Sacramento are **unsheltered**, living outside, in vehicles, or in other places not designed for human beings to live, and current emergency shelter capacity is insufficient to meet that need.

2019 Point in Time Count



# Quick Reflection

Has anything surprised me so far?

*Please share in the chat if you are comfortable.*

# Create More Affordable Housing Units

Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.

# Create More Affordable Housing Units

- **Rental housing vacancies have declined** over the past decade resulting in a highly competitive rental market that creates additional barriers for low-income tenants to obtaining market-rate housing.
- There are **too few dedicated affordable housing units** to meet community need, contributing to high numbers of individuals at risk of and experiencing homelessness.

*Progress toward meeting 2013-2021 RHNA goals for the City of Sacramento  
(October 31, 2013 – December 31, 2019)*



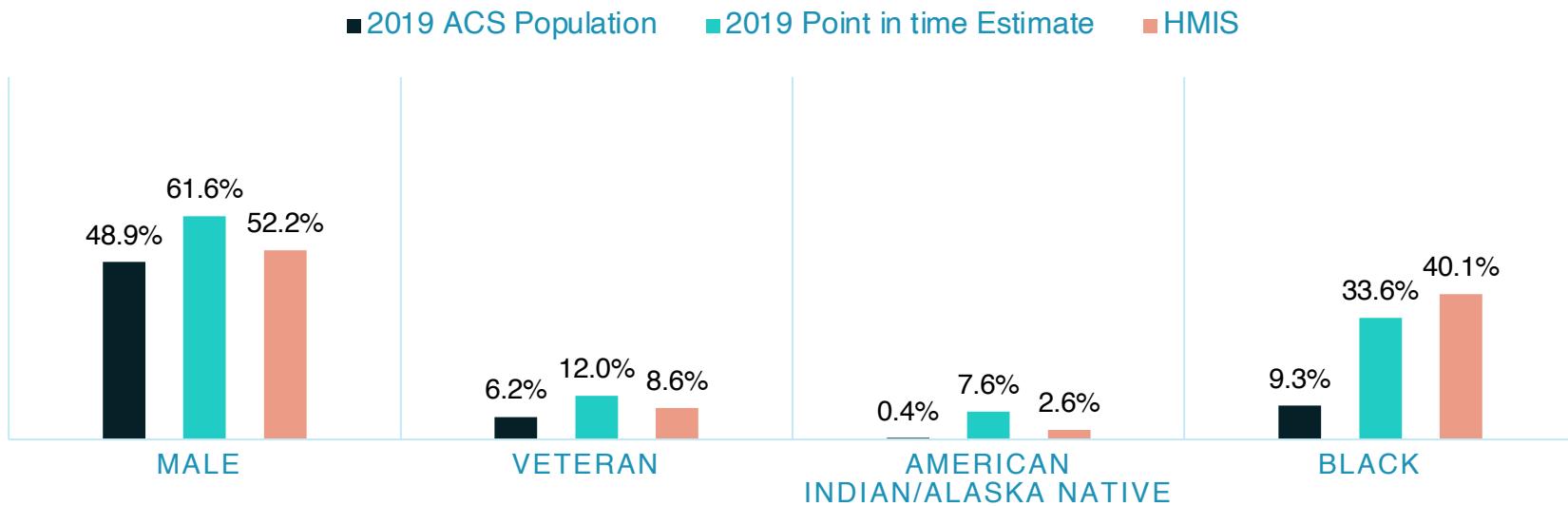
# Increase System Equity

Improve housing access and identify targeted interventions for underserved populations to address disparities in the homeless system of care.

# Increase System Equity

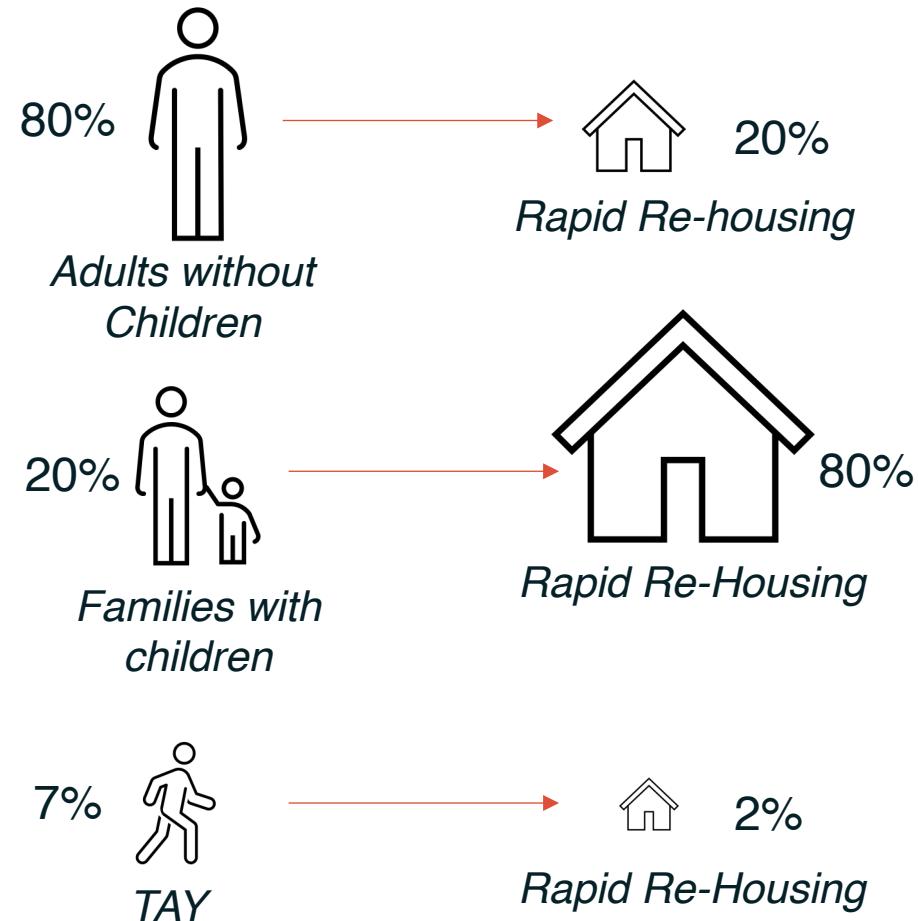
- **Veterans, American Indian and Alaska Natives, and males are overrepresented** in the Point in Time Count homeless population.
- Those groups, along **with transition age youth**, are also underrepresented in homeless housing and services enrollments in HMIS.

*Comparison of 2019 ACS, 2019 PIT Count, and HMIS final enrollment between July 1, 2018 and July 1, 2020*



# Increase System Equity

- The time it takes people to get housed or access housing resources is inequitable across household types
- Inequitable housing outcomes and systematic disparities in bed dedication and resources highlight **missed opportunities for subpopulations.**



# Increase System Equity

- Permanent supportive housing is high-performing but demonstrates low rates of turnover, which **severely limits the number of new individuals who can be served** with existing capacity.
- Participation in programs and connections with housing resources **are different across racial groups**.

People in families with children	Shelter (n=1,707)		Street Outreach (n=540)	
	% Exit to Permanent Housing Program	% Exit to Permanent Destination	% Exit to Permanent Housing Program	% Exit to Permanent Destination
<b>Black</b>	12.6% (104 of n=824)	29.6% (244 of n=824)	29.3% (68 of n=232)	49.1% (114 of n=232)
<b>White</b>	19.9% (115 of n=578)	38.6% (223 of n=578)	14.5% (34 of n=242)	31.4% (76 of n=242)

# Forge a cohesive and coordinated homeless system of care

Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting.

# Forge a cohesive and coordinated homeless system of care

The lack of a standardized data collection and sharing prevent the accurate measurement of **system capacity and utilization** of resources dedicated to people experiencing homelessness.

## Unanswered Questions:

- *How many homeless dedicated resources are in the system of care?*
- *How is capacity utilized currently and how can the system be more effective and efficient?*



## Missing data:

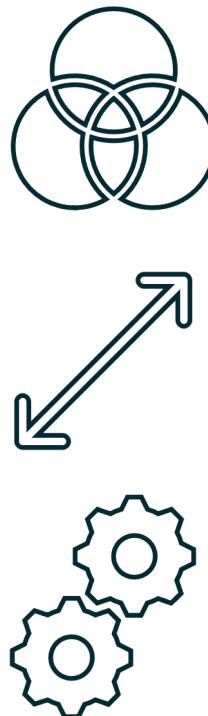
- Standardize collection & reporting of units/ beds across system
- Track and share beds available, utilization, turnover
- Collect and report voucher program expected capacity, unspent resources, as well as the number served.

# Forge a cohesive and coordinated homeless system of care

There are currently over 60 access points utilizing various data systems with limited information sharing across systems, which makes an attempt to assess **inflow across the entire system** incomplete.

## Unanswered Questions:

- *How many individuals are accessing the system?*
- *What are the characteristics of individuals accessing the system for the first time*
- *How many individuals can we estimate will flow into the system next year?*
- *What are the characteristics of individuals who struggle to access the system?*



## Missing data:

- Standardize collection/reporting on individuals and households requesting, waiting, receiving, and denied services
- Expand Coordinated entry and HMIS coverage data
- Continue to improve HMIS data quality

# Forge a cohesive and coordinated homeless system of care

Without better data sharing, the ability to **track outcomes and monitor for system equity** is limited in scope.

## Unanswered Questions:

- *What is the impact of the current system?*
- *How is the system performing?*
- *Are program outcomes equitable across demographics and geographies?*



## Missing data:

- Share outcome data by demographics
- Expand HMIS to include all homeless prevention and diversion projects, expand data collected and improve follow up process
- Continue to improve HMIS data quality (e.g. move-in date, site address)

# Forge a cohesive and coordinated homeless system of care

- Accountability and transparency are reduced by a lack of coordination, data sharing, and reporting.

## Unanswered Questions:

- *How are the systems working / not working together?*
- *How do people move through a system?*
- *Where is the system duplicating efforts and resources?*
- *How can we better respond to the needs of our community?*

Partner	Data system
Continuum of Care	HMIS
Sacramento County Department of Behavioral Health Services, Mental Health Division	Avatar, HMIS (limited)
Sacramento County Department of Human Assistance	Shine, CalWIN, HMIS (limited)
Veteran's Administration	HOMES, HMIS (limited)
Sacramento Housing and Redevelopment Agency	Yardi, HMIS (limited)

# Potential Strategies

To help inform planning conversations, Homebase suggested potential strategies to respond to the seven recommendations.

Potential strategies are categorized in three ways, based on:

- the amount of effort required,
- the level of impact, and
- the scope of change required (Invest, Innovate, Improve).

# Key Recommendations

- ① Stop Homelessness Before it Begins
- ② Streamline Access to the Homeless System of Care
- ③ Optimize Existing Housing and Shelter Programs
- ④ Address the Gap in Housing and Supportive Services for People Experiencing Homelessness
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# Three Minute Reflection

- Which section do I want to do a deeper dive on before next meeting?
- What other questions do I have that would benefit the full group?
  - *Please post these in the chat.*

# Break Until:



# Question & Answer

- Ask your question in the chat
- or –
- Type “stack” in the chat to ask a question out loud

