



**SACRAMENTO
STEPS FORWARD**

Ending Homelessness. Starting Fresh.

CoC Board Agenda

Wednesday, April 14, 2021 || 8:10 AM – 9:40 AM

[Zoom Meeting](#) Meeting ID: 882 6581 4637 Passcode: 029998

One tap mobile: +16699009128,,88265814637#,,,,,0#,,029998# US (San Jose)

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| | | | |
|---|---|-------------------------|----------------------------------|
| I. Welcome & Introductions: Erin Johansen, Chair | | | |
| II. Review & Approval of March 10th, 2021 Minutes: Pixie Pearl, Secretary | | | |
| III. Chair's Report: Erin Johansen | | | |
| IV. CEO's Report: Lisa Bates | | | |
| V. New Business: | | | |
| A. CES Evaluation: | | | Informational & Discussion |
| 1. Survey Process & CES Evaluation Completion Requirement | John Foley & Jenna Abbott, CESC Co-Chairs | 8:20 AM (5 minutes) | |
| 2. CE Evaluation | Jessie Hewins & Collin Whelley, Homebase | 8:25 AM (50 minutes) | |
| 3. Staff Report: Next Steps & Recommendations | Michele Watts, SSF Chief Planning Officer | 9:15 AM (20 minutes) | |
| VI. Announcements | | | |
| VII. Meeting Adjourned Next CoC Board Meeting: Wednesday, May 12, 2021 from 8:10 to 9:40 AM | | | |

Receive & File:

- Rapid Access Problem Solving (RAPS) Pilot Project Updates

- CoC Governance Committee - Recruitment Announcement
- California State Homelessness Auditor Report



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March 10th, 2021 CoC Board Meeting Minutes

CoC Board Meeting Minutes || Wednesday, March 10, 2021



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STEPS FORWARD

Ending Homelessness. Starting Fresh.

[Recording of Zoom Meeting](#). The chat is available 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 Organization | Yes |
| Amani Sawires Rapaski | Substance Abuse | Yes |
| Angela Upshaw | Veterans | Yes |
| April Wick | People with Disabilities | No |
| Bridget Dean | Law Enforcement | No |
| Christie M. Gonzales | Substance Abuse Service Organizations | No |
| Christie Lynn | Law Enforcement | Yes |
| Cindy Cavanaugh | County of Sacramento | Yes |
| Emily Halcon | City of Sacramento | Yes |
| Erin Johansen | Mental Health | Yes |
| Fatemah Martinez | Shelter Provider | Yes |
| Jameson Parker | Business Community & Street Outreach | Yes |
| Jenna Abbott | Business Community | Yes |
| Jim Hunt | County Health Services | Yes |
| John Foley | Homeless Services Provider | Yes |
| John Kraintz | Lived Experience | Yes |
| Joseph Smith | Coalition/Network | Yes |
| Julie Davis-Jaffe | Employment Development | Yes |
| Juile Hirota | Shelter and/or Housing Provider | Yes |
| MaryLiz Paulson | Housing Authority | Yes |

| | | |
|------------------|-----------------------------|-----|
| Mike Jaske | Faith Community Advocate | Yes |
| Pixie Pearl | Homeless Youth | Yes |
| Sarah Bontrager | City of Elk Grove | Yes |
| Stefan Heisler | City of Rancho Cordova | Yes |
| Stephanie Cotter | City of Citrus Heights | Yes |
| Tara Turrentine | Education | Yes |
| Tiffany Gold | Youth with Lived Experience | Yes |

| SSF Staff | SSF Title |
|-------------------|-------------------------------------|
| Andrew Geurkink | Continuum of Care Specialist |
| Hannah Beausang | Communications Manager |
| Keri Arnold | HMIS Customer Service Specialist |
| Lisa Bates | Chief Executive Officer |
| Michele Watts | Chief Planning Officer |
| Michelle Charlton | Continuum of Care Coordinator |
| Peter Bell | Coordinated Entry Manager |
| Sarah Schwartz | Field Administrator |
| Scott Clark | Systems Performance Analyst |
| Stacey Fong | Lead Data Analyst |
| Tamu Nolfo Green | Systems Performance Advisor |
| Ya-Yin Isle | Chief Strategic Initiatives Officer |

I. Welcome & Introductions: Sarah Bontrager, Chair

Sarah Bontrager, Chair, called the meeting to order at 8:11 AM. Attendance: 59 participants.

II. CoC Board 2021 Executive Committee Slate - Action Item: April Wick, CoC Governance Committee Chair

Sarah noted April Wick's, CoC Governance Committee Chair, absence from the meeting. Sarah mentioned the recruitment of the Executive Committee, the proposed slate (Erin Johansen - Chair, Angela Upshaw - Vice Chair, and Pixie Pearl - Secretary) and the transition with the new Executive Committee members. Erin expressed her appreciation and excitement.

Motioned for approval: 1st - Cindy Cavanaugh, 2nd - Alexis Bernard.
Motion approved.

III. Review and Approval of Minutes for January 13th, 2021 and February 10th, 2021: Pixie Pearl, Secretary

January 13th, 2021 Minutes:

Motioned for approval with the note of Noel Kammermann & Peter Beilenson were not present at the meeting: 1st - Sarah Bontrager, 2nd - Erin Johansen.
Motion approved.

February 10th, 2021 Minutes:

Motioned for approval: 1st - Tara Turrentine, 2nd - Erin Johansen.
Motion approved.

IV. Chair's Report: Erin Johansen

Erin welcomed new CoC Board members. Each new CoC Board member introduced themselves. Erin mentioned the CoC Board Member Orientation and encouraged current and new CoC Board members to attend. The CoC Board Member Orientation poll was sent via Constant Contact on Tuesday, March 9th, 2021. Erin highlighted the strategic planning, Gaps Analysis, and Systems Mapping.

V. CEO's Report: Lisa Bates

Lisa welcomed the new CoC Board members and new Executive Committee members. She highlighted the strategic planning as Erin did and that there will be an update to come later this week of the public dashboard with HMIS data. She noted the data from the dashboard is coming from service providers and that this is not a complete data set - it is one piece of the whole picture and is different from the PIT count data.

VI. Consent Agenda - Action Items

- A. Project Review Committee CoC Chair Appointment
- B. HMIS & Data Committee Slate Appointment

Motioned for approval: 1st - Tara Turentine, 2nd - Sarah Bontrager
Motion approved.

VII. New Business

A. 2021 CoC Planning Approach: Education & Community Engagement

Presenters: Erin Johansen; Lisa Bates; & Michele Watt, SSF Chief Planning Officer

8:25 AM
(15 minutes)

Information & Discussion

Lisa mentioned we will discuss today's agenda topics in a comprehensive approach (vs discussing each agenda item as listed). She shared that taking feedback from the Executive Committee and from the February 10th, 2021 CoC Board meeting CoC Board Annual Planning and Reflection Discussion, today we have a proposal on how we will bring together the 2020 and 2021 projects/elements for our next steps for the Annual Plan and Annual Meeting.

Michele shared and discussed the Proposed 2021 CoC Planning Approach presentation. See the recording with the chat for more details.

B. 2021 CoC Planning: Education - Mandates for the CoC Board - Additional Activities/ Projects from SSF

Presenters: Lisa Bates & Michele Watts

8:40 AM
(10 minutes)

Information

Michele shared and discussed the 2021 CoC Annual Work document. See the recording with the chat for more details.

C. 2021 CoC Planning: Education

Presenters: CoC Committees
Co-Chairs & SSF

8:50 AM
(40 minutes)

Information

| | | | |
|--|---|----------------------|-------------|
| - CoC Committees Accomplishments & Goals | Staff | | |
| <p>Michele shared and discussed the 2020 CoC Committee Overview presentation. She and the CoC Committee Co-Chairs discussed the purposes, 2020 key projects and accomplishments, and 2021 goals.</p> <ul style="list-style-type: none"> • Erin Johansen discussed the Executive Committee and Governance Committee • Angela Upshaw, Ardy Akhzari, Tamu Green (SSF Staff) discussed the Racial Equity Committee • Jamerson Parker and Erica Plumb discussed the HMIS & Data Committee • Angel Uhercik discussed the Project Review Committee • John Foley and Jenna Abott discussed the Coordinated Entry System Committee • Stefan Heisler discussed the Systems Performance Committee • Michele Watts discussed the 2021 PIT Subcommittee (on behalf of April Wick) • Pixie Pearl (CoC Board Secretary and Board member) discussed the Youth Action Board <p>Michele finished with the CoC Planning details focusing on 2021 tools and analyses and schedule. See the recording with the chat for more details.</p> | | | |
| D. 2021 CoC Planning: Community Engagement February 10, 2021 CoC Input Session Themes | Presenters: Michele Watts & Andrew Geurkink, SSF CoC Specialist | 9:30 AM (10 minutes) | Information |
| <p>Michele shared and discussed the Proposed 2021 CoC Planning Approach presentation with an overview on the February 10th CoC Board Meeting Input and Key themes found in the February 10th, 2021 CoC Board meeting CoC Board Annual Planning and Reflection Discussion. See the recording with the chat for more details.</p> | | | |
| <p>VIII. Announcements:</p> <ul style="list-style-type: none"> • Ya-yin Isle, SSF staff, shared information on the COVID Vaccine efforts and process working with Volunteer organizations. She mentioned the first meeting will be Thursday, March 18th, 2021 with Homeless Service Providers. • Jeff Tardaguila, PIT Count Subcommittee co-chair, mentioned the Sacramento Region Transit provides rides to vaccines appointments. • MaryLiz Paulson, CoC Board member, shared updates on SERA efforts. | | | |

See the recording with the chat for more details.

IX. Meeting Adjourned 9:50 AM. Closing Attendance: approximately 71 participants.

Next CoC Board Meeting: Wednesday, April 14th, 2021

Proposed 2021 CoC Planning Approach

CoC Board
March 10, 2021



CoC 2021 Planning Agenda Topics: March 10 Meeting

- CoC 2021 Planning Approach
- February CoC Meeting Input
- 2021 CoC Work Summary
- CoC Committees Accomplishments and Goals
- CoC 2021 Planning Detail

This agenda re-orders the topics in the published agenda but retains the content areas. This slide deck will be distributed after today's meeting.



Agenda Topics Detail: Plan for Today (Slide 1 of 2)

- **CoC 2021 Planning Approach:** Share an approach to CoC planning to take place over the next several months
- **February CoC Meeting Input:** Preview/first look at a few key themes from the February 10 CoC Meeting input, focusing on those informing the proposed planning approach
- **2021 CoC Work:** Present CoC Mandates & Enhancements Matrix



Agenda Topics Detail: Plan for Today (Slide 2 of 2)

- **CoC Committees Accomplishment & Goals:** Share CoC Committees 2020 accomplishments and preliminary 2021 goals
- **CoC 2021 Planning Detail:** Outline the tools and analyses that will be key inputs for the proposed planning approach and draft timeline for process



CoC 2021 Planning Approach: Rationale

- Heightened community and public attention on homelessness
- Feedback from February CoC and community input session
- Analytical work completed in 2020 to understand system



CoC 2021 Planning Approach: Purpose/Intent

- Hold first of two annual meetings required by CoC Charter
- Use CoC Board meetings and Annual Meeting session to engage members and broader community in CoC planning efforts built around 2020 analytical and committee work, community input, and other planning tools
- Proposed process is iterative and will build upon and revisit topics and inputs over the course of multiple meetings



February CoC Meeting Input: Overview

- Input collection efforts: survey and breakout groups- responses received: approx. 60 surveys, 10 breakout rooms
- Questions focused why stakeholders and CoC members participate, what we are accountable for, how to be more effective and what resources are needed to do so, and what may need to be left behind because it is no longer serving us
- Input Summary will be distributed after today's meeting



February CoC Meeting Input: Key Themes

Community Engagement | Strategic Planning and System Improvement | Collaboration, Partnerships, and Leveraging Resources | Stewardship of Funding and Accountability | Access to Services and Housing | Advocacy

Additionally, SSF staff identified education on the role and work of the CoC as necessary for effective community planning.



2021 CoC Work

- To inform members and community of responsibilities of the CoC, a 2021 Work summary has been drafted.
- The 2021 CoC Work summary divides responsibilities between core services and change initiatives.
- Summary also notes whether the service or change initiative is a mandate or an enhancement and includes the frequency of the service or initiative.

Switch to the 2021 Work- this document will be distributed after today's meeting.



CoC Committees Accomplishments & Goals

- CoC Board convenes seven standing committees and two term-limited committees/subcommittees; most meet monthly, one-two meet quarterly.
- In December 2020, Executive Committee, Co-Chairs & staff developed these materials to present their 2020 accomplishments and 2021 goals.

Switch to Committees Accomplishments & Goals Presentation- this presentation will be distributed after today's meeting.



CoC 2021 Planning Detail: Tools & Analyses

- February CoC Meeting Member and Community Input
- Current Work of the CoC and SSF & CoC Committees
- CoC Gaps Analysis
- Coordinated Entry System Evaluation
- Built for Zero Strategy
- Racial Equity Committee Work Plan - voice of lived experience
- HEAP Countywide Plan Review
- Other Inputs



CoC 2021 Planning Detail: Schedule

| Meetings | Topics |
|----------------------------|---|
| February CoC Board Meeting | CoC Members & Community Input Session |
| March CoC Board Meeting | Committees Accomplishments and Goals |
| April CoC Board Meeting | CES Evaluation |
| | Current Work of the CoC and SSF |
| May CoC Board Meeting | Gaps Analysis and System Maps |
| May Annual Meeting | Build on prior CoC Meeting topics to discuss: (1) current work, (2) opportunities & challenges, (3) Aspirations/goals |
| June CoC Board Meeting | Built for Zero |
| July CoC Board Meeting | Racial Equity Committee Work Plan |



Questions?



2021 CoC Annual Work

This matrix presents the work of the CoC in terms of annual/recurring *Services* and individual/project *Change Initiatives*.

- **On-going Services** are presented first, within the categories of CoC Operations Infrastructure, Assessment & Planning, HMIS & Data, and CES Operations Infrastructure.
- **Change Initiatives** are presented second, within the categories of Assessment & Planning, HMIS & Data, and CES System Improvements.

Columns state whether the service or change initiative is a mandate or an enhancement or both and provide the frequency or timeline/timeframe for each service/initiative.

| CORE SERVICES | | |
|--|------------------------------|-----------|
| SERVICES | Core Mandate or Enhancement | Frequency |
| CoC OPERATIONS INFRASTRUCTURE | | |
| Governance, membership, and monthly meetings of the board and committees | HUD Mandate | Monthly |
| Annual membership and Governance Charter updates | HUD Mandate | Annually |
| ASSESSMENT & PLANNING | | |
| Gaps Analysis | HUD Mandate | Annually |
| Consolidated Plan Data | HUD Mandate | Annually |
| CoC Training/Capacity Development | HUD Mandate with Enhancement | Ongoing |

2021 CoC Annual Work

| HMIS & DATA | | |
|--|---------------|------------|
| Annual HMIS Privacy & Security Plan and Data Quality Plan | HUD Mandate | Annually |
| Annual HMIS Plan Implementation and Monitoring | HUD Mandate | Year-round |
| HMIS Training and Technical Assistance | HUD Mandate | Ongoing |
| Annual Reports to HUD (PIT, HIC, Syss PM, LSA) | HUD Mandate | Annual |
| Biennial count and survey of people who are unsheltered | HUD Mandate | Biennially |
| CES- OPERATIONS INFRASTRUCTURE | | |
| Operate a Coordinated Entry System for all HUD CoC- and ESG-funded Projects (minimum standard) | HUD Mandate | Ongoing |
| FUNDING | | |
| CoC NOFA Project Review Tools & Policies | HUD Mandate | Annually |
| CoC NOFA Project Priority List | HUD Mandate | Annually |
| CoC NOFA Planning Grant Application | HUD Mandate | Annually |
| CoC NOFA Community Application | HUD Mandate | Annually |
| HUD ESG Coordination | HUD Mandate | TBI |
| State Allocations (CESH, HHAP) to CoC: Funding Prioritization | State Mandate | Varies |
| State Allocations (CESH, HHAP) to CoC: Funding Applications & Quarterly Reporting | State Mandate | Varies |
| CHANGE INITIATIVES | | |
| ASSESSMENT & PLANNING | | |

2021 CoC Annual Work

| | | |
|---|------------------------------|-------|
| Integrate standard Case Conferencing throughout System (piloting with TAY, Vets, COVID rehousing) | Enhancement | 2021+ |
| Rapid Access Problem Solving (RAPS) pilot | Enhancement | 2021+ |
| Racial Equity Plan | Enhancement | 2021 |
| Built for Zero Campaign | Enhancement | 2021+ |
| Performance Dashboards | Enhancement | 2021+ |
| Landlord Engagement Strategies | Enhancement | 2021+ |
| Outreach Standards Development | HUD Mandate with Enhancement | 2021 |
| HMIS | | |
| Data-Sharing Infrastructure | Enhancement | 2021+ |
| HMIS Coverage Survey Project | Enhancement | 2021 |
| 2022 Unsheltered PIT: Determine feasibility | Enhancement | 2021 |
| CES SYSTEM IMPROVEMENTS | | |
| CES Prioritization- Dynamic Prioritization | HUD Mandate with Enhancement | 2021 |
| CES Evaluation- CES Communication Plan | HUD Mandate with Enhancement | 2021+ |
| CES- Survivors System | HUD Mandate with Enhancement | 2021 |



Sacramento Continuum of Care (CoC) 2020 Committee Overview

Sacramento Steps Forward | March 10th, 2021

List of the Sacramento CoC Committees:

Executive Committee

Governance Committee

Racial Equity Committee

Homeless Management Information System (HMIS) & Data Committee

Project Review Committee

Coordinated Entry System Committee

System Performance Committee

2021 Point-In-Time (PIT) Count Subcommittee

Youth Action Board (YAB)



Sacramento Continuum of Care Executive Committee



Sacramento Continuum of Care Executive Committee

Our Purpose: comprised of the 3 Sacramento CoC Board officers (Chair, Vice Chair, Secretary) is responsible to carry out officer responsibilities & calls all meetings of the Sacramento CoC & Sacramento CoC Board.

Our 2020 Key Products:

- CoC Board Meetings & Workshops Agendas
- Committee Slates:
 - System Performance Committee
 - Coordinated Entry System Committee
 - Project Review Committee

Our 2020 Accomplishments:

- Leadership on CoC COVID-19 Encampment Response
- CoC Board Workshops:
 - Racial Equity
 - Outreach Strategies
 - System Performance Measures



Sacramento Continuum of Care Executive Committee

Our Purpose: comprised of the 3 Sacramento CoC Board officers (Chair, Vice Chair, Secretary) is responsible to carry out officer responsibilities & calls all meetings of the Sacramento CoC & Sacramento CoC Board.

Our 2021 Goals:

- HMIS & Data Committee Slate
- CoC Planning: Increased Education and Community Engagement



Sacramento Continuum of Care Governance Committee



Sacramento Continuum of Care Governance Committee

Our Purpose: is responsible for the ongoing evaluation of the CoC structure & operations, including a review of the governance charter, oversees the CoC Board strategies, activities, budget, and year-end reconciliation.

Our 2020 Key Products:

- Annual CoC Governance Charter
- Annual CoC Board Membership Slate
- Annual CoC Board Executive Committee Slate

Our 2020 Accomplishments:

- April Wick appointed new committee chair
- Due to capacity limitations of SSF staff and the CoC Board, the Governance Committee did not meet in 2020



Sacramento Continuum of Care Governance Committee

Our Purpose: is responsible for the ongoing evaluation of the CoC structure & operations, including a review of the governance charter, oversees the CoC Board strategies, activities, budget, and year-end reconciliation.

Our 2021 Goals:

- Revisit the September 2019 CoC Governance Charter and revise as needed
- Serve as Nominating Committee to develop the annual CoC Board membership & Executive Committee slates



Sacramento Continuum of Care Racial Equity Committee



Sacramento Continuum of Care Racial Equity Committee

Our Purpose: to uncover the scope, causes, and potential solutions of race serving as a predictor for homelessness in Sacramento.

Our 2020 Key Products:

- Materials and Professional Development Assignments for a Three-Part Training Series
- Report #1: Findings from BIPOC PLE Interviews & Listening Sessions
- Report #2: Findings from Research on Best & Promising Practices
- Recording and Materials from Two Stakeholder Forums
- Final Action Plan

Our 2020 Accomplishments:

- Diverse Committee Slate
- Final Committee Purpose Statement
- Final Workplan
- Approved Plan with Protocols & Questions for BIPOC PLE Interviews & Listening Sessions
- Training #1, Conducted Twice (Approximately 72 Attendees)
- Training #1 Follow Up: Courageous Conversation



Sacramento Continuum of Care Racial Equity Committee

Our Purpose: to uncover the scope, causes, and potential solutions of race serving as a predictor for homelessness in Sacramento.

Our 2021 Goals:

- Utilizing Community Based Participatory Research, Conduct 15-25 BIPOC PLE Interviews & Listening Sessions
- Host Two Stakeholder Forums
- Conduct Research on Best and Promising Practices
- Educate the CoC through a Three-Part Training Series with Professional Development Assignments
- All Activities to Culminate in a Final Action Plan to Present to the CoC Board

Sacramento Continuum of Care Homeless Management Information System (HMIS) and Data Committee



Sacramento Continuum of Care HMIS and Data Committee

Our Purpose: is responsible, with the assistance from the HMIS Lead Agency, HMIS is compliant with HUD, provides comprehensive data, & develops HMIS policies & procedures to inform the Sacramento CoC.

Our 2020 Key Products:

- Annual HMIS Privacy & Security Plan
- Annual HMIS Data Quality Plan

Our 2020 Accomplishments:

- 2020 HMIS Privacy & Security Plan approved by the CoC Board 11/18/20
- 2020 HMIS Data Quality Plan approved by the CoC Board 11/18/20
- Year 2, Annual HMIS Recertification Quiz
- Year 2, Annual HMIS Security Audit Process



Sacramento Continuum of Care HMIS and Data Committee

Our Purpose: is responsible, with the assistance from the HMIS Lead Agency, HMIS is compliant with HUD, provides comprehensive data, & develops HMIS policies & procedures to inform the Sacramento CoC.

Our 2021 Goals:

- Annual HMIS Privacy & Security Plan review and revision
- Annual HMIS Data Quality Plan review and revision
- Further operationalize policies within the HMIS Privacy & Security and Data Quality Plans



Sacramento Continuum of Care Project Review Committee



Sacramento Continuum of Care Project Review Committee

Our Purpose: is responsible for overseeing a collaborative process to select projects for the HUD CoC funding application & for evaluating project performance of HUD-funded activities.

Our 2020 Key Products:

- Annual HUD CoC Program NOFA competition- review and ranking of renewal and new projects
- On-site TA to CoC providers focused on NOFA competition performance
- Membership Policy
- Defunded Projects Policy
- 3 provider surveys re. scoring criteria input

Our 2020 Accomplishments:

- On-going dialogue and support for providers re. uncertainty of FY2020 NOFA
- Training & data review from SSF to build PRC understanding of key topics impacting NOFA scoring factors
- No FY2020 HUD CoC Program NOFA competition



Sacramento Continuum of Care Project Review Committee

Our Purpose: is responsible for overseeing a collaborative process to select projects for the HUD CoC funding application & for evaluating project performance of HUD-funded activities.

Our 2021 Goals:

- Quality of services scoring factor improvements
- Performance targets by project type and/or subpopulation
- Build PRC relationship with ESG providers (unmet Charter responsibility)
- Focus on racial equity & lived experience re. membership



Sacramento Continuum of Care Coordinated Entry System Committee



Sacramento Continuum of Care Coordinated Entry System Committee

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 2020 Key Product:

- CES Evaluation

Our 2020 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



Sacramento Continuum of Care Coordinated Entry System Committee

Our Purpose: is responsible for overseeing a collaborative process to select projects for the HUD CoC funding application & for evaluating project performance of HUD-funded activities.

Our 2021 Goals:

- Evaluate Rapid Access Problem Solving (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



Sacramento Continuum of Care System Performance Committee



Sacramento Continuum of Care System Performance Committee

Our Purpose: is responsible for system wide planning to ensure the overall housing & service system meets the needs of individuals, including unaccompanied youth, & families experiencing homelessness.

Our 2020 Key Products:

- HIC review
- PIT development (delegated to PIT subcommittee)
- NOFA system performance elements
- System performance measures review
- Gaps analysis

Our 2020 Accomplishments:

- System mapping and gaps analysis methodology
- System Maps for CE, DHA, SHRA, and Behavioral Health
- Client Movement Dashboard
- Project Access Matrix



Sacramento Continuum of Care System Performance Committee

Our Purpose: is responsible for system wide planning to ensure the overall housing & service system meets the needs of individuals, including unaccompanied youth, & families experiencing homelessness.

Our 2021 Goals:

- Gaps Analysis
- Workshop on System Maps and Gaps Analysis
- HIC review
- 2022 PIT planning
- NOFA process
- System Performance Improvement Plan



Sacramento Continuum of Care 2021 Point-in-Time (PIT) Count Subcommittee



Sacramento Continuum of Care

2021 Point-in-Time (PIT) Count Subcommittee

Our Purpose: is responsible with debriefing and analyzing the implementation of the 2021 Point-in-Time Count and to develop recommendations for forthcoming Point-in-Time Counts and PIT Committees.

Our 2020 Key Product:

- PIT Timelines & Work Plan

Our 2020 Accomplishments:

- Subcommittee seated July 2020
- Adjusting local unsheltered PIT approach in light of COVID-19 pandemic and associated HUD guidance



Sacramento Continuum of Care

2021 Point-in-Time (PIT) Count Subcommittee

Our Purpose: is responsible with debriefing and analyzing the implementation of the 2021 Point-in-Time Count and to develop recommendations for forthcoming Point-in-Time Counts and PIT Committees.

Our 2021 Goal:

- Oversee implementation of potential 2022 unsheltered PIT approach



Sacramento Continuum of Care Youth Action Board (YAB)



Sacramento Continuum of Care Youth Action Board

Our Purpose: is responsible to advise the Sacramento CoC Board on policies & activities that relate to preventing & ending youth homelessness.

Our 2020 Accomplishments:

- Appointment of representative to the YAB-dedicated seat on the CoC Board (Jan. 2020).
- Provided recommendations to CoC for Homeless Housing, Assistance & Prevention (HHAP) youth set-aside funds.

Our 2021 Goal:

- Developing additional strategies for connecting the YAB and the CoC



Thank you!



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CES Evaluation

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

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.

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 the coordinated entry system only represents approximately 25 percent of beds available to people experiencing homelessness annually across the county.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.

¹ This is a preliminary number that may need to be updated for the final version based on further analysis Homebase is doing for the gaps analysis.

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

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

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 25 percent of all beds available for people experiencing homelessness each year in Sacramento County. 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.⁴

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.⁵

³ While some Transitional Housing programs accept clients through the Youth Case Conferencing process, this evaluation focuses only on permanent housing programs (i.e. Rapid Re-Housing and Permanent Supportive Housing).

⁴ These ranges differ slightly for each version of the VI-SPDAT.

⁵ See Temporary COVID-19 prioritization process, available at: <https://sacramentostepsforward.org/wp-content/uploads/2020/10/Covid-19-Prioritization-schema.docx-2.pdf>

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.⁶ Information to inform this

⁶ 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/

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 ⁷ | 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 |

⁷ 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.

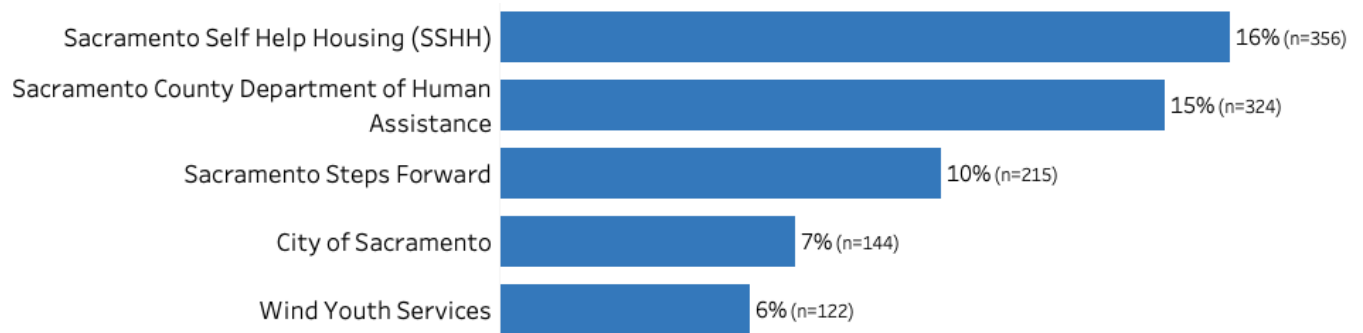
| | |
|---|----------------------|
| B.1. CoC offers the same assessment approach at all access points and all access points are usable by all people who are experiencing or at risk of homelessness. | Area for Improvement |
| B.2. CoC ensures that households can be served at all of the access points 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)



Notably, Sacramento Self Help Housing, Sacramento Steps Forward, and City of Sacramento⁸ 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

⁸ 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) data⁹, as well as the total homeless population according to the 2019 Sacramento Point-in-Time Count.¹⁰ 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:¹¹

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.¹² **The 2019 Point in Time count found that 62 percent of the homeless population identify as male, yet only 47 percent of those**

⁹ [US Census American Community Survey 2019 Estimates](#)

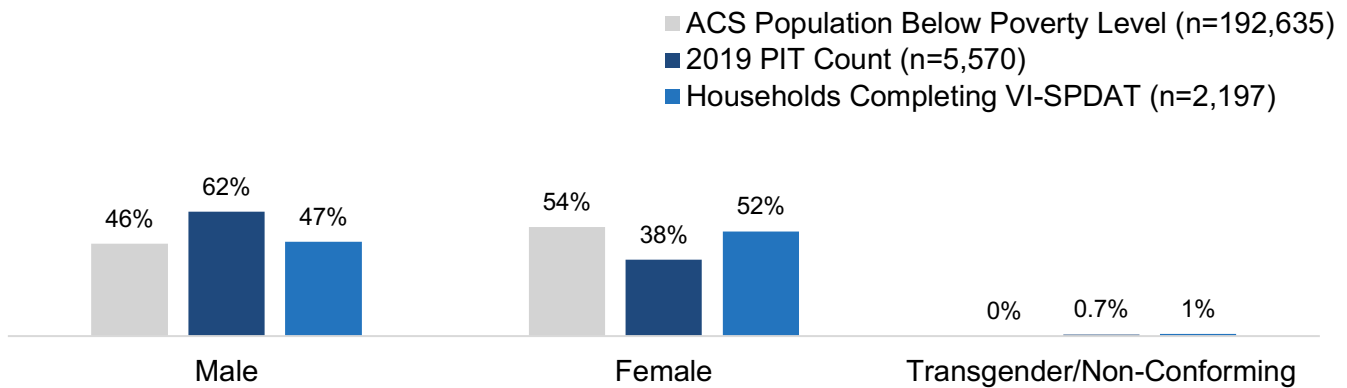
¹⁰ [Homelessness in Sacramento County Results from the 2019 Point-in-Time Count](#)

¹¹ 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.

¹² Ibid.

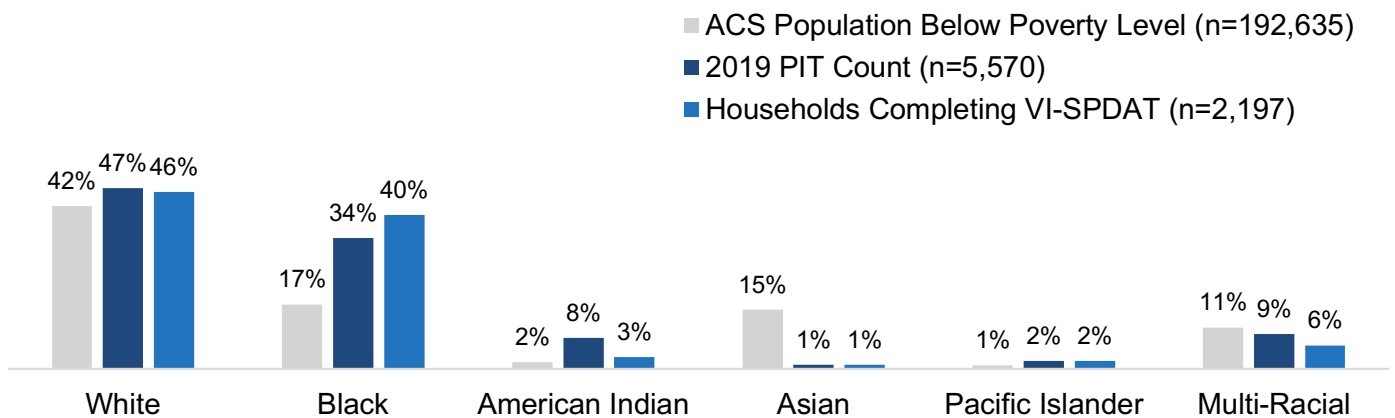
completing a VI-SPDAT identify as male. On balance, 52 percent of those completing a VI-SPDAT identify as female despite making up only 38 percent of the total homeless population.

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



Race:¹³ 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.**¹⁴ 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)¹⁵



¹³ 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>

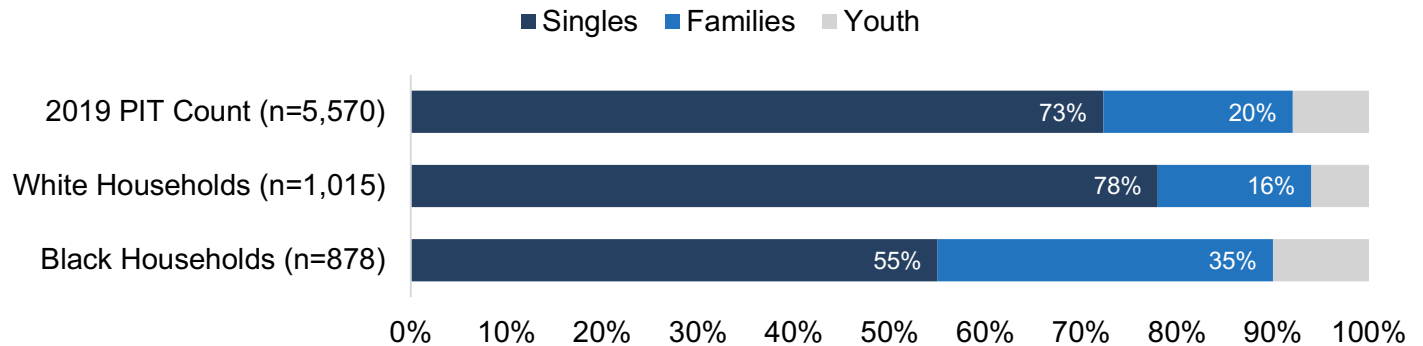
¹⁴ Ibid.

¹⁵ Not included in chart:

- “Other Race” for ACS Population Below Poverty Level (12%)
- “Race Unknown” for Households Completing VI-SPDAT (2%)

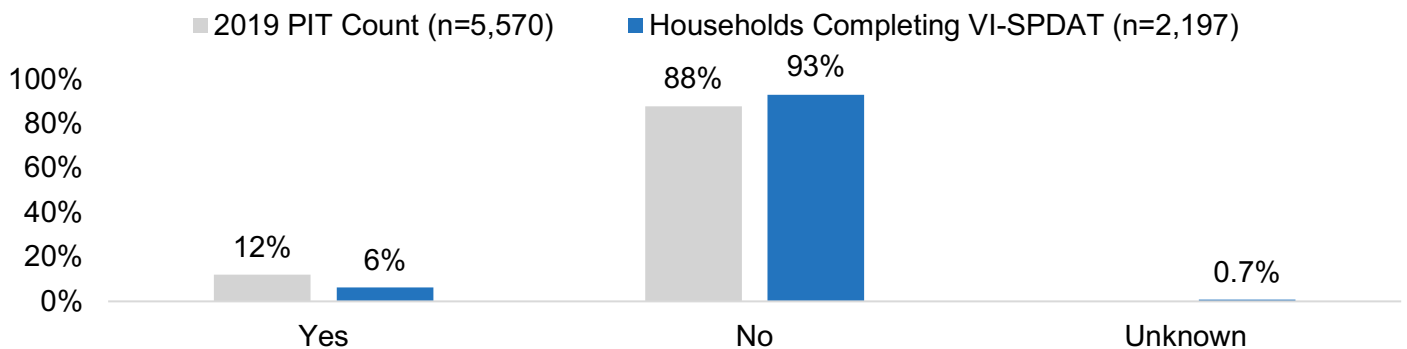
Additionally, there are unique differences in the breakdowns of household type according to race. For example, 78 percent of all white households completing the VI-SPDAT were single adults, while only 55 percent of black households were single adults. By contrast, only 16 percent of white households 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.¹⁶ **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.**¹⁷

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



¹⁶ Homelessness in Sacramento County Results from the 2019 Point-in-Time Count

¹⁷ Ibid.

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.

| | |
|--------------------------------------|---|
| <p>IMMEDIATE PRIORITIES</p> | <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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. |
| <p>MEDIUM-TERM PRIORITIES</p> | <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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.¹⁸ 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 ¹⁹ | 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 |

¹⁸ 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/

¹⁹ 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.

| | |
|---|----------------------|
| 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.²⁰ 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 |

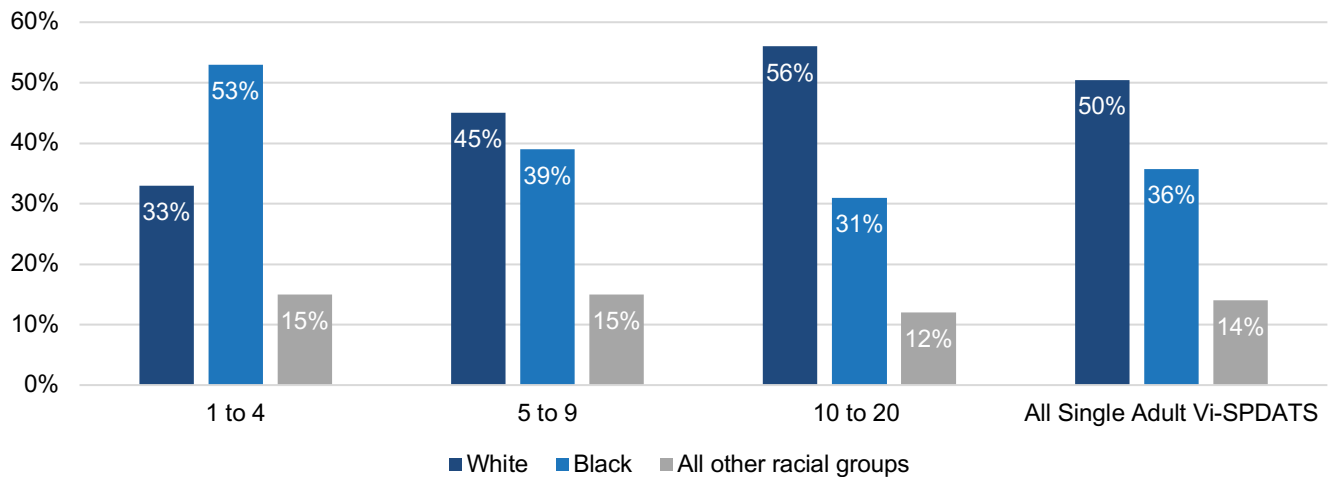
For single adults, the VI-SPDAT score range for Rapid Re-Housing is 5 to 9 and for Permanent Supportive Housing is 10 to 20, indicating that this disparity between white and Black households may be impacting black households’ ability to access Permanent Supportive Housing programs. To confirm these findings, 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)

²⁰ 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.²¹ 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 |

²¹ 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,²² 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

²² 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.²³ 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**

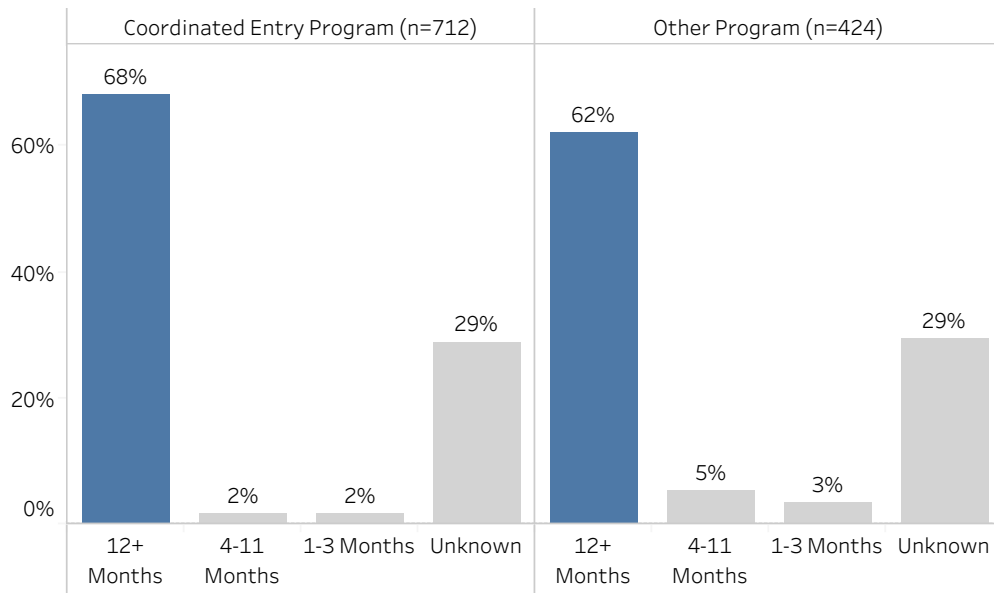
When looking at all persons enrolling in a Permanent Supportive Housing program, either through coordinated entry or through another process, with an enrollment date on or after October 1, 2018, we

²³ 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.

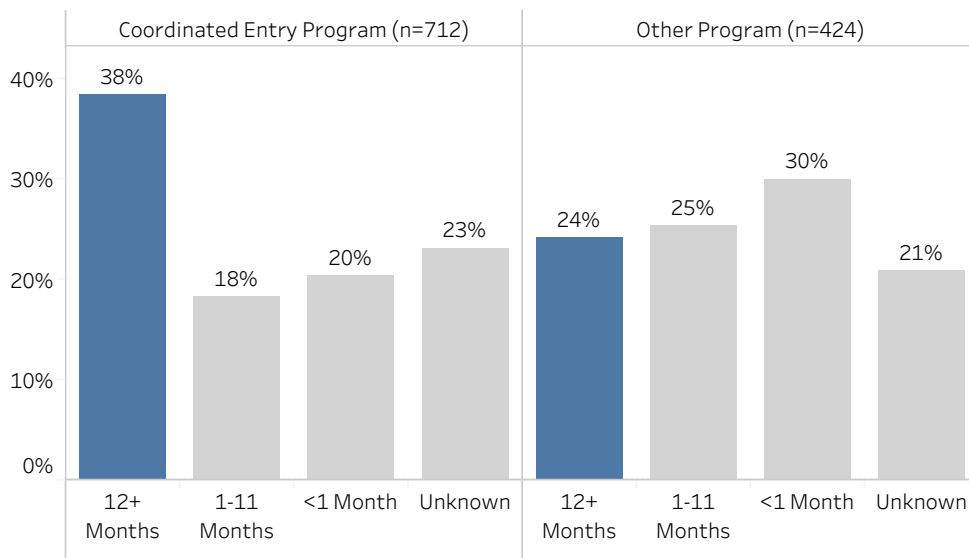
Chronicity of Homelessness (Number of Months Homeless Over 3 Years): Individuals enrolled in Permanent Supportive Housing programs through coordinated entry are more likely to have been homeless for a total of 12 or months in the three years prior to enrollment ($X^2 (2, N=806)=9.00, p<.01$), than clients 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



- **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 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 through 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

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.

| | |
|--------------------------------------|--|
| <p>IMMEDIATE PRIORITIES</p> | <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> ○ Provide examples of the types of changes in circumstances that warrant reassessment. ○ Develop a decision tree to support assessors in determining whether a household should be assessed. |
| <p>MEDIUM-TERM PRIORITIES</p> | <ul style="list-style-type: none"> • 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: |

- Strategies to minimize and address re-traumatization, including an overview of available community mental health resources;
- Communication and messaging regarding assessment and prioritization;
- Cultural sensitivity;
- 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.
 - 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:
 - Minimize re-traumatization,
 - Address racial and ethnic disparities, and
 - 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.
 - E.g., a small inter-agency task force that monitors on a system-level
 - E.g., compare data on assessment results among assessors to identify red flags
 - E.g., shadow assessors to assess fidelity
 - E.g., provide technical assistance and training to assessors to address identified issues
 - 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.²⁴ 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 ²⁵ | 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 |

²⁴ 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/

²⁵ 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.

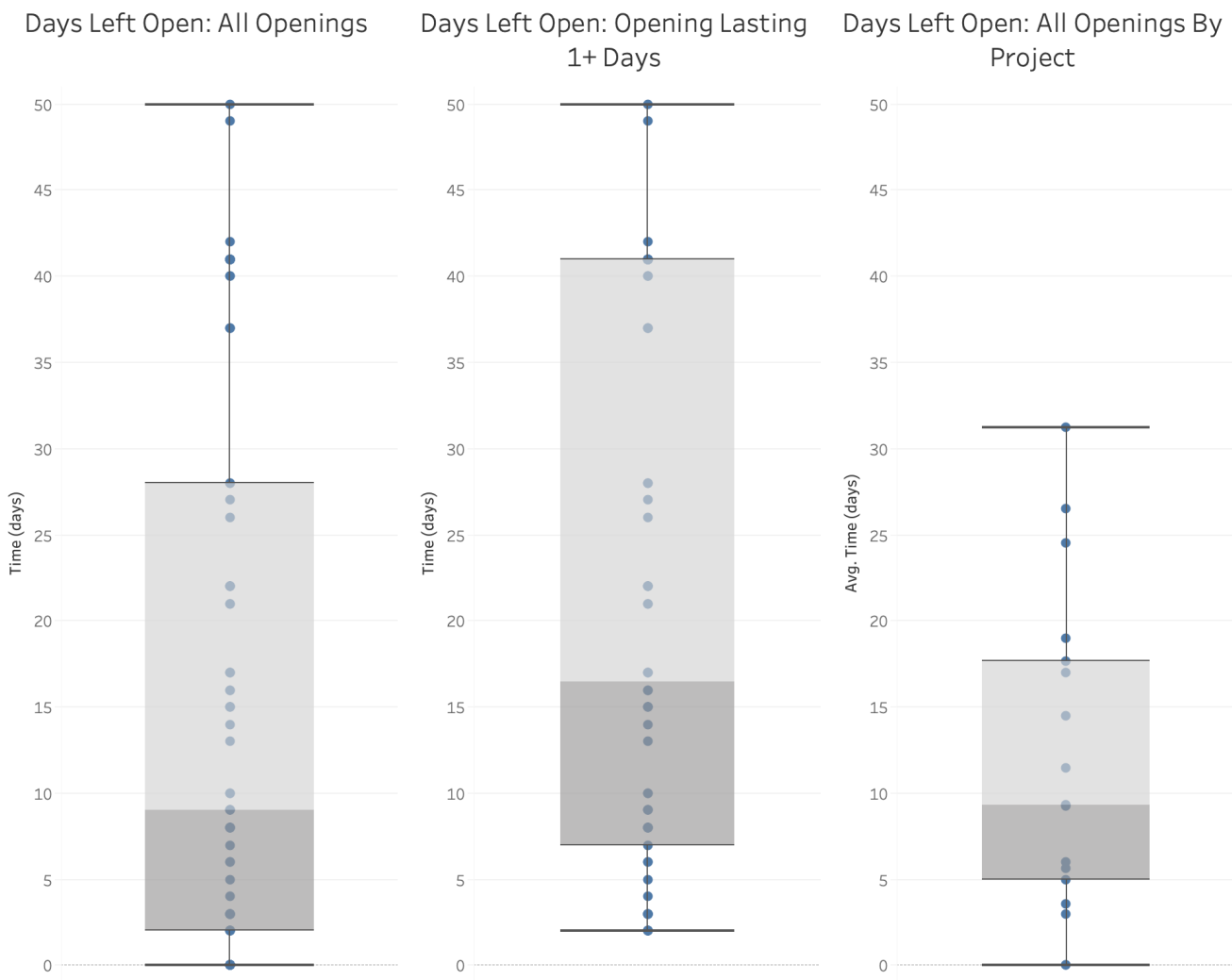
In response to community feedback regarding the timeframe for referrals and the need for additional transparency, new processes were implemented prior to August 2020 to improve (1) the notification of program openings and (2) to reduce the time between when an opening is reported and when a referral 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.

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 lasting 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

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.²⁶ 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.

²⁶ All households completing a VI-SPDAT between October 2018-September 2020 (2-year period).

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) ²⁷ | 2,112 (44% of all assessed) ²⁸ | 2,081 (44% of all assessed) ²⁹ |
| Enrolled in a permanent housing program through coordinated entry | 571 ³⁰ | 263 ³¹ | 308 ³² |
| 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 ³³ | 2,197 ³⁴ |
| 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 ³⁵ | 173 ³⁶ |
| Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry | 240 (10% of eligible) | 139 (7% of eligible) |

²⁷ Ibid.

²⁸ All households completing a VI-SPDAT between October 2018-September 2020 (2-year period) that scored as eligible for Rapid Re-Housing.

²⁹ All households completing a VI-SPDAT between October 2018-September 2020 (2-year period) that scored as eligible for Permanent Supportive Housing

³⁰ 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.

³¹ 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.

³² 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.

³³ All households completing a VI-SPDAT between Oct. 2018-Sept. 2019 (1-year period)

³⁴ All households completing a VI-SPDAT between Oct. 2019-Sept. 2020 (1-year period)

³⁵ 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.

³⁶ 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: While single adult and youth households saw move-in rates of six and seven percent, respectively, **only four percent of families moved in to 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 ³⁷ | 561 ³⁸ | 166 ³⁹ |
| Scored in Rapid Re-Housing or Permanent Supportive Housing Range | 1,380 (93% of assessed) | 464 (82% of assessed) | 144 (86% of assessed) |
| Enrolled into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry | 126 ⁴⁰ | 30 ⁴¹ | 17 ⁴² |
| Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry | 107 (7% of eligible) | 23 (4% of eligible) | 9 (6% of eligible) |

³⁷ All single households completing a VI-SPDAT between Oct. 2019-Sept. 2020 (1-year period)

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

³⁹ All unaccompanied youth households completing a youth VI-SPDAT between Oct. 2019-Sept. 2020 (1-year period)

⁴⁰ 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.

⁴¹ Ibid.

⁴² 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 ⁴³ | 1,132 ⁴⁴ | 38 ⁴⁵ |
| Scored in Rapid Re-Housing or Permanent Supportive Housing Range | 949 (92% of assessed) | 1,007 (88% of assessed) | 32 (84% of assessed) |
| Enrolled into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry | 91 ⁴⁶ | 79 ⁴⁷ | 3 ⁴⁸ |
| Moved into Rapid Re-Housing or Permanent Supportive Housing through coordinated entry | 69 (7% of eligible) | 68 (6% 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 (85 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)⁴⁹

| | 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 (85% 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 (6% of eligible) |

⁴³ 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)

⁴⁴ 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)

⁴⁵ 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)

⁴⁶ 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.

⁴⁷ Ibid.

⁴⁸ Ibid

⁴⁹ 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)⁵⁰

| | Hispanic/Latino | Non-Hispanic/Latino | Unknown |
|--|-----------------------|-------------------------|----------------------|
| Completed VI-SPDAT | 340 | 1,835 | 22 |
| Scored in Rapid Re-Housing or Permanent Supportive Housing Range | 302 (88% of assessed) | 1,668 (90% of assessed) | 18 (81% 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)⁵¹

| | 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 (93% 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**

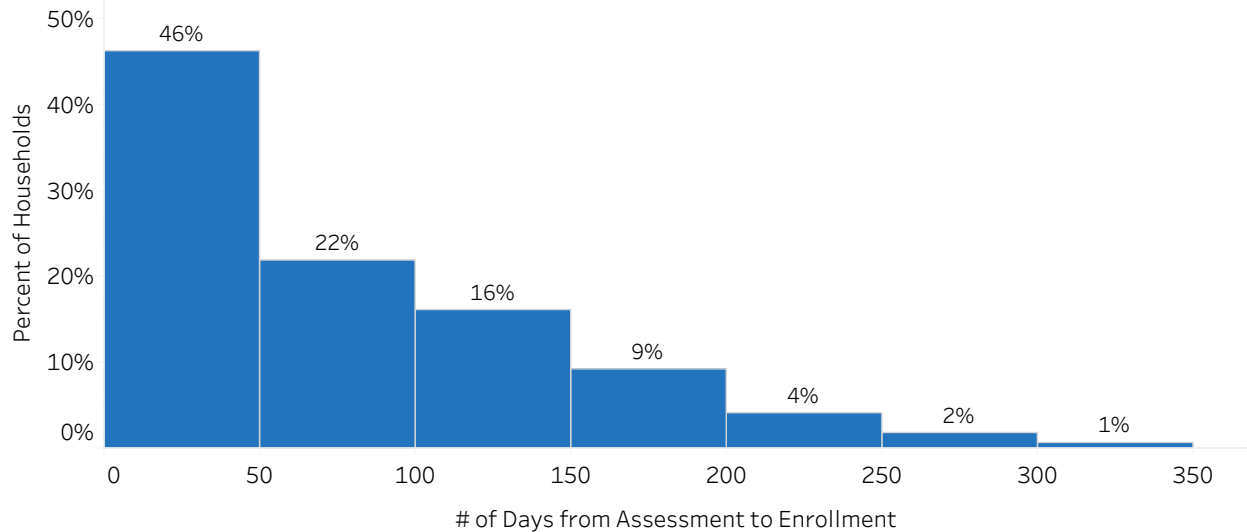
To determine whether the current referral and placement processes are meeting the goal of the coordinated entry system to provide to provide efficient access to available housing resources, we analyzed the timeframes from most recent assessment to enrollment in a housing program through coordinated entry 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.

⁵⁰ Ibid.

⁵¹ Ibid.

Timeframe from Most Recent Assessment to Enrollment: Of the 173 households who were assessed between October 2019 and September 2020 and enrolled in 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.

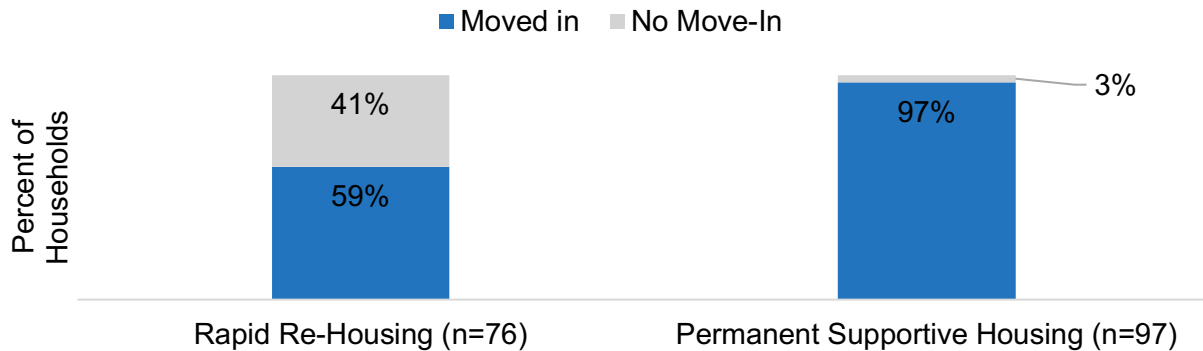
Overall, this data shows that many households who are connected to housing programs through coordinated entry are being efficiently assessed and referred to those programs. However, for about one-third of the households enrolling in programs this process took more than three months indicating a need 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,**

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.

| | |
|--------------------------------------|--|
| <p>IMMEDIATE PRIORITIES</p> | <ul style="list-style-type: none"> • 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. |
| <p>MEDIUM-TERM PRIORITIES</p> | <ul style="list-style-type: none"> • 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. |

**OTHER
RECOMMENDATIONS
TO CONSIDER**

- 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.
- 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).

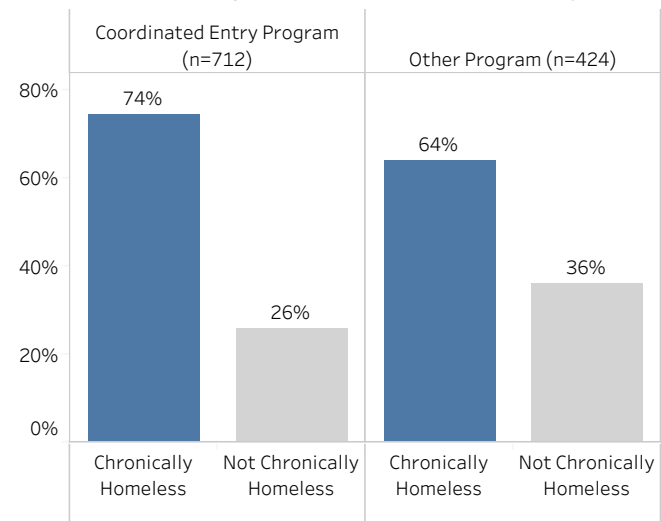
- The need for additional community financial investment and staffing to support coordinated entry processes including an additional Referral Specialist, an additional Coordinated Entry Projects Navigator, and additional outreach staff.

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

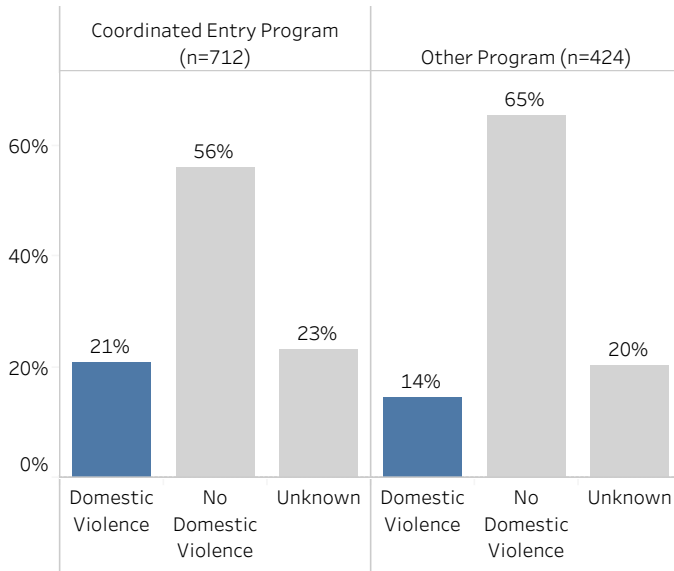


Chronic Homeless Status

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.⁵²

⁵² 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



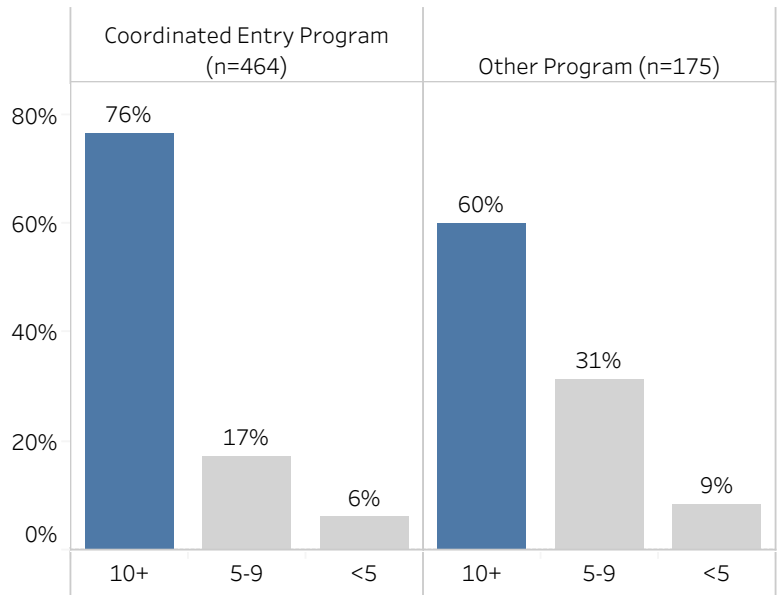
Domestic Violence

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.

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



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

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.

| | |
|--------------------------------------|---|
| <p>IMMEDIATE PRIORITIES</p> | <ul style="list-style-type: none"> • Incorporate feedback loops into Coordinated Entry Committee meeting structure to report back on implementation of recommendations and decisions made. |
| <p>MEDIUM-TERM PRIORITIES</p> | <ul style="list-style-type: none"> • 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 overview 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.**

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

- 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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.*

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 | <ul style="list-style-type: none"> • Lutheran Social Services – Connections Consolidated • Next Move - Step Up Sacramento (TAY components) |
| Rapid Re-Housing | <ul style="list-style-type: none"> • Hope Cooperative/TLCS & Wind Youth Services – Possibilities (RRH component) |
| Transitional Housing | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Veterans Administration – HUD-VASH Vouchers* |
| Rapid Re-Housing | <ul style="list-style-type: none"> • 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

| | |
|--------------------------------------|--|
| <p>IMMEDIATE PRIORITIES</p> | <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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; ○ 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. |
| <p>MEDIUM-TERM PRIORITIES</p> | <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ 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 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.
 - Provide examples of the types of changes in circumstances that warrant reassessment.
 - 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:
 - Strategies to minimize and address re-traumatization, including an overview of available community mental health resources;
 - Communication and messaging regarding assessment and prioritization;
 - Cultural sensitivity;
 - Elimination of bias; and

| | |
|--|---|
| <p>LONG-TERM PRIORITIES</p> | <ul style="list-style-type: none"> ○ Best practices in administering the assessment to foster trust and increase accuracy. ● 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. <ul style="list-style-type: none"> ○ 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: <ul style="list-style-type: none"> ○ Minimize re-traumatization, ○ Address racial and ethnic disparities, and ○ More effectively identify conditions and experiences affecting vulnerability. |
| <p>OTHER RECOMMENDATIONS TO CONSIDER</p> | <ul style="list-style-type: none"> ● 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. <ul style="list-style-type: none"> ○ E.g., a small inter-agency task force that monitors on a system-level ○ E.g., compare data on assessment results among assessors to identify red flags ○ E.g., shadow assessors to assess fidelity ○ E.g., provide technical assistance and training to assessors to address identified issues ○ E.g., develop accountability measures to ensure fidelity |
| <p>REFERRAL AND PLACEMENT RECOMMENDATIONS</p> | |
| <p>IMMEDIATE PRIORITIES</p> | <ul style="list-style-type: none"> ● Develop and disseminate operating procedures that memorialize the protocols for case conferencing and By Name List administration processes. |

| | |
|--|---|
| | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • Incorporate feedback loops into Coordinated Entry Committee meeting structure to report back on implementation of recommendations and decisions made. |
| MEDIUM-TERM PRIORITIES | <ul style="list-style-type: none"> • 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. |



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Rapid Access Problem Solving (RAPS) Pilot Project Updates Memo



**SACRAMENTO
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Ending Homelessness. Starting Fresh.

To: Sacramento Continuum of Care Board
From: Coordinated Entry System Committee
Date: March 9, 2021
Subject: Rapid Access Problem Solving (RAPS) Pilot Project Updates

In November 2020, the CoC Board approved a Rapid Access to Problem Solving (RAPS) Pilot project using state homelessness funding. The memo provides updates on two components of the pilot: increasing availability to problem-solving resources through a new cohort of providers and improving access through enhancing 2-1-1 services.

New Problem-Solving Providers Cohort

On January 13, 2021, Sacramento Steps Forward (SSF) released an RFP for agencies to serve as problem solving access points (PSAP) for the Rapid Access Problem Solving (RAPS) pilot program. SSF received nine proposals and awarded funding to four agencies.

SSF received nine proposals from a diverse group of non-profit organizations serving the Sacramento area. A review panel consisted of three non-conflicted members of the CoC Coordinated Entry System (CES) Committee, CoC Board, and two members from SSF's CES team. The panel reviewed proposals during the period of February 4th – February 18th, 2021. The panel scored proposals using criteria published in the RFP, including agency experience, capacity to provide problem solving, population served, services offered, geographic range covered, ability to expand with the pilot and leveraged resources.

The review panel prioritized funding decisions based on the strengths of each agency's proposal. The panel sought to fund a cohort of projects with a high level of experience with problem-solving and that are well-equipped to collectively improve access to the system for people experiencing homelessness in the community.

The panel selected the following agencies:

1. LGBTQ Center
2. Sacramento Self Help Housing
3. South Sacramento Assistance Resource Team
4. WEAVE

Pending completion of contracts being finalized now, these agencies will serve as the new access points for the RAPS pilot program. Each of the four agencies will receive approximately \$33,000 annually to provide problem solving resources to people who are at-risk or are experiencing homelessness. These access points will play a key part role in piloting system-wide diversion and prevention efforts.

Enhanced 2-1-1 Services

Additionally, on April 1, 2021, SSF entered into contract with Community Link (2-1-1). 2-1-1 will serve as a dedicated “front door” for people experiencing homelessness by providing a variety of new triage and housing assessments. 2-1-1 will utilize a progressive assessment process, connecting callers to the most appropriate resource. The assessment process can result in referrals to shelter, domestic violence and/or human trafficking services, and problem-solving access points (outlined above). If need be, 2-1-1 staff can complete the VI-SPDAT assessment over the phone.

The RAPS pilot timeline has been adjusted since November 2020 to reflect the time necessary to complete the RFP and contracting phases. The new timeline has RAPS beginning on April 1, 2021 and the first year concluding on March 31, 2022. We expect the Problem Solving Access Point agencies to begin receiving referrals the first week of May.

Please direct all questions, concerns and comments to Peter Bell via email at PBell@sacstepsforward.org



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CoC Governance Committee Recruitment Announcement Memo



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TO: CoC Board Members

FROM: April Wick, CoC Governance Committee Chair &
Michele Watts, SSF Chief Planning Officer

DATE: April 14, 2021

SUBJECT: CoC Governance Committee- Recruitment Announcement
(Informational- Receive & File)

The Sacramento CoC Governance Committee (GC) is recruiting new member(s). This recruitment announcement outlines the current GC membership, roles of the GC, and the recruitment timeline for adding new members.

Background

The current GC is comprised of the three members of the Executive Committee plus additional members from the Board. Current membership consists of the following individuals:

| Member | Representation |
|----------------------|-----------------------|
| April Wick, GC Chair | CoC Board Member |
| Erin Johansen | CoC Board Chair |
| Angela Upshaw | CoC Board Vice Chair |
| Pixie Pearl | CoC Board Secretary |
| Mike Jaske | CoC Board Member |

Mike Jaske is resigning from the Governance Committee and needs to be replaced with another Board member. It is also allowable to add additional members to this committee beyond the current assignment of five (5) members.

The current CoC Board Governance Committee was formed in 2019 and created the 2019 Governance Charter, approved by the full CoC Board in

September 2019. Per this charter, the committee is responsible for the following:

- Annual review of the Governance Charter and making recommendations for changes to the CoC Board;
- Overseeing Sacramento CoC Board member appointment process, including reviewing applications and nominating candidates to the Sacramento CoC Board;
- Annually inviting membership to the Sacramento CoC and developing strategies to ensure broad participation, including persons with lived experience on the Sacramento CoC, Sacramento CoC Board, and its committees; and
- Reviewing the annual budget and year-end reconciliation of the CoC Lead Agency and HMIS Lead Agency, relative to Sacramento CoC activities and reviewing activities broadly carried out by these entities outside of the Sacramento CoC.

Committee Slate Recruitment & Appointment Timeline

The recruitment timeline to appoint formal membership to the CoC Governance Committee is outlined below:

| CoC Governance Committee Recruitment Timeline | |
|--|---|
| Recruitment Announcement at CoC Board | Wednesday, April 14, 2021 |
| Recruitment Announcement, Application, and Member Roles & Responsibilities Posted to SSF Website | Friday, April 16, 2021 |
| Application Period | Friday, April 16, 2021 – Friday, April 30, 2021 |
| Application Due Date | Friday, April 30, 2021, 5 PM |
| Slate Developed | Monday, May 3, 2021 – Thursday, May 6, 2021 |
| CoC Board Approval of Slate | Wednesday, May 12, 2021 |

Recruitment for the Governance Committee is being announced at the CoC Board, followed by an application period ending April 30, 2021. Staff will prepare a nominations packet that includes information about all applicants for review by the committee Chair the following week. The Chair will

recommend a slate for Executive Committee review and a final slate will be approved by consensus and placed on the May 12, 2021 CoC Board agenda for appointment.

Message to Interested Members

CoC Board members interested in service on the Governance Committee are encouraged to apply. GC members and SSF staff are available for interested applicants who want more information about what committee service entails; contact CoC Coordinator Michelle Charlton at mcharlton@sacstepsforward.org to be connected to a current GC member or appropriate staff.



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California State Homelessness Auditor Report



Homelessness in California

The State's Uncoordinated Approach to Addressing Homelessness Has Hampered the Effectiveness of Its Efforts

February 2021

REPORT 2020-112





CALIFORNIA STATE AUDITOR

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February 11, 2021
2020-112

The Governor of California
President pro Tempore of the Senate
Speaker of the Assembly
State Capitol
Sacramento, CA 95814

Dear Governor and Legislative Leaders:

As directed by the Joint Legislative Audit Committee, my office conducted an audit of five local governments who play a key role in a Continuum of Care (CoC). Our assessment of CoC agencies—groups of organizations, including local government agencies and homeless service providers, that receive funding from the U.S. Department of Housing and Urban Development to work toward ending homelessness within specified geographic areas—focused on best practices related to homeless services. In general, we determined that the State continues to struggle to coordinate its efforts to address homelessness, and CoCs do not always comply with federal regulations or follow best practices.

With more than 151,000 Californians who experienced homelessness in 2019, the State has the largest homeless population in the nation, but its approach to addressing homelessness is disjointed. At least nine state agencies administer and oversee 41 different programs that provide funding to mitigate homelessness, yet no single entity oversees the State’s efforts or is responsible for developing a statewide strategic plan.

Although the Homeless Coordinating and Financing Council (homeless council) was created, in part, to coordinate existing funding and establish partnerships with stakeholders to develop strategies to end homelessness, it has not done so. As a result, the State continues to lack a comprehensive understanding of its spending to address homelessness, the specific services the programs provide, or the individuals who receive those services. The homeless council has also not created guidance or expectations for CoCs to follow.

Our audit found three additional factors that make state guidance to coordinate efforts to address homelessness especially necessary:

- CoCs do not always employ best practices related to identifying, planning for, and providing services for those experiencing homelessness.
- None of the five CoCs we reviewed has adequately determined whether it has enough service providers to meet the needs of those experiencing homelessness.
- Two of the five CoCs we assessed do not have current comprehensive plans.

Given the magnitude of the homelessness crisis in California and the amount of funding the state and federal governments commit to combatting it, the State needs to ensure that its system for addressing problems at both the CoC and the state level is coherent, consistent, and effective.

Respectfully submitted,

A handwritten signature in black ink that reads 'Elaine M. Howle'. The signature is written in a cursive, flowing style.

ELAINE M. HOWLE, CPA
California State Auditor

Selected Abbreviations Used in This Report

| | |
|-----------|--|
| CARES Act | Coronavirus Aid, Relief, and Economic Security Act |
| CoC | Continuum of Care |
| HDIS | Homeless Data Integration System |
| HHAP | Homeless Housing, Assistance, and Prevention |
| HMIS | Homeless Management Information System |
| HUD | U.S. Department of Housing and Urban Development |
| LAO | Legislative Analyst's Office |
| USICH | U.S. Interagency Council on Homelessness |

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Summary

Results in Brief

In recent years, the number of individuals experiencing homelessness in California has soared. More than 151,000 Californians were homeless in 2019, an increase of 15 percent from 2017, and the economic impact of the recent COVID-19 pandemic is likely to further exacerbate this crisis. Both the federal government and the State have dedicated significant resources to addressing the growing problem of homelessness. Specifically, in 1993 the federal government established the Continuum of Care (CoC) system, which combats homelessness at the local level. A CoC is a group of organizations, such as homeless service providers, cities, counties, and other stakeholders, that receives funding from the U.S. Department of Housing and Urban Development (HUD) to carry out the goal of ending homelessness within a specified geographic area. Each CoC must designate an organization as its collaborative applicant to apply for funding from HUD for the CoC. In 2019 HUD awarded more than \$441 million to the 44 CoCs that plan and coordinate funding for services and housing to address homelessness in California's 58 counties. In addition, the State has provided more than \$4 billion in each of the last three fiscal years to local entities to address aspects of homelessness.

Nonetheless, California continues to have the largest homeless population in the nation, likely in part because its approach to addressing homelessness has been disjointed. Unlike in some other states, no single state entity in California oversees efforts to address homelessness or is responsible for developing a statewide strategic plan. Instead, at least nine state agencies administer and oversee 41 different programs that provide funding for purposes related to homelessness. In 2017 the State established the Homeless Coordinating and Financing Council (homeless council)—which includes representatives of state agencies, advocacy groups for the homeless, and other stakeholders. The statute that created the homeless council assigned it 18 goals, including coordinating existing funding, creating a statewide data system, and establishing partnerships with stakeholders to develop strategies to end homelessness. However, homeless council staff stated that the council has not set priorities or timelines for achieving all 18 statutory goals. Further, the homeless council still has not finalized an action plan that homeless council staff believe will serve as the council's strategic plan.

The homeless council has yet to fulfill some of its most critical goals. For example, it is charged with coordinating existing state and federal funding and any related applications for competitive funding. However, homeless council staff stated that

Audit Highlights . . .

Our audit of efforts to address homelessness in California by the State and Continuum of Care (CoC) agencies highlighted the following:

- » *The State's approach to addressing homelessness is disjointed— at least nine state agencies administer and oversee 41 different programs that fund homeless services.*
- » *Although established in 2017, the homeless council has yet to set priorities or a timeline for achieving its 18 statutory goals.*
 - *It cannot coordinate existing state and federal funding because it lacks expenditure data from state agencies.*
 - *Its planned statewide data system will lack information about some service providers.*
 - *It is not required to develop guidance or disseminate best practices to CoCs and does not have a mechanism to enforce them.*
- » *The five CoCs we reviewed do not consistently employ best practices to improve homeless services in their areas.*
 - *None fully understand the homelessness needs and available services in their areas due to insufficient annual gaps analyses.*
 - *Some do not use a mobile application, which can make counting homeless individuals more reliable and efficient.*
 - *Some can improve how they prioritize the projects to receive federal funding.*

although it has established coordination channels with some state agencies and can request information from them, it does not currently have the authority to require this information from other state agencies and has not been able to track program spending to date. In addition, homeless council staff explained that it needs additional statutory authority to collect expenditure data from other state agencies that could be useful in streamlining its collection of this information. As a result, the State continues to lack a comprehensive understanding of its spending to address homelessness. The homeless council has taken steps toward another goal: establishing a statewide data system that will collect information such as the number and characteristics of people receiving assistance from homelessness programs and the types of services they receive. However, because the new system will obtain its data from each CoC's database, known as the Homeless Management Information System (HMIS), it may lack information on service providers that do not receive CoC Program funding. A clear understanding of all state and federal funding related to homelessness programs, and the specific services the programs provide, is critical to make effective policy and program decisions at the state level.

Further, although the homeless council is well positioned to provide guidance to CoCs, state law lacks a definite requirement to develop guidance or disseminate best practices to CoCs or a mechanism to enforce them. Because HUD's guidance allows for extraordinary discretion in how CoCs implement the suggested practices and CoCs do not always employ best practices, the State has an opportunity to help CoCs improve their efforts to combat homelessness within their areas. For this audit, we reviewed five CoCs: Fresno City and County/Madera County CoC (Fresno-Madera CoC), Mendocino County Homeless Services CoC (Mendocino CoC), County of Riverside CoC (Riverside CoC), Santa Maria/Santa Barbara County CoC (Santa Barbara CoC), and San José/Santa Clara City and County CoC (Santa Clara CoC).¹ We found that they have not conducted sufficiently comprehensive annual gaps analyses to fully understand the needs of those facing homelessness in their areas and whether the services that their networks of service providers offer are sufficient to meet those needs. Although federal regulations require CoCs to plan for such analyses, HUD has not provided detailed guidance on conducting them. The homeless council is best positioned to provide this

¹ The respective counties for the Mendocino, Riverside, Santa Barbara, and Santa Clara CoCs are the collaborative applicants for those CoCs. The Housing Authority of the City of Fresno (Fresno City Housing Authority) is the collaborative applicant for the Fresno-Madera CoC. We have made our recommendations to the collaborative applicant because it is generally responsible for carrying out various activities at the direction of the CoC board.

type of guidance and to disseminate best practices to help ensure that the State's CoCs are taking all steps necessary to ensure the effectiveness of their efforts to address homelessness.

In addition to the lack of comprehensive gaps analyses, we identified other weaknesses in the five CoCs' coordination and provision of homeless services. For example, the Fresno-Madera and Riverside CoCs do not have federally required plans in place that contain clear, long-term strategies for identifying individuals in need of services and coordinating with service providers. Further, when conducting counts of individuals experiencing homelessness within their areas, the Mendocino and Santa Clara CoCs currently use paper surveys rather than a mobile application, even though the use of this technology can make the counts more reliable and efficient. Given the increasing size of California's homeless population, it is critical that each CoC understand the needs of those experiencing homelessness in their areas, determine whether adequate numbers and types of service providers exist to meet those needs, and adjust their long-term strategies to address any deficiencies in the types of services that are available in their communities.

Some CoCs we reviewed could also improve their processes for ensuring that people experiencing homelessness can access available services. For example, each CoC is required to have a process—referred to as a *coordinated entry process*—to identify individuals needing assistance, assess their housing needs and vulnerabilities, and refer them to available services within the area. However, some of the five CoCs we reviewed have not always followed best practices related to the coordinated entry process, such as establishing a dedicated telephone hotline or having an outreach team to identify individuals needing assistance. Moreover, most of the CoCs we reviewed stated that because the demand for services like housing exceeds the availability, individuals may have to wait weeks or even months after their initial assessments for the CoC to match them with service providers. At that point, difficulties in locating the individuals—who are generally transient—can cause an even longer delay before they receive needed services. However, four of the five CoCs do not track how long it takes to locate people after their initial assessment and referral to a service provider, in part, because HUD did not require them to do so until October 2020. Only the Santa Clara CoC has taken steps to address this problem; it tracked the time required to locate people after they were referred to a service provider, determined that there was a delay in locating people, and established a dedicated team to go into the community to quickly locate individuals for whom it has identified available services.

Finally, two of the CoCs we reviewed have not adequately ensured that they prioritize the most effective local projects to receive federal funding. HUD requires each CoC to design and implement a process for homeless service providers to apply for CoC Program funding each year. The providers submit their applications to the CoC, which reviews and ranks them based on its established scoring criteria. It then submits the applications and its ranked list to HUD, which typically uses the CoC's list to make funding decisions. Although each of the CoCs we reviewed has policies in place for this process, the Mendocino and Riverside CoCs' policies and application scoring tools do not ensure that they consistently prioritize the projects that are likely to be the most effective. Specifically, their policies and scoring tools favor projects that have received funding in the past (renewal projects) over new projects, even if the new projects show significant potential.

Given the magnitude of the homelessness crisis in California and the amount of funding the state and federal governments are committing to combat this crisis, the State needs to ensure that its system for addressing problems at both the CoC and the state level is coherent, consistent, and effective. Centralizing performance data collection from service providers and tracking federal and state funds dedicated to combating homelessness is a critical step toward that goal. By investing added responsibility and authority in the homeless council to coordinate the State's response to homelessness, the Legislature can ensure that decision makers have the ability to clearly assess the State's efforts, successes, and challenges and to make informed decisions in the fight to reduce homelessness.

Selected Recommendations

Legislature

To ensure that the State effectively addresses the statewide issue of homelessness, the Legislature should provide the homeless council with the authority and the responsibility to work with all state agencies that administer programs that provide state and federal funding for addressing homelessness to collect and track funding data on all homelessness programs, including the amount of funding available and expended each year, the types of activities funded, and types of entities that received the funds.

The Legislature should require the homeless council to prioritize its statutory goals, with an emphasis on giving higher priority to coordination of statewide efforts to combat homelessness. The Legislature should further require the homeless council to finalize

its action plan and ensure that the plan documents the State's approach to addressing homelessness in California and that the action plan is updated regularly.

To ensure that the State has access to comprehensive data about homelessness, the Legislature should require all state entities that administer state funding for homelessness to ensure that recipient service providers enter relevant data into their CoC's HMIS, as law allows, as a condition of state funding. The required information should include, at a minimum, the same or similar information that recipients of federal CoC programs must enter.

CoCs

To help ensure that they have adequate levels of services and service providers in their respective areas to meet the needs of people who are experiencing homelessness, the counties of Mendocino, Riverside, Santa Barbara, and Santa Clara, and the Fresno City Housing Authority should coordinate with their CoCs to ensure that the CoCs annually conduct a comprehensive gaps analysis in accordance with the plans they have developed under federal regulations. To be effective, the gaps analyses should consider whether adequate services are available in the areas where individuals are experiencing homelessness and should contain strategies to address any deficiencies.

To ensure that they adequately identify their long-term strategies to address homelessness, the county of Riverside and the Fresno City Housing Authority should coordinate with their CoCs to implement a planning process and develop a comprehensive plan that meets all federal requirements by August 2021. The planning process should ensure that the CoCs update their comprehensive plans at least every five years.

To ensure that individuals experiencing homelessness have adequate access to the coordinated entry process, the county of Mendocino and the Fresno City Housing Authority should, by August 2021, coordinate with their CoCs to assess the feasibility of establishing a dedicated telephone hotline for providing information about available services, assessing individuals' needs, and referring those individuals to appropriate housing or homeless service providers.

To increase the efficiency of the coordinated entry process, the counties of Mendocino, Riverside, and Santa Barbara and the Fresno City Housing Authority should coordinate with their CoCs to determine how long it takes to locate individuals after they have been matched with a service provider. Specifically, they

should use the referral data that HUD required CoCs to collect as of October 2020 to determine whether locating individuals after they have been matched with a service provider is a cause of delay in providing them with services. If these entities find that excessive delays exist, they should coordinate with their CoCs to implement processes, such as deploying a dedicated team to locate these individuals when appropriate housing and services become available.

To ensure that it identifies the projects that offer the greatest possible benefits when ranking applications for CoC Program funds, the counties of Mendocino and Riverside should, by August 2021, coordinate with their CoC to update the CoCs' scoring tools and review-and-rank policies and procedures to give new and renewal projects an equal opportunity to receive federal funding.

Agency Comments

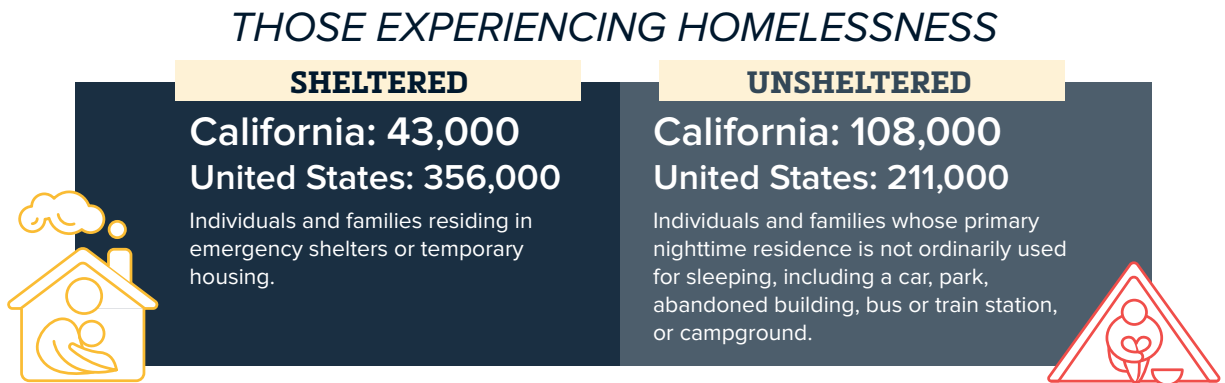
The counties of Mendocino, Riverside, Santa Barbara, and Santa Clara generally agreed with our recommendations and stated that they will take actions to implement them. The Fresno City Housing Authority disagreed with some of our recommendations. For example, it did not agree with our recommendation to annually conduct a comprehensive gaps analysis and to assess the feasibility of establishing a dedicated telephone hotline. Moreover, although we did not make any recommendations to the Homeless Council, it stated that it is ready to work with the Legislature on opportunities to strengthen existing law to enable more effective efforts to prevent and end homelessness in the State.

Introduction

Background

The U.S. Department of Housing and Urban Development (HUD) determined that in 2019 more than half a million people in the United States experienced homelessness on a given night. The McKinney-Vento Homeless Assistance Act (McKinney-Vento Act) broadly defines *homeless individual* as a person who is lacking a fixed, regular, and adequate nighttime residence. Its definition includes individuals who are sheltered and unsheltered, as Figure 1 shows. According to the Boston University School of Public Health, people experiencing homelessness have higher premature mortality rates than those who are not experiencing homelessness, in large part because of injuries, unintentional drug overdoses, and extreme weather events. Those experiencing homelessness also have poor quality of life, characterized by chronic pain associated with poor sleeping conditions and limited access to medications and other critical resources.

Figure 1
Number of People Experiencing Homelessness in California and the United States, 2019



Source: Federal law and the HUD Exchange website.

Homelessness affects a large cross section of populations in the nation. According to the National Alliance to End Homelessness, most people who experience homelessness are single adults, especially young adults, veterans, and individuals who are physically and mentally ill; however, the organization points out that homelessness also has a significant effect on youth.²

² The National Alliance to End Homelessness is a nonpartisan, nonprofit organization whose sole purpose is to end homelessness in the United States.

It noted that veterans' military service puts them at higher risk of experiencing traumatic brain injury and post-traumatic stress disorder, which research has found to be among the most substantial risk factors for homelessness.

Homelessness Is Increasing in California

According to the latest available data, California is home to the largest number of people experiencing homelessness in the United States, and the problem has gotten worse in recent years. According to HUD, more than 131,000 individuals experienced homelessness in California in January 2017, representing about 24 percent of the total homeless population in the nation. By January 2019, that number had grown to more than 151,000, an increase of 15 percent. Of Californians experiencing homelessness in 2019, more than 100,000 were unsheltered, meaning that they were living on the streets, or such places as parks or cars. These individuals represented more than half of all unsheltered people in the nation at that time.

According to the National Coalition for the Homeless, the primary risk factor for an individual becoming homeless is poverty and an inability to pay for housing, although mental health problems, addiction, domestic violence, and a lack of affordable health care all play significant roles.³ Further, the Boston University School of Public Health found that homelessness overwhelmingly corresponds with poverty and with poor behavioral health related to mental illness or substance abuse. According to the California Housing Partnership, about 1.3 million of California's lowest-income households do not have access to affordable housing. As a result, these individuals are at higher risk of becoming homeless. As we describe later, the current COVID-19 pandemic (pandemic) will only exacerbate this situation.

HUD Established the Continuum of Care Program to Address Homelessness

In 1993 HUD established the Continuum of Care (CoC) system, which Congress codified into law by amending the McKinney-Vento Act in 2009. Among other things, the CoC system promotes the goal of ending homelessness, in part by providing funding for efforts by nonprofit providers, states, and local governments to quickly

³ The National Coalition for the Homeless is a national network of people who are currently experiencing or have experienced homelessness: activists, advocates, community-based and faith-based service providers, and others committed to ending and preventing homelessness while ensuring that the immediate needs of those experiencing homelessness are met and that their civil rights are respected and protected.

rehouse individuals and families experiencing homelessness. As the text box shows, a CoC is a group of organizations—such as homeless service providers, cities, and counties—and individuals organized to carry out the goal of ending homelessness within a specified geographic area. HUD envisioned that CoCs would function as local networks that plan and coordinate funding for services and housing. California has 44 CoCs that cover its 58 counties.

As Figure 2 shows, federal law identifies the overall structure a CoC must establish and the roles of each entity within that structure. For example, a CoC must designate a board, made up of members who are representative of the relevant organizations, to act on its behalf. Additionally, the CoC must designate an organization as its collaborative applicant to apply for funding from HUD for the CoC, as well as an organization to lead the CoC’s data collection efforts using its Homeless Management Information System (HMIS), as federal regulations require. If the CoC chooses, it can designate the same organization as the collaborative applicant and HMIS lead. The five CoCs we reviewed each designated a local government agency as their collaborative applicant and as their HMIS lead.

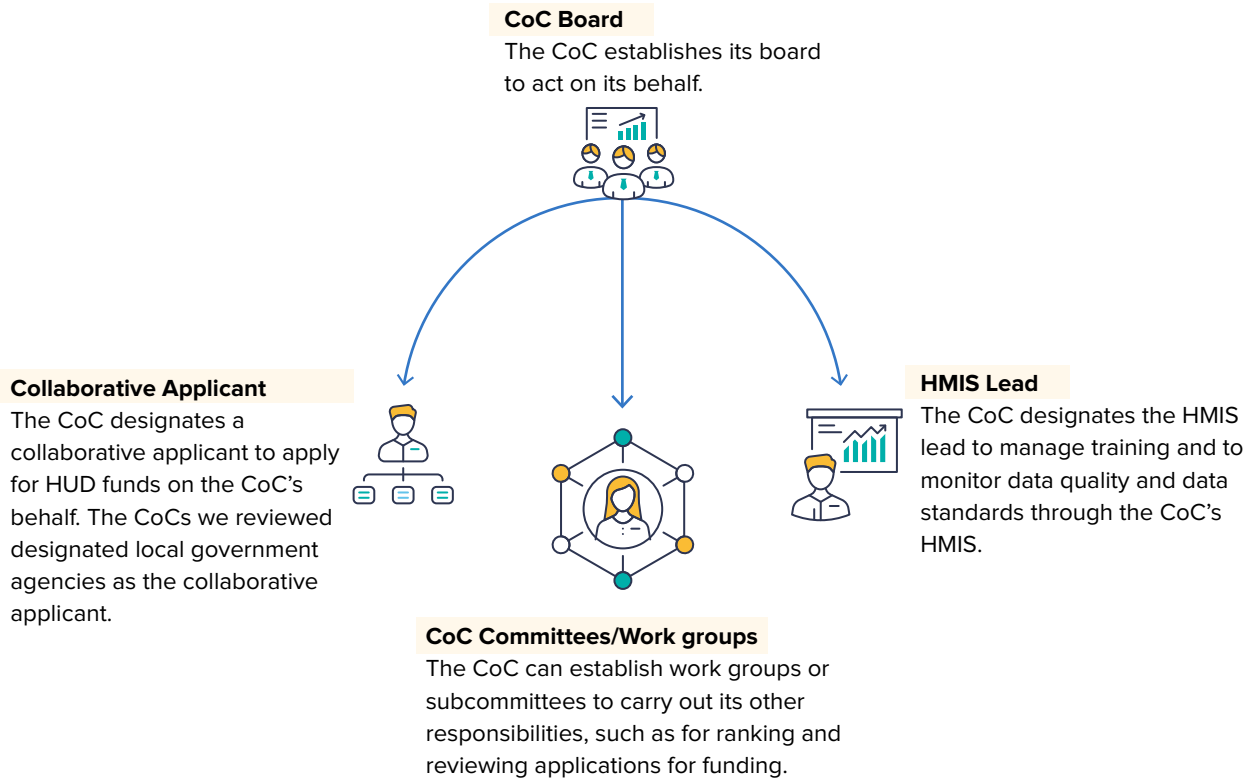
Relevant Organizations and Individuals in a CoC

- Nonprofit homeless assistance providers
- Victim service providers
- Faith-based organizations
- Governments
- Businesses
- Homeless advocates
- Public housing agencies
- School districts
- Social service providers
- Mental health agencies
- Hospitals
- Universities or colleges
- Affordable housing developers
- Law enforcement agencies
- Organizations that serve veterans experiencing homelessness
- Currently or formerly homeless individuals

Source: Federal law.

As Figure 3 shows, under federal law, each CoC has four primary responsibilities: conducting a Point-in-Time (PIT) count, maintaining its HMIS, assessing and prioritizing the needs of those experiencing homelessness, and reviewing and ranking applications for CoC Program funding. Appendix B describes the requirements, methodology, and benefits associated with each of these responsibilities. In Chapter 2, we discuss our assessment of five CoCs’ performance related to these responsibilities.

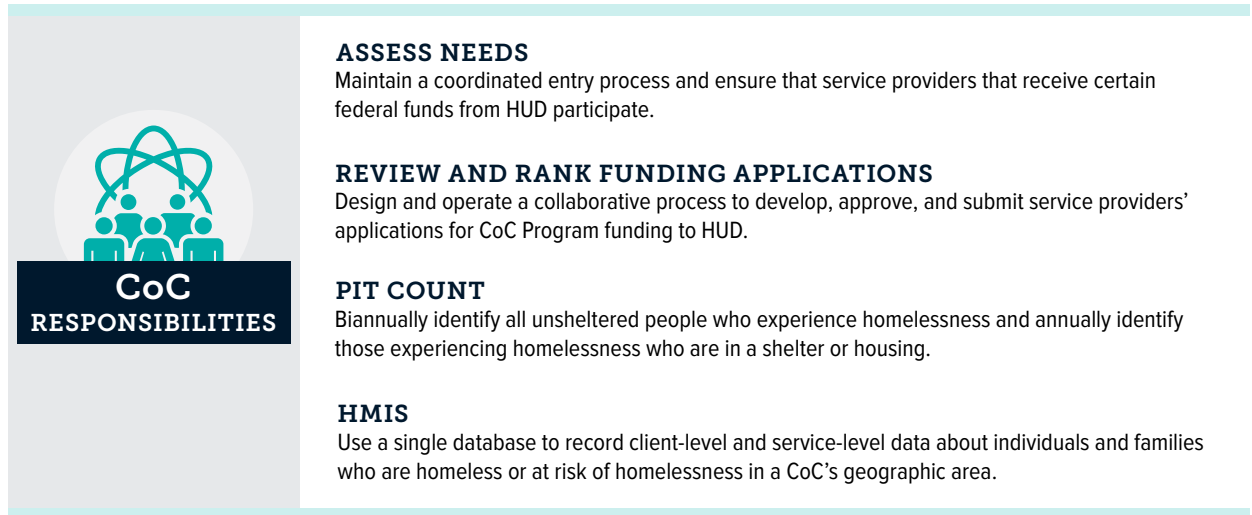
Figure 2
General Structure of a CoC



CoC Members
Relevant organizations, including homeless service providers that may attend CoC meetings and cast votes on CoC decisions.

Source: Federal law, HUD's CoC Program Road Map, and information obtained from the five CoCs we reviewed.

Figure 3
A CoC's Responsibilities Include Four Primary Areas



Source: Federal law and documents obtained from HUD and CoCs.

A Single Federal Program Is the Primary Source of Funding for the State's CoCs

Although HUD oversees multiple programs that provide homeless assistance, only one of these—the CoC Program—provides funds to entities that administer homeless service projects.⁴ As Appendix B shows, CoCs' collaborative applicants submit their ranked lists of project applications annually for funding to HUD, which then awards funds for projects primarily for the four program categories described in the text box. In addition, in some cases, a service provider may receive CoC Program funds for homelessness prevention. A CoC can also apply to receive a grant from HUD for its own planning purposes, which include administrative activities—in fact, in 2019 HUD reported that it awarded most California CoCs from \$3,000 to nearly \$1.3 million for planning, based on the CoC's determination of its funding needs in its area. Similarly, service providers may use up to 10 percent of the CoC Program funds

Categories for Which HUD Awards CoC Program Funds

1. Permanent housing—Recipients may use funds to provide community-based housing in which formerly homeless individuals and families live as independently as possible without a designated length of stay.
2. Transitional housing—Recipients may use funds to provide individuals and families with a place to stay for up to two years until they find permanent housing.
3. Supportive services only—Recipients may use funds to conduct outreach to sheltered and unsheltered persons and families, to link clients with housing or other necessary services, and to provide support.
4. HMIS—Recipients may use funds for costs related to establishing, operating, and customizing a CoC's HMIS.

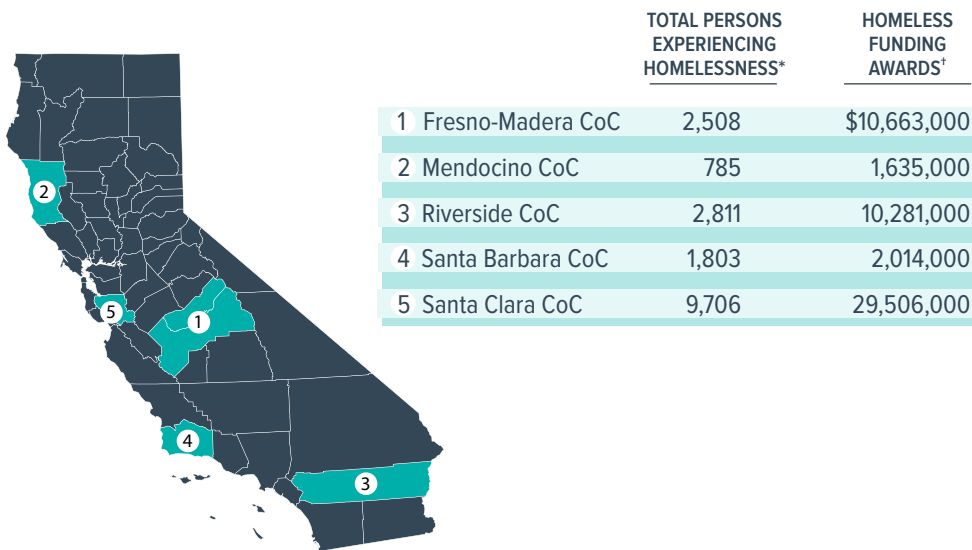
Source: Federal law.

⁴ HUD provides funding to states, cities, counties, and territories either competitively or using a formula through other programs, such as the Emergency Solutions Grants Program and the Housing Opportunities for Persons With AIDS Program.

they receive for administrative purposes, including for paying staff salaries, preparing project budgets, and monitoring compliance activities.

In 2019 HUD awarded a total of more than \$441 million to California's 44 CoCs. As Figure 4 shows, the five CoCs we reviewed received varied amounts of federal funding. We present similar information for all 44 CoCs on our website.⁵

Figure 4
2019 Federal Funding for the Five CoCs We Reviewed



Source: Data available on HUD's website.

* This is the total number of people experiencing homelessness, both sheltered and unsheltered, that the CoC identified during its PIT count in January 2019.

† HUD determines each CoC's allocation for CoC Program funding in part by using a formula that relies on the CoC's geography.

The State Has Increased Funding to Combat Homelessness

In recent years, the State has allocated new and increased funds to programs that address homelessness. For example, the Homeless Emergency Aid Program provided \$500 million in early 2019 for localities to use for a variety of purposes, including criminal justice diversion programs for individuals who are experiencing homelessness and have mental health needs. In fiscal year 2019–20, the State approved \$650 million through a new program—the Homeless Housing, Assistance, and Prevention Program—which

⁵ To view these statistics for all 44 CoCs in California, visit our interactive map in the online version of this report at www.auditor.ca.gov.

supports regional coordination to expand or develop local capacity to address immediate homelessness challenges by moving individuals and families into permanent housing. The fiscal year 2020–21 State Budget increased this amount by \$300 million. Appendix A presents a list of state-administered programs we identified that provided funding to address homelessness during fiscal years 2018–19 through 2020–21.

Moreover, over the past year and a half, the State has taken a number of actions to address the homelessness crisis, in part by assisting city and county governments through the removal of regulatory barriers. In September 2019, the Governor signed a package of 13 bills addressing homelessness, including Senate Bill 211, which authorizes the California Department of Transportation to lease certain property to local governments for temporary emergency shelters or feeding programs, and Senate Bill 450, which exempts certain hotels converted to supportive or transitional housing from the requirements of the California Environmental Quality Act until January 1, 2025. In January 2020, the Governor signed an executive order that focuses on preventing homelessness, providing shelter and services to people experiencing homelessness, and creating new temporary housing to reduce unsheltered homelessness. This executive order calls for, among other things, a multiagency state strike team to provide technical assistance and direct support to counties, cities, and public transit agencies seeking to bring people experiencing homelessness indoors and connect them with appropriate health, human, and social services.

The Pandemic Is Likely to Worsen California's Homelessness Crisis

The pandemic's economic impact is likely to increase the number of Californians experiencing homelessness. According to the State's Employment Development Department, the unemployment rate in California was 9 percent as of December 2020—more than twice the unemployment rate in February 2020. Statewide and regional public health orders directed many individuals to stay home, curtailing and shutting down business operations throughout the state. The Legislature declared in the fiscal year 2020–21 State Budget that the pandemic has affected every sector of California's economy and has caused record-high unemployment. Similarly, the U.S. Government Accountability Office indicated that loss of jobs and income may cause individuals to fall behind on rent, ultimately leading to evictions and possibly homelessness. Although federal and state law have temporarily halted eviction filings for some tenants due to the pandemic, the federal order appears likely to be extended until March 31, 2021, while California's moratorium has been extended through June 30, 2021. Once these measures expire,

many renters may be unable to stay in their homes, especially given that the current economic crisis may make obtaining and retaining employment more difficult.

The federal government and the State have allocated increased funding to address the impact of the pandemic on populations that are experiencing homelessness. For example, in March 2020, the Governor allocated \$150 million of emergency funding from the amended Budget Act for local emergency homelessness actions, such as supporting shelters and leasing hotel and motel rooms for emergency housing. In addition, California allocated \$500 million in funds it received under the federal Coronavirus Aid, Relief, and Economic Security Act (CARES Act) to cities for various purposes, including to address homelessness. Further, the CARES Act provided nearly \$300 million in additional grant funding to allocate to eligible California CoCs' service areas through the federal Emergency Solutions Grants Program to prevent, prepare for, and respond to the effects of the pandemic on individuals and families who are experiencing homelessness or are receiving homelessness assistance. Finally, according to the California Department of Housing and Community Development, the CARES Act also made \$139.5 million available to eligible local jurisdictions within California through HUD's Community Development Block Grant Program for COVID-19 response and recovery, which includes facility improvements related to COVID-19 health care and housing needs.

Chapter 1

THE STATE HAS A DISJOINTED APPROACH TO ADDRESSING HOMELESSNESS

Chapter Summary

The State's approach to combating homelessness is fragmented. In the past three fiscal years, at least nine state agencies administered and oversaw 41 different programs that provided funding to address and prevent homelessness in California. Although the State established the Homeless Coordinating and Financing Council (homeless council) in 2017 to coordinate existing state and federal funding, among other goals, the homeless council lacks a comprehensive approach to do so. It also has not taken steps to prioritize all of its numerous goals and has not yet finalized its action plan that it asserts will help the homeless council pursue the State's work to prevent and end homelessness. In fact, the homeless council does not track how the State spends funds to combat homelessness, which is critical to coordinating such efforts. Although the homeless council is currently working to develop a statewide database to collect information from each CoC's HMIS, the data it collects will be limited because CoCs may not have complete data regarding homeless services in their areas. Further, although the homeless council is the best positioned state entity to provide the necessary support and guidance to CoCs to effectively address homelessness at the local level, it has not done so. In the absence of a finalized action plan, tracking of all state and federal funding, and adequate technical support for its CoCs, California will continue to lack a complete understanding of its efforts to combat homelessness and will struggle to make effective policy decisions to address the problem.

For at Least 30 Years, the State Has Struggled to Coordinate Its Efforts to Address Homelessness

The State has recognized the need for a single entity to coordinate services for people experiencing homelessness in California for at least 30 years. Specifically, a 1989 report by the Little Hoover Commission—an independent state oversight agency charged with making recommendations to the Governor and Legislature to promote economy, efficiency, and improved state operations—recommended that the State should unify the diverse state programs dealing with homelessness under a single state agency. It also recommended that the State take an aggressive leadership role in coordinating services, at least in part because the commission

The State has continued to have a fragmented approach to addressing homelessness—at least nine state agencies provided homeless services through 41 programs.

found that services provided for people experiencing homelessness were fragmented and therefore did not benefit some segments of the population who needed them.

In the decades since, the State has continued to have a fragmented approach to addressing homelessness. During fiscal years 2018–19 through 2020–21 at least nine state agencies provided homeless services through 41 programs. No single entity existed to coordinate these services until 2017, after the Legislature passed Senate Bill 1380 to establish the homeless council—representing certain state agencies, homeless advocacy groups, and stakeholders. Among other things, its purpose is to identify resources, benefits, and services for preventing and ending homelessness in California. State law lists 18 goals for the homeless council, as Table 1 shows. However, state law does not specify priorities or timelines for achieving these goals, and homeless council staff explained that the homeless council has not set priorities or timelines either. Homeless council staff explained that the homeless council’s primary concern to date has been administering the programs it is responsible for, including the Homeless Housing, Assistance, and Prevention (HHAP) grant, which provides local jurisdictions with funds to support regional coordination and local capacity to address their immediate homelessness challenges. Therefore, homeless council staff stated that the homeless council has not formally gone through the process of prioritizing the 18 statutory goals.

As a result, the homeless council has not fulfilled some of its most critical responsibilities. In our 2018 report on the Los Angeles Homeless Services Authority, we stated that the homeless council might face critical challenges in coordinating California’s response to homelessness and in meeting its statutory goals because it lacked permanent staff of its own and had no budget for such staff.⁶ Additionally, that report concluded that it was critical that the homeless council focus on developing and implementing a statewide strategic plan that documents the State’s approach to addressing homelessness in California. In that report, homeless council staff explained that to adequately develop a plan, the homeless council would need dedicated staff. The homeless council now has 24 staff positions available because the Legislature appropriated an additional \$1.5 million to add 10 more staff in fiscal year 2020–21, bringing its operating budget to about \$3.4 million, to carry out its statutory mandates. However, the homeless council has yet to finalize its action plan, which it asserts will serve as its strategic plan.

⁶ *Homelessness in California: State Government and the Los Angeles Homeless Services Authority Need to Strengthen Their Efforts to Address Homelessness*, Report 2017-112, April 2018.

Table 1
The Homeless Council Has 18 Statutory Goals

| GOAL | |
|------|---|
| 1 | Oversee the implementation of the state law establishing the homeless council. |
| 2 | Identify resources, benefits, and services that can be used to prevent and end homelessness in California. |
| 3 | Create partnerships among various entities, including state and federal agencies, local governments, and homeless service providers, to identify specific strategies to end homelessness. |
| 4 | Promote systems integration and design systems to address the needs of those experiencing homelessness. |
| 5 | Coordinate use of existing funding and applications for competitive funding. |
| 6 | Make policy and procedural recommendations to legislators and other governmental entities. |
| 7 | Identify funding opportunities, such as federal and philanthropic funding, and coordinate the efforts of state agencies with programs to end homelessness to obtain that funding. |
| 8 | Broker agreements between state agencies and local jurisdictions to align, coordinate, and access resources and to foster common applications for services, operations, and capital funding. |
| 9 | Serve as a statewide facilitator, coordinator, and policy development resource on ending homelessness in California. |
| 10 | Report to the Governor, federal Cabinet members, and the Legislature on homelessness and the homeless council's work to reduce homelessness. |
| 11 | Ensure accountability and results in meeting the strategies and goals of the homeless council. |
| 12 | Identify and implement strategies to fight homelessness in small communities and rural areas. |
| 13 | Create a statewide data system that collects local data from each CoC's HMIS, with the ultimate goal of matching data to programs affecting homeless recipients of state programs. |
| 14 | Set goals to prevent and end homelessness among California's youth. |
| 15 | Improve the safety, health, and welfare of youth experiencing homelessness in the State. |
| 16 | Increase system integration and coordinate homeless prevention among youth who are currently or were formerly involved in the child welfare system or the juvenile justice system. |
| 17 | Coordinate funding, policy, and practices related to youth experiencing homelessness. |
| 18 | Identify best practices to ensure youth who are homeless and may have experienced certain maltreatment are appropriately referred to, or are able to self-refer to, the child welfare system. |

Source: State law.

According to homeless council staff, the homeless council likely still lacks the necessary resources to be able to address all of its statutory goals. Although the homeless council requested and received additional staff in the State's fiscal year 2020–21 budget, staff explained that, as of January 2021, it is still in the process of filling 10 vacant positions. However, homeless council staff stated that even with the additional staff, they believe that the homeless council likely will not have enough staff to achieve all of its statutory goals.

The homeless council's staff asserted that to address the statutory goal of ensuring accountability and results in meeting the strategies and goals of the homeless council, the homeless council will approve a finalized action plan. The action plan will focus more on state agencies with the ultimate goal of helping people who are experiencing homelessness. Although the homeless council's action plan will not be a traditional strategic plan, homeless council staff asserted that the action plan will address parallel ideas. In a December 2020 homeless council meeting, homeless council staff shared for discussion a document containing draft objectives, current and planned activities, and potential priorities for additional activities. According to that meeting document, the draft action plan will include five action areas, under which there are various objectives. Each objective will describe activities, lead departments, collaborating departments, time frames and performance measures.

However, the action plan is not complete. According to a December 2020 homeless council meeting document, homeless council staff plan to present a more developed draft of the action plan to the homeless council for discussion and input in February 2021. Subsequently, the meeting document indicates that homeless council staff plan to prepare and present to the homeless council a final draft of the action plan in March 2021 for a decision on whether to adopt the action plan at that time. Given that the homeless council is responsible for identifying resources and services that can be accessed to prevent and end homelessness in the State, we expected it to have a finalized action plan that describes the State's plan for addressing homelessness, including how and when the homeless council will achieve its various statutory goals. Without a finalized and adopted statewide action plan that includes its statutory goals and timelines, addresses efforts to coordinate existing homelessness funding and services, and that is updated regularly, the homeless council is hindered from fulfilling its main purposes.

Without a finalized and adopted action plan, the homeless council is hindered from fulfilling its main purposes.

The lack of statewide coordination has not gone unnoticed. The Legislative Analyst's Office (LAO) recently highlighted the need for a cohesive and clear approach to address homelessness. In a report released in February 2020, the LAO stated that the scale of the homelessness crisis in California is significant and that even substantial investments of resources may not result in adequate progress if investments are made without a clear plan. Further, the LAO asserted that addressing homelessness requires the involvement of agencies across the State and collaboration among all levels of government and other stakeholders. The LAO found that the State's fragmented response to addressing homelessness creates various challenges, including impeding its ability to determine how programs work collaboratively and what programs are collectively accomplishing.

The Legislature's recent efforts to create a single entity—other than the homeless council—with authority to oversee the State's homelessness funding and activities have failed. In 2020 the Legislature passed a bill that would have established a lead entity within the office of the Governor to oversee the State's homelessness funding and activities. According to the bill's author, although state funding plays a critical role in the fight against homelessness, funding alone will not solve systemic issues. The bill's author further explained that continued state investments, combined with significant structural changes to how California oversees, coordinates, and delivers its homelessness programs, are essential to ensuring that state and local programs are being utilized effectively. However, the Governor vetoed the bill, stating that the proposed entity would separate policy development related to homelessness from that related to health care and housing, which would lead to more fragmentation.

Nonetheless, California continues to have numerous state agencies that administer separate programs to address various aspects of homelessness. To ensure that these state agencies' efforts are effective, the homeless council needs to have a more active role in coordinating the aspects of these programs that provide funding to combat homelessness.

The State Does Not Track the Funding It Provides to Combat Homelessness

The State currently does not have a comprehensive understanding of how it is spending state funds to address homelessness. As Table 2 shows, at least nine state agencies provided funding through 41 programs to address homelessness in the State during the past three years. These programs provided funding for purposes that included the acquisition and construction of new housing for people experiencing homelessness, relocation assistance, and individual financial assistance. In addition, some of the programs provided assistance to people with specific characteristics who were experiencing homelessness, such as victims of domestic violence, veterans, and youth. However, there is no single state entity that comprehensively tracks the sources of funding, the intended uses, or related expenditures for these programs. We would expect the homeless council to do so to fulfill its statutory goal of coordinating existing state and federal funding and applications for competitive funding. However, the homeless council does not track how much funding is available or spent toward addressing homelessness statewide. Homeless council staff explained that it expects that the statewide Homeless Data Integration System (HDIS), which is under development as we describe in the next section, will be able to track this information once implemented.

The Legislature's recent efforts to create a single entity—other than the homeless council—with authority to oversee the State's homelessness funding and activities have failed.

Table 2
At Least Nine California Agencies Administer 41 Programs to Address Homelessness
Fiscal Years 2018–19 Through 2020–21

| AGENCY | NUMBER OF PROGRAMS RELATED TO HOMELESSNESS | TOTAL FUNDS AVAILABLE (IN MILLIONS)* |
|---|--|--------------------------------------|
| Business, Consumer Services and Housing Agency | 3 | \$1,580 |
| California Department of Corrections and Rehabilitation | 1 | 51 |
| California Department of Education | 2 | 34 |
| California Department of Social Services | 6 | 527 |
| California Governor's Office of Emergency Services | 9 | 335 |
| California Housing Finance Agency | 1 | 90 |
| California Tax Credit Allocation Committee | 1 | 327 |
| Department of Health Care Services | 5 | 6,994 |
| Department of Housing and Community Development | 13 | 3,385 |
| Totals | 41 | \$13,323 |

Source: Review of the homeless council's California State Homelessness Funding Programs; the budget acts of 2018, 2019, and 2020; state and federal laws; and agencies' websites and notices of funding available.

* Although not every program was active during each of the three fiscal years, we calculated the aggregate of funding available in any or all of the three-year period.

Because of the homeless council's lack of funding coordination, the State is missing an opportunity to leverage its various program activities and to identify opportunities for collaboration between agencies and programs. As Appendix A shows, the State provides homelessness funding through many different programs that various state entities administer. Although these programs may have slightly different purposes, they all strive to provide assistance to those experiencing homelessness. For example, the California Department of Social Services administers the CalWORKs Housing Support Program, which had \$95 million available in fiscal year 2019–20 for administrative entities, including local governments.⁷ This program provides housing support, including financial assistance, housing stabilization, and relocation services, to CalWORKs recipients who are experiencing homelessness or housing instability. Meanwhile, the Department of Housing and Community Development administers the California Emergency Solutions and Housing Program, which had nearly \$30 million available in fiscal year 2019–20 for local governments. This program assists people experiencing or at risk of homelessness through activities such as housing relocation and stabilization services. As a result, there could be duplication of services between these two programs.

⁷ California Work Opportunity and Responsibility to Kids (CalWORKs) is a public assistance program that provides cash aid and services to eligible families that have a child in the home. The program serves all 58 counties in the State and is operated locally by county welfare departments.

The homeless council has not prioritized coordination of existing funding and applications for competitive funding. According to homeless council staff, the homeless council does not have the authority to direct agencies to make policy. Specifically, homeless council staff stated that although it has established coordination channels with some state agencies and can request information from them, it does not currently have the authority to require this information from state agencies and has not been able to track program spending to date. In addition, homeless council staff explained that it needs additional statutory authority to collect expenditure data from other state agencies that could be useful in streamlining its collection of this information. Considering that the homeless council consists of representatives from state agencies and that one of its statutory goals is to coordinate funding, we believe that it is well positioned to track the State's sources of funding and spending on homelessness activities and make informed recommendations to decision makers to ensure proper coordination among different programs.

A number of other states we reviewed have charged a single agency with addressing homelessness statewide and tracking funding information centrally. Examples include Washington's Department of Commerce (Washington), Maryland's Department of Housing and Community Development (Maryland), and Virginia's Department of Housing and Community Development (Virginia). These three states believe that having such tracking of funding has allowed them to focus their efforts to address homelessness more effectively. For example, Washington state—which ranked fifth nationwide in 2019 for the highest number of residents who were homeless—explained that it tracks all funding and expenditures for every homelessness project in the state from every funding source. In fiscal year 2019–20, it tracked more than 2,300 different projects overseen by more than 500 different entities, such as state departments, local governments, and nonprofit organizations. Washington shared that it is able to compare the costs of these projects to their performance to identify successful projects on which it will focus greater efforts.

Similarly, Maryland and Virginia track and report to their state legislatures on all federal and state homelessness funding activities annually. In fiscal year 2019–20, Maryland reported on nine federal homeless services funding sources and on six state homeless services funding sources that three agencies within the state administer. Maryland's 2019 annual report on homelessness outlines the work of all relevant state agencies, trends in homelessness, and policy recommendations to the state legislature's Joint Committee on Ending Homelessness. In addition, Maryland's annual report details federal funding trends, which can inform state funding decisions. Virginia reported on five federal and state homelessness programs it administered in fiscal year 2018–19, and it tracked how much

A number of other states we reviewed have charged a single agency with addressing homelessness statewide and tracking funding information centrally.

These other states have fared better than California in stemming the number of people who experience homelessness.

money it awarded to service providers statewide through the Virginia Homeless Solutions Program. Virginia also reported program outcomes, such as who was served under these state and federal programs, which can inform its state legislature's policy decisions for programs that address homelessness. Virginia asserted that having a single statewide entity charged with addressing homelessness has allowed it to leverage and maximize state resources, coordinate and share resources across state agencies, and target resources across the state to reduce or end homelessness.

These other states have fared better than California in stemming the number of people who experience homelessness. Both Maryland and Virginia have realized reductions in the number of people who were homeless over the past five years. For example, according to data on HUD's website, the number of people experiencing homelessness in Virginia decreased from 7,000 in 2015 to 5,800 in 2019. Although the number of people experiencing homelessness in Washington increased by 11 percent during these same years, it grew at a far slower rate than in California, which experienced an increase of 31 percent over that period. Having a single entity work with the different state agencies that administer programs that provide homelessness funding would allow California to understand more fully how the funds are being used. California could use that information to allocate its various funding sources more effectively to better coordinate the statewide response to homelessness, to build on projects that have demonstrated successful outcomes, and to make informed policy decisions regarding the State's efforts.

The State Lacks Data on Homelessness Services to Determine Whether It Is Effectively Addressing Homelessness

California does not currently have a statewide system to collect data on local or statewide efforts to combat homelessness. As we discuss in Appendix B, federal regulations require CoCs to capture certain information in their HMISs about the number and demographics of people experiencing homelessness and the services they receive through different providers in their areas. These data include information about homelessness programs, such as their sources of funding and their inventory of available beds, and information about those experiencing homelessness, such as basic demographic characteristics, current living situations, sources of income, and health conditions. However, the State currently has no mechanism in place to collect, integrate, and analyze statewide data on individuals and families experiencing homelessness or on the services that programs provide. Further, according to homeless council staff, CoCs typically do not have access to one another's data and do not know whether an individual has accessed services through another CoC. Because the State lacks a central database, it does not

have comprehensive information related to homelessness programs and the clients they serve, which is critical to understanding how effectively California is responding to its homelessness crisis.

The State is making an effort to establish a statewide data warehouse. In November 2020, the Business, Consumer Services and Housing Agency, in which the homeless council exists, contracted with a firm to design, develop, implement, and support HDIS, the Homeless Data Integration System. According to the contract, HDIS will provide a statewide data warehouse to produce an unduplicated count of those experiencing homelessness in California, gain insights into the characteristics of people experiencing homelessness, determine patterns of service use, evaluate the impact of services, and identify gaps in services. To accomplish this, homeless council staff explained that HDIS will collect, match, and remove duplicate records from all California CoCs' HMISs. Homeless council staff stated that the homeless council plans to implement the system in March 2021 and that HDIS will be able to provide a number of benefits, including access to statewide and local homelessness data that CoCs can use to make data-informed decisions. Further, homeless council staff believe that HDIS will shed light on the characteristics of homelessness at the state, regional, and CoC levels; support coordination and collaboration among CoCs; and enable the State to identify the most effective resources to reduce homelessness.

However, the State's efforts to collect comprehensive data in HDIS may be limited because CoCs are unlikely to have complete data regarding homelessness in their areas. Federal regulations require only that CoCs ensure that service providers that receive certain federal funding from HUD report data in the respective CoC's HMIS. In addition, although state agencies administer programs that provide benefits and services to people experiencing homelessness throughout California, the State does not currently require all service providers that receive state funding to enter information about these programs into a CoC's HMIS. In fact, only eight of the 41 programs—representing 15 percent of the more than \$13 billion the State provided to address homelessness during fiscal years 2018–19 through 2020–21—require recipients of state funds to report data into an HMIS. Depending on the program, these data can include information about clients served, the activities the programs fund, and program outcomes.

Further, we identified a number of CoC member organizations that provide homeless services but do not report information to the HMIS of the five CoCs we reviewed. We requested and received a list of member organizations and a list of the organizations that report data into its HMIS from each of the five CoCs we reviewed: Fresno-Madera CoC, Mendocino CoC, Riverside CoC, Santa Barbara CoC, and Santa Clara CoC. A comparison of the two lists allowed

Only eight of the 41 programs—representing 15 percent of the more than \$13 billion the State provided to address homelessness during fiscal years 2018–19 through 2020–21—require recipients of state funds to report data into an HMIS.

Some service providers do not report information to an HMIS because they do not receive funding that requires such reporting or they lack the capacity for the extra administrative burden that they believe this reporting would require.

us to identify the member organizations at each CoC that do not report data into its HMIS. We confirmed whether any of the organizations that were not in HMIS provide homeless services by either obtaining detailed information about the services that each member provided or by confirming with CoC staff whether a selection of these members provide homeless services. Although HUD prohibits victim service providers, such as those providing services to victims of domestic violence, from reporting data into an HMIS, we identified several other types of service providers that are members of CoCs and do not report into their respective HMIS.

In most instances, these service providers do not report information because they do not receive funding that requires such reporting or they lack the capacity for the extra administrative burden that they believe this reporting would require. For example, the Santa Clara CoC stated that some of its homeless service providers are small and operate with limited resources and that the CoC does not want to require HMIS participation if it will impact providers' ability to deliver services. The Santa Barbara CoC reported at least 12 organizations that do not participate in HMIS because the funding they receive does not require participation, and the Mendocino, Riverside, and Fresno-Madera CoCs each stated that some of their member organizations do not enter data in their HMIS for similar reasons. As a result, CoCs do not have access in their HMIS to complete data related to homelessness funding and homelessness-related activities in their geographic areas.

Most of the CoCs we reviewed agreed that they would find complete data from all service providers in their areas to be helpful to fully understand the extent of homelessness in their areas and better coordinate the provision of services. In addition, homeless council staff stated that it would be beneficial if all state funding for addressing homelessness required the recipients of those funds to report information into their CoC's HMIS. Such requirements, homeless council staff explained, would make the information that HDIS will collect more comprehensive. An example of a state program in which funding recipients must participate in a CoC's HMIS is the HHAP Program, which is administered by the homeless council and has a budget of \$330 million for fiscal year 2020–21. In June 2020, the Legislature amended state law to require recipients of program funds to report data into their regional CoC's HMIS and agree to participate in HDIS once it is implemented. Homeless council staff stated that this requirement results in more accurate tracking of the impacts of homeless services. Further, by amending state law to require data reporting into an HMIS as a condition of applying for funding, the Legislature ensured that information from recipients of HHAP funding would be captured in an HMIS and ultimately in HDIS, when it is implemented.

Other states we reviewed that use a centralized data warehouse have required data reporting from recipients as a condition of receiving funds. For example, according to Washington, it runs a statewide HMIS that combines information from all CoCs within the state into a central data warehouse. It then requires recipients to enter client data into its CoCs' HMISs or directly into the state's data warehouse in order to receive consolidated state funding. Washington then uses the data it collects to set performance measures for homelessness projects. Although only the state—rather than the CoCs—can access the information in the data warehouse, Washington indicated that setting statewide performance measures results in increased transparency and allows it to see which homeless projects are performing well. In addition, Washington includes performance measures in annual public reports, which can inform communities about their progress in addressing homelessness.

Maryland also oversees a centralized data warehouse that consolidates information from each CoC's HMIS. Maryland consolidated some of its federal and state funding into a single program and requires recipients of those funds to report information into their regional CoC's HMIS, which is then transferred to the data warehouse. By collecting performance data from recipients of state funding, Maryland asserts that it is able to identify and provide increased support to low-performing communities.

Although California does not consolidate its various streams of homelessness funding under a single state agency, as Washington and Maryland do for some of their state and federal funds, the Legislature could still ensure that the State has comprehensive homelessness data by requiring all service providers that receive state funding to report data into their regional CoC's HMIS, as law allows. Requiring data reporting into an HMIS as a condition of receiving state funding would ensure that data from the various homelessness programs that the State funds would be eventually captured into the HDIS, since the homeless council intends to pull its data from each CoC's HMIS. As a result, the HDIS would be able to provide both the homeless council and the State more comprehensive data about the efficacy of homelessness programs at the local and state levels. Having a statewide database with complete information will allow the State to assess how effectively California is addressing homelessness and to develop strategies to further its goal of ending homelessness.

The Legislature could still ensure that the State has comprehensive homelessness data by requiring all service providers that receive state funding to report data into their regional CoC's HMIS, as law allows.

The State Does Not Provide Adequate Guidance or Technical Support to CoCs

The State falls short of providing CoCs with the necessary support and guidance to effectively address homelessness at the local level. In fact, the operations of CoCs are largely unsupervised by

any state agency. Although state law assigned the homeless council the goals of creating partnerships among state agencies, local government agencies, recipients of federal CoC program funding, federal agencies, and homeless service providers, this goal is vague and lacks a definite requirement or enforcement mechanism to develop minimum expectations or guidance and to disseminate best practices to CoCs. According to homeless council staff, the homeless council has attempted to provide some guidance to CoCs; however, it lacks the authority to create enforceable guidance. CoCs generally play a prominent role in addressing homelessness in their areas, and federal regulations intend for them to promote communitywide commitment to the goal of ending homelessness. Given that the homeless council serves as a statewide facilitator, coordinator, and policy development resource on ending homelessness in California, we believe that it is best positioned to develop necessary guidance and set explicit expectations for CoCs. Further, doing so would also allow the homeless council to more effectively fulfill its goal of working with CoC program funding recipients to arrive at specific strategies to end homelessness.

State guidance is especially necessary considering that HUD's guidance allows for extraordinary discretion in how CoCs implement suggested practices, especially when it comes to CoC planning.

State guidance is especially necessary considering that HUD's guidance allows for extraordinary discretion in how CoCs implement the suggested practices, especially when it comes to CoC planning. For example, HUD regulations require CoCs to have a plan in place to conduct an annual gaps analysis. We believe a gaps analysis should be an assessment, performed by the CoC itself or a contracted entity, to determine whether the CoC has sufficient services and service providers in its area to meet the needs of those experiencing homelessness. HUD explained that regular evaluation of a CoC's performance, which should include a gaps analysis, is critical to a CoC's success. However, it has not provided any guidance on conducting such an analysis and does not require CoCs to submit these gaps analyses to HUD for review. HUD acknowledged that it has not clarified its expectations for the annual gaps analysis. It stated that when it developed the CoC Program it sought input from the community through focus groups, some of which expressed the concern that the federal government would be too prescriptive with its requirements. HUD explained that as a result, it ensured that its regulations covered the main elements for the CoC Program without imposing unnecessary requirements.

In the absence of detailed requirements, we found the five CoCs we reviewed do not always employ best practices or comply with federal regulations and expectations. As we describe in the next chapter, CoCs do not always have comprehensive plans that identify their strategies to combat homelessness, nor do they adequately conduct annual comprehensive gaps analyses. Further, not all of the five CoCs follow best practices when conducting PIT counts or ensure adequate access to homeless services and housing through their coordinated entry process.

Homeless council staff recognize the need for providing additional guidance to CoCs but also expressed concerns about taking on this role. According to homeless council staff, they connect CoCs that require technical assistance to HUD, which they believe is the appropriate entity to provide federal guidance. Homeless council staff further stated that it is not appropriate for the State to provide guidance on federal laws and regulations because it would not want to provide guidance that does not comply with federal regulations. However, homeless council staff agree that there is a need for the State to develop its own expectations and guidance for local entities, including CoCs, and the council staff generally feel that they have a good understanding of the problems and inconsistencies in the CoCs' efforts. Further, homeless council staff stated that the State's expectations and guidance could be similar to federal regulation requirements. Setting statewide expectations as a condition of state funding and developing guidance for meeting these expectations would ensure consistency across the CoCs' efforts to address homelessness and would help ensure that CoCs comply with federal regulations.

Homeless council staff stated that the homeless council does not currently have the resources to develop such guidance and that legislative action would be necessary for it to do so and for it to enforce any requirements. However, we believe it could use state funding to ensure that local entities and CoCs comply with any requirements it develops and to better coordinate the State's efforts to address homelessness. Other states already use this approach. For example, Washington officials told us that the state develops a statewide plan and that it requires local entities to develop plans that include strategies that align with that state plan. Similarly, Virginia reported that it requires CoCs to have plans in place that comply with federal regulations in order to receive state homelessness funding and that it reviews its CoCs' policies, procedures, and plans on an annual basis to ensure compliance with federal regulations and state guidelines. In the absence of sufficient guidance from the federal level, we believe that the CoCs would benefit from the homeless council developing guidance and disseminating best practices for effectively addressing homelessness.

According to one HUD official, states may provide oversight of CoCs under certain circumstances so long as they do not contradict federal regulations. HUD also explained that it is aware that some states regulate access to state funding in order to impose requirements on CoCs. Given that the homeless council is responsible for coordinating state efforts to address homelessness and that CoCs play a prominent role in such efforts, it is essential for the council to provide guidance and set minimum expectations for CoCs to ensure their success.

We believe that the CoCs would benefit from the homeless council developing guidance and disseminating best practices for effectively addressing homelessness.

Recommendations

Legislature

To ensure that the State effectively addresses the statewide issue of homelessness, the Legislature should require the homeless council, in collaboration with all state agencies that administer state and federal funding for homelessness, to collect and track funding data on all federal and state-funded homelessness programs, including the amount of funding available and expended each year, the types of activities funded, and types of entities that received the funds.

The Legislature should require the homeless council to prioritize its statutory goals with an emphasis on giving higher priority to coordination of statewide efforts to combat homelessness. To this end, the Legislature should require the homeless council to finalize its action plan and ensure that the plan documents the State's approach to addressing homelessness in California and that the action plan is updated regularly.

To ensure that the State has access to comprehensive data about homelessness, the Legislature should require all state entities that administer state funding for homelessness to ensure that recipient service providers enter relevant data into their CoC's HMIS, as law allows, as a condition of state funding. The required information should include, at a minimum, the same or similar information that recipients of federal CoC program funding must enter.

To ensure that CoCs are aware of processes and practices that can improve their efforts to combat homelessness at the local level and to provide CoCs with the necessary technical support, the Legislature should require the homeless council to develop statewide expectations and guidelines that CoCs and other local entities must follow as a condition of receiving state funding. These expectations and guidelines should consider best practices available from relevant local, state, and federal entities and should address, at a minimum, developing effective comprehensive plans, conducting PIT counts effectively and efficiently, increasing collaboration among service providers, conducting gaps analyses, and ensuring an effective coordinated entry process.

To the extent that the homeless council believes it does not have sufficient resources to implement any new statutory requirements, the Legislature should require the homeless council to conduct an analysis to determine its budgetary needs for implementing any new statutory requirements.

Chapter 2

CoCs DO NOT CONSISTENTLY EMPLOY BEST PRACTICES TO IMPROVE HOMELESS SERVICES IN THEIR AREAS

Chapter Summary

Our review of five CoCs—Fresno-Madera CoC, Mendocino CoC, Riverside CoC, Santa Barbara CoC, and Santa Clara CoC—found that they have not consistently complied with federal regulations or implemented best practices related to identifying those experiencing homelessness and planning to address those individuals' needs. For example, the five CoCs we reviewed do not conduct a comprehensive annual gaps analysis to determine whether the number and variety of services and service providers in their areas are adequate to achieve the goal of reducing homelessness. Further, although federal regulations require CoCs to develop a comprehensive plan that includes strategies to address homelessness, two out of the five CoCs do not have such a plan. In addition, although HUD and other national organizations recommend the use of a mobile application to conduct the PIT count, two of the five CoCs continue to manually record data on paper and could thus be missing an opportunity to better identify individuals experiencing homelessness in their area. We also found that two out of the five CoCs could expand access to housing and homeless services by implementing a dedicated telephone hotline for people experiencing homelessness. Finally, two of the five CoCs we reviewed do not have adequate processes for reviewing, scoring, and ranking project applications for federal funding. The number and pervasiveness of the problems we identified demonstrates the need for the State to provide CoCs with further guidance and support.

CoCs Have Not Ensured That They Adequately Assess and Plan for the Needs of Those Experiencing Homelessness

The five CoCs have not always complied with federal regulations or implemented best practices to ensure that they adequately assess and plan for the needs of those experiencing homelessness. For example, none of the five CoCs we reviewed conduct comprehensive annual gaps analyses. Although some CoCs reported that they perform these analyses, we found that their efforts were not comprehensive or adequate to determine whether service providers in their area were sufficient to address the needs of people experiencing homelessness. Further, one CoC has not updated its comprehensive plan in nearly five years, while another has never had such a plan in place. Finally, two of the five CoCs have not implemented the best practices of collecting feedback

from volunteers on how to improve the PIT count process and using a mobile application for conducting their PIT counts. Because they do not always comply with regulations and follow best practices, the CoCs are missing vital opportunities to improve their efforts to combat homelessness in their areas.

None of the Five CoCs Have Adequately Determined Whether They Have Enough Service Providers to Meet the Needs of Those Experiencing Homelessness

The five CoCs we reviewed do not adequately conduct a comprehensive annual gaps analysis. Federal regulations require each CoC to have a plan in place to conduct an annual gaps analysis to determine whether the number and type of current services and service providers in its area are adequate to meet the needs of all the people it has identified as experiencing homelessness. We believe that an effective gaps analysis would track the types of services and the number of service providers that exist in the CoC area and determine whether both are sufficient to meet the needs of the individuals that the CoC has identified through its coordinated entry process. This gaps analysis can inform a CoC's efforts to more effectively combat homelessness in its area. For example, a CoC may learn that it does not have enough emergency shelters, mental health service providers, or organizations that serve veterans in an area. The CoC could then choose to make a concerted effort to recruit such service providers in the area. However, none of the CoCs we reviewed adequately conduct such an analysis annually.

Although four CoCs said they have performed aspects of gaps analyses, we found that the resulting assessments were not comprehensive or adequate.

Although four CoCs—the Santa Clara, Fresno-Madera, Santa Barbara, and Mendocino CoCs—said they have performed aspects of gaps analyses, we found that the resulting assessments were not comprehensive or adequate. For example, the Santa Clara CoC asserted that it has multiple work groups that conduct analyses on a continual basis to make ongoing improvements to address gaps in services in its area. However, the CoC does not take a comprehensive approach. For example, its coordinated assessment work group reviews and evaluates the performance of the coordinated entry process—the process for engaging with people who need housing and homeless services, assessing their needs, and connecting them to available services—and makes decisions about related policy and design changes. We found that this analysis focuses solely on the CoC's coordinated entry process, as this is the responsibility of the work group, and does not include a review to comprehensively identify services that are needed but not available within the CoC's area. Because the Santa Clara CoC does not have a process in place to conduct such an annual comprehensive gaps analysis, its understanding of the effectiveness or breadth of its homelessness program as a whole is limited.

Similarly, the Fresno-Madera CoC stated that although it does not conduct a formal gaps analysis, some of the work that it conducts would inform a gaps analysis. For example, the CoC stated that when it completes its annual assessment of the coordinated entry process and when it ranks the projects it believes should receive CoC Program funds, it identifies certain gaps and areas where additional funds are needed for services. However, its coordinated entry assessment does not analyze and identify gaps in its homeless service provider network as a whole. Further, the Fresno-Madera CoC could not demonstrate that when it prioritized projects for funding, it considered gaps in its network of homeless service providers. As a result, the Fresno-Madera CoC's efforts do not allow it to assess its network of service providers, operations, and homelessness programs in a comprehensive or holistic manner to ensure that the CoC has sufficient types and numbers of service providers to meet the needs of those experiencing homelessness.

The Santa Barbara CoC also conducted a gaps analysis; however, its analysis did not adequately address whether it has a sufficient number and appropriate types of service providers to meet the needs of people experiencing homelessness. In 2019 the Santa Barbara CoC contracted with a consultant to conduct a gaps analysis as part of an update to its current community plan—a plan that identifies strategies for delivering housing and services to meet the specific needs of people who are experiencing homelessness. According to the CoC, it used the consultant's gaps analysis to create its own template that it intends to use annually to comply with the federal expectation. We expected the template to include an assessment of whether the number and types of services and service providers are adequate to meet the needs of those that are experiencing homelessness. Although the analysis the contractor conducted and the subsequent template the CoC created focus on identifying whether the CoC has adequate shelters and housing, the analysis does not address other types of supportive services, such as mental health services, job training, social services, and food assistance programs.

Additionally, Mendocino County contracted with a consultant in 2017 who developed a gaps analysis that the CoC used to develop its comprehensive plan. The analysis appropriately identified gaps in the CoC's area, including a need for winter shelters and additional short-term and long-term housing. However, the CoC does not have a formal process in place to conduct a gaps analysis annually; in fact, this was the only analysis that the CoC could demonstrate it had completed. Further, according to the CoC, it will not be able to conduct such an analysis annually because doing so was resource- and time-intensive.

The Santa Barbara CoC's gaps analysis did not adequately address whether it has a sufficient number and appropriate types of service providers to meet the needs of people experiencing homelessness.

Finally, the Riverside CoC has not yet conducted any type of gaps analysis, although its staff told us that it hopes to do so in the near future. In May 2020, the CoC assigned a committee of CoC members the responsibility of developing a process to conduct an annual gaps analysis. The CoC stated that the committee is currently working with consultants, who provide subject-matter expertise, to determine what the gaps analysis will include and how the CoC will assess the data. The Riverside CoC plans to complete its first gaps analysis by July 2021.

The five CoCs cited different reasons to explain why they have not completed annual gaps analyses, which HUD does not require them to submit for review. The Santa Clara CoC believes that the current process it has in place—committees that prepare reports analyzing limited aspects of its system—is beneficial in terms of consistently looking for gaps. The Santa Barbara CoC explained that its previous collaborative applicant—a nonprofit organization—did not have the capacity and did not fully understand the expectation to conduct the analysis. Fresno-Madera CoC explained that it believes its current processes are sufficient as it informs the CoC’s work and HUD has not provided explicit guidance in terms of how it wishes CoCs to conduct an annual gaps analysis. In addition, Fresno-Madera CoC stated that HUD has not identified any issues nor commented negatively on its processes during the application process for CoC Program funds. The Mendocino CoC stated that it does not have the resources or personnel to conduct a gaps analysis annually. Finally, the Riverside CoC could not explain why it has not conducted an annual gaps analysis.

The five CoCs lack assurance that they have identified and addressed shortcomings in the types of services and service providers available within their areas.

Because they have not conducted a comprehensive annual gaps analysis, the five CoCs lack assurance that they have identified and addressed shortcomings in the types of services and service providers available within their areas. Given that California has the highest rate of homelessness in the United States—a rate that is continuing to increase—it is essential for each CoC in the State to understand gaps within its network of service providers, develop strategies for addressing those gaps, and prioritize funding for the necessary services and service providers.

Two of the Five CoCs Do Not Have Current Comprehensive Plans

Federal law requires each CoC to develop a comprehensive plan that identifies its strategies to meet the needs of those experiencing homelessness. Federal regulations require that the plan include strategies for activities such as performing outreach; providing shelter, housing, and supportive services; and preventing homelessness. HUD’s best practices suggest that developing a comprehensive plan allows a CoC to assess its capacity, identify

gaps, and develop proactive solutions to move those experiencing homelessness toward permanent housing. Further, HUD asserts that CoC planning helps communities develop a common vision and goals to combat homelessness, assists providers in identifying ways to coordinate resources to avoid duplication, and encourages stakeholder participation. HUD does not specify how frequently a CoC should update its plans; however, we expected the CoCs we reviewed to have regularly updated their plans to reflect their current efforts, identify their new strategies, and communicate to the public and other stakeholders how they are addressing homelessness.

Nonetheless, only three of the CoCs we reviewed—Mendocino, Santa Barbara, and Santa Clara—have comprehensive plans in place that they plan to regularly update going forward. For example, the Santa Clara CoC uses its steering committee, which consists of CoC board members and additional key CoC leaders, to oversee the planning process, in part by gathering community input and drafting an update to the comprehensive plan every five years. The Santa Clara CoC’s planning process encourages community engagement: to inform the strategies in the comprehensive plan, the CoC seeks feedback from relevant organizations involved in homelessness programs, the public, and subject-matter experts. This continuous communication during the planning process builds trust, assures mutual objectives, and ensures that all participants have a shared vision for change, including a common understanding of problems and a joint approach to solving them through agreed-upon strategies and actions.

In contrast, the other two CoCs—Fresno-Madera and Riverside—do not have current comprehensive plans that reflect the totality of their strategies and plans of action to prevent and address homelessness. The Fresno-Madera CoC asserted that a 2018 report that a consultant generated for the Fresno Housing Authority and the city of Fresno serves as its comprehensive plan. Although this report includes recommendations for addressing homelessness, it is not a plan with clear strategies or plans of action. Further, the Fresno-Madera CoC has not taken steps to implement its recommendations, which include engaging the entire Fresno community in developing solutions for homelessness and ensuring that the Fresno community has a clear plan of action based on a common agenda for change. Although the recommendations in the consultant’s report are not directed at the Fresno-Madera CoC, we expected that the CoC would have taken steps to implement them if it considers this report to be its comprehensive plan. Further, although the CoC area covers Fresno and Madera counties, the report is limited only to Fresno County. Because the report does not encompass the entire CoC area and contains recommendations for improvements without clear plans of action, it does not adequately

Only three of the CoCs we reviewed have comprehensive plans in place that they plan to regularly update going forward.

reflect the Fresno-Madera CoC's strategies for combating homelessness as the federal government expects a comprehensive plan to do.

Similarly, the Riverside CoC does not have in place a current comprehensive plan that contains its strategies to address homelessness. Instead, the CoC uses Riverside County's 2018 action plan to address homelessness as a guide for its strategies regarding homelessness. Although this action plan contains most of the required strategies in federal regulations, its development was a county effort that included only certain county departments rather than CoC members, such as nonprofit homeless service providers and homeless advocates. Ensuring that all members of a CoC have a shared vision and common understanding of problems and joint approach to solving them through agreed-upon actions is important to ensure that all participants are fully committed to ending homelessness. The Riverside CoC indicated that it is actively working to develop a plan and intends to publish it by July 2021.

Some CoCs Do Not Follow All Best Practices When Identifying People Experiencing Homelessness

All five of the CoCs we reviewed have generally employed the minimum standards that HUD prescribes to identify people experiencing homelessness, but they could perform this critical task better by following all best practices. As Appendix B describes, the federally required PIT count includes a count of people experiencing homelessness who are sheltered and unsheltered. It also includes surveying at least a selection of these individuals to determine specific information related to their homeless status, such as where they are sleeping the night of the count and the length of time they have been experiencing homelessness. HUD establishes required minimum standards for conducting the PIT count and provides best practices to CoCs on how to meet those standards in its 2014 *Point-in-Time Count Methodology Guide*. We found that the five CoCs we reviewed satisfied HUD's standards by using the best practices HUD prescribes. These practices include recruiting and training volunteers, providing incentives to people experiencing homelessness to encourage them to participate in the survey, and ensuring that adequate measures are in place to safely store the sensitive data while conducting the PIT count.

Nevertheless, some CoCs could employ certain additional best practices to ensure the efficiency of their PIT counts and the usability of their PIT count data. The PIT count is a resource-intensive process because CoCs must coordinate a count of all people experiencing homelessness on a single night in their geographic area, as well as conducting a survey with

We found that the five CoCs we reviewed satisfied HUD's standards by using the best practices HUD prescribes, but some CoCs could employ certain additional best practices.

specific questions. Most CoCs have historically conducted both the count and survey by using paper to record the numbers and responses. However, in recent years, the U.S. Interagency Council on Homelessness (USICH) has reported that an increasing number of CoCs across the country have transitioned to the use of digital technology to make the PIT count process more reliable and efficient.⁸ Recognizing the benefits of using this technology, in December 2016 HUD released a guide that encourages CoCs to use mobile applications for conducting their PIT counts. USICH published an article in November 2019 that also highlights the benefits of CoCs using mobile applications to conduct their PIT counts.

One of the benefits of using a mobile application that both HUD and USICH highlight is the ability to collect and analyze homelessness data more quickly by eliminating the transfer of the data from paper surveys to an electronic database. Further, USICH asserts that mobile applications provide enhanced quality control opportunities because the data can be immediately uploaded from a volunteer's smart device to a central server, allowing for real-time corrections of errors. For example, if a volunteer consistently forgets to enter information into a specific field, such as a person's age, gender, race, or ethnicity, the CoC can monitor for these data input errors and contact the volunteer immediately to correct the problem. In addition, using a mobile application provides increased security of people's personally identifiable information because fewer people will see it due to the elimination of the paper-to-computer transfer. The USICH article also highlights that a mobile application increases ease of use, leads to higher accuracy of data collection, and is less expensive.

The Fresno-Madera, Riverside, and Santa Barbara CoCs agree with the benefits the USICH article highlights, and these three CoCs have taken advantage of these benefits by using mobile applications for their PIT counts. However, the Mendocino and Santa Clara CoCs still use paper, which could decrease the efficiency of their processes and the usability of their data. The Mendocino CoC explained that it considered switching to a mobile application but did not feel confident that the application would be reliable enough because of the rural locations and poor mobile signals in some parts of its area. However, USICH found that mobile applications are able to collect data on smart devices even when a mobile signal is not available and then upload the data later, when a mobile signal becomes available. The Santa Clara CoC stated that it does not believe there is any delay in processing PIT count data that

An increasing number of CoCs across the country have transitioned to the use of digital technology to make the PIT count process more reliable and efficient.

⁸ USICH was established within the executive branch of the U.S. government to coordinate the federal response to homelessness and create a national partnership at every level of government to end homelessness in the United States.

Until the Mendocino and Santa Clara CoCs begin to use a mobile application for conducting their PIT counts, they will be missing an opportunity to ensure that their PIT count process is as effective and efficient as possible.

it collects. However, it explained that it is planning to move to a mobile application for several reasons, including that its community has expressed interest in transitioning to a mobile application and because it will allow for faster data processing. The Santa Clara CoC stated that it is continually working on improving and streamlining its PIT count process and plans to utilize a mobile application for its next PIT count. Until the Mendocino and Santa Clara CoCs begin to use a mobile application for conducting their PIT counts, they will be missing an opportunity to ensure that their PIT count process is as effective and efficient as possible.

Further, the Mendocino CoC could not demonstrate that it collects and responds to feedback from volunteers after conducting its PIT count. The homeless council has noted that successful counts of unsheltered people experiencing homelessness are often highly dependent on volunteer participation from the community. Additionally, the National Alliance to End Homelessness highlights the importance of collecting and responding to feedback from volunteers to improve the PIT count process. According to the Mendocino CoC, getting anyone besides its own staff members to participate in activities after the completion of the PIT count is difficult. Instead, the lead person for each volunteer group often informally solicits feedback from volunteers when they return from the PIT count and provides that feedback in the form of handwritten notes to the CoC. However, the Mendocino CoC acknowledged that it does not have any documentation demonstrating that it used the informal feedback to inform its approach to conducting subsequent PIT counts. Until the Mendocino CoC formalizes its process for documenting volunteer feedback, it may be missing opportunities to improve its PIT count process.

The remaining four CoCs found that feedback from volunteers has provided useful information for improving their PIT count process. For example, the Santa Clara CoC stated that it has made several changes to its PIT count process based on volunteer feedback, such as adding a recorded training option and streamlining some aspects of its training. In addition, the Riverside CoC stated that one of the challenges it faces is getting all volunteers who sign up to show up on the actual day of the PIT count. One strategy that the Riverside CoC stated that it has implemented to improve its number of volunteers on the day of the PIT count is to provide a satisfaction survey after the PIT count that asks volunteers to provide feedback and suggestions for how to improve their experience. The Riverside CoC uses the information it collects to improve the next year's PIT count.

Some CoCs Have Not Taken Steps That Could Improve Their Collaboration and Coordination With Homeless Service Providers

Although the five CoCs we reviewed generally use similar approaches when collaborating with homeless service providers, better aligning those approaches with best practices and federal regulations could improve their efforts to help individuals who are experiencing homelessness. For example, four of the five CoCs do not have a board that is representative of all of the federally defined types of relevant organizations. The Fresno-Madera CoC also charges an annual membership fee, which may deter service providers from becoming members. In addition, the Mendocino CoC does not employ street outreach teams or a dedicated hotline to ensure that individuals can access services without physically visiting designated locations. Finally, most of the CoCs stated that locating individuals who are homeless after the initial contact and assessment can be difficult because of the transient nature of such individuals' lives. However, only one of the five CoCs has completed a review of available data and determined that locating these individuals is a cause of delay in providing services and has created a dedicated team to address this issue.

Some CoCs' Boards Do Not Fully Represent All Required Perspectives, and One CoC Charges a Membership Fee

Federal regulations require every CoC to establish a board to act on its behalf. Although federal regulations do not specify the number of members the board must have, they require that the board must include at least one person who is currently or has been homeless and that, in addition, the board must be representative of 15 types of relevant organizations within the CoC's area, including nonprofit homeless assistance providers, faith-based organizations, and social service providers. Having the interests of these relevant organizations represented helps ensure that a board will take into account these perspectives when making decisions related to critical issues, such as funding priorities, policies, and strategies to address homelessness.

Nonetheless, as Table 3 shows, the boards of four of the five CoCs we reviewed did not always represent the interests of all federally listed relevant organizations and individuals, which may limit these boards' ability to develop effective policies and plans to combat homelessness. For example, various news media have recently reported on the increase of homelessness among college students, a condition that highlights the need to include the interests of college representatives on each CoC board to ensure that they have a voice when it comes to policies and strategies to address homelessness

The boards of four of the five CoCs we reviewed did not always represent the interests of all federally listed relevant organizations and individuals, which may limit these boards' ability to develop effective policies and plans to combat homelessness.

among young adults. However, the Fresno-Madera, Mendocino, Riverside, and Santa Barbara CoCs did not have the interests of colleges represented on their boards during our audit period.

Table 3
Four CoCs Did Not Ensure That the Interests of All Federally Listed Organizations Are Represented on Their Boards

| ORGANIZATION/REPRESENTATIVE | FRESNO-MADERA | MENDOCINO | RIVERSIDE | SANTA BARBARA | SANTA CLARA |
|---|---------------|-----------|-----------|---------------|-------------|
| Nonprofit homeless assistance providers | ✓ | ✓ | ✓ | ✓ | ✓ |
| Victim service providers | ✓ | ✓ | ✓ | ✓ | ✓ |
| Faith-based organizations | ✓ | ✓ | ✓ | ✓ | ✓ |
| Governments | ✓ | ✓ | ✓ | ✓ | ✓ |
| Businesses | ✓ | X | ✓ | ✓ | ✓ |
| Homeless advocates | ✓ | ✓ | ✓ | ✓ | ✓ |
| Public housing agencies | ✓ | ✓ | ✓ | ✓ | ✓ |
| School districts | ✓ | ✓ | ✓ | ✓ | ✓ |
| Social service providers | ✓ | ✓ | ✓ | ✓ | ✓ |
| Mental health agencies | ✓ | ✓ | ✓ | ✓ | ✓ |
| Hospitals | ✓ | ✓ | ✓ | ✓ | ✓ |
| Colleges | X | X | X* | X | ✓ |
| Affordable housing developers | ✓ | ✓ | ✓ | ✓ | ✓ |
| Law enforcement | X | ✓ | ✓ | ✓ | ✓ |
| Organizations that serve veterans | ✓ | ✓ | ✓ | ✓ | ✓ |
| Individuals who are or were formerly homeless | ✓ | ✓ | ✓ | ✓ | ✓ |

Source: Federal law and documentation provided by each CoC.

* The board representative for colleges was not on the board until November 2020, which was after our audit period.

These CoCs offered different reasons for their boards not having a college representative. The Mendocino CoC indicated that it has tried to include a representative from universities that have satellite locations in the area or from the local community college, but none have accepted its offers. In contrast, the Santa Barbara CoC does

not believe that federal regulations require a college representative on the board, and it further explained that it strives to ensure that organizations not represented on the board can still actively participate in the CoC. However, as we show in Table 3, federal regulations require CoC boards to be representative of colleges in their areas, and having a college representative as a CoC board member would clearly enable the CoC to satisfy this requirement. Similarly, Fresno-Madera CoC believes that although its board does not include a representative from a college, such individuals are able to attend CoC meetings, which are open to the public. Regardless, the approaches of the Santa Barbara and Fresno-Madera CoCs do not comply with federal regulations because they do not ensure that colleges have an adequate voice when the CoCs' boards make decisions—a choice we find even more problematic because these two CoCs have large colleges in their area that serve students experiencing homelessness. The Riverside CoC acknowledged that the college seat on its board was vacant until November 2020, when it filled the position with a representative from the University of California, Riverside.

Additionally, one of the Fresno-Madera CoC's membership requirements may create a barrier for service providers and other interested stakeholders who want to serve as CoC members. Unlike the other four CoCs we reviewed, the Fresno-Madera CoC charges an annual membership fee. According to the Fresno-Madera CoC, the membership fee covered its costs for developing the annual application for CoC Program funds until 2012, when HUD began awarding it funds for planning purposes, including for developing the annual application. The Fresno-Madera CoC indicated that it continues to charge a membership fee because HUD does not guarantee the availability of planning funds, for which the CoC must apply annually. However, the CoC has not conducted an analysis to determine whether its membership fee is still necessary. Currently, the fee ranges from \$100 to \$5,000 annually, depending on the type of organization. For example, a nongovernmental organization with an annual budget of up to \$100,000 would pay an annual fee of \$100, whereas a government agency for a city or county whose population is more than 500,000 would pay an annual fee of \$5,000.

The Fresno-Madera CoC's practice of charging a membership fee may hinder an organization's ability or desire to become a member, which may ultimately limit the number of relevant organizations with which the CoC works. Moreover, it also potentially limits the service providers that are eligible for CoC Program funds because the Fresno-Madera CoC requires service providers to be a member to apply for funding. The CoC does not believe that the fee deters organizations from becoming members because its board may waive the fee. However, although the CoC's bylaws describe the

The membership fee that the Fresno-Madera CoC charges may create a barrier for service providers and other interested stakeholders who want to serve as CoC members.

option of waiving the fee, its membership application does not mention the option; as a result, an interested organization that is completing the application may be discouraged from becoming a member. In fact, the Fresno-Madera CoC stated that it has not received any requests to waive a fee. By charging a fee that it may no longer need because it now receives CoC planning funds from HUD, the Fresno-Madera CoC may create an unnecessary barrier to membership.

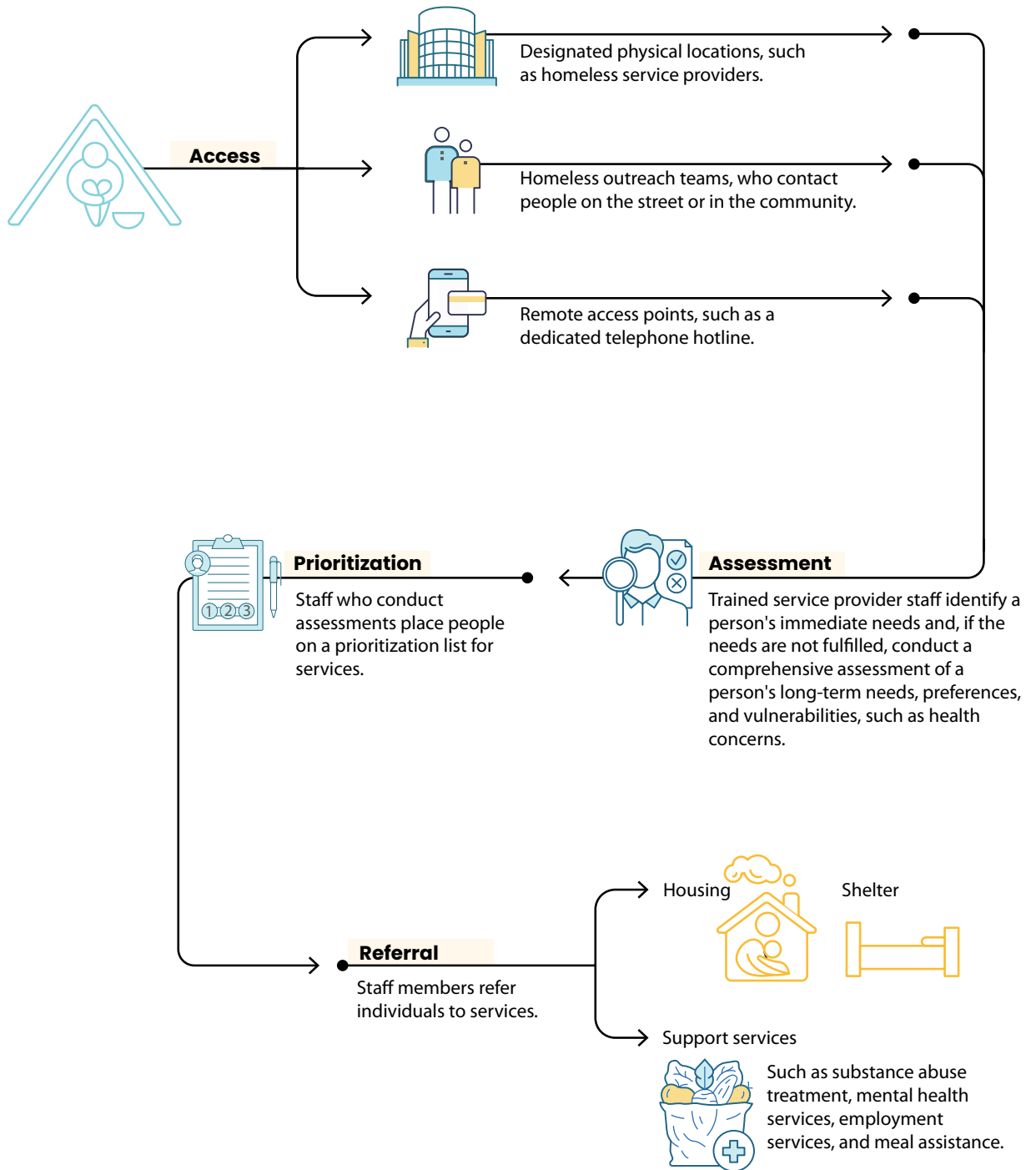
Some Individuals Who Are Experiencing Homelessness May Struggle to Access Services Because of Gaps in CoCs' Coordinated Entry Processes

All five CoCs use a coordinated entry process to assess the needs of people experiencing homelessness or at risk of experiencing homelessness to connect them to the appropriate service providers. As Figure 5 shows, individuals and families needing services can start the coordinated entry process through several means, including at physical locations throughout a CoC's area, through homeless outreach workers on the street, or by calling a hotline. Trained staff will then use a standardized tool to assess their needs and vulnerabilities, including any physical and behavioral health concerns, and—based on that assessment—prioritize their need for services.

HUD requires a CoC to make the coordinated entry process accessible to individuals and families seeking housing or services throughout its entire geographic area. As Table 4 shows, the five CoCs we reviewed have all designated one or more physical locations, such as a county department or a homeless service provider site, to function as the first point of contact where people can seek assistance. However, the Mendocino and Fresno-Madera CoCs do not offer a dedicated hotline that people can call to begin the coordinated entry process and be assessed for their needs. According to HUD guidance, a dedicated hotline can be safer for certain populations, such as domestic violence survivors, because it does not require them to be at a well-known public location. It also provides access in remote communities that do not offer nearby physical access points. During the course of our audit, the Santa Clara CoC made permanent a hotline and processes to allow assessments over the telephone that it set up in response to the pandemic. Further, both the Riverside and Santa Barbara CoCs utilize dedicated telephone hotlines that not only provide information about the coordinated entry process but will also triage and assess callers' needs as part of that process.

According to HUD guidance, a dedicated hotline can be safer for certain populations, such as domestic violence survivors, because it does not require them to be at a well-known public location.

Figure 5
Individuals Experiencing Homelessness Access Services Through a CoC's Coordinated Entry Process



Source: HUD Coordinated Entry Core Elements and documentation from the five CoCs we reviewed.

Table 4
By Better Aligning With Best Practices, CoCs Can Increase Access to Services Through Their Coordinated Entry Process

| BEST PRACTICES | FRESNO-MADERA | MENDOCINO | RIVERSIDE | SANTA BARBARA | SANTA CLARA |
|--|---------------|-----------|-----------|---------------|-------------|
| Access | | | | | |
| Multiple physical access points, such as at CoC service provider locations, where people experiencing homelessness can seek assistance, throughout the geographic area of the CoC. | ✓ | ✓ | ✓ | ✓ | ✓ |
| Homeless outreach teams to contact unsheltered people experiencing homelessness. | ✓ | X | ✓ | ✓ | ✓ |
| A dedicated telephone hotline to access homeless services. | X | X | ✓ | ✓ | ✓ |
| Referral | | | | | |
| Tracked and reviewed length of time it takes to locate people after they are referred to a provider and used this information to determine that it was an area of delay in the referral process. | X | X | X | X | ✓ |

Source: HUD guidance and documentation provided by the five CoCs we reviewed.

CoCs that do not provide a dedicated hotline to provide information and access to the coordinated entry process are likely missing an opportunity to provide services for people who require them. Although the Mendocino CoC told us that it intends to establish a hotline in the future, the Fresno-Madera CoC stated that establishing a dedicated hotline would be resource-intensive. However, the Fresno-Madera CoC has not conducted any analysis to determine the specific resources it would require. The Riverside CoC stated that even though its hotline required a significant investment in staff time and funding, it proved to be valuable and expanded the CoC's reach to all areas of the county. According to the Riverside CoC, many people experiencing homelessness who have phones use the hotline to request support.

The Mendocino CoC could further increase people's access to services and its compliance with HUD requirements by employing outreach teams to contact people experiencing homelessness in rural communities. The other four CoCs employ such outreach teams, which seek out those experiencing homelessness to assess their needs and connect them to services. For example, the Fresno-Madera CoC's outreach teams distribute information about the coordinated entry process at places people who are homeless are known to frequent, such as public parks and shopping centers. The CoC explained that one of its outreach teams travels around its area, including rural areas, to ensure that people are aware of

available services. According to USICH, having outreach teams identify and engage people living in unsheltered locations, such as in cars or parks, plays a critical role in ending homelessness because the teams can connect with people who might not otherwise seek assistance.

Although HUD requires that coordinated entry be accessible to a CoC's entire geographic area, the Mendocino CoC acknowledged that some of its remote rural communities do not have such access. Nonetheless, the Mendocino CoC stated that it currently does not have the resources to send outreach teams to these areas. It intended to establish a homeless street outreach team after receiving additional state funding but stated that it delayed this effort because of the pandemic. Without taking steps to reach people within all communities so that they can access the coordinated entry process, the Mendocino CoC risks leaving some who are experiencing homelessness without adequate access to services.

Four of the Five CoCs Have Struggled to Locate Individuals After Services Become Available for Them

Most of the CoCs we reviewed said they struggle to match people who are experiencing homelessness with housing services because the demand exceeds supply, and once the CoC identifies a person's housing needs, it can take time for the CoC to find the needed services for the person. The amount of time it takes to match a person to an available housing service provider varies among CoCs. The Riverside CoC, for example, estimated that it could take 45 to 60 days from the date of referral to get an individual into permanent housing but that this time was reduced by the influx of CARES Act funds in 2020. The Mendocino CoC reiterated that its limited housing stock and low rental vacancy rates make it difficult for people experiencing homelessness to obtain housing. It said that the time between referral to housing and placement in an available unit has ranged from 60 to 180 days in the last six months. Some CoCs explained that there are individuals who elect not to receive services. The Mendocino CoC stated that it cannot address a person's choice to live a certain lifestyle and not accept services, and the Fresno-Madera CoC similarly explained that even after housing becomes available, some people have declined the option.

That said, four of the five CoCs told us that locating individuals after their initial needs assessment can be difficult because they are transient, which can further lengthen the time before they receive the housing or services that they need. Generally, the CoCs we reviewed locate people based on any contact information they provided and the place of their last enrollment for the services. The CoCs generally do not track how long it takes to locate people after

Locating individuals after their initial needs assessment can be difficult because they are transient, which can further lengthen the time before they receive the housing or services that they need.

Although HUD has not required CoCs to track referral data until recently, doing so can help CoCs identify issues that can slow down the coordinated entry process and help them address those sources of delay.

their initial assessment and referral to a service provider, in part, because until recently HUD did not require them to do so. The Santa Barbara CoC stated that although building close relationships with those requesting services often enables it to locate people after they have been referred, some individuals may be difficult to find if it takes a long time for housing to become available. The Mendocino CoC stated that it struggles to find people in rural communities because they frequently change locations. Further, the Riverside CoC explained that service providers may reject multiple individuals who are higher on the prioritization list because neither the service provider nor the CoC can locate them. Consequently, people the CoC has identified as having more urgent needs for housing or services may not have those needs met. Although HUD has not required CoCs to track referral data until recently, doing so can help CoCs identify issues that can slow down the coordinated entry process and help them address those sources of delay.

After the Santa Clara CoC conducted a review of its referrals, it implemented processes that reduce the time it requires to locate and connect individuals with service providers that can meet their identified needs. In 2017 the Santa Clara CoC stated that it spent several months reviewing its pattern of referrals and identified that one of the primary challenges in matching individuals to available housing and homeless services was its inability to locate the people it had already assessed as needing the services. To address this challenge, the CoC established a dedicated team with expertise in quickly locating and building relationships with those experiencing homelessness. Once services or housing becomes available for individuals, the team immediately mobilizes to locate and contact them directly and assist them in completing any required eligibility paperwork.

According to the Santa Clara CoC, this approach has reduced the average time to locate individuals from 37 days to 13 days. The Santa Clara CoC was able to take steps to address this problem because, according to staff, it actively tracked the length of time between an individual's referral for services and enrollment with a service provider. Since October 2020, HUD has required CoCs to report when referrals occur, the results of those referrals, and information about the referred individuals' locations at each point of contact. By tracking this information, CoCs can gauge whether they are providing the most effective pathways to housing and services and determine whether implementing processes to address sources of delays—such as assigning dedicated teams to locate people, as the Santa Clara CoC does—could ensure that those in need receive services more quickly.

Two CoCs Lack Adequate Processes for Reviewing Projects for Federal Funding

Two of the five CoCs we reviewed lack adequate processes for reviewing and ranking project applications for CoC Program funding. In HUD's federal fiscal year 2019 Notice of Funding Availability for the CoC Program, HUD required each CoC to publicly post written procedures that clearly describe the CoC's process for reviewing, scoring, and ranking each application. Additionally, federal regulations require each CoC to establish priorities for funding projects in its geographic area. Homeless service providers in the area that have current or proposed new homeless assistance projects may submit applications to the CoC, which the CoC must then review and rank. The CoC may also reject applications that do not meet performance requirements it imposes.

As Figure 6 shows, each of the CoCs we reviewed assigns a committee to review the applications. Each CoC requires the committee to use a tool to score various aspects of a project, including its impact, effectiveness, and compliance with certain requirements, as well as the applicant's experience in managing federal funds. The CoC collaborative applicant—which applies for funding from HUD on behalf of the CoC—then compiles all project applications the committee reviewed into a single application that prioritizes those projects it has approved and recommends that HUD fund. For the CoCs we reviewed, we found that HUD generally awarded funds to projects in the order of priority that the CoC identified.

Although each CoC has policies in place for reviewing and ranking project applications, the Mendocino and Riverside CoCs' policies are not adequate to ensure that they consistently prioritize the projects that are likely to be the most effective. Specifically, the Riverside CoC prioritizes awarding funding to projects that HUD has funded in the previous year (renewal projects) over new projects, even if its committee gave the new projects higher scores. According to the Riverside CoC, it believes that it can maximize the use of grant funds by prioritizing renewal projects and then allowing new projects to apply for any remaining funds. In its federal fiscal year 2019 CoC Program application, the Riverside CoC submitted a prioritized list of 22 new and renewal projects to HUD. It included all five of the new projects at the bottom of the list, along with one renewal project, even though the new projects had scores that warranted a higher placement. Projects at the bottom of a CoC's prioritization list are less likely to receive funding from HUD. In fact, HUD did not award funding to two of the five new projects—one of which received a score higher than or equal to

The Mendocino and Riverside CoCs' policies are not adequate to ensure that they consistently prioritize the projects that are likely to be the most effective.

Figure 6
The CoCs We Reviewed Have Established Processes for Reviewing and Ranking Applications for CoC Program Funding



The **CoC** recruits neutral CoC members or local experts to serve on its review-and-rank committee.



Homeless service providers submit an application for funding for a project they will administer.

The **committee** reviews the submitted documentation and develops preliminary scores using specific scoring criteria that the CoC established.

The **committee** meets to discuss the projects and proposes a ranked list.

The **committee** releases the results to the applicants.

- Homeless service provider applicants have an opportunity to appeal.
- If the committee's decision is appealed, a separate panel will hold an appellate hearing, which results in a final determination.

CoC board reviews and approves the final ranked list.

CoC collaborative applicant submits the final ranked list to HUD.

HUD reviews the submitted applications and makes final award determinations.

Source: Documentation provided by each CoC and federal law.

two renewal projects that HUD funded and another that received a score higher than a renewal project that received funding. We disagree with the Riverside CoC's approach and believe that prioritizing applications for projects that receive higher scores, and are potentially more effective, is essential to ensuring that the CoC meets the needs of those experiencing homelessness in the area. The Riverside CoC acknowledges that it needs to assess its review-and-rank policies and scoring tools to ensure that new and renewal projects have an equal opportunity to apply for funding and that it prioritizes the most effective projects for funding.

The Mendocino CoC's scoring tool also does not ensure that new projects have equal opportunity to receive federal funding. Specifically, its scoring tool assigns points based on participation in both its HMIS and its coordinated entry process. Because both of these are requirements for all projects that receive CoC funds, renewal project applicants are more likely to meet these criteria. In contrast, applicants for new projects may not participate in HMIS or the coordinated entry process because they have yet to receive funding. The Fresno-Madera, Riverside, Santa Barbara, and Santa Clara CoCs use separate scoring tools for renewal projects and new projects to allow new projects to submit comparable—but different—information; however, the Mendocino CoC uses the same scoring tool for both types of applications. As a result, the Mendocino CoC may miss an opportunity to ensure that a potentially more effective new project applicant receives funding rather than a less effective renewal project. The Mendocino CoC is aware that the current scoring tool gives an advantage to renewal projects, and it agrees that it needs to make necessary changes to improve its review-and-rank processes.

Recommendations

To help ensure that they have adequate levels of services and service providers in their respective areas to meet the needs of people who are experiencing homelessness, the counties of Mendocino, Riverside, Santa Barbara, and Santa Clara, and the Fresno City Housing Authority should coordinate with their CoCs to ensure that the CoCs annually conduct a comprehensive gaps analysis in accordance with the plans they have developed under federal regulations. To be effective, the gaps analyses should consider whether adequate services are available in the areas where individuals are experiencing homelessness and should contain strategies to address any deficiencies.

To ensure that they adequately identify their long-term strategies to address homelessness, the County of Riverside and the Fresno City Housing Authority should coordinate with their CoCs to

implement a planning process and develop a comprehensive plan that meets all federal requirements by August 2021. The planning process should ensure that the CoCs update their comprehensive plans at least every five years.

To ensure that they use the most effective method of identifying individuals in their counties who are experiencing homelessness, the counties of Mendocino and Santa Clara should, by August 2021, coordinate with their CoCs to conduct an analysis to determine whether the use of a mobile application to conduct their 2022 PIT counts is feasible. By that same date, the county of Mendocino should also coordinate with its CoC to formalize and implement the CoC's process for collecting and responding to volunteer feedback after its PIT count.

To comply with federal regulations and ensure that their CoCs' decisions reflect a variety of perspectives, the counties of Mendocino, Santa Barbara, and the Fresno City Housing Authority should, by August 2021, coordinate with their CoCs to ensure that the CoCs' boards are representative of all relevant organizations.

To reduce barriers to CoC membership and to encourage participation, the Fresno City Housing Authority should coordinate with its CoC to conduct an analysis of whether its membership fee is necessary and, if it is not, to eliminate it by August 2021.

To expand access to the coordinated entry process, the county of Mendocino should, by August 2021, work with its CoC to establish an outreach team to assess the needs of individuals in rural communities who are homeless and to connect them to appropriate service providers.

To ensure that individuals experiencing homelessness have adequate access to the coordinated entry process, the county of Mendocino and the Fresno City Housing Authority should, by August 2021, coordinate with their CoCs to assess the feasibility of establishing a dedicated telephone hotline for providing information about available services, assessing individuals' needs, and referring those individuals to appropriate housing or homeless service providers.

To increase the efficiency of the coordinated entry process, the counties of Mendocino, Riverside, and Santa Barbara, and the Fresno City Housing Authority should coordinate with their CoCs to determine how long it takes to locate individuals after they have been matched with a service provider. Specifically, they should use the referral data that HUD required CoCs to collect as of October 2020 to determine whether locating individuals after they have been matched with a service provider is a cause

of delay in providing them with services. If these entities find that excessive delays exist, they should coordinate with their CoCs to implement processes such as deploying a dedicated team to locate these individuals when appropriate housing and services become available.

To ensure that it identifies the projects that offer the greatest possible benefits when ranking applications for CoC Program funds, the counties of Mendocino and Riverside should, by August 2021, coordinate with their CoCs to update the CoCs' scoring tools and review-and-rank policies and procedures to give new and renewal projects an equal opportunity to receive federal funding.

We conducted this performance audit in accordance with generally accepted government auditing standards and under the authority vested in the California State Auditor by Government Code 8543 et seq. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on the audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Respectfully submitted,



ELAINE M. HOWLE, CPA
California State Auditor

February 11, 2021

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Appendix A

STATE-ADMINISTERED PROGRAMS THAT PROVIDED FUNDING TO ADDRESS HOMELESSNESS, FISCAL YEARS 2018–19 THROUGH 2020–21

As we discuss in Chapter 1, the State lacks a single oversight entity that coordinates the funds that it allocates to local governments and service providers to combat homelessness. According to homeless council staff, the council does not currently have the statutory authority to collect expenditure data from other state agencies and has not been able to track program spending to date. We found that at least nine state agencies have provided funding during fiscal years 2018–19 through 2020–21 through 41 programs to address homelessness in the State. For example, the California Governor’s Office of Emergency Services administers nine programs that provide homelessness funding, while the California Department of Social Services administers six such programs. Table A presents the state agencies that administered the various programs, the purposes of the programs, and the funding amounts available under each program from fiscal years 2018–19 through 2020–21. In each of the three fiscal years, the 41 programs provided \$4 billion or more in total funding.

Table A
State Agencies That Administer Programs Related to Homelessness

| ADMINISTERING AGENCY | PROGRAM NAME* | PURPOSE OF PROGRAM | FISCAL YEAR 2018–19 | FISCAL YEAR 2019–20 | FISCAL YEAR 2020–21 |
|---|--|---|---------------------|---------------------|---------------------|
| Business, Consumer Services and Housing Agency | COVID-19 Pandemic Emergency Grant Funding Program | To provide assistance related to the impacts of COVID-19. Specifically, to safely get individuals into shelter, to provide immediate housing options, and to help protect the health and safety of people experiencing homelessness during the pandemic. | \$– | \$100,000,000 | \$– |
| | Homeless Emergency Aid Program† | To provide homelessness prevention activities, criminal justice diversion programs for homeless individuals with mental health needs, establishing or expanding services meeting the needs of homeless youth or youth at risk of homelessness, and emergency aid. | 500,000,000 | – | – |
| | Homeless Housing, Assistance, and Prevention Program | To provide local jurisdictions with funds to support regional coordination and to expand or develop local capacity to address their immediate homelessness challenges. | – | 650,000,000 | 330,000,000 |
| California Department of Corrections and Rehabilitation | Transitional Housing Program† | To provide housing and support services upon release for those who have been incarcerated for long terms. | 15,930,000 | 16,705,000 | 18,585,000 |

continued on next page...

| ADMINISTERING AGENCY | PROGRAM NAME* | PURPOSE OF PROGRAM | FISCAL YEAR 2018-19 | FISCAL YEAR 2019-20 | FISCAL YEAR 2020-21 |
|---|---|---|---------------------|---------------------|---------------------|
| California Department of Education | Education for Homeless Children and Youth Grant Program | To facilitate the identification, enrollment, attendance, and success in school of children and youth who are experiencing homelessness. | 10,564,000 | 11,328,000 | 12,204,000 |
| | Homeless Youth Assessment Fee Waiver Program | To fund state costs to implement and report on legislative requirements that a test registration fee not be charged to youth or foster youth experiencing homelessness who are taking either the California High School Proficiency Examination or an approved high school equivalency test. | 21,000 | 21,000 | – |
| Department of Health Care Services | Health Homes Program† | To provide intensive care coordination, as well as housing navigation and tenancy-sustaining case management services for members who are homeless or recently housed as part of the program. | 3,638,000 | 94,637,000 | 203,895,000 |
| | Homeless Mentally Ill Outreach and Treatment One-Time Funding† | To fund multidisciplinary teams engaged in intensive outreach, treatment, and related services for people who are homeless and have mental illnesses. | 50,000,000 | – | – |
| | Mental Health Services Act, Community Services and Support Component† | To acquire, rehabilitate, or construct supportive housing; provide rental assistance, security deposits, utility payments, moving cost assistance; and for project-based housing, including master leasing units; and outreach. | 1,664,900,000 | 1,758,500,000 | 1,318,500,000 |
| | Whole Person Care Pilot Program | To serve Medi-Cal members with complex medical conditions who are frequent users of multiple health systems, including members who are homeless or at risk of homelessness. | 600,000,000 | 600,000,000 | 600,000,000 |
| | Whole Person Care Pilots One-Time Housing Funds† | To support housing and housing supportive services for Medi-Cal enrollees who are mentally ill and are experiencing homelessness, or who are at risk of homelessness. | – | 100,000,000 | – |
| Department of Housing and Community Development | California Emergency Solutions and Housing Program† | To provide funds for a variety of activities to assist people experiencing or at risk of homelessness through five primary activities: housing relocation and stabilization services, operating subsidies for permanent housing, flexible housing subsidy funds, operating support for emergency housing interventions, and system supports for homeless services and housing delivery systems. | 53,000,000 | 29,000,000 | – |
| | Community Development Block Grant Program | To partner with rural cities and counties to improve the lives of their low- and moderate-income residents through the creation and expansion of community and economic development opportunities in support of livable communities. Eligible activities include public services such as health, nutrition, and homeless services. | – | 60,000,000 | 30,000,000 |

| ADMINISTERING AGENCY | PROGRAM NAME* | PURPOSE OF PROGRAM | FISCAL YEAR 2018-19 | FISCAL YEAR 2019-20 | FISCAL YEAR 2020-21 |
|----------------------|--|---|---------------------|---------------------|---------------------|
| | Community Development Block Grant Program - Coronavirus Response | To perform activities related to the pandemic response and recovery. The CARES Act provides extra funds specifically targeted to prevent, prepare for, and respond to the pandemic. This includes facility improvements related to COVID-19 health care and housing needs for homeless individuals. | - | - | 139,500,000 |
| | Emergency Solutions Grants Program [†] | To provide funds to engage individuals and families living on the street, rapidly rehouse individuals and families who are homeless, help operate and provide essential services in emergency shelters, and prevent individuals and families from becoming homeless. | 11,000,000 | 11,000,000 | 11,000,000 |
| | Emergency Solutions Grants Program - Coronavirus | To prevent, prepare for, and respond to COVID-19 among individuals and families who are experiencing homelessness or are receiving homeless assistance and to support additional homeless assistance and homelessness prevention activities to mitigate the impacts created by the pandemic. | - | - | 295,000,000 |
| | Homekey | To provide grants to local public entities to acquire and rehabilitate a variety of housing types to provide housing for individuals and families experiencing homelessness or at risk of experiencing homelessness who are affected by the pandemic. | - | - | 800,000,000 |
| | Housing for a Healthy California Program [†] | To provide permanent supportive housing for individuals who are chronically homeless or are homeless and have high medical costs. | - | 82,400,000 | 27,300,000 |
| | Local Housing Trust Fund Program | To provide loans to pay for construction or rehabilitation of affordable rental housing projects, emergency shelters, permanent supportive housing, transitional housing, and affordable homebuyer and homeowner projects. | - | - | 57,000,000 |
| | No Place Like Home Program - Competitive [†] | To finance permanent supportive housing for individuals or families with a serious mental illness who are homeless, chronically homeless, or at risk of chronic homelessness. | 400,000,000 | 622,029,000 | 202,040,000 |
| | No Place Like Home Program - Noncompetitive [†] | To finance permanent supportive housing for individuals or families with a serious mental illness who are homeless, chronically homeless, or at risk of chronic homelessness. | 190,000,000 | - | 48,070,000 |
| | Permanent Local Housing Allocation Program - Competitive Component | Prioritizes assistance to people experiencing or at risk of homelessness and investments that increase the supply of housing to households with incomes of 60 percent or less of area median income. | - | 15,000,000 | - |
| | Supportive Housing Multifamily Housing Program [†] | To provide low-interest, deferred-payment loans to developers of permanent, affordable rental housing that contain supportive housing units for the target population, which are individuals and families that are homeless. | 77,000,000 | - | - |

continued on next page...

| ADMINISTERING AGENCY | PROGRAM NAME* | PURPOSE OF PROGRAM | FISCAL YEAR 2018-19 | FISCAL YEAR 2019-20 | FISCAL YEAR 2020-21 |
|--|--|---|---------------------|---------------------|---------------------|
| | Veterans Housing and Homeless Prevention Program ^{†§} | To provide for the acquisition, construction, rehabilitation, and preservation of affordable multifamily housing for veterans and their families to allow veterans to access and maintain housing stability. | 75,000,000 | 75,000,000 | 75,000,000 |
| California Department of Social Services | Bringing Families Home Program [†] | To reduce the number of families in the child welfare system experiencing or at risk of homelessness, to increase family reunification, and to prevent foster care placement. | – | 25,000,000 | – |
| | CalWORKs Homeless Assistance [†] | To provide payments for temporary shelter and payments to secure or maintain housing for eligible CalWORKs recipients who are homeless or at risk of homelessness. | 64,467,000 | 68,088,000 | 41,603,000 |
| | CalWORKs Housing Support Program [†] | To provide housing support, including financial assistance, housing stabilization, and relocation services, to CalWORKs recipients who are experiencing homelessness or housing instability. | 70,838,000 | 95,000,000 | 95,000,000 |
| | Home Safe Program [†] | To support the safety and housing stability of individuals involved in Adult Protective Services by providing housing-related assistance using evidence-based practices for homeless assistance and prevention. | 15,000,000 | – | – |
| | Housing and Disability Advocacy Program [†] | To assist disabled individuals who are experiencing homelessness in applying for disability benefit programs while also providing housing assistance. | – | 25,000,000 | 25,000,000 |
| | School Supplies for Homeless Children Fund | To collect contributions that will be used to provide school supplies and health-related products to children experiencing homelessness. | 380,000 | 676,000 | 590,000 |
| California Governor's Office of Emergency Services | Domestic Violence Assistance Program [†] | To provide shelter, transitional housing, and supportive services for domestic violence victims and their children. | 64,000,000 | 55,000,000 | 55,000,000 |
| | Domestic Violence Housing First Program [†] | To assist victims of domestic violence in obtaining and retaining safe, permanent housing as modeled after an evidence-based form of rapid rehousing adapted to move and rehouse domestic violence victims, who are homeless, into permanent housing quickly and provide ongoing tailored services. | 9,600,000 | 22,089,000 | 22,752,000 |
| | Equality in Prevention and Services for Domestic Violence Program [†] | To maintain and expand domestic violence services for the lesbian, gay, bisexual, transgender, or questioning (LGBTQ) communities that will increase access to culturally appropriate domestic violence, education, prevention, outreach, and services for these unserved or underserved communities. | 423,000 | 423,000 | 423,000 |

| ADMINISTERING AGENCY | PROGRAM NAME* | PURPOSE OF PROGRAM | FISCAL YEAR 2018-19 | FISCAL YEAR 2019-20 | FISCAL YEAR 2020-21 |
|--|---|---|---------------------|---------------------|---------------------|
| | Homeless Youth and Exploitation Program [†] | To help homeless youth exit street life by providing outreach services, food, temporary safe shelter, in-person counseling, group counseling, basic health care, long-term stabilization planning, independent living and survival skills, access to or referrals to other services as appropriate, and follow-up services. | 1,077,000 | 1,077,000 | 1,088,000 |
| | Homeless Youth Emergency Services and Housing Program [†] | To establish or expand access to a range of housing options and provide crisis intervention and stabilization services to homeless youth. | – | 6,337,000 | – |
| | Human Trafficking Victim Assistance Program [†] | To provide safety and supportive services to help human-trafficking victims recover from the trauma they have experienced and assist with their reintegration into society. These services include a 24-hour hotline, emergency shelter, temporary housing, emergency food and clothing, counseling, referrals, transportation, and legal services. | 10,000,000 | 10,000,000 | 10,000,000 |
| | Native American Domestic Violence and Sexual Assault Program [†] | To provide cultural competency trainings to agencies and other regional service providers on issues related to Native American women victims of domestic violence and sexual assault. | 813,000 | 813,000 | 813,000 |
| | Specialized Emergency Housing [†] | To maintain and expand emergency shelter and emergency housing assistance resources in California and to provide specialized services for victims of crime, with priority given to funding applicants that propose to serve homeless youth, elderly, disabled, and LGBTQ victims of crime. | 4,888,000 | 9,500,000 | 9,680,000 |
| | Transitional Housing Program [†] | To provide transitional housing, short-term housing assistance, and supportive services that move crime victims into permanent housing. | 9,600,000 | 18,000,000 | 17,514,000 |
| California Housing Finance Agency | Special Needs Housing Program [†] | To allow local governments to use Mental Health Services Act and other local funds to provide financing for the development of permanent supportive rental housing that includes units dedicated for individuals with serious mental illness and their families who are homeless or at risk of homelessness. | 20,467,800 | 32,860,000 | 36,764,000 |
| California Tax Credit Allocation Committee | Low-Income Housing Tax Credit Program [†] | To allocate tax credits to encourage private investments in the development of affordable rental housing. | 107,000,000 | 109,000,000 | 110,600,000 |
| Totals | | | | | |
| 9 | 41 | | \$4,029,606,000 | \$4,704,482,000 | \$4,594,922,000 |

Source: Review of the homeless council's California State Homelessness Funding Programs; the budget acts of 2018, 2019, and 2020; state and federal laws; and agencies' websites and notices of funding available.

* Based on our review, this table presents a list of California programs intended to address various aspects of homelessness.

† The homeless council identified these programs, in September 2018, as programs that provide homelessness funding.

§ State law requires the Department of Housing and Community Development, the California Housing and Finance Agency, and the California Department of Veterans Affairs to work collaboratively pursuant to a memorandum of understanding to carry out the duties associated with this program.

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Appendix B

CoCs' PRIMARY RESPONSIBILITIES UNDER FEDERAL LAW

As we describe in the Introduction, federal law gives CoCs responsibility over four primary functions. CoCs are responsible for conducting a periodic PIT count of the total number and demographics of all sheltered and unsheltered people who reside within their geographic area and are experiencing homelessness. CoCs must also use a single database—known as an HMIS—to record and analyze information, services, and housing data for individuals and families who are homeless or at risk of homelessness within the CoC. In addition, a CoC is required to help its network of service providers assess and prioritize people who are in most need of homelessness assistance through a coordinated entry process. Finally, CoCs must design and operate a process for developing, evaluating, and submitting service providers' applications for CoC Program funds to HUD. Figure B describes the requirements, methodology, and benefits associated with each of these responsibilities.

Figure B
CoCs' Primary Responsibilities Under Federal Law

| | |
|---|---|
| <p>ASSESS AND PRIORITIZE THE NEEDS OF THOSE EXPERIENCING HOMELESSNESS</p> <p>REQUIREMENTS Must work with its service providers to maintain a coordinated entry process. CoCs must ensure that service providers that receive certain federal funds from HUD, including CoC Program grant funds, participate.</p> <p>METHODOLOGY Access: The coordinated entry process must be available throughout a CoC's geographic area and must be easily accessed by individuals seeking housing or homeless services. Assessment and Prioritization: Trained staff must use a standardized tool to assess individuals' situations to determine their housing needs, preferences, and vulnerabilities, and to identify any barriers to obtaining housing. Referral: Staff must refer individuals to available housing resources and services using the CoC's prioritization guidelines and enroll them into housing or services as they become available.</p> <p>BENEFITS OF THE COORDINATED ENTRY PROCESS</p> <ul style="list-style-type: none"> • Enables a CoC to help its network of service providers prioritize people who are in the most need of homelessness assistance. • Fosters coordination and collaboration among service providers. | <p>REVIEW AND RANK APPLICATIONS FOR FEDERAL FUNDING</p> <p>REQUIREMENTS Must design, operate, and follow a collaborative process for the development, approval, and submission of service providers' applications for CoC Program funding to HUD.</p> <p>METHODOLOGY After HUD posts a notice of funding availability for the CoC Program funds, service providers within each CoC submit applications seeking funding for new or existing projects. The CoC prepares a proposed list of projects that it ranks based on its priorities. The CoC's collaborative applicant submits the list to HUD, which awards funds to projects. HUD will then announce the awards and notify selected applicants, who then must submit performance data and information about the clients the projects serve into the CoC's HMIS.</p> <p>BENEFITS OF THE REVIEW-AND-RANK PROCESS Ensures that CoCs communicate their funding priorities to HUD.</p> |
| <p>CONDUCT A POINT-IN-TIME COUNT</p> <p>REQUIREMENTS Unsheltered individuals: Must at least biannually identify the total number and demographics of all unsheltered people who experience homelessness on a specified night in its geographic area. Sheltered individuals: Must annually identify the total number and demographics of all people experiencing homelessness on a specified night who are in emergency shelters, transitional housing, and supportive housing for people with mental illness who are experiencing homelessness.</p> <p>METHODOLOGY CoCs may choose the methodology for conducting their PIT counts as long as that methodology is consistent with HUD standards and guidance.</p> <p>BENEFITS OF PIT COUNTS</p> <ul style="list-style-type: none"> • Inform national priorities and HUD funding decisions. • Allow CoCs to manage and plan for services they provide. • Raise public awareness and bolster efforts to obtain public and private support. | <p>MAINTAIN AN HMIS</p> <p>REQUIREMENTS Use a single database—known as an <i>HMIS</i>—to record and analyze client information, services, and housing data for individuals and families who are homeless or at risk of homelessness in its geographic area.</p> <p>METHODOLOGY CoCs may use third-party software for their HMIS. All service providers that receive certain federal and state funds must report specified data into their CoC's HMIS. HUD recommends that CoCs monitor the quality of the data that service providers enter.</p> <p>BENEFITS OF HMIS DATA</p> <ul style="list-style-type: none"> • Allow CoCs to review performance for their entire geographic area and for individual projects. • Allow CoCs to report annually to HUD on their performance outcomes. • Allow HUD to determine funding awards for the CoCs and to gauge the state of the homeless response system nationally. • Inform homeless policy and decision making at the federal, state, and local levels. |

Source: Federal law and documents obtained from HUD and CoCs.

Appendix C

SCOPE AND METHODOLOGY

The Joint Legislative Audit Committee (Audit Committee) directed the California State Auditor to perform an audit of selected CoCs to assess best practices related to the services they provide to those experiencing homelessness. Table C lists the audit objectives and the methods we used to address them.

Table C
Audit Objectives and the Methods Used to Address Them

| AUDIT OBJECTIVE | METHOD |
|--|--|
| <p>1 Review and evaluate the laws, rules, and regulations significant to the audit objectives.</p> | <p>Reviewed relevant federal and state laws, rules, and regulations related to CoCs and their responsibilities.</p> |
| <p>2 Review the selected CoCs' planning and strategies for administering services to those experiencing homelessness and determine best practices of, and resources necessary for, service coordination with local nonprofits and other homeless service agencies.</p> | <ul style="list-style-type: none"> • Obtained from HUD's website data related to individuals experiencing homelessness and the CoC Program grants provided within each CoC. We also obtained total population data from the California Department of Finance website. Using these data, we judgmentally selected five CoCs covering a large county in Southern California, a county on the Central Coast, a county in the Bay Area, a county in the San Joaquin Valley, and a county in the Northern Coast area. • Interviewed staff and reviewed pertinent documentation at each selected CoC regarding their planning efforts and strategies. • Reviewed information regarding effective planning from national organizations, HUD, and other states to identify best practices. |
| <p>3 Identify effective strategies for CoCs to conduct accurate annual counts of those experiencing homelessness in coordination with other homeless service agencies.</p> | <ul style="list-style-type: none"> • Interviewed staff and reviewed documentation to understand how and how often each CoC conducts PIT counts of those experiencing homelessness. • Determined whether each CoC's PIT count methodology conforms with HUD's guidance. • Assessed each CoC's coordination with other service providers in planning and conducting PIT counts and identified best practices. • Reviewed available best practices, including best practices identified or employed by HUD and other states for effective strategies to plan and conduct PIT counts. |
| <p>4 Determine the necessary resources and internal protocols for CoCs to measure the effectiveness of their programs, including collecting, retaining, and analyzing complete and accurate data. Identify any barriers the CoCs have experienced in collecting, retaining, and analyzing such data and best practices or tools the CoCs use to overcome these barriers.</p> | <ul style="list-style-type: none"> • Reviewed each CoC's policies and procedures for completing the annual CoC performance reports and assessing project performance. • Reviewed CoC documentation and procedures, and determined that each CoC has processes in place to assess the accuracy and completeness of data in its HMIS. • Interviewed CoC staff to understand the process for and barriers to collecting and analyzing data from service providers. • Interviewed staff from the homeless council to understand what actions the State is taking to help CoCs gather consistent data from all service providers. • Interviewed staff from the states of Washington, Maryland, and Virginia to determine whether these states have a statewide data-collection system and to identify best practices for ensuring complete data. |

continued on next page ...

| AUDIT OBJECTIVE | METHOD |
|---|---|
| <p>5 Verify the extent to which each CoC collaborates with nonprofit organizations to increase its outreach and service provided to those experiencing homelessness.</p> | <ul style="list-style-type: none"> • Interviewed staff to determine how and for what purposes the CoCs collaborate with service providers. • Determined the adequacy of any analyses the CoCs have conducted to identify and address lack of services in any geographic areas within their areas. • Reviewed the CoCs' efforts to collaborate to assess the needs of and provide services to those experiencing homelessness. • Interviewed staff and reviewed documentation of the outreach efforts each CoC's coordinated entry system lead has conducted in the past three years to reach, assess, and provide services to those facing homelessness. • Compared and assessed the adequacy and effectiveness of each CoC's coordinated entry system lead's outreach methods to the homeless population to identify any best practices. |
| <p>6 Identify opportunities or incentives the State could provide CoCs to work collaboratively with nonprofit and other service organizations to secure additional federal funding to assist those experiencing homelessness.</p> | <ul style="list-style-type: none"> • Reviewed federal regulations and interviewed key staff from HUD and the CoCs and determined that little opportunity exists for CoCs to receive additional federal funding. • In light of the increased state funding for homelessness, interviewed the homeless council and reviewed available documents to determine how the State provides funds to CoCs and whether opportunities exist to increase the level of coordination among CoCs and service providers. |
| <p>7 To the extent possible, determine whether structural changes or resources are needed to ensure the CoCs obtain complete and accurate data at each point of the funding process, including during the evaluation of applications from service providers.</p> | <ul style="list-style-type: none"> • Interviewed staff and reviewed documentation to determine the process and structure each CoC has in place to evaluate and rank service provider applications for CoC Program funding. • Assessed each CoC's policies, procedures, and structure to determine whether they are adequate to ensure appropriate or fair awarding of CoC Program funds. • Compared the policies, procedures, and structure of the five CoCs to identify any best practices. • Interviewed staff and reviewed documentation for a random selection of up to three applications for funding at each CoC to determine whether the CoCs followed their review-and-rank process. |
| <p>8 Determine methods for CoCs to increase the quality and number of service providers, including methods to do the following:</p> <p>a. Collect and report the number of eligible service providers within the CoC area.</p> <p>b. Isolate reasons that providers do not apply for certain requests for proposals.</p> <p>c. Identify the qualities of service providers to which CoCs award funds.</p> <p>d. Measure the effect that service providers have on homelessness.</p> <p>e. Identify geographic areas within the CoC that have insufficient or no services for those experiencing homelessness and the reasons why these areas have inadequate resources.</p> | <ul style="list-style-type: none"> • Interviewed CoC staff and reviewed relevant documentation to determine the extent to which CoCs identify and track eligible service providers within the area. • Interviewed staff to determine, to the extent possible, why service providers do not apply for certain requests for proposals. • Objective 7 explains our methods related to reviewing and documenting how CoCs evaluate and rank projects for CoC Program awards. • Reviewed the performance reports that each CoC developed and submitted to HUD in the last four years. • Objective 4 describes our methods related to reviewing and documenting whether each CoC has policies and procedures in place to ensure data quality. • Interviewed CoC staff to determine whether each CoC's coordinated entry process is accessible in all parts of its area. • To the extent possible, reviewed any analyses the CoCs conducted to identify geographic areas that lacked services or service providers and the actions the CoCs took to address these inadequacies. |

| AUDIT OBJECTIVE | METHOD |
|--|--|
| <p>9 Identify any best practices at the CoCs for improving accountability and the efficiency and effectiveness of services to those experiencing homelessness that other CoCs could use to improve their efforts.</p> | <ul style="list-style-type: none"> • Interviewed HUD staff and conducted research to select states that were likely to have best practices. We interviewed staff in a selection of these states, including the ones listed for Objective 4, to identify best practices that California could implement. • Using results from the work of objectives 2 through 8, identified best practices for improving accountability and the efficiency and effectiveness of services to those experiencing homelessness. |
| <p>10 Review and assess any other issues that are significant to the audit.</p> | <p>Interviewed homeless council staff to determine the extent to which it provides guidance and best practices to CoCs and coordinates state funding and data.</p> |

Source: Audit Committee's audit request number 2020-112, planning documents, and information and documentation identified in the table column titled Method.

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February 2021



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January 20, 2021
Ms. Elaine Howle*
California State Auditor
621 Capitol Mall, Suite 1200
Sacramento, CA 95814

Re: Fresno Madera Continuum of Care Responses to State Auditor Draft Report
Homelessness in California Recommendations

Dear Ms. Howle,

The Fresno Madera Continuum of Care (FMCoC) appreciates the efforts the California State Auditor has made to understand the nature of homelessness and the varying responses to said serious social issue in California. As the Collaborative Applicant, Fresno Housing is advancing the attached response to the report on behalf of the FMCoC.

If you have any questions, please do not hesitate to contact me via email at deley@fresnohousing.org.

Sincerely,

Doreen T. Eley

Digitally signed by Doreen T. Eley
DN: dc=org, dc=fha, ou=USFR, ou=CO,
cn=Doreen T. Eley,
email=deley@fresnohousing.org
Date: 2021.01.20 16:47:14 -0800

Doreen Eley
Senior Manager
Collaborative Applicant, Fresno Madera Continuum of Care

* California State Auditor's comments begin on page 67.

Fresno Madera Continuum of Care Responses to State Auditor Draft Report *Homelessness in California* Recommendations

Recommendations

1. To help ensure that they have adequate levels of services and service providers in [area] to meet the needs of people who are experiencing homelessness, [Redacted] the Fresno Housing Authority* should coordinate with [its] CoC to ensure that the CoC annually conduct[s] a comprehensive gaps analysis in accordance with the plans [it has] developed under federal regulations. To be effective, the gaps analyses should consider whether adequate services are available in the areas where individuals are experiencing homelessness and contain strategies to address any deficiencies.

① Response: Disagree. The Fresno Madera Continuum of Care (FMCoC) utilizes a gaps analysis that employs data and trends that include the comprehensive community planning process via the Street2Home report. The Coordinated Entry System analyzes both HUD priorities and community gaps in the annual HUD Notice of Funding Availability national CoC funding competition. These processes give the FMCoC insight into how the community utilizes current resources and where additional resources are needed. With the information collected and analyzed, the FMCoC plans the types of projects to prioritize in both HUD CoC funding and other funding sources, including those from the State of California. HUD has found no issue with the community process in determining funding decisions in its CoC competition, nor has the State of California in community decisions for Homeless Emergency Aid Program (HEAP) funding.

2. To ensure that [it] adequately [its] long-term strategies to address homelessness, [Redacted] the Fresno Housing Authority should coordinate with [its CoC] to implement a planning process and develop a comprehensive plan that meets all federal requirements by August 2021. The planning process should ensure that the CoC update[s] [its] comprehensive plans at least every five years.

② Response: Agree. While the FMCoC believes it has done an excellent job of informing funding decisions with data, analysis, and a community-wide planning process, it agrees to document them in a comprehensive plan. This comprehensive plan should be reviewed at each funding opportunity and revised as necessary.

3. To comply with federal regulations and ensure that [its CoC's] decisions reflect a variety of perspectives, the Fresno Housing Authority should, by August 2021, coordinate with [its CoC] to ensure that the [CoC's board is] representative of all relevant organizations.

Response: Agree. The FMCoC will review our membership for compliance with federal regulations and recruit members where gaps exist to assist with representation from all relevant organizations.

* For purposes of the report, we refer to this entity as the Fresno City Housing Authority.

4. To reduce barriers to CoC membership and to encourage participation, the Fresno Housing Authority should coordinate with its CoC to conduct an analysis of whether its membership fee is necessary and, if not, to eliminate it by August 2021.

Response: Disagree. The FMCoC does not agree the fee schedule is an impediment to participation and there is no evidence to assume this conclusion. The FMCoC has a process in place to waive fees if requested; this has not happened in the CoC and no not had any organizations and/or individuals who expressed the dues as a reason for lack of participation.

③

5. To ensure that individuals experiencing homelessness have adequate access to the coordinated entry process, the Fresno Housing Authority should, by August 2021, coordinate with [its CoC] to assess the feasibility of establishing a dedicated telephone hotline for providing information about available services, assessing individuals' needs, and referring those individuals to appropriate housing or homeless services providers.

Response: Disagree. The FMCoC has three Triage Centers that are 24-hour operations, their addresses and phone numbers are listed on the FMCoC website. In addition, the FMCoC has hotline numbers for victims of domestic violence, Veterans, persons experiencing homelessness through MAP Point during business hours, with a rollover during evenings and weekends. The FMCoC is embarking on varying ways to better publicize said numbers to answer questions, provide assessment and linkage to appropriate community resources.

④

6. To increase the efficiency of the coordinated entry process, the Fresno Housing Authority should coordinate with its CoCs to determine how long it takes to locate individuals after they have been matched with a service provider. Specifically, it should use the referral data that HUD required CoCs to collect as of October 2020 to determine if locating individuals after they have been matched with a service provider is a cause of delay in providing them with services. If it find that excessive delays exist, the Fresno Housing Authority should coordinate with its CoC to implement processes such as deploying a dedicated team to locate these individuals when appropriate housing and services become available.

Response: Disagree. The FMCoC misunderstood the information the State Auditor was trying to elicit. We have the mechanism to demonstrate the length of time between interactions and progress in our homeless response system, i.e., from the first interaction to housing. Such calculations have been used in the past to inform improvement in the national Built for Zero campaign. In terms of persons experiencing homelessness losing contact with the homeless response system, this occurs at every engagement stage. The FMCoC has dedicated Navigation and Outreach teams to find individuals at whatever interval that connection is lost. The FMCoC will agree that calculations ran more frequently can be analyzed, which will help determine where gaps may exist.

⑤

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Comments

CALIFORNIA STATE AUDITOR'S COMMENTS ON THE RESPONSE FROM THE HOUSING AUTHORITY OF THE CITY OF FRESNO

To provide clarity and perspective, we are commenting on the Fresno City Housing Authority response to the audit. The numbers below correspond to the numbers we have placed in the margin of its response.

We disagree with the Fresno City Housing Authority's assertion that it uses a gaps analysis that employs data and trends that include the comprehensive community planning process. As we state on page 31, the Fresno-Madera CoC acknowledged that it does not conduct a formal gaps analysis. Moreover, although the Fresno-Madera CoC does conduct some assessment and prioritization activities, its efforts do not allow it to assess its network of service providers, operations, and homelessness programs in a comprehensive or holistic manner to ensure that it has sufficient types and numbers of service providers to meet the needs of those experiencing homelessness.

①

Although the Fresno City Housing Authority agrees with our recommendation, its stated action does not address the intent of our recommendation. Specifically, the Fresno City Housing Authority indicates that it will document the data, analysis, and community-wide planning process that informs its funding decisions into a comprehensive plan. However, a comprehensive plan should contain strategies to address more than just funding decisions. As we state on page 32, federal regulations require that the plan include strategies for activities such as performing outreach; providing shelter, housing, and supportive services; and preventing homelessness. Further, HUD's best practices suggest that developing a comprehensive plan allows a CoC to assess its capacity, identify gaps, and develop proactive solutions to move those experiencing homelessness toward permanent housing. We look forward to reviewing the outcome of the Fresno City Housing Authority's progress in working with the Fresno-Madera CoC to develop a comprehensive plan that includes all required elements.

②

We disagree with the Fresno City Housing Authority's contention that charging a membership fee is not an impediment to participation in the Fresno-Madera CoC. Although this fee may have been appropriate in the past to cover specific costs, in 2012 HUD began awarding the CoC funds for planning purposes and the membership fee may no longer be necessary. As we state on page 39, although the CoC's bylaws describe the option of

③

waiving the fee, its membership application does not mention the option; as a result, an interested organization that is completing the application may be discouraged from becoming a member. Moreover, as we state on page 39, the Fresno-Madera CoC is the only CoC of the five we reviewed that charges a membership fee. Therefore, we stand by our recommendation that the Fresno City Housing Authority should coordinate with the Fresno-Madera CoC to conduct an analysis of whether its membership fee is necessary and, if it is not, to eliminate it by August 2021.

- ④ The intent of our recommendation is for the Fresno-Madera CoC to establish a designated hotline that people can call to begin the coordinated entry process, be assessed for their needs, and referred to appropriate housing or homeless services providers. Although the Fresno City Housing Authority indicates its three triage centers are open 24 hours a day and have dedicated phone lines, it also acknowledges that it is embarking on ways to publicize the phone numbers for these centers and other CoC resources to provide assessment services and link individuals to appropriate community resources. This suggests a single hotline phone number would be more efficient and would streamline access for those needing assistance.
- ⑤ To determine any delays in locating individuals after their initial assessment to connect them with service providers, we reviewed whether the Fresno City Housing Authority assessed the necessary data to conduct such an analysis. During our audit the Fresno City Housing Authority confirmed that the Fresno-Madera CoC has not conducted such an analysis and that the CoC does not track the needed data, which we describe on page 44. Further, although the Fresno City Housing Authority states in its response that the CoC has dedicated navigation and outreach teams to find individuals, it did not provide us with any evidence demonstrating the existence of these teams or an assessment of the teams' impact on reducing delays in locating individuals referred for services. We note that the Fresno City Housing Authority agrees in its response that analyzing time elapsed between initial interaction with an individual and when the CoC connects the individual to a service provider will help it to determine where delays may exist, which is consistent with our recommendation. We look forward to reviewing the outcome of its analysis of whether any delays in locating individuals after their initial assessment exists as part of our regular follow up process.



State of California

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCYGavin Newsom, Governor
Lourdes M. Castro Ramírez, Secretary

January 14, 2021

Elaine M. Howle*
California State Auditor
621 Capitol Mall, Suite 1200
Sacramento, CA 95814

RE: Audit Report 2020-112 – Homeless Services-County Continuum of Care Agencies

Dear Ms. Howle:

The Homeless Coordinating and Financing Council (HCFC) appreciates the California State Auditor's examination of the state's efforts to administer, oversee, and fund programs to address and prevent homelessness in California.

HCFC's mission is to oversee the implementation of Housing First guidelines and regulations, and to identify and coordinate resources, benefits and services to prevent and end the crisis of homelessness for individuals across our state. We do this in partnership and coordination with Continuums of Care (CoCs), city and county governments, non-profits, service providers, and others.

California's homelessness crisis is complex, requiring a systems approach and close coordination across multiple systems, from housing, health, local government, and others in order to effectively address the needs of individuals experiencing or at risk of homelessness. We appreciate the acknowledgment of the work HCFC has done to lay the foundation for strengthening these efforts. Specifically, we are pleased to see the Audit Team's acknowledgement of the vital role HCFC's Action Plan plays in mobilizing the diverse resources California commits in service of shared, coordinated response. And we are eager to launch the Homeless Data Integration System (HDIS) for the reasons stated by the Audit Team: that the state's ability to act with confidence depends on the type of data and information HDIS will, for the first time in California, make available.

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915 Capitol Mall, Suite 350A, Sacramento, California 95814 (916) 653-4090 www.bcsh.ca.gov

Alcoholic Beverage Control Appeals Board | California Horse Racing Board | California Housing Finance Agency | Cannabis Control Appeals Panel
California Alcoholic Beverage Control | Department of Business Oversight | Department of Consumer Affairs | Department of Fair Employment & Housing
Housing and Community Development | Department of Real Estate | Seismic Safety Commission

* California State Auditor's comment appears on page 71.

RE: Audit Report 2020-112 – Homeless Services-County Continuum of Care Agencies
Page 2

We agree that HCFC and its partners should continue our work to build on these efforts. HCFC will continue to work with our State partners, federal counterparts, California's 44 CoCs, and other stakeholders, in service of our belief that effective coordination entails system-level decision-making and acting with shared responsibility and mutual accountability among agencies, to address this crisis.

We also stand ready to work with the Legislature on opportunities to strengthen existing law to enable more effective efforts to prevent and end homelessness in California.

Sincerely,



Ali Sutton
Deputy Secretary for Homelessness
Business, Consumer Services and Housing Agency/Homeless Coordinating and
Financing Council

cc: Lourdes M. Castro Ramírez, Secretary
Business, Consumer Services and Housing Agency

Comment

CALIFORNIA STATE AUDITOR'S COMMENT ON THE RESPONSE FROM THE HOMELESS COORDINATING AND FINANCING COUNCIL

To provide clarity and perspective, we are commenting on the Homeless Coordinating and Financing Council's (homeless council) response to the audit. The number below corresponds to the number we have placed in the margin of its response.

Contrary to the homeless council's assertion, our report does not indicate that its action plan plays a vital role in mobilizing the diverse resources California commits in service of shared, coordinated response. Rather, as we state on page 18, the homeless council's action plan is not complete. Without a finalized and adopted statewide action plan that includes goals and timelines, addresses efforts to coordinate existing homelessness funding and services, and that is updated regularly, the homeless council is hindered from fulfilling its main purposes.

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CHRISTIAN M. CURTIS
County Counsel

CHARLOTTE E. SCOTT
Assistant County Counsel



Deputies

BRINA A. BLANTON
MATTHEW T. KIEDROWSKI
MICHAEL J. MAKDISI
SHANNON R. COX
JEREMY MELTZER
DANIKA L. MCCLELLAND
FERNANDO A. REYES

OFFICE OF THE COUNTY COUNSEL

January 19, 2021

Elaine M. Howle*
California State Auditor
621 Capitol Mall, Suite 1200
Sacramento, CA 95814

Re: Amended Response to Draft Report 2020-112 of the California State Auditor

Dear Ms. Howle:

On behalf of Mendocino County Health and Human Services (HHSA), which is the collaborative applicant for the Mendocino County Continuum of Care, we submit the enclosed Amended Response to the State Auditor's Draft Report Regarding Continuum of Care Agencies. This Amended Response is due to the additional recommendation provided by the State Auditor to Mendocino County on January 15, 2021.

By way of introduction to this response, Mendocino County HHSA serves as the Lead Entity and the Administrative Entity for the Mendocino County Homeless Services Continuum of Care (CoC). As such, staff within the Mendocino County HHSA are tasked with facilitating CoC Board meetings and activities, preparing and submitting grant applications and reports on behalf of the CoC, and providing general oversight and staff support to the CoC. The Board of the CoC, however, retains ultimate authority on decisions specific to CoC policies, practices, and procedures.

We sincerely appreciate the opportunity to review and respond to the draft Report. As reflected in the enclosed response, Mendocino County HHSA agrees with the formal recommendations, some of which are well under way, and others have been delayed primarily due to competing priorities for homeless services providers and Mendocino County HHSA in its ongoing response to the public health emergency relating to the COVID-19 pandemic. Mendocino County HHSA will endeavor to complete the recommended actions in the timelines provided by the State Auditor. Should you have any questions please contact Megan Van Sant, Senior Program Manager, Mendocino County Health and Human Services at (707) 463-7733.

Sincerely,

CHRISTIAN M. CURTIS
COUNTY COUNSEL

/s/ Charlotte E. Scott
CHARLOTTE E. SCOTT
Assistant County Counsel

Enclosures

501 LOW GAP ROAD, ROOM 1030, UKIAH, CALIFORNIA 95482
Telephone: (707) 234-6885 ~ Facsimile: (707) 463-4592 ~ Email: cocosupport@mendocinocounty.org

* California State Auditor's comment appears on page 77.



Mendocino County Health & Human Services Agency

Healthy People, Healthy Communities



Amended Response of Mendocino County Health and Human Services to the State Auditor's Draft Report 2020-112 Regarding Continuum of Care Agencies

Recommendation No. 1

To help ensure that it has adequate levels of services and service providers in its area to meet the needs of people who are experiencing homelessness, the County of Mendocino should coordinate with its CoC to ensure that the CoC annually conducts comprehensive gaps analysis in accordance with the plan it has developed under federal regulations. To be effective, the gaps analysis should consider whether adequate services are available in the areas where individuals are experiencing homelessness and contain strategies to address any deficiencies.

Response to Recommendation No. 1

Mendocino County HHS agrees that a gaps analysis is needed. Mendocino County HHS has begun collaboratively working with the CoC's Strategic Planning Committee to complete a gaps analysis. Mendocino County HHS staff have also requested the assistance of the designated Department of Housing and Urban Development (HUD) Technical Assistance Provider with completing a gaps analysis as an eligible applicant for the California Homeless Housing, Assistance Prevention (HHAP) Grant, Round 2 Funding Application, due for submission early this year (2021).

Recommendation No. 2

To ensure that they use the most effective method of identifying the individuals in their counties who are experiencing homelessness, the [County of] Mendocino should, by August 2021, coordinate with [its] CoC to conduct an analysis to determine if the use of a mobile application to conduct their 2022 PIT counts is feasible. By that same date, the County of Mendocino should also coordinate with its CoC to formalize and implement the CoC's process for collecting and responding to volunteer feedback after its PIT count.

Response to Recommendation No.2

Mendocino County HHS agrees that an analysis is needed to determine if the use of mobile application is feasible. Mendocino County HHS also agrees with the recommendation to collaborate with the CoC to create and implement a PIT Count volunteer feedback process for implementation following the 2022 PIT Count. The Mendocino CoC 2020 Point in Time Count Committee explored the option of using a mobile application to conduct its sheltered and/or unsheltered Point in Time (PIT) Count. Due to the lack of sufficient and equitable broadband internet access within the jurisdiction, the Committee determined at that time that current technology was not reliable enough to rely on electronic data collection alone and therefore, the Committee deferred to paper application. Mendocino County HHS will endeavor to complete an analysis of the feasibility of mobile application by the recommended timeline of August 2021. In the event that analysis concludes that mobile application is feasible, Mendocino County HHS may require additional time for implementation due to the ongoing response to the local and state public health emergency associated with the COVID-19 pandemic.

Recommendation No. 3

To comply with federal regulations and ensure that [the] CoC's decisions reflect a variety of perspectives, the [County] of Mendocino should, by August 2021, coordinate with [its] CoC to ensure that the CoC's board [is] representative of all relevant organizations.

Response to Recommendation No.3

Mendocino County agrees with this recommendation and the importance that its CoC reflect the perspective of all 16 categories of organizations and individuals required by the federal regulations. Therefore, Mendocino County will coordinate with its CoC on this recommendation to ensure the Board is representative of all required perspectives, including the two additional categories noted to be missing in the report.

Recommendation No. 4

To expand access into the coordinated entry process, the County of Mendocino should by August 2021, work with its CoC to establish an outreach team to assess the needs of individuals in rural communities who are homeless and to connect them to appropriate service providers.

Response to Recommendation No.4

Mendocino County HHSA agrees with this recommendation.

Recommendation No. 5

To ensure that individuals experiencing homelessness have adequate access to the coordinated entry process, the [County] of Mendocino should, by August 2021, coordinate with its CoC to assess the feasibility of establishing a dedicated telephone hotlines for providing information about available services, assessing individuals' needs, and referring those individuals to appropriate housing or homeless services providers.

Response to Recommendation No.5

Mendocino County HHSA agrees with this recommendation. Prior to receipt of this report of the State Auditor, Mendocino County coordinated with the CoC and recommended the CoC direct its Coordinated Entry System (CES) Lead Entity to establish a CES marketing plan which includes a toll-free hotline to provide access to information on available homeless services and CES referrals. The CoC has tasked the CES Lead Entity, which has conducted this feasibility study and is the process of drafting a marketing plan to include a toll-free hotline.

Recommendation No.6

To increase the efficiency of the coordinated entry process, the County of Mendocino should coordinate with its CoC to determine how long it takes to locate individuals after they have been matched with a service provider. Specifically, it should use the referral data that HUD required CoCs to collect as of October 2020 to determine if locating individuals after they have been matched with a service provider is a cause of delay in providing them with services. If it find[s] that excessive delays exist, the County of Mendocino should coordinate with its CoC to implement processes such as deploying a dedicated team to locate these individuals when appropriate housing and services become available.

Response to Recommendation No.6

Mendocino County HHSA agrees with this recommendation and, as the CoC's Homeless Management Information System (HMIS) Lead Entity, has requested the Mendocino CES Lead Entity complete locally defined CES HMIS Data Elements including to address whether there are delays in locating individuals after matching with a service provider, as required by the October 2020 HMIS Data Standards. Mendocino County HHSA is in communication with HUD regarding the delayed implementation of the 2020 CES Data Elements. Once the Data Elements are implemented, HMIS Data will allow the County and CoC to calculate this Data Element in future gaps analyses. In addition, if Mendocino County HHSA discovers that locating an individual is the cause of excessive delay, it will coordinate with its CoC to implement processes such as deploying a dedicated team to locate these individuals when appropriate housing and services become available.

Recommendation No.7

To ensure that it identifies the projects that offer the greatest possible benefits when ranking applications for CoC Program funds, the [County] of Mendocino should, by August 2021, coordinate with [its] CoCs to update the CoC's scoring tools and review-and-rank policies and procedures to give new and renewal projects an equal opportunity to receive federal funding.

Response to Recommendation No.7

- ① Mendocino County HHSA agrees with this recommendation. Prior to receipt of this report of the State Auditor, Mendocino County HHSA implemented these changes to the CoC scoring tools. The revised scoring tools were used during the review-and-rank process for the recent 2021 ESG CARES Act funding allocation process.

Comment

CALIFORNIA STATE AUDITOR'S COMMENT ON THE RESPONSE FROM THE COUNTY OF MENDOCINO

To provide clarity and perspective, we are commenting on the County of Mendocino's (Mendocino) response to the audit. The number below corresponds to the number we placed in the margin of its response.

Mendocino describes actions that it has taken. However, it has not shared specific information regarding those actions, so we could not validate their assertion. We look forward to reviewing its progress as part of our regular follow up process.

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OFFICE OF COUNTY COUNSEL
COUNTY OF RIVERSIDE

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January 14, 2021

VIA EMAIL ONLY

Elaine M. Howle, State Auditor*
621 Capitol Mall, Suite 1200
Sacramento, California 95814

RE: *Homelessness in California: Continuum of Care Agencies
Report 2020-112, February 11, 2021*

Dear Ms. Howle:

The County of Riverside, as the Collaborative Applicant, and the Riverside County Continuum of Care (Riverside CoC) appreciate the opportunity to provide comments and address the recommendations outlined in the California State Auditor's (CSA) Audit Report entitled "Homelessness in California" regarding Continuum of Care agencies. As counsel for both the County of Riverside and the Riverside CoC, I have been asked to respond on behalf of my clients. The responses below were prepared by Collaborative Applicant staff in consultation with the Riverside CoC Board of Governance.

Recommendation 1:

To help ensure that they have adequate levels of services and service providers in [its] area to meet the needs of people who are experiencing homelessness, the [County] of Riverside should coordinate with [its] CoC to ensure that the CoC annually conduct[s] a comprehensive gaps analysis in accordance with the plan [it has] developed under federal regulations. To be effective, the gaps analyses should consider whether adequate services are available in the areas where individuals are experiencing homelessness and contain strategies to address any deficiencies.

Riverside CoC Response to Recommendation 1:

Concur. As recognized in the Audit Report, HUD has not yet provided detailed guidance on conducting a comprehensive gaps analysis. In May 2020, prior to the Audit Report, the Riverside CoC began work to conduct a comprehensive gaps analysis in accordance with federal regulations on an annual basis. The Riverside CoC has contracted with Lesar Development Consultants as part of its Strategic Planning Process and plans to complete a gaps analysis as early as July 2021.

Recommendation 2:

To ensure that [it] adequately identif[ies] [its] long-term strategies to address homelessness, the [County] of Riverside should coordinate with [its] CoC to implement a planning process and develop a comprehensive plan that meets all federal requirements by August 2021. The planning

* California State Auditor's comment appears on page 83.

Elaine M. Howle, State Auditor
January 14, 2021
Page 2

process should ensure that the CoC update[s] [its] comprehensive plans at least every five years.

Riverside CoC Response to Recommendation 2:

Partially Concur. While the Riverside CoC has been using the County of Riverside's 2018 Action Plan to address homelessness as a guide for its strategies regarding homelessness, the Riverside CoC is developing its own Homeless Action Plan that it intends to complete as early as July 2021 which it will then review and update on a regular cycle though HUD does not specify how frequently a CoC should update its plans. In the interim, as recognized in the Audit Report, the County of Riverside's 2018 Action Plan contains most of the required strategies in federal regulations. During the Homeless Action Plan development process, the CoC plans to comply with all required federal strategies.

Recommendation 3:

To increase the efficiency of the coordinated entry process, the County of Riverside should coordinate with its CoC to determine how long it takes to locate individuals after they have been matched with a service provider. Specifically, it should use the referral data that HUD required CoCs to collect as of October 2020 to determine if locating individuals after they have been matched with a service provider is a cause of delay in providing them with services. If it finds that excessive delays exist, the County of Riverside should coordinate with its CoC to implement processes such as deploying a dedicated team to locate these individuals when appropriate housing and services become available.

Riverside CoC Response to Recommendation 3:

Concur. The Riverside CoC intends to use its Homeless Management Information System (HMIS) system and Coordinated Entry System (CES) to measure this indicator and implement processes, as needed, to improve housing connections.

Recommendation 4:

To ensure that it identifies the projects that offer the greatest possible benefits when ranking applications for CoC Program funds, the [County] of Riverside should, by August 2021, coordinate with [its] CoC to update the CoC's scoring tools and review-and-rank policies and procedures to give new and renewal projects an equal opportunity to receive federal funding.

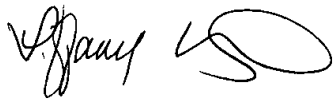
Riverside CoC Response to Recommendation 4:

① Partially disagree and concur. The Riverside CoC disagrees with the Audit Report's statement that Riverside CoC's lacks adequate processes for reviewing and ranking project applications for CoC Program funding. The Riverside CoC further disagrees that its policies are not adequate to ensure that it consistently prioritizes the projects that are likely to be the most effective. There is value to funding established, effective renewal projects. As recognized in the Audit Report, the Riverside CoC partially agrees that it needs to assess its review and rank policies and scoring tools to evaluate new and renewal projects in the same manner in accordance with HUD guidance and regulations.

Elaine M. Howle, State Auditor
January 14, 2021
Page 3

If you have any questions about the responses in this letter, please do not hesitate to contact Tanya Torno at (951) 955-7728 or ttorno@rivco.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Tiffany N. North", followed by a large, stylized circular flourish.

TIFFANY N. NORTH
Assistant County Counsel

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Comment

CALIFORNIA STATE AUDITOR'S COMMENT ON THE RESPONSE FROM THE COUNTY OF RIVERSIDE

To provide clarity and perspective, we are commenting on the County of Riverside's (Riverside) response to the audit. The number below corresponds to the number we have placed in the margin of its response.

We disagree with Riverside's contention that the Riverside CoC has adequate processes and policies for reviewing and ranking project applications for CoC Program funding. As we state on page 45, the Riverside CoC prioritizes awarding funding to renewal projects over new projects, even if the new projects receive higher scores. Therefore, we stand by our recommendation that Riverside should coordinate with the Riverside CoC to update its scoring tools and review-and-rank policies and procedures to give new and renewal projects an equal opportunity to receive federal funding.

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February 2021

COUNTY OF SANTA BARBARA

Michael C. Ghizzoni
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Scott Greenwood
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COUNTY COUNSEL

January 14, 2021

Via Encrypted Electronic Mail

Elaine M. Howle*
California State Auditor
C/O Kris Patel
Krisp@auditor.ca.gov

Re: Santa Maria/Santa Barbara County Continuum of Care Draft Report

Dear Ms. Howle:

Thank you for the opportunity to review and comment on the draft report regarding the Santa Maria/Santa Barbara Continuum of Care (CoC).

We believe that the CoC is in substantial compliance with all applicable statutory, regulatory and programmatic requirements for the Continuum of Care Program. The County appreciates and intends to implement the report's recommendations, however, as best practices.

County staff authorized to view the draft report have indicated that the following actions are planned or already have taken place:

- The Collaborative Applicant and Coordinated Entry System Lead will implement comprehensive tracking of the time from coordinated assessment to referral and housing to measure progress in expediting placement.
- The Homeless Management Information System Lead Agency will continue to work diligently to increase bed coverage and already has added homeless service agencies this year with beds.
- The Collaborative Applicant is requesting templates from other communities whose gaps analysis quantifies service gaps in order to include in the 2021 analysis.
- The Collaborative Applicant will propose a revision to the Governance Charter to add a university representative to the CoC Governing Board set roster.

* California State Auditor's comments begin on page 87.

Page 2

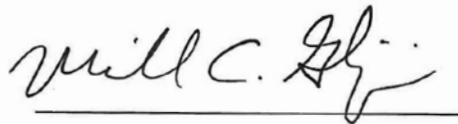
- The CoC has outreach teams that reach the full CoC service area and, in February 2021, the County BOS will consider approving contracts that will increase funding for “street outreach.”

As a response to the Draft Report, the County asks that you note the following in the Final Report:

- ① • HUD regulations do not specifically require a representative from a university to serve on the CoC Board. HUD regulations only designate one specific required seat (a homeless or formerly homeless individual) and otherwise requires only that the Board be “representative of the relevant organizations” and selected in accordance with approved procedures. (24 CFR 578.5 & 578.7.)
- ① • Seats on the Santa Maria/Santa Barbara Continuum of Care Board are designated in the Governance Charter and include many of the HUD-suggested representative organizations. Board members are elected by the Continuum of Care’s general membership. The Collaborative Applicant submits the governance charter and roster as part of the annual HUD CoC Competition and no deficiencies have been noted.
- ② • While HUD does not specifically provide guidance on how to complete the gaps analysis, the County of Santa Barbara, as the designated Collaborative Applicant, uses recommended tools and a HUD Technical Assistance provider to assist with completing the gaps analysis.

Please let me know if you have any questions or comments.

Sincerely,
MICHAEL C. GHIZZONI
COUNTY COUNSEL



Michael C. Ghizoni

Comments

CALIFORNIA STATE AUDITOR'S COMMENTS ON THE RESPONSE FROM THE COUNTY OF SANTA BARBARA

To provide clarity and perspective, we are commenting on the County of Santa Barbara's (Santa Barbara) response to the audit. The numbers below correspond to the numbers we have placed in the margin of its response.

Santa Barbara has misinterpreted federal regulations regarding the CoC's board representation. Beginning on page 37, we describe that federal regulations require CoC boards to be representative of 15 types of relevant organizations, including colleges, within the CoC's area. As shown in Table 3 on page 38, we found that the Santa Barbara CoC's board lacks this college representative. Notwithstanding the county's assertion that HUD has not noted any deficiencies in the CoC's board membership, this does not absolve the CoC from complying with federal regulations. In fact, Santa Barbara's response indicates that it agrees with our recommendation and will propose a revision to the CoC's charter to add a university representative to the CoC's board.

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We evaluated the gaps analysis of the five CoCs, including Santa Barbara, against best practices because federal regulations do not have specific requirements. As we describe on page 31, Santa Barbara's gaps analysis did not adequately address whether it has a sufficient number and appropriate types of service providers to meet the needs of people experiencing homelessness, which is contrary to best practices. Therefore, we stand by our recommendation that Santa Barbara coordinate with the Santa Barbara CoC to ensure that it annually conducts a comprehensive gaps analysis.

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**OFFICE OF THE COUNTY COUNSEL
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VIA EMAIL

Elaine Howle*
California State Auditor
621 Capitol Mall
Suite 1200
Sacramento, CA 95814

January 21, 2021

Re: California State Auditor report regarding Santa Clara County Continuum of Care

Dear Ms. Howle:

Attached please find the County of Santa Clara's responses to the portions of the California State Auditor's report relating to the Santa Clara County Continuum of Care. The responses are based both on the draft report provided to the County of Santa Clara on January 8, 2021 and subsequent correspondence between the County of Santa Clara and the California State Auditor. In that verbal and written correspondence, the State Auditor's office agreed to modify certain statements in the report for accuracy, and the attached responses reflect those agreed-upon modifications.

Very truly yours,

JAMES R. WILLIAMS
County Counsel

A handwritten signature in cursive script that reads "Zoe E. Friedland".

ZOE E. FRIEDLAND
Deputy County Counsel

* California State Auditor's comments begin on page 93.

Santa Clara County Continuum of Care Responses to California State Auditor Report**January 21, 2021****Recommendation from the State Audit Report (Page 33)**

“To help ensure that [it has] adequate levels of services and service providers in [its] area to meet the needs of people who are experiencing homelessness, the [County] of Santa Clara should coordinate with [its] CoC to ensure that the CoC annually conducts a comprehensive gaps analysis in accordance with the plan [it has] developed under federal regulations. To be effective, the gaps analyses should consider whether adequate services are available in the areas where individuals are experiencing homelessness and contain strategies to address any deficiencies.”

Santa Clara County Continuum of Care Response

- ① The Santa Clara County CoC conducts an annual gaps analysis in compliance with its regulatory obligations. The Continuum of Care Program regulations state that the “Continuum must develop a plan that includes” “[c]onducting an annual gaps analysis of the homeless needs and services available within the geographic area.” 24 CFR § 578.7(c). The regulation is silent on the details of how the gap analysis should be conducted, leaving the scope, method, and format of the gaps analysis to the discretion of the Continuum of Care Program.

The Santa Clara County CoC complies fully with the relevant regulation. The CoC’s gaps analysis plan provides that the gaps analysis is conducted through workgroups and annual reporting functions. This process includes:

- Annual Coordinated Assessment System Evaluation
- Annual System Performance Benchmark Setting Process
- Annual State of Supportive Housing System Report
- Monthly Supportive Housing System Dashboard Reports

These reports and processes consist of analyses of the homelessness needs, including, but not limited to, the number of people experiencing homelessness, estimates of the level of housing intervention needed for individuals experiencing homelessness, the living situation of households experiencing homelessness, and the demographic characteristics of the homeless population. The reports also include an analysis of the services available, including, but not limited to, the capacity and utilization of programs and the population served by programs across the County. These reports also include recommendations on how to address any identified gaps as well as strategies to improve programming and services.

Additionally, the planning and implementation of the Community Plan to End Homelessness includes regular assessment of gaps and strategies to address those gaps. The CoC’s process of continually reviewing gaps, as well as system and program outcomes across workgroups and the Board, ensures that leadership and program staff fully understand the effectiveness and breadth of its homeless programs, empowering the CoC to make real time changes to improve services and outcomes instead of making decisions on stale data and findings that may no longer be applicable or relevant to the population being served. The Santa Clara County CoC designed this

approach to the gaps analysis to ensure that the practice of addressing identified gaps is a regular part of strategic planning and integrated into ongoing system improvement efforts.

Recommendation from the State Audit Report (Page 33)

“To ensure that [it] use[s] the most effective method of identifying individuals in [its county] who are experiencing homelessness, the [County] of Santa Clara should, by August 2021, coordinate with [its] CoC to conduct an analysis to determine if the use of a mobile application to conduct [its] 2022 PIT count is feasible.”

Santa Clara County Continuum of Care Response

As communicated previously, the Santa Clara County CoC will be offering a mobile application for its next PIT Count, after conducting a thorough planning process for the rollout of the mobile application. After conducting the next count using a mobile application, the CoC will assess the efficiency, accuracy, and efficacy of the modified process as compared to the current workflow to determine the best approach going forward. It is currently unknown whether the use of a mobile application will serve as the most effective means for conducting a PIT count with the population being served due to limited access to and discomfort with the technology.

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Comments

CALIFORNIA STATE AUDITOR'S COMMENTS ON THE RESPONSE FROM THE COUNTY OF SANTA CLARA

To provide clarity and perspective, we are commenting on the County of Santa Clara's (Santa Clara) response to the audit. The numbers below corresponds to the numbers we have placed in the margin of its response.

We evaluated the gaps analysis of the five CoCs, including Santa Clara CoC, against best practices because federal regulations do not have specific requirements. Based on these best practices, we determined that Santa Clara CoC does not take a comprehensive approach to performing a gaps analysis, as we state on page 30. For example, we found that its coordinated assessment work group's analysis focuses solely on the CoC's coordinated entry process. However, this group's analysis does not comprehensively identify services that are needed but not available within the CoC's area. Therefore, we stand by our recommendation that Santa Clara work with its CoC to annually conduct a comprehensive gaps analysis that aligns with the best practice to consider whether adequate services are available in the areas where individuals are experiencing homelessness and that contains strategies to address any deficiencies.

①

We look forward, as part of our regular follow up process, to reviewing Santa Clara's assessment of the use of a mobile application to conduct PIT counts compared to its current process to determine the best approach going forward.

②