SACRAMENTO STEPS FORWARD
Ending Homelessness. Starting Fresh.

System Performance Committee (SPC) Meeting Agenda
Thursday, April 22, 2021 ‖ 9:00 AM – 10:15 AM

Zoom Meeting **Meeting ID:** 851 2539 3984 || **Passcode**: 304090

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Agenda Item	Presenter(s):	Time	Item Type
I. Welcome	Lisa Bates & Stefan Heisler (Co-Chairs)	9:00 AM (5 minutes)	Information
II. SPC Co-Chair and Member Solicitation	Stefan Heisler	9:05 AM (5 minutes)	Information
III. Approval of 2/25/21 Meeting Minutes	Stefan Heisler	9:10 AM (5 minutes)	Action
IV. Approval of 3/25/21 Meeting Minutes	Stefan Heisler	9:15 AM (5 minutes)	Action
V. Gaps Analysis: Report Acceptance	Stefan Heisler	9:20 AM (20 minutes)	Action
VI. SPC Workplan	Lisa Bates	9:40 AM (30 minutes)	Discussion
VII. Announcements			
VIII. Meeting Adjourned **Next SPC Meeting: Thursday, June 24th, 2021 (9:00 AM - 11:00 AM)**			

If you have any questions or would like more information about this meeting, contact Scott Clark, Systems Performance Analyst with Sacramento Steps Forward at sclark@sacstepsforward.org.

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Agenda Item III

Revised February 25th, 2021 SPC Minutes

Homebase

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System Performance Committee (SPC) Meeting Minutes
Thursday, February 25th, 2021 ‖ 9:00 AM – 11:00 AM

Recording of Zoom Meeting (with chat):
https://homebaseccc.zoom.us/rec/play/N9C2gUveq3GQBPi7dRnhN2QnI6TCbA9lBO0f0XX9BZBr1A02u-Etbk0mNEZxYm0qicPITr6zIKRPGzTT.ITQAo79qKKCMy-zX?continueMode=true

Attendance:

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

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

Monica Rocha-Wyatt	Mental Health	Yes
Stefan Heisler, Co-Chair	**City of Rancho Cordova**	**Yes**
Sarah O'Daniel	Housing Authority	No

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

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

Agenda Item	Presenter(s):	Time	Item Type
I. Welcome	Lisa Bates & Stefan Heisler (Co-Chairs)	9:00 AM (15 minutes)	Information
Stefan explained today's meeting will focus on understanding the content of the Gaps Analysis. The March meeting will focus on current efforts around the recommendations and how the SPC will use the GapsAnalysis moving forward.			

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

II. Gaps Analysis Key Findings	Jessie Hewins, Collin Whelley, Maddie Nation, Bridget Kurtt DeJong, Homebase	9:15 AM (45 minutes)	Information
The Homebase team provided a high-level overview of the structure, recommendations, and analysis included in the Gaps Analysis.			
III. Questions & Answers to Understand the Gaps Analysis	Jessie Hewins, Collin Whelley, Maddie Nation, Bridget Kurtt DeJong	11:00 AM (50 minutes)	Discussion

The Homebase team answered questions about the Gaps Analysis, documented in the supporting materials (video recording, chat log).

The following questions were deferred to the March meeting of the Systems Performance Committee:

- Which communities are doing the recommendations around blending data (warehouse, etc.)?
- Re: future work/planning: IS SSF equipped to continue the gaps analysis going forward (is the methodology easily replicable)? Similarly, is SSF equipped to follow up on the recommendations re: improving data?
- Deeper dive: How do we improve our ability to use HMIS data to improve programs and system?
- Who are the players in decision making for more affordable housing?
- What does the committee does with the document -approve? adopt?
- While we know that RRH is an effective model to get people off of the streets rapidly - has data (nationwide) shown that it can actually be an effective model for getting people into housing that they can then sustain on their own once the RRH support ends?
- Do we know why families with children underperform?
- Is there a way to utilize HUD or some other type of funding to offer access, training and support so that non-HUD funded programs (which I believe are themajority of programs offering these services) can access HMIS?

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

IV. Looking Forward	Lisa Bates & Stefan Heisler	10:50 AM (10 minutes)	Discussion
Stefan asked SPC members to review the Gaps Analysis with special attention to the strategies associated with each recommendation before the next meeting. If members of the committee have any questions about the Gaps Analysis, please reach out to Scott Clark (sclark@sacstepsforward.org).			
V. Announcements: None			
VI. Meeting Adjourned **Next SPC Meeting: Thursday, March 25th, 2021 (9:00 AM - 11:00 AM)**			

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

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Agenda Item IV

- March 25th, 2021 SPC Minutes
- March 25th, 2021 SPC Gaps Analysis Facilitated Discussion Notes

System Performance Committee (SPC) Meeting Minutes
Thursday, March 25th, 2021 ‖ 9:00 AM – 11:00 AM

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

Attendance:

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

If you have any questions or would like more information about this meeting, contact Scott Clark, Systems Performance Analyst with Sacramento Steps Forward at sclark@sacstepsforward.org.

Monica Rocha-Wyatt	Mental Health	Yes
Stefan Heisler, Co-Chair	**City of Rancho Cordova**	Yes
Sarah O'Daniel	Housing Authority	No

Also attending: Barbara, Danielle Foster (City of Sacramento), Emily Halcon (Sacramento County), Janel Fletcher (Shelter Inc), Karri Eggers (Shelter Inc), Julie Hirota (St. John's), Susan Wies.

SSF Staff	SSF Title
Christina Heredia	Referral Specialist
Hannah Beausang	Communications Manager
Lisa Bates	Chief Executive Officer
Michelle Charlton	CoC Coordinator
Peter Bell	Coordinated Entry Systems Program Manager
Scott Clark	Systems Performance Analyst
Homebase	
Bridget Kurtt DeJong	

Agenda Item	Presenter(s):	Time	Item Type
I. Welcome	Lisa Bates & Stefan Heisler (Co-Chairs)	9:00 AM (5 minutes)	Information
Stefan welcomed all and started the meeting at 9:04am.			

II. Approval of 2/25/21 Meeting Minutes	Stefan Heisler	9:05 AM (5 minutes)	Action
Minutes were deferred to the next meeting with the request to address the level of detail regarding questions and answers.			
III. Gaps Analysis: Recap and Clarifications	Bridget Kurtt DeJong, Homebase	9:10 AM (10 minutes)	Information
Bridget reviewed the Executive Summary provided in the meeting materials and addressed questions that were not answered at the 2/25/21 SPC meeting.			
IV. Gaps Analysis: Intersection with Ongoing and Upcoming Work	Scott Clark, SSF Systems Performance Analyst	9:20 AM (10 minutes)	Information
Scott described the draft Gaps Analysis Intersection matrix provided in the meeting materials. Created by SSF, the matrix shows the intersection between the Gaps Analysis recommendations, the CoC's ongoing and upcoming work, and the 2018 Homeless Plan.			
V. Gaps Analysis: Reactions to Recommendations	Stefan Heisler	9:30 AM (60 minutes)	Discussion
Stefan provided an overview of the meeting's structured discussion. During the discussion, committee members were asked to respond to specific questions posed by Stefan. Questions and responses are documented in a separate document "Gaps Analysis SPC Discussion 3.24.21."			
VI. Gaps Analysis: Report Next Steps	Stefan Heisler	10:30 AM (20 minutes)	Action

Stefan recommended that the SPC take action to accept the Homebase Gaps Analysis. Committee members asked for additional clarification of the following items before taking action:

- 61 access points (all housing programs)
- 52 unique access points (non-CE housing programs)
- 112 shelter and housing programs
- 14,000 additional housing resources

Stefan asked SPC members to send SSF any additional outstanding questions, comments, or suggestions to Scott Clark following the meeting.

VII. Refinement of Quantification of the Housing/Shelter Gap	Scott Clark	10:40 AM (10 minutes)	Information

Scott commented on SSF's capability to conduct a future Gaps Analysis. An analysis as in-depth and lengthy as Homebase's report may not be possible to repeat on an annual basis, but may also not be necessary. Methodologies used by other CoCs and other alternative approaches are under review, with more information to be presented at a later meeting.

VIII. Announcements - None.

IX. Meeting Adjourned at 11:01am.

Next SPC Meeting: Thursday, April 22th, 2021 (9:00 AM - 11:00 AM)

March 2021 SPC Gaps Analysis Facilitated Discussion Notes

What stood out to you in the Gaps Analysis?

- Small % of housing in CE
- Confirms things we already know, need to align different systems to better serve
- Confirms things we already know, and that we have taken some steps to address, but don't have right people at table or political will
- We need deeper understanding of how housing programs work (52 programs?)
- Systems developed in good faith, but in silos, now figure out similarities and connections to increase effectiveness
- Misleading table about number of housing available, not sure how sources/numbers fit together in that same section
- Front door coverage issue, not enough coverage and difficult to navigate
- The number of RRH and PSH that we are short
- Limited coordination of data collection
- Surprised not to see more specificity on services that address conditions that parallel some groups in the unsheltered community. Especially AOD and Developmentally Delayed Adults.
- Was glad to see prevention called out in the analysis

Regarding the Gaps Analysis report, what do you like/dislike, excited/disappointed, inspired by/doubtful of? How would you describe it as an image?

- Feel vindicated - lack of low income housing a root issue / wish better way to message work to elected officials / Titanic movie poster (not enough life boats)
- Like report structure at front of each section / effort column packs too much together (e.g., who responsible?) / Bar chart of capacity vs need (scale of problem)
- Grateful for data that backs up what people are saying / frustrating took so long to get to this space / hopeful that we can use to serve the needs of the people / confused why not looking more at poverty
- After a lot of years of trying, good we have a gaps analysis / others need to look at it (funders) / Scene from the movie the Conversation (man experiencing elements out of his control, controlled by other powerful people)
- Like seeing data from HMIS and powerful to use / not sure it's our document / another document on bookshelf
- Reflecting things we know, actionable / how to get it in right hands to make change / filling in Grand Canyon and need powerful people with big shovels to help
- Image: Hierarchy of needs (1st layer food/shelter) and this is the second layer / we need linkages (data) to address the needs
- Like we now have a gaps analysis / hopefully not the end / trailhead with many different paths
- Concern about message of final item on family/equity

Does the Gaps Analysis report capture our gaps at some level? What do you find most valuable about this document?

- Yes - The recommendations. I think there has been enough talk over the years and we need to move to action

- Yes - We now have some gaps to speak to, dig deeper on, communicate with the broader community.
- yes 2. something for everyone is in here
- Yes - Section 4 is the most important since we haven't had anything except the PIT before. Beginning to distinguish between levels of support needed is another "new" piece of information.
- that it can start conversations, data backs up what we all suspected
- the most important gap is between household income and housing cost. not sure that is adequately called out.
- Yes - agree on start the elected conversation on paying attention to system level work and can lead to potential aligned strategy
- recommendation #1 looks great for high impact...more units!
- Valuable as it offers a great deal of validation and consistent talking points for all as well as offering some places where we need to dig deeper to create more mutual understanding

Is the Exec Summary the right thing to present to CoC Board? Other aspects to recommend to Board?

- Exec Summary is a strategic/framing focus vs data, think data piece needs more digestion
- If want to use it as a guide, we need to understand it better, prioritize
- Definitely more digestion, not worried about what is says, but what we want it to say/message
- Modify report slightly, determine which items we support, accept as consultant report but then action is up to us
- Concerns about some numbers and public response could undercut efforts, clarify is a consultant report
- Advance report and have higher level (CoC board) identify prioritization when released
- Don’t think the summary and report should be separated

Other related comments

- Identify a few things for us to focus on, push the related entities on these things
- How do we go to another system and tell them to do something without engaging first, what do we have power over, pushing others vs working on what we can control
- Being able to present more information to decision makers is a need
- Future meeting to explore root causes and strategies for intervention

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Agenda Item V

- ## Homebase Gaps Analysis Final Data Dive

  This document addresses the issues identified for follow up at the March meeting.

- ## Revised Gaps Analysis

  The Gaps Analysis was updated with the following changes:

  - On pg 4, revised and removed the reference to the 11,000 HCVs in the exec summary
  - On pg 25, opted to remove the table with the dedicated and additional housing resources instead of just removing the non-dedicated column because already had the dedicated numbers in the table above.
  - On pg 24, revised the paragraph above the table to remove the reference to HCVs.
  - On pg. 27, also revised the section about dedicating more HCVs to create new PSH to remove the references to the 11,000 number but otherwise left that intact.
  - Added paragraph as a footnote on page 14 and at the top of Appendix E:

    Sacramento does not have a community-wide definition of an access point. Access point is used in this report to represent an assessment point or referral partner that serves as a required initial point of contact to get into a program. Most access points are at the point of an assessment being conducted such as the VI-SPDAT for Coordinated Entry or LOCUS assessment for Behavioral Health. The other access points are through specific referral partners designated to provide referrals such as SHRA administered Shelters, or County Flexible Housing Program. Homebase worked with staff at each system partner to identify a list of access points.

Gaps Analysis Final Data Dive

61 access points (all housing programs)

- Gaps Analysis Reference: "There are 112 different shelter and housing programs serving people experiencing homelessness in Sacramento County, and 61 different access points for housing programs." (pg. 4)
    - Refers to the **total number of access points for all housing programs** (rapid re-housing, permanent housing, permanent supportive housing) in Sacramento (inclusive of CE and non-CE participating programs)
- Source: Surveys distributed to HMIS, HIC, and SPC-identified programs in early 2020, as well as interviews with systems partners – DHA, BHS, SHRA, and SSF. More detailed information about programs can be found in the CE, DHA, BHS, and SHRA Systems Maps.
- List of Access Points: Appendix E of the Gaps Analysis

52 unique access points (non-CE housing programs)

- Gaps Analysis Reference: "Only 26% of permanent supportive housing beds and 12% of rapid rehousing beds dedicated to individuals experiencing homelessness are accessed through Coordinated Entry. The remaining beds dedicated to individuals experiencing homelessness are accessed through 52 unique access points, including street outreach teams, emergency shelters, day centers, information hubs, and community partners – none of which provide access to all housing programs across the various funders and systems." (pg. 14)
    - Refers to the **access points used by housing programs not accessed through Coordinated Entry**
- Source: Surveys distributed to HMIS, HIC, and SPC-identified programs in early 2020, as well as interviews with systems partners – DHA, BHS, and SHRA. More detailed information about projects not accessed through Coordinated Entry in the DHA, BHS, and SHRA Systems Maps.
- Access Points:
    1. AB 109 Re-Entry Specialists
    2. Berkeley Food & Housing Project
    3. Capital Stars
    4. City of Citrus Heights
    5. City of Elk Grove
    6. City of Rancho Cordova
    7. City of Sacramento
    8. Community Against Sexual Harm
    9. Consumer Self Help Center
    10. Consumnes River College
    11. Downtown Streets Team
    12. El Hogar Community Services

13. First Step Communities
14. Hope Cooperative/TLCS
15. Human Resources Consultant
16. Intake Stabilization Unit
17. Juvenile Justice Diversion & Treatment Program
18. Lifesteps
19. Lutheran Social Services
20. Mather Drop-In VA Clinic
21. Mental Health Urgent Care Clinic
22. Nation's Finest
23. Next Move
24. Prevention & Early Intervention Programs
25. SacEDAPT Clinic
26. Sacramento County Adult Protective Services
27. Sacramento County Child Protective Services
28. Sacramento County Community Support Team
29. Sacramento County Dept of Human Assistance Bureaus
30. Sacramento County Dept of Human Assistance Homeless Services Division
31. Sacramento County HSP Social Workers
32. Sacramento County Intensive Placement Team
33. Sacramento County Mental Health Access Team
34. Sacramento County Public Defender's Office
35. Sacramento County Sheriff's Office Homeless Outreach Team (HOT)
36. Sacramento Covered
37. Sacramento Mobile Crisis Team
38. Sacramento Regional Conservation Corp
39. Sacramento Self Help Housing
40. Sacramento Steps Forward
41. SAFE Program
42. Salvation Army
43. Shelter, Inc.
44. Sunburst Projects
45. Turning Point Community Programs
46. Veterans Administration
47. Volunteers of America
48. Waking the Village
49. Wellness & Recovery
50. WellSpace Health
51. Wind Youth Services

52. Youth Detention Facility

112 shelter and housing programs

- Gaps Analysis Reference: "There are 112 different shelter and housing programs serving people experiencing homelessness in Sacramento County." (pg. 4)
- Source: March 2020 HMIS, 2020 HIC, and SPC-identified programs
- Calculation Notes: When relevant, Homebase staff exercised discretion in combining programs operated at a single site that had been listed multiple times in HMIS or the HIC (e.g., Mather Veterans Village 1, 2, and 3 were counted as one housing program with multiple providers).
- Programs:
    - Housing Programs:
        1. Cottage Housing – Quinn (PSH)
        2. VA – VASH Vouchers (PSH)
        3. Lutheran Social Services – Achieving Change Together (ACT) (PSH)
        4. Lutheran Social Services – Building Bridges (PSH)
        5. Lutheran Social Services, Turning Point, WellSpace Health – Mutual Housing at the Highlands (PSH)
        6. Lutheran Social Services – Saybrook (PSH)
        7. Mercy Housing – Ardenaire Apartments (PSH)
        8. Mercy Housing – Courtyard at Orange Grove (PSH)
        9. Mercy Housing, SHRA – Mercy Blvd Court (Budget Inn) (PSH)
        10. Mercy Housing, Nation's Finest – Mather Veteran's Village 1, 2, 3 (PSH)
        11. Mercy Housing, Cottage Housing – McClellan Park (Serna Village) (PSH)
        12. Mercy Housing – Mercy 7th and H (PSH)
        13. Mercy Housing – MLK Village (King Project) (PSH)
        14. Next Move – Home at Last (PSH)
        15. Next Move – Omega (PSH)
        16. Next Move – Step Up Sacramento (PSH)
        17. Sacramento County DHA – Flexible Supportive Re-Housing Program (PSH)
        18. Sacramento Self Help Housing – Building Community (PSH)
        19. Sacramento Self Help Housing – Friendship Housing (PSH)
        20. Sacramento Self Help Housing – Shared Community (PSH)
        21. Sacramento Self Help Housing – New Community (PSH)
        22. SHRA – Shasta Hotel (PSH)
        23. SHRA – Shelter Plus Care TBRA (PSH)
        24. TLCS/Hope Cooperative – Co-Ops (PSH)
        25. TLCS/Hope Cooperative – Hotel Berry (PSH)
        26. TLCS/Hope Cooperative – New Direction (PSH)
        27. TLCS/Hope Cooperative – PACT PHP (PSH)
        28. Turning Point – Pathways to Success Scattered Site (PSH)
        29. Turning Point, YWCA – YWCA (PSH)

30. Volunteers of America – ReSTART (PSH)
31. Berkeley Food and Housing – Roads Home (RRH)
32. El Hogar – Regional Support Team (RRH)
33. Lutheran Social Services – Connections (RRH)
34. Lutheran Social Services – City Pathways Program (RRH)
35. Nation's Finest – Sacramento SSVF (RRH)
36. Sacramento County DHA – Family Stabilization Program (RRH)
37. Sacramento County DHA, BHS – Flexible Housing Pool (RRH)
38. Sacramento County DHA – Housing and Disability Advocacy Program (RRH)
39. Sacramento County DHA – Housing Support Program (RRH)
40. Sacramento Covered – City Pathways Program (RRH)
41. Sacramento Self Help Housing – Capitol Park Re-Housing (RRH)
42. Sacramento Self Help Housing – City Pathways Program (RRH)
43. St. John's – Independent Housing Partnership (RRH)
44. SHRA – Family Unification Program (RRH)
45. SHRA – P3 (RRH)
46. TLCS/Hope Cooperative, Wind Youth – Possibilities (TH-RRH)
47. Visions Unlimited – Regional Support Team (RRH)
48. Volunteers of America – Bringing Families Home (RRH)
49. Volunteers of America – Capitol Park Hotel Re-Housing (RRH)
50. Volunteers of America – City of Sacramento ESG (RRH)
51. Volunteers of America – Sacramento County ESG (RRH)
52. Volunteers of America – State Countywide ESG (RRH)
53. Volunteers of America – SSVF (RRH)

- Shelter Programs:
  54. A Community for Peace – DV Emergency Shelter (ES)
  55. Bishop Gallegos Maternity Home (ES)
  56. Family Promise of Sacramento – Family Promise Center (ES)
  57. Francis House Center – Family Rescue Program (ES)
  58. First Step Communities – Emergency Bridge Housing (ES)
  59. Loaves & Fishes – Sister Nora's Place (ES)
  60. Midtown Churches – Pilgrimage (ES)
  61. My Sister's House – DV Emergency Shelter (ES)
  62. Next Move – County Emergency Family Shelter (ES)
  63. Next Move – Mather Singles Interim Housing (ES)
  64. Next Move – Meadowview Re-Housing Shelter (ES)
  65. Sacramento LGBT Center – Host Homes Pilot Program (ES)
  66. Sacramento LGBT Center – Short Term Transitional Emergency Program (ES)
  67. Sacramento Self Help Housing – Carmichael Winter Sanctuary (ES)
  68. Sacramento Self Help Housing – Citrus Heights HART (ES)
  69. Sacramento Self Help Housing – City Scattered Site (CSS) Shelter (ES)
  70. Sacramento Self Help Housing – Elk Grove Winter Sanctuary (ES)

71. Sacramento Self Help Housing – Folsom Winter Shelter (ES)
72. Sacramento Self Help Housing – Rancho Cordova Winter Sanctuary (ES)
73. Sacramento Self Help Housing – Sacramento County Re-Housing Shelter (ES)
74. St. John's – Independent Housing Partnership (ES)
75. Salvation Army – SA Veteran Emergency Shelter (ES)
76. Salvation Army – SHRA Emergency Shelter (Lodge) (ES)
77. Shelter Inc – North 5th Navigation Center (ES)
78. TLCS/Hope Cooperative – Palmer Apartments (ES)
79. Union Gospel Mission – Emergency Shelter (ES)
80. Volunteers of America – Bannon Street (ES)
81. Volunteers of America – Capitol Park Hotel (ES)
82. Volunteers of America – Open Arms Shelter (ES)
83. Volunteers of America – Sacramento Senior Safehouse (ES)
84. WEAVE – Emergency Shelter Program (ES)
85. WellSpace Health – Interim Care Program (ICP) Shelter (ES)
86. WellSpace Health – T3 Shelter (ES)
87. Wind Youth – Common Ground (ES)
88. Wind Youth – Doug's Place (ES)
89. Wind Youth – RHY Shelter (ES)
90. Bridges – Bridges SLE (TH)
91. Lutheran Social Services – Housing with Dignity (TH)
92. Nation's Finest – GPD Behavioral Health Center (TH)
93. Nation's Finest – GPD Men's Transitional Housing (TH)
94. Nation's Finest – GPD Women's Transitional Housing (TH)
95. Next Move – Adolfo Housing Services for Former Foster Youth (TH)
96. Next Move – Mather Transitional Housing Program (families) (TH)
97. Sacramento LGBT Center – Transitional Living Program (TH)
98. Sacramento Self Help Housing – Charlotte House (TH)
99. Sacramento Self Help Housing – Grace House (TH)
100. Sacramento Self Help Housing – Meadow House (TH)
101. Salvation Army – E. Claire Raley Transitional Living Program (TH)
102. Turning Point – TPCP Transitional Housing (TH)
103. Union Gospel Mission – Grace Haven Annex (TH)
104. Union Gospel Mission – New Life Program
105. Volunteers of America (now Next Move) – Adolfo Housing Services (TH)
106. Volunteers of America – Mather GPD Program (TH)
107. Volunteers of America – Veteran's Grant Per Diem (TH)
108. Waking the Village – Audre's RHY (TH)
109. Waking the Village – Tubman OES (TH)
110. WEAVE – Transitional Housing (TH)
111. Wind Youth – Transformational Living Program (TH)
112. Wind Youth – Xpanding Horizons (TH)

Gaps Analysis
Sacramento Continuum of Care
February 2021

This Gaps Analysis report was prepared by Homebase at the direction of Sacramento Steps Forward.

Table of Contents

Executive Summary

The many partners responding to homelessness across Sacramento County serve well over 10,000 people every year. Many of those service interactions are very successful; more than 93.6% of people receiving permanent supportive housing maintain permanent housing going forward and more than 81% of people served by the system of care do not return to homelessness in the two years after they are served. However, despite these efforts, more than 5,000 people across the county experience homeless on a given night.

Within this context, Sacramento Steps Forward contracted Homebase to conduct a gaps analysis of Sacramento County's homeless system of care to identify areas that could make the system more efficient, effective, and equitable. This analysis is also intended to meet the requirement of the U.S. Department of Housing and Urban Development (HUD) which obligates every Continuum of Care (CoC) to "develop a plan that includes…conducting an annual gaps analysis of the homeless needs and services available within the geographic area" in order to find ways to stretch their limited resources further and improve fairness across the system.

Process and Structure

The gaps analysis process in Sacramento involved interviews with stakeholders, surveys of homeless housing and services programs, focus groups with people with lived experience of homelessness, analysis of Homeless Management Information System (HMIS) data, as well as data collected from other funders and systems. The analysis also builds upon and incorporates significant systems mapping work already conducted by Homebase throughout 2019 and 2020.

The gaps analysis evaluates the system of programs and services responding to homelessness in Sacramento County, including street outreach, temporary shelter and housing programs, and permanent housing programs spread across the various systems and funders in the community.

Through this process, three opportunities for improvement were identified:

1. Improve Coordination and Align Priorities
2. Increase System Capacity
3. Explore and Address Disparities in Program Outcomes

To address these three key gaps, the report is organized around seven recommendations, with each section including: the underlying analysis leading to the recommendation, prioritized suggestions for potential strategies that could improve the homeless system of care, and descriptions of current efforts underway to meet the needs of people experiencing homelessness in Sacramento County. In this Executive Summary, the recommendations are categorized under the three broader gaps, however, in the gaps analysis report, the seven recommendations are organized in the order that a person experiencing homelessness would encounter the system of care – starting with prevention efforts before a person enters the system and continuing through outcomes of housing and services programs.

Identified System Gaps

Gap: Improve Coordination and Align Priorities
Multiple sectors provide housing, shelter, and services to respond to and prevent homelessness in Sacramento County and a variety of local, state, federal, and private funding sources support these programs. Partners responding to homelessness include Sacramento's Continuum of Care, Sacramento County departments, including the Department of Human Assistance and the Department of Behavioral Health Services Mental Health Division, Sacramento Housing and Redevelopment Agency, the Veterans Administration, the City of

Sacramento and other cities in the county, non-profit agencies, and numerous programs and services supporting low-income and vulnerable Sacramento County residents.

The funders, systems, agencies, and providers committed to serving people experiencing homelessness in Sacramento are both its greatest strength and a barrier to improving system efficiency, equity and effectiveness. Through the gaps analysis process, Homebase identified that greater coordination and shared priorities across these partners would better serve the needs of people experiencing homelessness and maximize limited resources. This was most evident in two areas –access and systems planning – and led to the following recommendations:

<u>Streamline Access to the Homeless System of Care</u>: Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently.

There are 112 different shelter and housing programs serving people experiencing homelessness in Sacramento County, and 61 different access points for housing programs. This structure provides a variety of options for a diverse homeless population, however, access to programs is not consistent across access points. Most housing programs – 87% of permanent supportive housing and 62% of rapid re-housing programs – require a referral from a specific access point or set of access points. This means that the point a person enters the system dictates the housing resources that are available to them.

As a result, access is challenging for people experiencing homelessness to navigate. No access points provide access to all housing programs across the various funders and systems. Having multiple, well-publicized, coordinated options for accessing the breadth of Sacramento's diverse housing resources would improve access for people experiencing homelessness, and does not require one prioritization schema or creation of one single waiting list for housing.

Insufficient coordination across the system also has an impact on what populations are able to access programs and services. For example, adults without children and transition age youth were more likely to access the homeless system through emergency shelter and street outreach than families with children. Because different access points unlock different housing resources, the populations have different access to housing.

<u>Forge a Cohesive and Coordinated Homeless System of Care</u>: Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting.

Systems and funders providing homeless housing and services engage in limited coordination and data sharing, with no standardized data collection across systems. For the gaps analysis, the lack of standardized data prevented an accurate measurement of inflow into the homeless system of care, the capacity of the system overall, utilization of available resources, and outcomes of programs and services dedicated to people experiencing homelessness. Having access to system-wide information is critical for effective systems planning, allowing leaders to see what is working and what is not working across the system of care. Additional coordination, data sharing, and reporting would increase accountability and transparency and help the community understand where to prioritize resources.

Gap: Increase System Capacity

Partners across Sacramento County dedicate a tremendous amount of resources for housing and services for people experiencing homelessness, including more than 6,000 beds that are dedicated to people experiencing homelessness. Despite this, more than 5,000 people are homelessness in Sacramento County on any given night. Even more urgent, more than two-thirds of them are living outside, a trend that has been increasing in recent years.

The level of need among the homeless population exceeds shelter and housing resources currently available. Shelter, rapid re-housing, and permanent supportive housing programs all have gaps between resource and need; affordable housing for very low-income people has limited availability. Homebase made the following four recommendations to address these gaps:

Stop Homelessness Before It Begins: Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.
Research shows that one of the more cost-effective ways to decrease homelessness is to prevent or divert people from becoming homeless in the first place. Leveraging prevention and diversion programs allows the system to reserve limited beds in shelter and housing programs for those that need additional support to regain housing. Based on HMIS data in Sacramento, 92% of participants exiting prevention programs successfully exit to stable, permanent housing, a high success rate that suggests that expanding prevention programs could be an effective investment of resources. At the same time, Sacramento providers are offering prevention and diversion services using a wide variety of strategies and targeting, again with limited coordination or standard data collection, so impact and return on investment are unclear.

Optimize Existing Housing and Shelter Programs: Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement.
In addition to reducing inflow, a relatively low-cost approach to reducing gaps in system capacity – and serving more people – is to maximize the utilization and effectiveness of current housing programs. Limited access to affordable housing units in the community impacts housing program effectiveness. Over the last decade, the rental vacancy rate has continued to tick down, reaching 2.5% in 2019, creating an ever-larger impediment to accessing housing for people at risk of or experiencing homelessness. Some housing programs are having comparatively more success helping clients to access housing, and those strategies – including investing in housing navigation and landlord engagement – could be considered for wider implementation across the system. In addition, data reflects that shelter bed utilization varies among programs on a given night, indicating a need for reduced barriers to access to shelter.

Address the Gap in Housing and Supportive Services for People Experiencing Homelessness: Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.
Sacramento's programs and systems are working diligently and successfully to respond to homelessness, however, even by reducing inflow and maximizing the use of existing housing resources, the gap in capacity will continue to exist if new housing and shelter programs are not created to meet the need. Homebase estimates that 44% of the current homeless population require long-term housing assistance and supportive services to end their homelessness and another 44% require short to medium-term housing assistance and supportive services to end their homelessness. Increasing the capacity of housing programs will take time—the nearly 4,000 people experiencing homelessness who are sleeping outside need access to shelter or crisis housing in the interim period.

Create More Affordable Housing Units: Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.
A lack of affordable housing units increases the risk of homelessness for low-income households while also making it challenging to re-house those that do become homeless. A key to increasing capacity across the system is to increase available affordable housing units however only 5% of the Regional Housing Needs Allocation for Very Low Income households in Sacramento was built between 2013 and 2019.

Gap: Explore and Address Disparities in Program Outcomes

While there is limited data available across the entire system of care, analysis of Homeless Management Information System (HMIS) data showed disparities in outcomes across different types of households, age groups, and racial groups. Addressing access challenges and data sharing gaps would improve understanding about how effectively different programs serve specific homeless subpopulations over others. The system overall would better leverage its successes and could redirect resources to increase equity across the system. Homebase made one recommendation related to this gap.

> **<u>Increase System Equity</u>: Improve housing access and identify targeted interventions for underserved populations to address disparities in the homeless system of care.**
> In alignment with priorities established by the community, Sacramento's homeless system of care is identifying and serving people with disabling conditions and people experiencing chronic homelessness with its limited resources. However, Veterans, American Indian and Alaska Natives, and males are *overrepresented* in the homeless population overall and *underrepresented* in those being served by the homeless housing and services reflected in HMIS (but may be served by non-HMIS-participating programs, like the Veterans Administration). Transition age youth are also *underrepresented* among those receiving homeless housing and services in HMIS.
>
> In addition, the time it takes people to get housed or access housing resources is inequitable across household types, with a median length of time between initial system access and housing program enrollment varying from 62 days for families with children to 141 days for adults without children. Participation in programs and connections with housing resources are also different across racial groups. For example, according to HMIS data, adults without children that identify as American Indian or Alaska Native and exit from street outreach are connected with housing programs at lower rates than other races (4.3% for American Indian or Alaska Native; 9.1% average across all racial groups).
>
> Inequitable housing outcomes and systematic disparities in bed dedication and resources also highlight missed opportunities for subpopulations. For example, in Sacramento, rapid re-housing is a successful program model for transition age youth and adults without children, but without additional dedicated resources, families are more likely to access the resource, given the availability of a significant state-funded rapid re-housing program dedicated to serving families.

Next Steps

While partners across Sacramento are already implementing strategies that begin to address all seven recommendations, effective response to the gaps identified will require additional focus and action. In the gaps analysis report, Homebase suggests potential actions to implement the seven recommendations and categorizes them in three ways, based on the amount of effort required, the level of impact, and the scope of change required.

Among the suggestions actions, Homebase recommends three actions that would provide maximum impact:

- Dedicate blended funding for "one-stop-shop" drop-in access points that provide referrals to all housing programs regardless of who funds or administers the housing.
- Build out programs that leverage housing vouchers to connect prioritized and referred tenants with permanent supportive housing case management resources in a coordinated housing program.
- Convene system leaders and database administrators from HMIS, CalWIN, Shine, Avatar, and SHRA's internal databases to discuss opportunities to standardize data collection and reporting, reduce duplicative data entry across systems, and explore potential for future data sharing.

Creating a more coordinated and cohesive system of care that provides client-centered access and services will end and prevent homelessness for more Sacramento residents.

Introduction

Sacramento Steps Forward, on behalf of the Sacramento County Continuum of Care, contracted with Homebase — a national technical assistance provider on homelessness — to perform a gaps analysis of Sacramento County's homeless system of care. This analysis evaluates the current system, including street outreach, shelter, and housing programs, and identifies existing system gaps. This report also includes tailored and prioritized recommendations designed to improve the overall homeless system of care and opportunities to build upon current efforts to better meet the needs of people experiencing homelessness in Sacramento County.

The homeless system of care in Sacramento County includes a variety of programs including shelter, street outreach, and housing programs designed to meet the needs of people experiencing homelessness across the county. These efforts are multi-sector and supported by local, state, federal, and private funding sources. As a result, analyzing the system as a whole must, at least, include information about housing programs and services affiliated with:

- Sacramento Continuum of Care's Coordinated Entry System,
- Sacramento County,
- City of Sacramento,
- Sacramento Housing and Redevelopment Agency, and
- Veterans Administration.

Additionally, there are a multitude of other system partners serving people experiencing homelessness, including cities and non-profit agencies, as well as numerous mainstream programs that are not exclusively dedicated to serving people experiencing homelessness but provide significant support and resources.

That so many agencies and partners across the community dedicate resources to people experiencing homelessness reflects a common interest and commitment to ending and preventing homelessness in Sacramento. These various programs often operate independently, however, not as a system, due to rigid funding requirements or differences in leadership. They also do not aggregate data on people experiencing homelessness who access these programs. Although most communities have complex administration of homelessness-related resources and programs, collecting and sharing data can help overcome these challenges. Doing so more broadly in Sacramento would support system planning by creating ways to:

- Determine how many people are becoming homeless;
- How many people are accessing services across systems; and
- How much and what type of additional resources are required to meet the needs of people experiencing homelessness.

For purposes of this report, we have utilized the best available data, as described in *Appendix B: Methodology*, to determine system gaps and areas where additional data is needed to improve services, guide planning, and track equity across the system of care. Despite the lack of necessary, system-wide data, a number of gaps in the system were clear:

- There are more people becoming homeless each year than the system currently has the capacity to serve;
- A complicated web of access points creates barriers for people experiencing homelessness;
- Disparities in outcomes across program and household types indicate inequities in the system; and
- A lack of coordination, transparency, and data sharing limits accountability across the various systems and funders.

To address these gaps, the report is structured around seven key recommendations:

1. Stop Homelessness Before It Begins: Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.

2. Streamline Access to the Homeless System of Care: Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently.

3. Optimize Existing Housing and Shelter Programs: Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement.

4. Address the Gap in Housing and Supportive Services for People Experiencing Homelessness: Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.

5. Create More Affordable Housing Units: Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.

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

7. Forge a cohesive and coordinated homeless system of care: Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting.

Implementing these recommendations will require coordination and collaboration among the various system partners but will ultimately lead to more efficient use of current resources and a better understanding of what is needed to end homelessness in Sacramento County. In the *Next Steps* section, we have compiled the potential strategies for response for each section to provide a roadmap for implementation.

1. **Stop Homelessness Before It Begins:** Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.

Sacramento's prevention and diversion efforts are limited, decentralized, and difficult to access:

- There are **too few prevention and diversion resources** available to address the estimated need of individuals entering homeless for the first time each year.
- Sacramento's 12 **prevention programs** are administered by 9 agencies with **different levels of assistance available and separate access points**, making it difficult for individuals seeking assistance to identify the best fit resource.
- **Diversion programs** at important access points are **limited and uncoordinated**, making it difficult to understand the extent of current efforts and their effectiveness.
- There are **no community-wide standards** for diversion or prevention, making it difficult to meaningfully compare the impact of the interventions and effectively target new resources.

How to Stop Homelessness Before It Begins
To stop homelessness before it begins, there needs to be an expansion of current prevention and diversion resources, as well as a client-centered access process, standardized data collection, and community-wide standards for prevention and diversion.

	Potential Strategies for Response	**Impact**	**Effort**
1	Increase flexible funding from various sources dedicated to prevention and diversion that can meet a broad range of needs, including longer-term and deeper financial assistance.	High	High
2	Establish a financial assistance pool that can be used flexibly to meet the needs of clients (e.g., rent arrears, credit repair) and train all access point staff in Housing Problem Solving to divert more households from entering the homeless system.	High	High
3	Integrate existing prevention providers into a network to facilitate warm-handoffs and shared data collection. These efforts can be led by the CoC or a provider agency.	Medium	Medium
4	Develop community-wide standards for prevention and diversion, including metrics for measuring success in these interventions, data collection standards, and targeting priorities. These metrics and standards should be developed in partnership with current prevention and diversion providers.	Medium	Medium

Analysis
The terms "prevention" and "diversion" refer to the spectrum of approaches intended to either prevent people from losing their housing or quickly identify alternatives to emergency shelter. The key difference between prevention and diversion is not the type of assistance provided, but the housing status of the clients served. This analysis adopts the following definitions:

- **"Prevention"** refers to assistance for households that are currently housed and likely to become

homeless if housing is lost, in order to maintain that housing or move to a more stable housing situation.

- **"Diversion"** refers to assistance provided to households who have just become homeless, in order to help them find alternative housing as quickly as possible and avoid entering shelter.

Preventing households from losing their housing in the first place, or quickly diverting them from entering shelter, preserves capacity in both shelter and housing programs. Across the homeless system of care the following gaps in current prevention and diversion efforts were identified:

There are too few prevention and diversion resources available to address the estimated need of individuals entering homelessness for the first time each year.

The best available data indicates a high level of households entering homelessness for the first time and a gap in available prevention and diversion resources.

- According to System Performance Measure data reported to the U.S. Department of Housing and Urban Development (HUD), 5,206 accessed housing or shelter programs for the first time in FY2019.[1]
- During that same time period, 249 individuals enrolled in a Homeless Management Information System (HMIS)-participating prevention or diversion program.

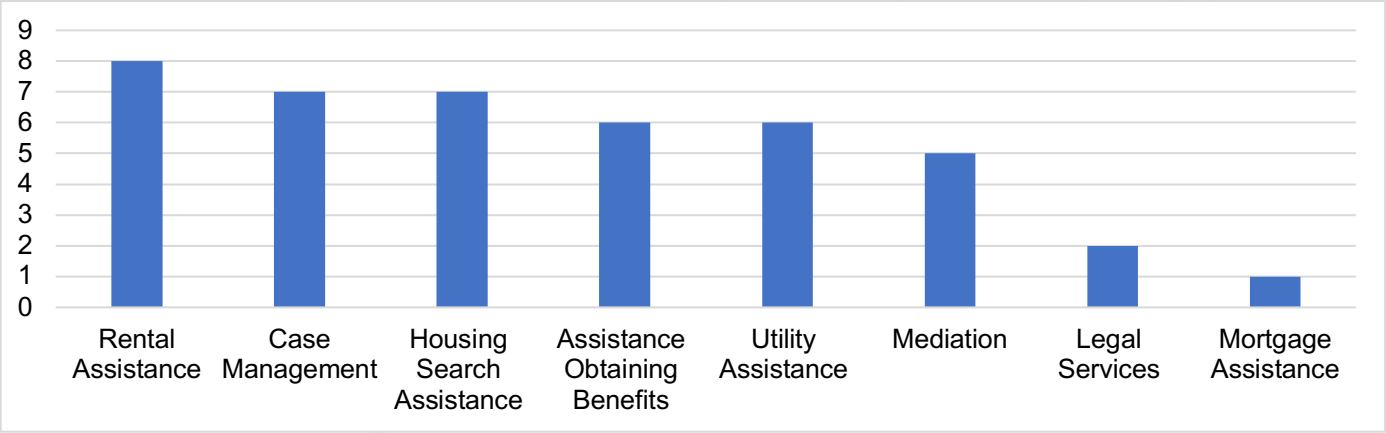
Ideally, all 5,206 individuals accessing housing or shelter programs for the first time would have enrolled in a prevention or diversion program and avoided enrolling in a shelter or housing program, indicating a gap in available prevention and diversion programs.[2]

Sacramento's 12 prevention programs are administered by 9 agencies with different levels of assistance available and separate access points.

Currently, prevention programs are decentralized and uncoordinated, with nine agencies providing varying levels of assistance through access points that, for the most part, do not share information or cross-refer clients.[3] As a result, households in crisis may be forced to approach multiple access points before connecting with a program that can assist them.

In response to a survey administered between March and November 2020, Sacramento prevention providers reported offering different categories of assistance:

Number of Prevention or Diversion Programs Offering Assistance by Category



[1] Please note, HUD System Performance Measure 5 does not include individuals logging their first contact with a street outreach or homeless prevention program.

[2] To develop a more exact projection of prevention and diversion program need moving forward, more data about the number of individuals accessing the system annually, as well as approximations of the capacity of current prevention and diversion programs is needed. Please see *Appendix D* for more information.

[3] For an inventory of current prevention and diversion programs, see *Appendix C*.

These variations in assistance mean that the same individual that is in need of assistance may receive different resources depending on which program they access. Greater system-level integration of prevention and diversion programs, where agencies provide warm hand-offs to other service providers, would help individuals experiencing homelessness access the prevention or diversion program that will most efficiently meet their specific need (e.g., one-time large amount of housing assistance versus longer term small amount of housing assistance). Greater flexibility in funding would also help ensure each client receives a resource that fits their need.

Diversion programs at important access points are limited and uncoordinated.
Shelters and street outreach teams are important access points and ideally situated to provide diversion services; however not all offer diversion resources or clearly report data in HMIS about diversion services provided:

- 66% of year-round shelters (20 out of 30) reported offering diversion services.
- 90% of street outreach teams (9 out of 10) reported offering diversion services.

Currently, shelters and street outreach teams do not report on diversion efforts in a distinguishable way in HMIS or a single location, making it difficult to assess the relative success of diversion efforts and what models are most effective; however, in other communities, diversion has been found to be an effective and low-cost program that can reduce shelter demand. Similar to prevention programs, diversion programs in Sacramento also provide varying types of assistance.

There are no community-wide standards for diversion or prevention.
Based on HMIS data, 92% of participants exiting prevention programs successfully exit to permanent housing destinations, a high success rate that suggests that expanding prevention programs could be an effective use of resources.

However, in Sacramento, the relative success of existing prevention and diversion programs can be challenging to compare as there are currently no community-wide standards for prevention or diversion or unified approach to data entry. Across Sacramento County, prevention and diversion programs differ in their structure, level of support provided, and target populations. Programs also track different data points in different systems and define success differently. As a result, it is difficult to compare the success of different models, the cost effectiveness of different programs, and the ability to target households who are most likely to become homeless – a key characteristic of the most effective prevention and diversion programs. By collecting and reporting on comparable data across programs, systems leaders could evaluate the comparative success of each program. [4] For example, Santa Clara County tracks the success of their homelessness prevention system using rate of exit to permanent destinations, rate of homelessness after one year, and percentage of households that received assistance within 72 hours of request, among other factors.[5]

Developing prevention and diversion standards, including aligning eligibility processes and creating shared definitions and metrics of success, would provide a basis for prioritizing and targeting the community's resources most efficiently toward those most likely to become homeless without prevention and diversion resources.

Current Efforts to Stop Homelessness Before It Begins:

- In Sacramento County, several time-limited prevention efforts have begun in response to COVID-19.
    - Sacramento Housing and Redevelopment Agency (SHRA) is administering the Sacramento Emergency Rental Assistance (SERA) Program, offering up to $4,000 in rental assistance to residents in the cities of Sacramento, Folsom, Isleton and Galt, along with unincorporated County of Sacramento, who are experiencing loss or reduction in income from employment

[4] Please see *Appendix D* for suggested data points for prevention and diversion programs.
[5] For more information about Santa Clara County's approach to measuring the success of their prevention programs, please see Destination: Home's Homeless Prevention System Resources.

because of COVID-19.
    - The City of Sacramento is partnering with the Sacramento Mediation Center to assist tenants with understanding the local Tenant Eviction Moratorium Ordinance and related rent repayment programs.
    - Sacramento County and the City of Sacramento will receive over $94 million through the federal Emergency Rental Assistance Program. This funding can be used for homelessness prevention with COVID-19 impacted households, including up to 12 months of rental assistance and payment of rental arrears.
- Housing Problem Solving is a strategy based on a series of conversations with individuals at risk of and experiencing homelessness, focused on helping clients identify strengths and existing support networks, consider other safe housing options outside of emergency shelter (e.g., relocation, doubling up with family), connect to community support and services, and in some case, access flexible financial resources. At the time of this report:
    - Housing Problem Solving is currently being piloted in the Project Roomkey hotel and motels with a unique approach to logging data in HMIS.
    - The Coordinated Entry Rapid Access Problem Solving (RAPS) initiative includes a focus on offering Housing Problem Solving system-wide to divert or prevent individuals from entering homelessness.

2. **Streamline Access to the Homeless System of Care**: Adopt strategies that make the system of care easier to navigate and that connect people experiencing homelessness with housing and shelter services more efficiently.

By comparison to other communities, the process for accessing shelter and housing programs[6] in Sacramento is uniquely challenging, creating barriers for individuals seeking assistance.

- **Access to housing programs is limited, decentralized, and reliant on referrals** from community partners.
- **Access to shelter programs often requires a referral from another organization**, creating barriers to access for shelter and housing programs.
- **Access to street outreach varies by geographic area**, creating barriers to access for housing programs.
- Because different sub-populations and demographic groups access the system differently, when combined with other barriers to access, **uneven housing program access across demographic groups can result**.

How to Streamline Access to the Homeless System of Care
In order to more effectively serve individuals experiencing homelessness, there needs to be greater coordination, capacity building, and consistent messaging about the path to accessing shelter and housing resources.

	Potential Strategies for Response	Impact	Effort
1	Dedicate blended funding for "one-stop-shop" drop-in access points that provide referrals to all housing programs regardless of who funds or administers the housing.	High	High
2	Require all new rapid re-housing and permanent supportive housing programs to be accessed through the Coordinated Entry System.	High	Medium
3	Increase the number of existing housing programs accessed through the Coordinated Entry System by continuing to improve transparency and accountability.	Medium	Medium
4	Develop and disseminate informational materials and trainings focused on improving client and provider understanding of systems-wide housing and shelter programs, and how they can be accessed.	Medium	Medium
5	Coordinate access to shelter by streamlining the paths to access (e.g., one, unified shelter hotline or an online portal that provides information about all shelter resources in Sacramento).	Medium	Medium
6	Increase geographic coverage of street outreach teams in underserved areas and reduce barriers to access, such as requiring a referral from a community organization.	Medium	Medium

[6] Housing programs are defined as permanent supportive housing, permanent housing without services, rapid re-housing, and transitional housing programs.

Analysis

Connecting with the appropriate access points[7] for housing and/or shelter programs in Sacramento is a complicated process, which does not effectively serve individuals experiencing homelessness. Across the homeless system of care, the following barriers to access were identified:

Data around access is limited, creating challenges for measuring the capacity and effectiveness of access points.

The quantitative analysis in this section is based on the limited data about access collected in HMIS. Currently, access points do not collect consistent data or report on key data points for understanding access (e.g., the number of individuals requesting assistance, specific services were rendered, number of individuals denied assistance). For more information about improving Sacramento County's access data, please see *Forge a Cohesive and Coordinated Homeless System of Care*.

Access to housing programs is decentralized.

Despite the introduction of the Coordinated Entry System in 2015, which was intended to provide centralized, efficient and fair access to housing resources, the process for accessing housing programs remains decentralized and highly dependent on the specific program or funder.

Only 26% of permanent supportive housing beds and 12% of rapid rehousing beds dedicated to individuals experiencing homelessness are accessed through Coordinated Entry.[8] The remaining beds dedicated to individuals experiencing homelessness are accessed through 52 unique access points, including street outreach teams, emergency shelters, day centers, information hubs, and community partners – none of which provide access to all housing programs across the various funders and systems. While having a variety of housing programs and access points is a strength of the system, the lack of "one-stop-shop" access points where an individual can be connected to all of the housing programs places a burden on individuals experiencing homelessness and service providers in order to navigate the system.

Multiple key access points[9] reported that the lack of coordination between funders has created internal challenges in connecting clients to housing programs. Keeping staff up-to-date and trained on access to various programs can be challenging given the lack of system-level coordination, high turnover among frontline staff, and frequent changes in the processes for access. Ultimately, this lack of consistent and clear training on how to access the system puts the burden of understanding how to access housing programs on individuals experiencing homelessness.

Access to housing programs is dependent on referrals from community partners.

Most housing programs – 87% permanent supportive housing and 62% of rapid re-housing programs – require a referral from a specific set of access points. As a result, different access points in Sacramento connect clients to different programs.

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[7] Sacramento does not have a community-wide definition of an access point. Access point is used in this report to represent an assessment point or referral partner that serves as a required initial point of contact to get into a program. Most access points are at the point of an assessment being conducted such as the VI-SPDAT for Coordinated Entry or LOCUS assessment for Behavioral Health. The other access points are through specific referral partners designated to provide referrals such as SHRA administered Shelters, or County Flexible Housing Program. Homebase worked with staff at each system partner to identify a list of access points.

[8] An additional 19% of total beds share access across multiple systems/funders including Coordinated Entry. See table on pg. 24.

[9] Four access points, including Next Move, Sacramento Self Help Housing, Volunteers of America and Wind Youth Services, provide eligible referrals to at least one housing program associated with each of the four major administrative entities (i.e., Coordinated Entry, Sacramento County Department of Human Assistance, Sacramento County Department of Behavioral Health Services, and Sacramento Housing and Redevelopment Agency).

For example, street outreach teams (which represent 18% of the total housing program access points) are one of the most common types of access points. Of the 11 street outreach teams:

- 7 teams connect clients to Coordinated Entry housing programs,
- 6 teams connect[10] clients to the Department of Human Assistance's Flexible Housing Pool Rapid Re-housing program,
- 2 teams connect clients to Behavioral Health Services programs,
- 1 team connects clients to Housing Choice Voucher programs, and
- 1 team connects clients to the CalWORKs rapid re-housing programs.

These differences in ability to refer to housing programs means that homeless individuals must contact multiple access points to assess their eligibility for all available housing programs.

Access to shelter programs often requires a referral from another organization, creating client-level barriers to accessing both shelter and housing programs.

The lack of clear processes creates barriers for individuals attempting to access shelter.

- In Sacramento County, only 9% of year-round shelter programs provide "walk-up" access, a method of shelter operation that permits an individual to request immediate access to a shelter program by physically traveling to the shelter without prior arrangement or referral.
- Instead, most shelter programs require a referral from a community partner, such as an outreach provider or law enforcement, or accept self-referral requests from potential clients
    - For programs allowing for self-referral, there are six distinct processes across nine shelter programs, which include online applications, interviews, and phone intake processes.
- These distinctions between programs can make the process difficult to navigate from the client perspective.

These access issues may also impact shelter bed utilization rates, which vary widely across programs.[11] [12] Please see *Optimize Existing Housing and Shelter Programs* for additional discussion around how shelter utilization can be improved across Sacramento County.

Prevalence of walk-up access for non-domestic violence shelter programs based on survey responses collected between March-November 2020[13] and the 2020 Housing Inventory Count[14]

	Year-Round Emergency Shelter	**Seasonal Emergency Shelter**	**Interim Housing**
Walk-Up Access	120 beds *(7.4% of total shelter)*	110 beds *(6.8% of total shelter)*	0 beds
No Walk-Up Access	1,234 beds *(76.3% of total shelter)*	0 beds	128 beds *(7.91% of total shelter)*
Unknown	26 beds *(1.6% of total shelter)*	0 beds	0 beds

[10] Note: the Department of Human Assistance's Flexible Housing Pool Rapid Re-housing program is currently closed to referrals due to funding constraints.

[11] Due to sample size being small, and walk-up shelters having few beds, the differences are not statistically significant.

[12] Please see *Appendix F* for a more robust discussion of the advantages and disadvantages to walk-up access for shelter.

[13] For a full list of agencies that participated in surveys, please see *Appendix A*.

[14] For the purposes of this analysis, shelters serving exclusively survivors of domestic violence have been excluded. For a full list of survey respondents, please see *Appendix B*. Please note, in addition to 2020 HIC-participating projects, this analysis also includes information from Meadowview Re-Housing Shelter (100 beds) and Emergency Bridge Housing (48 beds).

Shelter programs are also key access points for housing programs. A high number of shelter programs – 91% of emergency shelters and interim housing and 96% of transitional housing – reported connecting their clients to housing programs either through administering the VI-SPDAT or providing referrals to other housing programs. The wide variety of different paths to accessing shelter programs creates a series of administrative obstacles for individuals experiencing homelessness attempting to access shelter and/or housing programs.

Access to street outreach varies by geographic area, creating barriers to access for housing programs.
Street outreach teams are also key access points for housing programs, but they vary in their success in connecting clients directly to housing. Outreach teams' rates of success exiting participants to permanent destinations range from 1% to 42%. Also, each outreach team covers a specific geographic area with some outreach teams focused on a single city and others working throughout Sacramento County.[15] As a result, geographic location impacts a homeless individual's ability to access permanent housing through street outreach.

Stakeholders also reported limited street outreach coverage in certain parts of the county, such as North Highlands. In other areas, including the City of Sacramento, the majority of street outreach is available only on a referral basis, meaning that individuals must receive a referral from a community partner to access street outreach.[16] These gaps in coverage and proactive street outreach impact the ability of unsheltered individuals to access housing programs.

Because different sub-populations and demographic groups access the system differently, when combined with other barriers to access, uneven housing program access across demographic groups can result.
Different sub-populations come in contact with the system of care in different ways. For example:

- Adults without children and transition age youth were more likely to access the homeless system through emergency shelter and street outreach than families with children.
- The majority of families with children (62%) first access the homeless system through a rapid re-housing program.

Since adults without children, transition age youth, and families with children access the homeless system through different types of access points, it is important that these programs are coordinated and are providing comparable access to housing programs. For housing programs that rely on referrals from community partners to fill vacancies, it is essential to ensure a mix of access point types as referral partners to ensure that individuals experiencing homelessness have equitable access across demographic and sub-population groups.

Current Efforts to Streamline Access to the Homeless System of Care
At the time of this report, new efforts to improve access in Sacramento include, but are not limited to:

- Sacramento's Coordinated Entry System is, for the most part, providing fair and efficient access to housing resources and is prioritizing the community's most vulnerable residents, although wait times are extremely long.[17] However, only 26% of permanent supportive housing beds and 12% of rapid rehousing beds dedicated to individuals experiencing homelessness are accessed through Coordinated Entry, spread across 39 unique housing programs.[18] The new Coordinated Entry Rapid Access Problem Solving (RAPS) initiative is focused on improving ease of access to the Coordinated Entry

[15] Please see *Appendix G* for more information about street outreach teams in Sacramento.
[16] Please see *Appendix G* for additional information about the variations between street outreach teams, including the prevalence of referral-based street outreach.
[17] For more information, please see *Sacramento CoC 2020 Coordinated Entry Evaluation*.
[18] An additional 19% of beds share access across multiple systems/funders including Coordinated Entry. See table on pg. 24.

System and offering problem-solving resources to divert or prevent individuals from entering homelessness.

- Sacramento County's multi-disciplinary encampment response effort is providing housing and shelter-focused street outreach to a specific encampment within the unincorporated area of Sacramento County.
- System-wide outreach written standards are being developed in partnership with Sacramento County, the City of Sacramento, and Sacramento Steps Forward.
- The City of Sacramento's new Office of Crisis Response is working to reorganize the process for accessing shelter and housing resources.

While these initiatives will improve the experience of accessing housing resources for some individuals experiencing homelessness, additional investment and collaboration is needed to address the full scope of barriers to accessing housing programs in Sacramento.

3. **Optimize Existing Housing and Shelter Programs:** Maximize existing housing and shelter resources by expanding what works and enhancing housing navigation and landlord engagement.

Sacramento's tight housing market creates high barriers to housing access in the community, and current housing programs are inconsistent in the level of support they provide to overcome those barriers.

- A **highly competitive rental market and landlord bias against subsidy-holders** limit the effectiveness of existing housing programs.
- **Rapid re-housing has highly variable performance**.
- Individual Sacramento providers and housing programs are utilizing **promising practices that have not been scaled up or standardized across the system**.
- **There is wide variation in bed utilization rates for Sacramento's emergency shelter programs**.

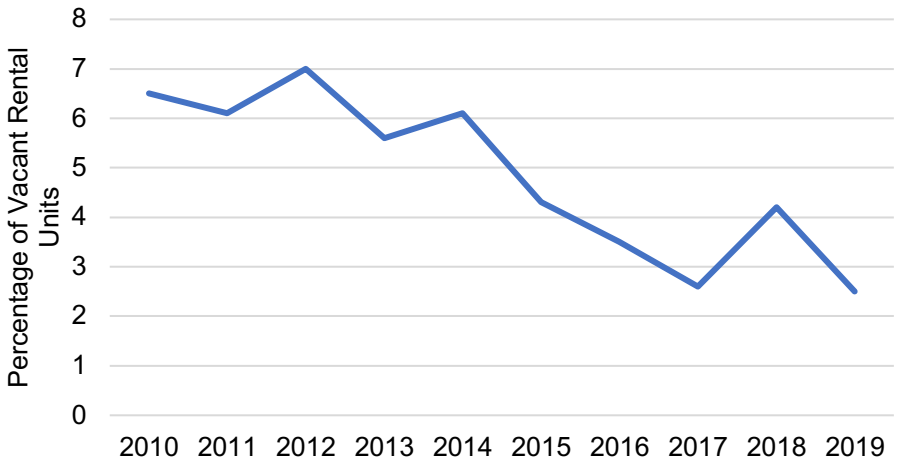
How to Optimize Existing Housing and Shelter Programs
Existing housing and shelter programs in Sacramento would be able to connect more clients to housing and services by scaling up promising local practices and addressing barriers to housing access.

	Potential Strategies for Response	Impact	Effort
1	Implement a coordinated landlord engagement strategy with consistent landlord incentives and messaging across programs and funding streams, to support landlord recruitment and reduce competition between housing programs.	High	High
2	Include dedicated housing specialists in the staffing for every program that assists clients to obtain housing.	High	Medium
3	Create regular opportunities for peer sharing and coordination by hosting intentional convenings for providers to collaborate on topics like life skills trainings, serving clients with complex medical needs, and other common challenges, and by inviting providers across the community to present at trainings aligned with their areas of expertise.	Medium	Low
4	Invite providers participating in COVID-19 Re-Housing case conferencing to continue case conferencing work after residents of Project Roomkey have been housed, and expand cross-agency case conferencing to all rapid re-housing programs.	Medium	Low
5	Conduct a meaningful community input process inclusive of people who are currently unsheltered, emergency shelter residents, and shelter providers to identify high-priority shelter models likely to increase utilization.	Medium	Medium
6	Develop a flexible fund to support innovation in practice among providers.	Medium	Medium

Analysis
The competitive rental market and landlord bias limit the effectiveness of rental assistance programs.
Analysis of qualitative and quantitative information about housing programs in Sacramento points to housing access as a key bottleneck. Securing a housing unit is a central aspect of any rental assistance program that relies on availability of units on the open rental market. As described in the analysis below, program support in the form of robust case management and resources for engaging reluctant landlords can help overcome this challenge.

As is common in many California communities, both providers and people experiencing homelessness identified housing location as a significant challenge for clients enrolled in rental assistance programs. First, in an increasingly competitive housing market, illustrated by an incredibly low rental vacancy rate that has dropped from 6.5% to 2.5% in the past decade, providers and people experiencing homelessness reported that landlords are resistant to renting to people receiving rental assistance support.[19] Perhaps due to stigma or past negative experiences working with rental assistance programs, landlords may fear damage to units, disruptive behavior, and danger to other tenants. One provider noted that, while state law now prohibits discrimination based on source of income, landlords simply point to other reasons for rejecting applications, such as credit or rental history.

Percentage of Vacant Rental Units in Sacramento County 2010-2019



Source: U.U.S. Census Bureau, 2010-2019 American Community Survey 1- year estimates

Rapid re-housing has highly variable performance.

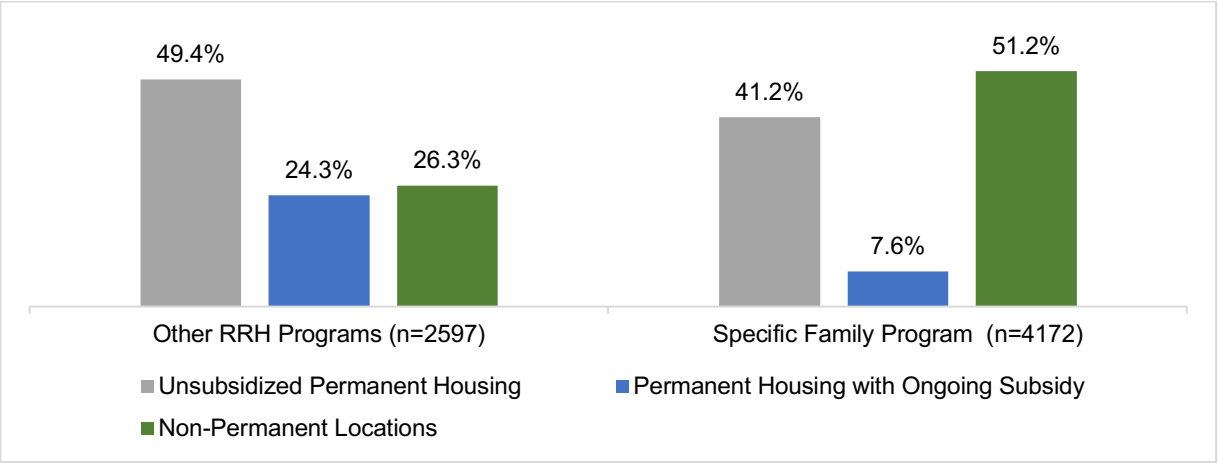
Sacramento's rapid re-housing outcomes reflect varying levels of client success. One large rapid re-housing program for families with children represents 68% of Sacramento's rapid re-housing capacity for families with children and 58% of the community's total rapid re-housing, based on the 2020 Housing Inventory Count. Among clients who exited rapid re-housing programs between July 1, 2018 and July 1, 2020, 49% of this program's clients were in permanent housing, as compared to 73% of clients in other rapid re-housing programs.

The source of this difference lies primarily in the rate of connections to other sources of rental assistance. While many clients who exit rapid re-housing programs are in unsubsidized permanent housing situations, some continue to receive rental assistance at exit, either through another rapid re-housing program, permanent supportive housing, or another long-term housing subsidy. These represent successful exits, and transitions from rapid re-housing to other housing programs providing a better fit or extended assistance suggest that the system is progressively identifying the appropriate level of support for those individuals.

More specifically, the rate of exit to unsubsidized permanent housing was only slightly higher for clients in other rapid re-housing programs (49%) as compared to the large family program (41%). However, the large family program only connected 7.6% of exiting clients to other subsidies by the time they exited, while other rapid re-housing programs connected 24% of clients.

[19] U.S. Census Bureau. (2019). *Selected Housing Characteristics, 2010-2019 American Community Survey 1-year Estimates*. Retrieved from https://data.census.gov/cedsci/table?q=Sacramento%20County,%20California%20Housing&tid=ACSDP1Y2019.DP04&hidePreview=false

Percentage of Households Exiting Rapid Re-housing to Permanent and Non-Permanent Destinations as reported in HMIS from 7/1/18 to 7/1/20



As the primary rapid re-housing resource for families with children experiencing homelessness, this program enrolls clients with a broad range of vulnerability and housing barriers. Interviews with local rapid re-housing providers and reviews of similar programs in other California communities highlighted that the program is designed to offer less case management support to the majority of clients compared to other rapid re-housing programs in Sacramento. The difference in outcomes may demonstrate that additional case management support can help connect households to ongoing housing subsidies.

This data also suggests that, across all rapid re-housing programs, only about half of clients are able to move into housing that they can pay for on their own. This reflects both the scarcity of affordable housing options available (as outlined in *Create More Affordable Housing Units*) and the importance of effective system pathways for connecting rapid re-housing clients to longer-term supports, such as permanent supportive housing, when rapid re-housing is insufficient to ensure housing stability.

Promising practices have not been scaled up or standardized across the system.

Providers serving people experiencing homelessness in Sacramento have implemented various strategies to support clients to obtain permanent housing and work toward housing stability; however, these strategies are inconsistent across the system, and many effective strategies are used only by individual providers or programs. While, in some cases, lack of widespread implementation may be driven by Federal or state funding requirements that impose complex and rigid requirements, the following are recognized promising practices around homelessness at the national level. Because they are in limited use locally, or are used inconsistently across programs, providing opportunities to scale their use with support and coordination at the systems-level would improve outcomes across the community.

Support for Dedicated Housing Specialists focused on building relationships with prospective and current landlords: This position works closely with case management staff to identify housing opportunities for clients. The Housing Specialist is also the direct point of contact for landlords when there is a challenge with a resident or question about payment. By separating housing and case management into two separate roles, staff are no longer forced to divide their time between client support and locating potential housing opportunities. System-level support and coordination of peer sharing can help align efforts of housing specialists across programs.

Regular and frequent (weekly or bi-weekly) case conferencing: Case conferencing is a regular meeting of staff from multiple agencies and/or programs focused on housing clients. There are currently several case conferencing efforts happening in Sacramento, and several providers credited on-going case conferencing

work as an opportunity to work collaboratively and creatively around housing. In particular, cross-agency case conferencing enhances the ability of individual programs to work together to better support individual clients.

Close collaboration between providers: In addition to case conferencing, several providers identified additional examples of on-going coordination between agencies including:

- Identifying landlords willing to work with clients,
- Hosting program lead and provider calls focused on common resources and troubleshooting challenges connecting clients to housing during COVID-19,
- Co-locating providers at access points to facilitate connections to diverse resources, and
- Providing warm handoffs for clients who may have otherwise fallen back into homelessness.

Reaffirming permanent housing goal throughout relationship with the client: Many providers pointed to their continuous discussions with clients about housing as one of their sources of success. One temporary shelter program asks clients to fill out three affordable housing applications during the first week of their stay. Another permanent housing provider pointed to continued discussions with permanent supportive housing residents about their next steps as an important component to encouraging exits to unsubsidized permanent housing destinations. These approaches center the clients' housing stability as the focus of case management.

Optional life skills classes with incentives for participation: Several providers discussed the benefits of life skills classes (e.g., strategies for building or repairing credit, cooking, basic budgeting) to help clients secure and maintain permanent housing. Life skills education can help clients feel more confident when applying for and moving into housing and supports ongoing housing stability. One program reported greater rates of participation when an incentive like a gift card was offered for meeting a goal.

There is wide variation in bed utilization rates for Sacramento's emergency shelter programs.

On a given night there is wide variation in the rates of bed utilization across Sacramento's shelter programs, leaving some beds unused while 3,900 people sleep outside, in vehicles, or in other unsheltered locations. Very few, if any, communities of Sacramento's size sustain 100% shelter utilization, but narrowing this gap in utilization could result in hundreds of additional people sleeping inside and potentially connecting with other services and programs.

Sacramento's emergency shelter capacity includes 33 year-round programs represented on the 2020 Housing Inventory Count, which operate with a wide range of program designs, access models, staffing, and resources. The causes of underutilization across many of these programs are varied and multi-faceted, including a fragmented approach to shelter access, lack of clear information about how to access shelter, and policies and resource limitations that impact client experiences.[20] As a result, it will be critical to include the voices of shelter clients and of people not accessing shelter when developing strategies to improve emergency shelter utilization.

Current Efforts to Maximize Existing Resources

At the time of this report, new efforts to maximize existing resources include, but are not limited to:

- A portion of the community's Homeless Housing Assistance and Prevention (HHAP) funding, awarded by the state in 2020, will be used to fund a landlord incentive and engagement program. The Landlord Engagement HHAP Implementation Group will guide the planning and development of this new resource.
- Beginning on July 1, 2020, the Sacramento Housing and Redevelopment Agency Landlord Incentive Program offers financial incentives for landlords renting to Housing Choice Voucher holders. The incentives include bonuses for new and returning landlords and a risk management fund to cover damage to a unit, in addition to covering application feeds, assistance with security deposits.
- Each week, representatives from Lutheran Social Services, Sacramento LGBT Center, Waking the

[20] For more discussion of the effect of differing access models on emergency shelter utilization in Sacramento, see *Appendix F*.

Village, and Wind Youth Services meet to discuss past experience with property managers and identify opportunities for future engagement. This collaboration reduces direct competition between providers, creates shared efficiencies, and provides opportunities for providers to leverage existing relationships when a unit is listed as vacant.

- There are currently several cross-agency case conferencing efforts happening in Sacramento, including ongoing case conferencing for the Flexible Housing Pool and within the Coordinated Entry System for veterans, transition age youth, and behavioral health clients. The COVID-19 Re-Housing effort expanded cross-agency case conferencing by implementing weekly case conferencing led by Sacramento Steps Forward and the Department of Human Assistance. These meetings are focused on connections to housing for clients in Project Roomkey hotels or motels.

These efforts are in line with the recommendations above but are limited in scope, making them good examples of strategies to be scaled up or supported across the system.

4. Address the Gap in Housing and Supportive Services for People Experiencing Homelessness: Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.

Sacramento's current level of housing and emergency shelter resources leaves thousands of individuals and families experiencing homelessness, on any given night.

- At a conservative estimate, at least **5,570 people in Sacramento have shelter and housing needs that are not met** by the current homeless system of care's capacity or the open housing market.
    - At least **2,451 people with high service needs** require permanent supportive housing or a higher level of care.
    - At least **2,451 people with moderate service needs** require rapid re-housing.
- **Seventy percent of people experiencing homelessness in Sacramento are unsheltered**, living outside, in vehicles, or in other places not designed for human beings to live, and current emergency shelter capacity is insufficient to meet that need.

How to Address the Gap In Housing and Supportive Services
To meet the needs of people living in Sacramento County, additional permanent supportive housing, rapid re-housing, and emergency shelter must be created to grow the capacity of the homeless system of care.

	Potential Strategies for Response	Impact	Effort
1	Build out programs that leverage housing vouchers to connect prioritized and referred tenants with permanent supportive housing case management resources in a coordinated housing program.	High	High
2	Expand project-based permanent supportive housing options that provide intensive case management, including a range of housing approaches (e.g., individual units versus shared housing).	High	High
3	Continue to seek out new funding to increase rapid re-housing capacity across household types and subpopulations.	High	High
4	Streamline access to higher levels of residential care, such as skilled nursing facilities, for people experiencing homelessness or exiting from permanent supportive housing.	Medium	Medium

Analysis
In Sacramento, ending homelessness is a multi-sector effort supported by local, state, federal, and private funding sources. The following are the primary local partners who provide funding, manage resources, or coordinate access to housing programs:

- Sacramento Continuum of Care's Coordinated Entry System (CE),
- Sacramento County,
- City of Sacramento,
- Sacramento Housing and Redevelopment Agency, and
- Veterans Administration.

The housing resources that are dedicated to individuals experiencing homelessness are affiliated with several different funding sources and leadership entities. Federal and state funding requirements often create complex and rigid requirements for program management. Differences in leadership and funding impact how the housing programs operate, including processes for access, eligibility, and prioritization, as well as housing type, design, and data tracking, and other factors. As a result, housing programs in Sacramento, as well as in many other communities, often do not operate as one cohesive system. Notably, however, access to more than one-quarter of Sacramento's permanent supportive housing program beds is shared across multiple entities, indicating a high level of collaboration around serving highly vulnerable populations with intensive housing supports.

Beds dedicated to people experiencing homelessness by project type and path to access[21]

	BHS	CE	DHA	SHRA	VA	Shared[22]	Other[23]	Total
Emergency Shelter Beds	48 4%	0%	423 31%	160 12%	0%	0%	749 54%	1,380 100%
Permanent Housing (no services) Beds	0 0%	0 0%	0 0%	0 0%	0 0%	0 0%	75 100%	75 100%
Permanent Supportive Housing Beds	232 6%	976 26%	60 2%	797 21%	627 17%	1039 28%	0 0%	3,731 100%
Rapid Re-Housing Beds	1 bed 0%	96 12%	471 60%	0 0%	69 9%	96 12%	48 6%	781 100%
Transitional Housing Beds	0 0%	15 3%	153 30%	0 0%	99 19%	0 0%	250 48%	517 100%
Total Beds	287 4%	1087 17%	1017 17%	1047 16%	795 12%	1210 19%	1047 16%	6490 100%

While each of the entities represented in the table above have housing programs dedicated to people experiencing homelessness, some also have housing programs with a "preference" for people experiencing homelessness that are not exclusively dedicated. For example, all of the City of Sacramento public housing projects administered by SHRA have a preference for people experiencing homelessness, meaning that people that are homeless and meet other eligibility criteria are prioritized over those that are not homeless.[24]

Some housing programs operated by these same partners serve high numbers of people experiencing homelessness but do not have a preference, such as the BHS housing services for mental health clients,[25]

This cross-sector effort to respond to homelessness in Sacramento is laudable. Having multiple housing options to respond to the variety of needs is a reflection of system strength; however, data about people

[21] This table is based on data from the 2020 Housing Inventory County and data provided by DHA, BHS, and SHRA.
[22] "Shared" refers to beds where the path to access is controlled by at least two of the following entities: BHS, CE, DHA, SHRA, or VA.
[23] "Other" refers to beds where the path to access is not controlled by BHS, CE, DHA, SHRA, or VA. For example, St. John's Program for Real Change controls the path to access for their Housing Partnership rapid re-housing program.
[24] Between October 1, 2018 and September 30, 2020, 160 homeless households were admitted to City of Sacramento public housing units with a preference for people experiencing homelessness.
[25] For BHS's housing services related to mental health services in FY2019-2020, the average housing services cost per person was $3,177 and the range was $0 to $74,162. Housing services include funding for rent gaps, rental subsidies, and master lease programs.

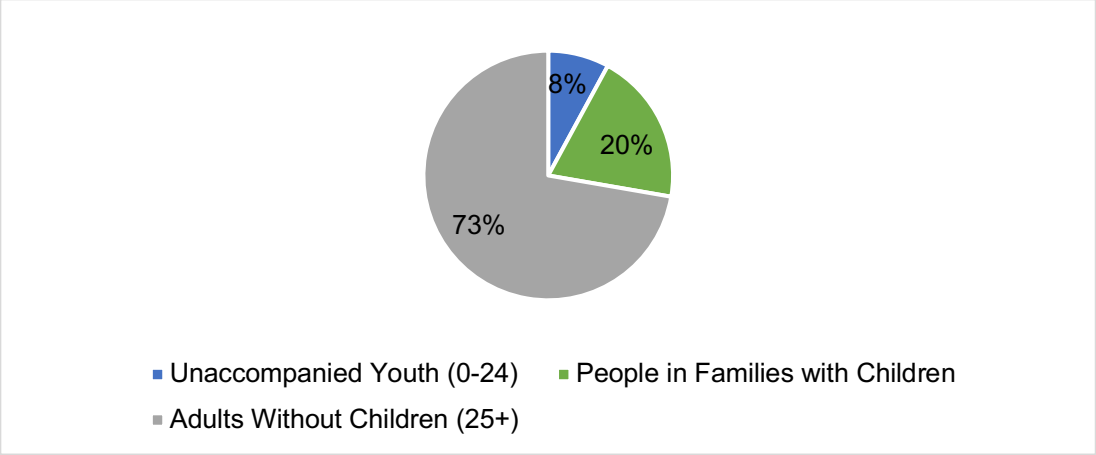
experiencing homelessness in Sacramento is more fragmented and decentralized than in many other, similarly-sized communities, making it difficult to assess unmet need with accuracy.

In communities where most people seeking shelter and housing assistance have contact with a single coordinated entry system that feeds into all homeless-targeted resources, both current need and expected future need can be estimated based on how many people have been assessed by coordinated entry. In Sacramento, only 17% of beds dedicated to people experiencing homelessness participate in the Coordinated Entry System. As a result, many people in need of housing support are never connected with Coordinated Entry, and data from that system alone provides a limited picture of homelessness.

At least 5,570 people in Sacramento have unmet shelter and housing needs.

To determine the gap between current resources and what is needed to serve people experiencing homelessness in Sacramento County, the best available source of information is the community's Point in Time Count. [26] In Sacramento County, the Point in Time Count of people experiencing sheltered and unsheltered homelessness increased dramatically in 2017 and 2019, marking a shift from fairly stable counts over the previous decade.[27] Even as large numbers of families and individuals obtained housing through the homeless system of care over that same time period, the total number of people in need of housing grew. As of the 2019 Point in Time Count, approximately 5,570 people were unhoused on any given night in Sacramento County, and approximately 3,900 of those people were unsheltered.

Point in Time Count of homeless individuals in Sacramento County in 2019 by Household Type (n=5,570)



The Point in Time Count on its own, however, does not offer detail about the specific types of resources needed to serve the population experiencing homelessness. The most widely-used assessment of vulnerability

[26] The limitations of a point-in-time approach to quantifying homelessness are widely recognized. By definition, Point in Time Counts capture a snapshot of homelessness on a single night in January and shed little light on how many people actually experience homelessness over the course of a year. Variations in weather conditions from year to year, as well as the difficulty of visually counting people experiencing unsheltered homelessness, contribute to uncertainty about the accuracy of Point in Time Count data.

[27] The methodology used for the Point in Time Count in Sacramento was significantly expanded in 2019 to respond to growth in the scope of homelessness observed in 2017 and to increase the accuracy of the count. While the more robust methodology provides a strong foundation for future counts, it also provided a more thorough count as compared to previous years and makes comparisons to previous counts more challenging.

and housing barriers in Sacramento County is the Vulnerability Index – Service Prioritization Decision Assistance Tool (commonly referred to as the VI-SPDAT), as administered within the Coordinated Entry System. One function of the VI-SPDAT is to indicate what level of housing support a client is likely to need, given their assessed vulnerability and barriers to housing. The chart below applies data about the percentage of households completing a VI-SPDAT that fall within each housing intervention range to the 2019 Point in Time Count. This provides a rough projection of potential housing and service needs within the homeless population, allowing for a more nuanced analysis of the gap in the community's housing resources.

Estimated level of assistance needed, by VI-SPDAT score, as reported in HMIS from Oct. 2018 to Sept. 2020

Estimated Level of Assistance Needed	**% of VI-SPDATS[28]**	**2019 PIT Count Estimate**
High Service Needs (Permanent Supportive Housing Range)	44%	2,451 people
Moderate Service Needs (Rapid Rehousing Range)	44%	2,451 people
Minimal Intervention Range	12%	668 people

Because the Point in Time Count is an estimate of the community's persistent nightly homeless population, already taking into account the impact of existing capacity, this analysis treats the 2019 Point in Time Count, informed by VI-SPDAT scores, as the best available estimate of the gap in housing program resources. Given the limitations of the data available, these are more likely to be under-estimates than over-estimates. Additionally, as the economic impacts of the COVID-19 pandemic continue to be felt, the number of people experiencing homelessness in Sacramento will rise. Therefore, this analysis provides a highly conservative estimate of current unmet need.

At Least 2,451 people with high service needs require permanent supportive housing or a higher level of care.
Providers operating permanent supportive housing in Sacramento reported a need for higher levels of support for a portion of their client population. They identified a need for more support for clients with more intensive health and daily living challenges, such as seniors and clients with severe mental illness and substance use conditions. In some cases, seniors and clients with severe disabling conditions would experience better health and housing outcomes in skilled nursing facilities or other residential care settings, but case managers struggle to connect their clients with these resources. Other clients simply need more intensive case management or service supports than current permanent supportive housing programs can provide. Factors such as the type or location of housing (e.g. project-based versus scattered-site units or placement in shared housing) and high case management caseloads may impact housing stability for clients who need intensive case management and services.

An analysis of the community's full bed and unit capacity highlights an opportunity to shift existing resources to create service-intensive permanent supportive housing. SHRA provides an immense housing resource for the community's homeless system of care by prioritizing its Housing Choice Vouchers for households experiencing homelessness.[29] As they are currently designed, these vouchers prioritize individuals experiencing homelessness with an existing connection to case management services, meaning that clients must

[28] These estimates are based on deduplicated VI-SPDAT scores from October 2018-September 2020. Note that VI-SPDAT scores are not available for every client entered into HMIS, and the pool of clients referred to Coordinated Entry for a VI-SPDAT may not be representative of the broader homeless population. These percentages are used to estimate vulnerability, because they are the best data currently available; however, a standardized universal assessment of housing need would result in a more reliable analysis of capacity. See *Forge a Cohesive and Coordinated System of Care* for more discussion of capacity related data limitations.

[29] Please note, homeless status is a one-point preference among several preferences for SHRA's Housing Choice Vouchers. Other preferences include rent burdened (1 pt), resident of Sacramento County (5 pt), ability to lease in-place (2 pt), etc.). Please see SHRA's Housing Choice Voucher Program Administrative Plan 2020 for more detail. Between October 1, 2018 and September 30, 2020, 1949 homeless households were served with tenant-based Housing Choice Vouchers.

successfully obtain case management before applying for a voucher. Some portion of these vouchers could be dedicated for people experiencing homelessness and paired with intensive case management and wrap-around services to create a new housing program within the Coordinated Entry System, which would both streamline access to Housing Choice Vouchers for people experiencing homelessness and increase service-intensive permanent supportive housing capacity.

At least 2,451 people with lower service needs require rapid re-housing.
Rapid re-housing represents one of the community's clearest opportunities to increase impact by improving housing outcomes (see *Optimize Existing Housing Programs*). Nevertheless, with an unmet need of at least 2,451 people within the moderate intervention (rapid re-housing) range, and the effects of COVID-19 likely to increase this need, improved housing outcomes for the community's 781 homeless-dedicated rapid re-housing beds are unlikely to fully close the resource gap.

Seventy percent of people experiencing homelessness in Sacramento are unsheltered, and current emergency shelter capacity is insufficient to meet that need.
At the time of the 2019 Point in Time Count, 3,900 people (70% of the total homeless population) were sleeping outside, in vehicles, or in other unsheltered locations. Connection to safe and affordable permanent housing will ultimately end homelessness for those unsheltered individuals, but increasing the effectiveness and capacity of housing programs will take time. Permanent housing will not be a reality for everyone immediately. In the interim, emergency shelter provides an essential crisis-response service for individuals and households that need safe places to stay while they connect to resources that will help them obtain permanent housing.

Some improvements can be made to utilization of emergency shelter beds in Sacramento County, as described in *Optimize Existing Housing and Shelter Programs*; however, the ability of existing temporary shelter capacity to shelter additional people is limited. Some additional emergency shelter capacity, in concert with improved access to housing resources, will be necessary to meaningfully reduce the rate of unsheltered homelessness in the community. When planning for additional emergency shelter capacity, the impact of shelter access models and program design on current shelter utilization should be taken into account, as should the input of current and former shelter residents.

Current Efforts to Address the Gap in Housing and Supportive Services
At the time of this report, new efforts to increase capacity in Sacramento include the development of seven additional projects using project-based vouchers, which are set to open in the next four years. While these projects will add vital beds to community's housing capacity, they will not be enough to meet the housing needs of thousands of people experiencing homelessness in Sacramento.

5. Create More Affordable Housing Units: Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.

Housing affordability is a key challenge for low-income individuals in Sacramento. Even for individuals enrolled in rental assistance programs, the lack of affordable housing units can prevent them from using the rental subsidy. Sacramento's housing affordability crisis is a result of several factors:

- **Rental housing vacancies have declined** over the past decade resulting in a highly competitive rental market that creates additional barriers for low-income tenants to obtaining market-rate housing.

- There are **too few dedicated affordable housing units** to meet community need, contributing to high numbers of individuals at risk of and experiencing homelessness.

How to Create More Affordable Housing Units
In order to more effectively end and prevent homelessness, there needs to be an increase in the supply of affordable housing.

	Potential Strategies for Response	Impact	Effort
1	Develop permanent affordable housing to meet the Sacramento Regional Housing Needs Allocation targets for very-low and low income[30] housing in all jurisdictions.	High	High
2	Dedicate units in new subsidized affordable housing development for extremely low-income, very low-income, and homeless individuals, including units connected to intensive case management and wrap-around services.	High	High
3	Support campaigns for new federal and state public funding for extremely low-income and very low-income housing development.	Medium /High	Medium

Analysis
Building affordable housing is a complex process requiring cross-sector leadership from housing developers, public housing authorities, local jurisdictions, and the homeless system of care, with some partners playing a greater leadership role than others. Across Sacramento County, the following gaps were identified in affordable housing:

Rental housing vacancy rates have declined over the past decade.
In the past decade, the percentage of vacant rental units has dropped from 6.5% to 2.5% in Sacramento County (for additional discussion, see *Address the Gap in Housing and Supportive Services for People Experiencing Homelessness*). When vacant rental units are scarce:

- Rental housing accessible to low-income individuals is typically lower in quality and concentrated in certain geographic areas.
- Low-income renters may pay well over 30% or even 50% of their income for housing, leaving them severely at-risk of housing instability.
- Individuals experiencing homelessness with a rental subsidy have more difficulty locating an available

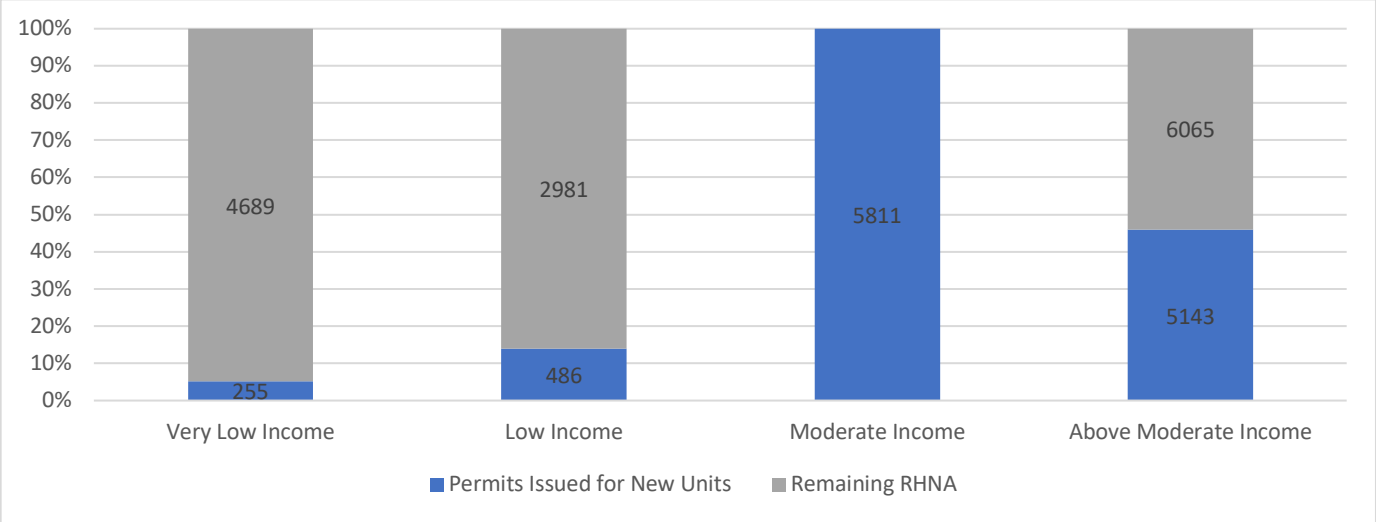
[30] Please note, the Regional Housing Needs Allocation (RHNA) does not separate need among extremely low-income and very low-income individuals, including both under the VLI category.

unit.

There are not enough permanently affordable housing units to meet community need, contributing to high numbers of individuals at risk of and experiencing homelessness.
While prevention and diversion programs can reduce the number of individuals entering the system (see *Stop Homelessness Before it Begins*) and strategies can be implemented to improve the utilization of existing resources (see *Optimize Existing Housing and Shelter Programs*), additional permanent affordable housing capacity is needed to make these interventions effective and to reduce the number of people who cannot afford housing and fall into homelessness each year. For example, both providers and people experiencing homelessness identified housing location as a significant challenge for clients enrolled in rental assistance programs (see *Optimize Existing Housing and Shelter Programs*).

The development of permanent affordable housing does not come close to meeting identified community need in Sacramento County. The Regional Housing Needs Allocation (RHNA) is a statewide assessment of the number of new housing units needed at each level of affordability to meet housing needs within each local jurisdiction. For example, compared to the RHNA production goals for 2013-2021, the City of Sacramento has met 100% of the target for moderate income units, but only five percent of the target for very low income units as of December 2019.[31]

Progress toward meeting 2013-2021 RHNA goals for the City of Sacramento (October 31, 2013 – December 31, 2019)[32]



In January 2020, the City of Sacramento created the $100 million Sacramento Affordable Housing Trust Fund with funding from Measure U.[33] This fund uses income guidelines to target housing investment for extremely low income, very low income, and low income individuals. Other comparable California communities have also passed local affordable housing bond measures as a key component of their efforts to address homelessness. For example, Santa Clara County voters approved a $950 million bond in 2016 that is projected to fund 4,800

[31] The state requires the Regional Housing Needs Allocation (RHNA) targets be incorporated into the Housing Element of each city and county in California, with progress reported annually in the form of the number of units for which permits were issued during the RHNA timeframe. RHNA does not separate Extremely Low-Income (ELI) and Very Low Income (VLI) need, including both under the VLI category. The most recent RHNA period covers 2013-2021.
[32] City of Sacramento's 2019 Housing Element Annual Progress Report, presented to the City Council on April 21, 2020. Retrieved from here.
[33] For more information about the City of Sacramento's Affordable Housing Trust Fund, please see here.

units dedicated to extremely low-income households and individuals, families exiting homelessness, and other underserved populations.[34] Without the creation of additional permanently affordable housing, expansion of prevention, diversion, and supportive housing programs can only have limited impact.

This underproduction of permanent affordable housing for very low income individuals has consequences for Sacramento residents. Multiple individuals with experience of homelessness described being directed to affordable and supportive housing waitlists that were closed or were perceived as a dead end due to long wait times. For example, there are 15,113 households on the waitlist for the Saybrook (60 units) and Serna Village (75 units) housing projects, including 7,965 homeless households. The lack of permanent affordable housing contributes to high numbers of individuals at risk of and experiencing homelessness.

Current Efforts to Create More Affordable Housing

In January 2020, the City of Sacramento created the $100 million Sacramento Affordable Housing Trust Fund with funding from Measure U.

[34] For more information about Santa Clara County's 2016 Measure A – Affordable Housing Bond, please see here. Other community examples include the City of San Jose Measure E Transfer Tax and Los Angeles' 2020 Tax Exempt Bonds.

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

Indicators of disparities in accessing programs, length of time homeless, flow through the system, and housing outcomes were found when analyzing Sacramento's HMIS data. Data collected from system partners was not client level data and did not always include demographic information. Therefore, the equity analysis focuses on HMIS data. HMIS data were also analyzed by comparing the 2019 Point in Time (PIT) Count, 2020 Housing Inventory Count (HIC) and HMIS data. While there are many signs of equitable care in Sacramento, the following issues that require further study and action were identified:

- **Veterans, American Indian and Alaska Natives, and males are overrepresented** in the Point in Time Count homeless population. Those groups, along **with transition age youth**, are also underrepresented in homeless housing and services enrollments in HMIS.
- The time it takes people **to get housed or access housing resources is inequitable** across household types.
- Participation in programs and connections with housing resources **are different across racial groups**.
- Inequitable housing outcomes and systematic disparities in bed dedication and resources highlight **missed opportunities for subpopulations**.
    - Rapid re-housing connects non-veterans, people in families with children, and non-white people to permanent housing at lower rates, as compared to other populations.
    - Rapid re-housing is a successful program model for transition age youth and adults without children, but families are more likely to access the resource, given the availability of a significant state-funded rapid re-housing program dedicated to serving families.
    - Sacramento's homeless system of care appropriately prioritizes people with disabling conditions and people experiencing chronic homelessness, in alignment with CoC policy.
- Permanent supportive housing is high-performing but demonstrates low rates of turnover, which **severely limits the number of new individuals who can be served** with existing capacity.

How to Increase System Equity
In order to increase equity across the homeless system of care, targeted interventions are needed to reduce identified disparities in access and outcomes.

	Potential Strategies for Response	Impact	Effort
1	With the input of individuals with lived experience of homelessness, identify and implement strategies to reduce the time adults without children spend waiting for permanent supportive housing (e.g., a flexible case management team focused on document readiness; increase the amount of shelter available to adults without children; increase the number of light touch resources like Housing Problem Solving available to this population).	High	High

2	Develop a community-wide strategy and standards for individuals exiting permanent supportive housing to a permanent destination (i.e., “moving on” programs).	Medium	Medium
3	Under the leadership of the Youth Advisory Board and youth providers, identify opportunities to expand housing programs and improve permanent housing outcomes for transition age youth.	Medium	Medium
4	Coordinate with the Racial Equity Committee to: (1) convene listening sessions with individuals experiencing homelessness that identify as Alaska Native and/or American Indian and/or organizations that serve this population to discuss challenges in accessing the system of care; and (2) create an equity monitoring plan to observe and monitor disparities and identify new areas for equity evaluation.	Medium	Medium
	See also section 7: Data sharing to improve equity monitoring	High	High

Analysis

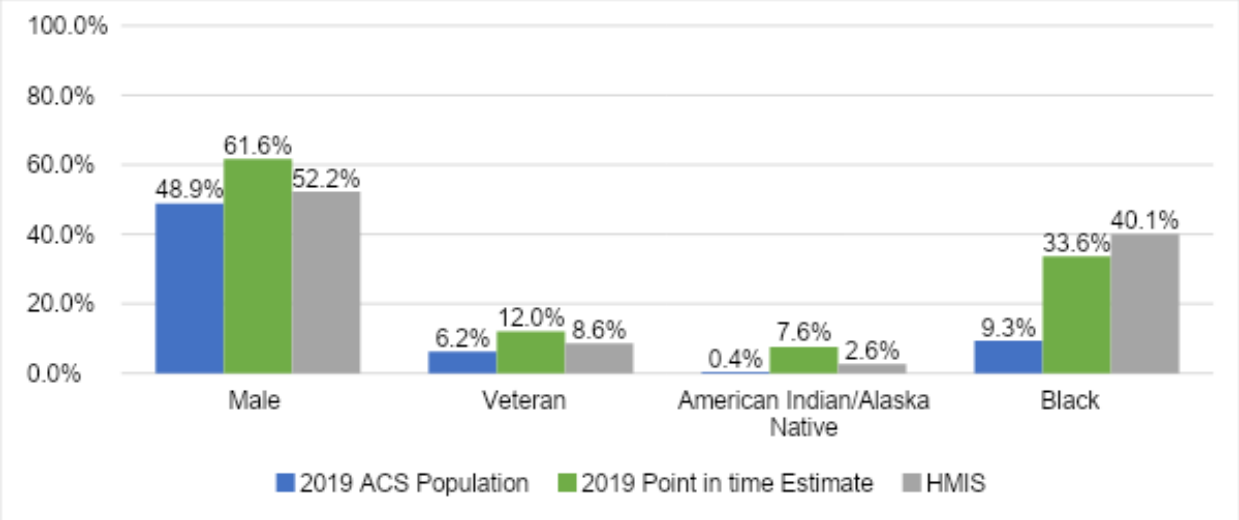
Veterans, American Indian and Alaska Natives, and males are overrepresented in the homeless population and underrepresented in homeless housing and services enrollments.

Disparities in system access were analyzed in two key ways:

1. Comparing HMIS data, 2019 Point in Time Count estimates, and Census population data
2. Using HMIS data to compare enrollments across demographics and sub-populations[35]

The following table includes the U.S. Census Bureau American Community Survey (ACS) general populations estimates, 2019 Point in Time (PIT) Count estimates, and HMIS enrollment data. Census general population data is a helpful comparison to identify inequities in the homeless population overall and in comparing the Point in Time Count estimates to HMIS enrollments, disparities in access can be identified. To identify disparities, we analyzed HMIS, Point in Time Count, and Census data across demographics (including age, ethnicity, race, veteran, status, and gender) and found significant disparities for gender, race, and veteran status.

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



[35] Data collected from systems partners outside of HMIS did not include demographics and did not provide client level data. Therefore, the HMIS data serves as the focal point of equity analysis.

- Males comprise 49% of Census population estimates and are overrepresented in Point in Time Count estimates (62%). Males are underrepresented in HMIS (52%) compared to Point in Time estimates.

- Veterans comprise 6% of Census population estimates and are overrepresented in Point in Time Count estimates (12%). Veterans are underrepresented in HMIS (9%) compared to Point in Time Count estimates.

- People identifying as American Indian and Alaska Native comprise 0.4% of Census population estimates and are overrepresented in Point in Time Count estimates (8%). American Indian and Alaska Natives are underrepresented in HMIS (3%) compared to Point in Time Count estimates.

- People identifying as Black comprise 9% of Census population estimates and are overrepresented in the Point in Time Count (34%). Black people are also overrepresented n HMIS (40%) when compared to Point in Time Count estimates.

Transition age youth are underserved in homeless housing and services enrollments.
Another way to observe system equity for household types is by comparing the Point in Time Count estimates and HMIS enrollment data to highlight differences between program access and expected need. Additionally, the Homeless Inventory Count records of dedicated beds for households provide context for these as well.

- Transition age youth constitute 7.4% of the 2019 Point in Time Count and 6.6% of HMIS active individuals in the system between July 1, 2018 and July 1, 2020. This indicates that overall, transition age youth are accessing the system at equitable rates.

- However, when we examine HMIS enrollments by program type, transition age youth are not accessing rapid re-housing or permanent supportive housing at equitable rates. Transition age youth make up 6.6% of the HMIS population and only 1.8% of rapid re-housing and 2.4% of permanent supportive housing enrollments.

- The Housing Inventory Count indicates that transition age youth have a total of 12 dedicated permanent supportive housing beds (<1%) and 16 dedicated rapid-rehousing beds (2%). With a dearth of dedicated beds, transition age youth without children are accessing permanent housing resources at lower rates than expected.

Proportion experiencing homelessness versus proportion engaged by the homeless system:
2019 PIT Count and HMIS enrollment comparison by project type and household type
(All final individual enrollments between July 1, 2018 and July 1, 2020)

	2019 PIT Count	All HMIS	Street Outreach	Shelter	Transitional Housing	Rapid re-housing	Permanent Supportive Housing	Homeless Prevention	Other
People in families with children	20.4%	40.7% n=9,343	8.7%	21.9%	48.4%	79.8%	40.4%	71.0%	10.3%
Adults without children	79.6%	59.3% n=13,620	91.3%	78.1%	51.6%	20.2%	59.6%	29.1%	89.7%
Transition age youth [36]	7.4%	6.6% n=1,515	12.9%	7.5%	15.4%	1.8%	2.4%	0.8%	3.7%

[36] Transition age youth is a subset of adults without children.

The time it takes people to get housed or access housing resources is inequitable across household types.
Another key metric for analyzing equity of access and overall system equity is observing the time it takes individuals to connect with housing resources once they enter the system. Using HMIS data we compared the length of time individuals waited between their first entry into street outreach or shelter and their first entry into a housing program (including rapid re-housing, permanent supportive housing and transitional housing). Those without an entry into a housing program were excluded from the sample.

Across all household compositions and housing program types:

- The average length of time was 6 months or 182 days.
- The median length of time was 105 days.
- Having a median that is 77 days lower than the average signals that there are outliers as well as a portion of the population who remain homeless for longer periods of time. For those who eventually connected to housing resources, the maximum length of time someone waited was 1,241 days or just under 3.5 years.

However, the length of time between system entry and housing varies by household composition, point of entry, and program type. Of individuals who entered the system through street outreach or shelter and were subsequently enrolled in a housing program:

- Families with children and transition age youth are accessing housing faster than adults without children, on average and across housing program types.
- The length of time between system entry and enrollment in permanent supportive housing is significantly longer than other housing program types. On average, individuals are waiting almost one year to enroll in permanent supportive housing.

Length of time from first HMIS entry in street outreach or shelter to first housing program enrollment by household composition as reported and active in HMIS between July 1, 2018 and July 1, 2020[37]

	Median (days)	**Average (days)**
All people	105	182
People in families with children (n=589)	62	119
Adults without children (n=1167)	131	213
Transition age youth (n=185)	91	149

[37] For those active in HMIS between July 1, 2018 and July 1, 2020, first enrollment was assumed to be the first enrollment recorded after July 1, 2016. The maximum amount of days a person could spend homeless and received a connection was 1,460 days or 4 years.

Length of time from first HMIS entry in street outreach or shelter to first housing program enrollment by housing program type and household composition as reported and active in HMIS between July 1, 2018 and July 1, 2020[38] [39]

Program Type	Population	Median (days)	Average (days)
Transitional Housing	All people (n=309)	79	134
	People in families with children (n=44)	108	129
	Adults without children (n=265)	78	135
	Transition age youth (n=85)	83	122
Rapid Re-housing	All people (n=1092)	72	148
	People in families with children (n=497)	49	103
	Adults without children (n=595)	102	185
	Transition age youth (n=86)	84	162
Permanent Supportive Housing/ Other Housing Supports	All people (n=355)	290	326
	People in families with children (n=48)	223	276
	Adults without children (n=307)	300	335
	Transition age youth (n=14)	192	230

Participation in programs and connections with housing resources are different across racial groups.
To examine any racial disparities in how clients are progressing through the system of care, we looked at exits to permanent destinations from street outreach and shelter across different household compositions. The following areas were identified for potential further analysis and monitoring.

Families with Children:

- Race may be impacting the likelihood that people in families with children will exit to permanent housing locations, although there is variation by program type at entry. For example, Black families are moving from shelter to permanent destinations at a lower rate than white families, but the inverse is true for families exiting street outreach.

- Black families with disabling conditions were more likely to exit to permanent housing (49%) than those without disabling conditions.

- While the system appears to be successfully prioritizing chronically homeless families and families with disabling conditions, the conflicting outcomes with regards to race and program types is something that needs more attention, monitoring and study.[40]

[38] Ibid.
[39] Transition age youth is a subset of adults without children.
[40] The *Sacramento CoC Coordinated Entry Evaluation* found that Black households scored lower on the VI-SPDAT and were thus less likely to be prioritized for permanent supportive housing. However, because so few people were housed, the difference in housing outcomes was not significant.

Client destination at final program exit by project type and race as reported in HMIS between July 1, 2018 and July 1, 2020[41]

	Shelter (n=1,707)		Street Outreach (n=540)	
	% Exit to Permanent Housing Program[42]	**% Exit to Permanent Destination**	**% Exit to Permanent Housing Program**	**% Exit to Permanent Destination**
Black	12.6% (104 of n=824)	29.6% (244 of n=824)	29.3% (68 of n=232)	49.1% (114 of n=232)
White	19.9% (115 of n=578)	38.6% (223 of n=578)	14.5% (34 of n=242)	31.4% (76 of n=242)

Adults without children:

- Adults without children that identify as American Indian or Alaska Native (AI/AN) and exit from street outreach are connected with housing programs at lower rates than other races (4.3% AI/AN; 9.1% average across all racial groups).[43] While it is possible that AN/AI adults without children are accessing resources outside of HMIS, there is enough evidence to warrant more monitoring and study to understand the disparity in these numbers. Specifically, group appointed AN/AI representation on the Racial Equity Committee, listening sessions, focus groups, and qualitative and quantitative survey research is needed to better understand how this population is and is not supported by the system.

Inequitable housing outcomes and systematic disparities in bed dedication and resources highlight missed opportunities for subpopulations.

The following sections look at variations in how sub-populations and demographic groups flow through the system of care and interact with distinct program types. These variations are important to consider when seeking to build equity and identify system gaps.

When looking at outcomes for housing programs, both transitional housing and rapid re-housing are generally focused on exiting clients to permanent, non-subsidized destinations, while permanent supportive housing is a long-term intervention where success is primarily measured in retention, with only a select number of clients exiting to permanent destinations when they are ready.[44] When looking just at exits, rapid re-housing projects had the highest number of individuals exiting to permanent destinations exits overall.

[41] Final program exit for this table includes last exit from Shelter and Street outreach programs.

[42] Exit to a permanent housing program indicates that the household subsequently accessed a program in HMIS providing permanent housing resources (*i.e.,* permanent supportive housing or rapid re-housing). In contrast, exit to a permanent housing destination reflects that a household reported that they were permanently housed when they left the program, which would include all of the households that accessed a permanent housing program and the households who reported accessing their own permanent housing (*e.g.,* by moving in permanently with friends or family or renting a market rate apartment).

[43] Similarly, the *Coordinated Entry Evaluation* found that AI/AN individuals completed the VI-SPDAT at a low rate when compared to other racial groups. Please see *Appendix B* for additional information about the *Coordinated Entry Evaluation*.

[44] Note that while 66% for individuals exiting permanent supportive housing to permanent destinations appears low, it is important to note that this is only for those exiting, and most individuals in permanent supportive housing will not exit because they will remain in their current housing.

Client final destinations by last program type exit as reported in HMIS between July 1, 2018 and July 1, 2020

Project Type	Permanent Destinations	Temporary, Unsheltered, Unknown, Institutional, or Deceased	Total Exits from System
Permanent Supportive Housing	336 *(66%)*	171 *(34%)*	507
Rapid Re-housing	3,949 *(58%)*[45]	2,286 *(42%)*	6,783
Transitional Housing	852 *(56%)*	661 *(44%)*	1,513
Temporary Shelter	1,749 *(26%)*	4,898 *(73%)*	6,647
Street Outreach	1,363 *(20%)*	5,334 *(80%)*	6,682
Total	**8,248 *(37%)***	**13296 *(62%)***	**22,132**

Rapid re-housing connects non-veterans, families with children, and non-white people to permanent housing at lower rates.

Across all rapid re-housing programs, roughly 40% of participants are not exiting to permanent destinations, signaling a need for more support for clients exiting from rapid re-housing programs. The analysis below will touch on specific demographic populations for which this trend is extended.

Notably, veterans are especially successful across rapid re-housing programs:

- Veteran families exiting rapid re-housing are more likely to be housed at exit than any other subpopulation (80.7% compared to 55.2%). While many veterans exiting rapid re-housing still need continued support, the rate of permanent housing at program exit is better than all other groups. The success of the Veteran system may emerge as a promising practice.

- Veterans without children exiting rapid re-housing were also more likely to exit to a permanent housing destination than non-veterans (71.4% compared to 64.7%).

Comparing rapid re-housing success rates across household types revealed higher exits to permanent housing for adults without children:

- Adults without children in rapid re-housing programs exit to permanent destinations at higher rates (68.4%) compared to the total rate (56%). While most rapid re-housing is dedicated to families with children, these data suggest that adults without children would not only benefit from more rapid re-housing, but would likely have positive rates of success.

Looking more closely at outcomes by racial demographics, differences in the rate at which people in families within different racial categories exited to permanent housing locations were statistically significant:

- Comparing those identifying as white (58.4%), Multi-racial (50.4%), and Black (54.3%), individuals identifying as white are exiting to permanent housing destinations at higher rates.[46]

[45] When we exclude the largest program from the rapid re-housing sample, the proportions of those exiting to permanent housing rises to 73.7%. See *Optimizing Existing Housing and Shelter Programs* for additional discussion.

[46] This finding may be linked to a Coordinated Entry Evaluation finding that people identifying as Black score lower on the VI-SPDAT. There is a possibility that families of color that may need more ongoing support are not prioritized for these services. However, findings for adults without children were not statistically significant.

Rapid re-housing is a successful program model for transition age youth and adults without children but families are more likely to access the resource, given the availability of a significant state-funded rapid re-housing program dedicated to serving families.

When comparing transitional housing and rapid re-housing for all populations, the rates of exit to permanent destinations (including housing with a subsidy and without a subsidy) are similar. For both transitional housing and rapid re-housing programs, over 40% of participants are not exiting to permanent destinations. More can be done to support clients exiting these programs. The analysis below will touch on specific gaps identified for transition age youth and adults without children.

- Transition age youth fair as well or slightly better than the overall success rates for both rapid re-housing and transitional housing, with 62% of transition age youth exiting these programs to permanent housing. This signals that transitional housing continues to be an effective program for youth, but that rapid re-housing is at least as successful. While youth are over-represented among clients of transitional housing programs in Sacramento (15% of transitional housing clients are youth, who make up only 7.4% of the Point in Time Count homeless population), only 1.8% of clients in rapid re-housing programs are transition age youth. This suggests that more youth dedicated rapid-rehousing would effectively help this population move into permanent housing.

- Adults without children also are exiting rapid re-housing programs to permanent housing at higher rates (68%) when compared to transition age youth (62%) and people in families with children (56%). Furthermore, people in families with children make up 80% of rapid re-housing enrollments, but only 20% of the Point in Time Count estimates. Based on these findings, rapid-re housing is a model that could be further expanded to effectively serve adults without children including those that are transition age youth.

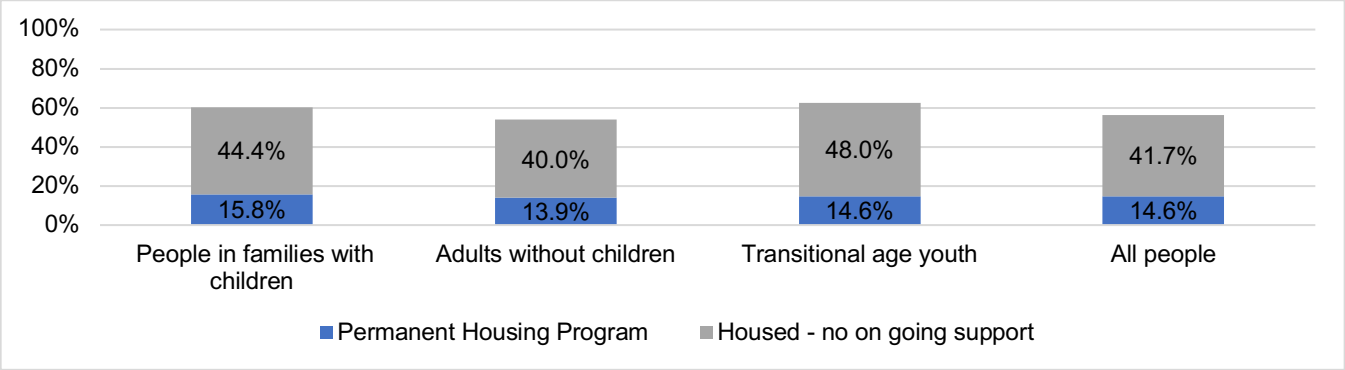
*Client destination at final exit by project type and subgroup as reported in HMIS between July 1, 2018 and July 1, 2020 **

	Exit to permanent housing program	**Housed with no ongoing support**	**Total Permanently Housed[47]**	**Non-permanent destinations**	**Unknown**
Transitional Housing (n=1,513)	14.6%	41.7%	56.4%	40.2%	3.5%
People in families with children (n=588)	15.8%	44.4%	60.2%	37.4%	2.4%
Adults without children (n=924)	13.9%	40.0%	53.9%	41.8%	4.3%
Transition age youth (n=219)[48]	14.6%	48.0%	62.1%	27.4%	10%
Rapid Re-housing (n=6,783)	13.9%	44.1%	58.0%	33.0%	9.1%
People in families with children (5,582)	10.8%	44.6%	55.9%	34.3%	10. 2%
Adults without children (n=1,233)	27.6%	40.9%	68.4%	27.0%	4.0%
Transition age youth (n=118)[49]	16.1%	45.8%	62.4%	30.5%	7.6%

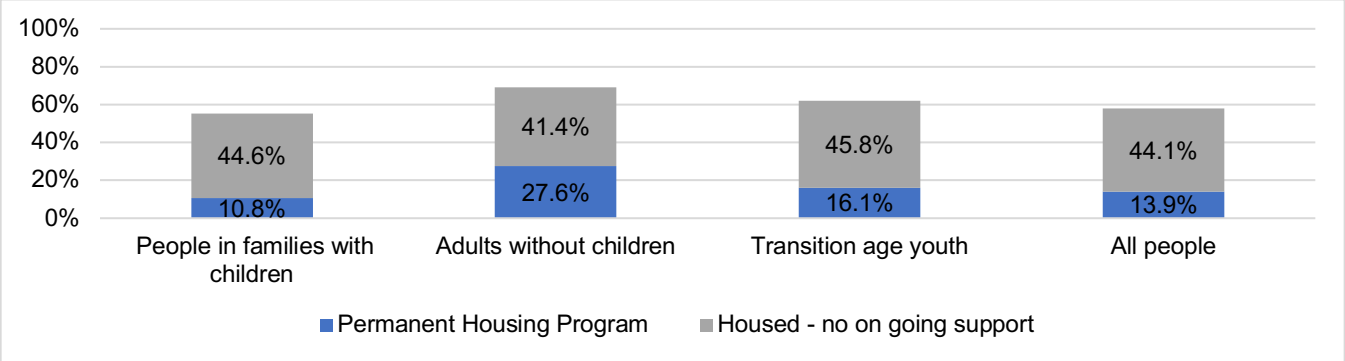
* People that move from one project to another will be captured in transitional housing, rapid re-housing, and permanent supportive housing.

[47] The Total Permanently Housed category will be plus or minus .5% (or .005) of the percent exiting to housing plus the housed with no ongoing support, due to rounding.
[48] Transition age youth is a subset of adults without children.
[49] Transition age youth is a subset of adults without children.

Clients' final enrollment in transitional housing who exited to permanent destinations as reported in HMIS between July 1, 2018 and July 1, 2020 [50]



Clients' final enrollment in rapid re-housing who exited to permanent destinations as reported in HMIS between July 1, 2018 and July 1, 2020 [51]



Sacramento's homeless system of care prioritizes people with disabling conditions and people experiencing chronic homelessness, in alignment with CoC policies.

The data indicates that the system is prioritizing permanent housing resources for those people with disabling conditions and those with experience of chronic homelessness, aligning with CoC policies.[52]

- People experiencing chronic homelessness were connected to permanent housing from street outreach (13.9%) and from shelter (16.7%) at higher rates than non-chronically homeless individuals (8.1% and 12.3%).

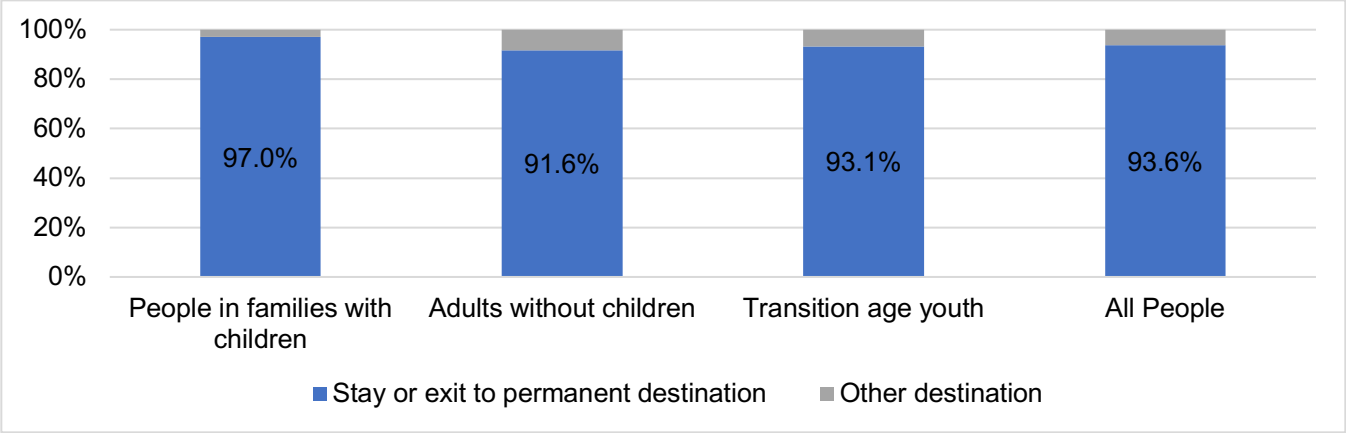
- People with disabling conditions exited to permanent housing from street outreach (11.7%) and from shelter (15.7%) at higher rates that those without disabling conditions (7.9% and 11.3%)

[50] Transition age youth is a subset of adults without children.
[51] Transition age youth is a subset of adults without children.
[52] See *Appendix H* for household level analysis.

Permanent supportive housing is high-performing but demonstrates low rates of turnover.
Permanent supportive housing is not only the highest performing program type, but it also prioritizes access to people with high housing barriers including those with disabling conditions and those experiencing chronic homelessness. Between July 1, 2018 and July 1, 2020:

- Permanent supportive housing outperformed every other program type by far in ensuring that clients remained housed or exited to permanent destinations.
- Notably, Black families are among the most successful in permanent supportive housing programs – 98.1% either stay or exit to permanent destinations (as compared to white families at 93.5%). This may indicate that the program is in part responsive to the needs of people of color. However, additional qualitative study is needed to better understand the complexity of these findings.
- Only 469 people exited permanent supportive housing programs (excluding deaths) while 1,635 were currently enrolled. This indicates a need for additional efforts to help clients to "move on" from permanent supportive housing in order to increase turnover and provide the support clients need to be successful when they do transition.

Clients' final enrollment in permanent supportive housing program, including currently enrolled and those exiting to destinations as reported in HMIS between July 1, 2018 and July 1, 2020 [53]



[53] Transition age youth is a subset of adults without children. The calculation of "stay to exit to permanent destination" used in this chart differs from the HUD System Performance Measure formula in that it only looks at each person's final system exit for each person and across a longer time period.

7. Forge a Cohesive and Coordinated Homeless System of Care: Facilitate systems-level coordination and planning, transparency and accountability by expanding data sharing and reporting.

Improving systems-level coordination and accountability starts with sharing information and understanding performance. Decentralized and non-standardized data collection across the homeless system of care results in significant gaps in information about capacity, utilization, inflow and movement through and between systems, outcomes, and coordination across systems.

- Limited data sharing, coverage and standardization prevent accurate reflection of **system capacity and ability to improve utilization of resources**.
- There are currently over 61 access points utilizing various data systems with limited information sharing across systems, which makes an attempt to assess **inflow across the entire system** incomplete.
- Without better data sharing, the ability to **track outcomes and monitor for system equity** is limited in scope.
- **Accountability and transparency** are reduced by a lack of coordination, data sharing, and reporting.

How to Forge a Cohesive and Coordinated Homeless System of Care
To increase transparency and accountability across the system of care, system partners must come together to determine a path to standardize data collection in key areas and share data across systems.

	Potential Strategies for Response	Impact	Effort
	Cross-System Partners (e.g. DHA, SHRA, BHS, VA): Build on current collaborations to support system-wide data sharing and/or collection of comparable data to better coordinate care, develop a sense of public accountability, and understand gaps across the system of care.		
1	Convene system leaders and database administrators from HMIS, CalWIN, Shine, Avatar, and SHRA's internal databases to discuss opportunities to standardize data collection and reporting, reduce duplicative data entry across systems, and explore potential for future data sharing.	High	High
2	Following new HUD, VA and USICH guidance, integrate Veterans Administration data into HMIS through the HOMES-HMIS translator tool.[54] [55] [56]	High	High
3	Design and implement a periodic and systemized method of capturing capacity, utilization, and turnover that is comparable across all systems (e.g. HIC).	High	High
	CoC: Build on current efforts to expand HMIS coverage and the reach of Coordinated Entry, improve data quality and initiate cross system data sharing.		
4	Continue to expand HMIS coverage and the number of projects participating in Coordinated Entry.	High	High
5	Improve data quality in HMIS by expanding the HMIS Data Quality plan to include	Medium	Medium

[54] VA Notice:https://www.va.gov/HOMELESS/ssvf/docs/VA_Releases_Guidance_on_HMIS.pdf
[55] HUD Notice:https://www.va.gov/HOMELESS/ssvf/docs/VA_Releases_Guidance_on_HMIS.pdf
[56] UCISH Notice: https://www.usich.gov/news/hud-and-va-identify-data-sharing-solution-for-hud-vash/

	semi-annual (or quarterly as determined by CoC's need) data quality reports on non-CoC funded projects.		
6	Build on the success of the COVID-19 Re-Housing dashboard and continue reporting information about re-housing status across major community programs after the COVID-19 response has ended.	Medium	Medium
7	Share data publicly to improve accountability, transparency, and ability to identify what strategies are working.	Medium	Medium

Analysis

Significant homelessness data is not captured in HMIS or is recorded in multiple databases that are not connected to HMIS.[59] Most comparably sized communities in California have broader HMIS coverage and/or data networks that better support systems-level knowledge, for planning, transparency and accountability.

Limited data sharing, coverage and standardization prevent accurate reflection of system capacity and ability to improve utilization of resources.

As discussed above in *Address the Gap in Housing and Supportive Services for People Experiencing Homelessness,* each partner (e.g. DHA, CE, BHS, SHRA, VA) controls no more than 20% of the total beds/units across the system. Programs have inconsistent approaches to measuring capacity, and reporting of beds, units, individuals served, and households served. Further, Sacramento's tenant-based rental assistance programs do not have a fixed number of beds for each program or agreed upon approach for measuring capacity.

The Housing Inventory Count (HIC) provides some information about system-wide utilization and capacity, but there are key limitations. Per HUD guidelines, housing projects that serve but are not specifically dedicated to individuals experiencing homelessness are not included, and the annual count reflects only a single point in time.

The following checklist lists steps needed to properly calculate and monitor capacity and utilization.

Capacity and Utilization	
Responsible Entity	Data Improvement Checklist
Cross-System Partners (e.g. DHA, SHRA, BHS,VA)	• Standardize collection and reporting of housing units / beds across all system partners, including the CoC. • *Site-based permanent housing:* Track and share the number of units and beds available, utilization, and turnover rates. • *Voucher based permanent housing*: Track and share the number of people and households served per year.

CoC	• Collect both beds and units for all HIC projects regardless of household type. • Collect and report rapid re-housing capacity by the number of persons and households the project expects to serve per year, and actually serves. • Collect and report the amount of unspent rapid re-housing project funding per year and the average and median cost spent per household.

There are currently over 61 access points utilizing various data systems with limited information sharing across systems, which makes an attempt to assess inflow across the entire system incomplete.
In attempting to determine the number of individuals accessing the system ("inflow"), a lack of data sharing leaves several fundamental questions unanswered:

- How many individuals are accessing the system and what is the capacity of each access point?
- What are the characteristics of individuals accessing the system for the first time?
- How many individuals can we estimate will flow into the system of care next year?
- What are the characteristics of individuals who struggle to access the system?

In Sacramento, there is limited data collected on how homeless individuals access the system of care. Access points do not collect comparable data about individuals requesting assistance, services provided, or demographic characteristics. Only a portion of access points participate in HMIS and access points are not consistently collecting data about who is attempting to access services. As a result, confidence is limited with regards to in-depth quantitative inflow analyses examining the questions outlined above.

Another approach could be to use the Point in Time Count data to estimate inflow. However, similar to the Housing Inventory Count, while the Point in Time Count provides basic information about system inflow, it has several limitations, some specific to Sacramento and others a result of HUD guidelines:

- In Sacramento, as in many communities, the sheltered and unsheltered Point in Time Count is conducted on a bi-annual basis and provides a snapshot of the system.
- Changes in methodology can make it difficult to compare year-to-year inflow. Communities should have at least 3 consecutive counts with consistent methodology in order to effectively analyze trends in homeless population estimates.
- Certain populations are more difficult to locate and enumerate accurately. [57]
- The Point in Time Count is widely considered an undercount in many communities, though it often represents the best available data on the number of people experiencing homelessness on a given night.

Inflow	
Responsible Entity	**Data Improvement Checklist**
Cross-System Partners (e.g. DHA, SHRA, BHS, VA):	• Standardize the collection of, and share data on, individuals and households requesting, receiving and being denied services.

[57] Comparable communities in California are developing and implementing algorithms using access point data to test and improve the PIT estimate of inflow. While this practice is relatively new in California, it is a promising approach to improving the quality of inflow data.

	○ Data should include demographics, length of time between requesting service and the service provided, turnover rate/ number of exits, and outcomes of service.
CoC	• Continue to expand the number of Coordinated Entry Access Points, including drop in access points. • Continue to improve HMIS data quality through the implementation of a data monitoring program by continuing to update enforceable agreements, benchmarks, monitoring practices and data quality plans. • Continue to expand HMIS coverage across programs serving people experiencing homelessness and system partners.

Without better data sharing, our ability to track outcomes and monitor for system equity is limited in scope.
In attempting to determine outcomes and equity, a lack of data sharing leaves several fundamental questions unanswered including:

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

As with capacity, utilization and inflow, evaluating system outcomes is limited due to the fact data is collected and stored in separate locations. System level outcomes can only be evaluated for those individuals who remain and move between HMIS-participating programs. A lack of data sharing and communication prevents system leaders from identifying inefficiencies/efficiencies and successes/failures across the system. Moreover, without understanding all the outcomes as they relate to one another, we cannot identify best and worst practices.

Measuring outcomes and the equitability of those outcomes for homeless prevention and diversion projects are equally challenging. With the limited data that is collected, homeless prevention and diversion appear to be working well (see *Stop Homelessness Before It Begins*). While positive outcomes provide evidence that support should be expanded, the limited data prevents the system leaders from understanding clearly how well these programs are functioning in reality. There is limited data on services requested, services denied, the amount of money or type of service provided, and there is no follow-up to see if the intervention is effectively preventing homelessness. Additionally, there is no way to track the equitability of service provision across all data points listed above.

To monitor outcomes and the equitability of those outcomes, and to facilitate the improvement of prevention and diversion projects, Sacramento programs would need to:

Outcomes and Equity	
Responsible Entity	**Data Improvement Checklist**
Cross-System Partners (e.g. DHA, SHRA, BHS, VA):	• Share deidentified program outcomes by demographics (together with capacity, utilization, and inflow information listed above). • Expand HMIS coverage to include all homeless prevention

	and diversion projects and standardize definitions and data elements.

CoC	• Continue to improve consistency of Housing Move-in-date and exit destination data collection.
	• Continue to support equity analyses and discussions across HMIS and Coordinated Entry partners.
	• Consistently collect a more robust set of data from people requesting homeless prevention services, including:
	  ○ Number of people requesting services
	  ○ Number of people denied services
	  ○ Number of people assisted
	  ○ Amount of financial assistance provided (if applicable)
	  ○ Number and category of other services provided (e.g., mediation, legal services); and
	  ○ Follow-up with clients 6 months, 1 year, and 2 years after the intervention to gauge success in maintaining permanent housing.
	• Ensure that the physical site address for all non-domestic violence projects in the HIC and HMIS are updated to identify potential geographical access and outcome gaps to improve equity oversight.

Accountability and transparency are reduced by a lack of coordination, data sharing, and reporting.
Accurately tracking access, capacity, utilization, outcomes, and equity across the homeless system of care – and reporting that information out to key stakeholders and the public – are crucial to establishing accountability and transparency across the system. Without this, the following questions cannot be answered:

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

The ability to track data across the system of care, however, requires significant data sharing efforts. Starting new data sharing partnerships is often difficult. Partners may hesitate starting or expanding data sharing efforts for a variety of reasons including limited understanding of HMIS, privacy concerns, and fear a loss of control over their planning and implementing processes, among other reasons.

Despite data sharing and/or coordination challenges, all system partners are currently entering data for at least one program in HMIS which will help to determine the path forward.

Partner	**Data Systems Used**
Continuum of Care	HMIS
Sacramento County Department of Behavioral Health Services, Mental Health Division	Avatar, HMIS (limited)

Sacramento County Department of Human Assistance	Shine, CalWIN, HMIS (limited)
Veteran's Administration	HOMES, HMIS (limited)
Sacramento Housing and Redevelopment Agency	Yardi, HMIS (limited)

To share data, partners across the system will need to decide the type of the data shared as well as the method of sharing that data. Types of data include de-identified data, identified data de-duplicated and stripped of identifiers, or identified data – each approach has advantages and disadvantages.[58] To share data, homelessness partners could follow any of the following methods:

- Create standard reports and dashboards to share de-identified aggregate reports across components of the homeless system of care;
- Expand HMIS to cover all partners with homeless-dedicated resources and/or access points;
- Create a data bridge between all data systems currently in use; or
- Build a data warehouse that combines data from the various sources.

Understanding capacity, utilization, inflow, and outcomes are critical pieces of the overall picture of how the system is working. Together these data points can add necessary transparency and accountability to the system of care and help show what is working and what needs to change. Improving accountability and transparency requires standardized data collection, improved data sharing, and consistent data entry.

Current Efforts to Forge a Cohesive and Coordinated Homeless System of Care

The CoC and other system partners utilizing HMIS and Coordinated Entry are currently working to improve data quality, expand HMIS participation and data transparency through public-facing dashboards. The Coordinated Entry and HMIS Committees are leading these efforts and strive to not only improve the data collection and reporting systems, but to use these data to improve system performance. However, currently participation in HMIS and Coordinated Entry is limited and therefore fundamental questions about the system as a whole go unanswered.

[58] Please see *Appendix I* for the advantages and disadvantages of each data sharing approach.

Next Steps

Through the Gaps Analysis process, seven broad reaching recommendations have been identified, each with tailored potential strategies for response. The summary below combines the potential strategies for each recommendation, and together presents a high-level roadmap for bringing these recommendations into reality.

Developing a plan to build out the programs, services, and systems changes presented in this assessment requires bringing different stakeholders and initiatives together at different times over the coming years. However, not all proposed solutions can be implemented at once and each has differing levels of anticipated effort and impact.

Additionally, many of these recommendations build off of existing programs and resources or current efforts to improve the system while others will require new resources or creative new solutions. To that end, each potential strategy has been categorized into one of the following buckets:

- **Invest** – creating and funding new programs and services to increase the capacity and reach of the system.
- **Improve** – building on what already exists to make programs or services more accessible or better serve people experiencing homelessness.
- **Innovate** – doing something differently or trying a new approach.

1. Stop Homelessness Before It Begins: Expand, integrate, and improve the effectiveness of prevention and diversion efforts to reduce the burden on the system of care.

	Potential Strategies for Response
Invest	1. Increase flexible funding from various sources dedicated to prevention and diversion that can meet a broad range of needs, including longer-term and deeper financial assistance.
Improve	2. Establish a financial assistance pool that can be used flexibly to meet the needs of clients (e.g., rent arrears, credit repair) and train all access point staff in Housing Problem Solving to divert more households from entering the homeless system of care.
Innovate	3. Integrate existing prevention providers into a network to facilitate warm-handoffs and shared data collection. These efforts can be led by the CoC or a provider agency. 4. Develop community-wide standards for prevention and diversion, including metrics for measuring success in these interventions, data collection standards, and targeting priorities. These metrics and standards should be developed in partnership with current prevention and diversion providers.

2. Streamline Access to the Homeless System of Care: Adopt client-centered strategies to efficiently connect people experiencing homelessness with housing and supportive services.

	Potential Strategies for Response
Invest	1. Increase geographic coverage of street outreach teams in underserved areas and reduce barriers to access, such as requiring a referral from a community organization.
Improve	2. Require all new rapid re-housing and permanent supportive housing programs to be accessed through the Coordinated Entry System. 3. Increase the number of existing housing programs accessed through the Coordinated Entry System by continuing to improve transparency and accountability.

	4. Coordinate access to temporary shelter by streamlining the paths to access (e.g., one, unified shelter hotline or an online portal that provides information about all shelter resources in Sacramento).
Innovate	5. Dedicate blended funding for "one-stop-shop" drop-in access points that provide referrals to all housing programs regardless of who funds or administers the housing. 6. Develop and disseminate informational materials and trainings focused on improving client and provider understanding of systems-wide housing and shelter programs, and how they can be accessed.

3. Optimize Existing Housing Programs: Maximize existing housing resources by expanding what works and addressing a lack of housing navigation, landlord engagement, and housing options.

	Potential Strategies for Response
Invest	1. Implement a coordinated landlord engagement strategy with consistent landlord incentives and messaging across programs and funding streams, to support landlord recruitment and reduce competition between housing programs. 2. Include dedicated housing specialists in the staffing for every program that assists clients to obtain housing.
Improve	3. Create regular opportunities for peer sharing and coordination by hosting intentional convenings for providers to collaborate on topics like life skills trainings, serving clients with complex medical needs, and other common challenges, and by inviting providers across the community to present at trainings aligned with their areas of expertise. 4. Invite providers participating in COVID-19 Re-Housing case conferencing to continue case conferencing work after residents of Project Roomkey have been housed, and expand cross-agency case conferencing to all rapid re-housing programs.
Innovate	5. Conduct a meaningful community input process inclusive of people who are currently unsheltered, emergency shelter residents, and shelter providers to identify high-priority shelter models likely to increase utilization. 6. Develop a flexible fund to support innovation in practice among providers.

4. Address the Gap in Housing and Supportive Services for People Experiencing Homelessness: Increase the capacity of permanent supportive housing, rapid re-housing, and emergency shelter programs to meet the needs of people experiencing homelessness.

	Potential Strategies for Response
Invest	1. Build out programs that leverage housing vouchers to connect prioritized and referred tenants with permanent supportive housing case management resources in a coordinated housing program 2. Expand project-based permanent supportive housing options that provide intensive case management, including a range of housing approaches (e.g., individual units vs shared housing).

	3. Continue to seek out new funding to increase rapid re-housing capacity across household types and subpopulations.
Improve	4. Streamline access to higher levels of residential care, such as skilled nursing facilities, for people experiencing homelessness or exiting from permanent supportive housing.

5. Create More Affordable Housing Units: Build or rehabilitate affordable housing units to alleviate the extreme housing shortage among low-income Sacramento residents and improve the effectiveness of homeless programs.

	Potential Strategies for Response
Invest	1. Develop permanent affordable housing to meet the Sacramento Regional Housing Needs Allocation targets for very-low and low income[59] housing in all jurisdictions. 2. Dedicate units in new subsidized affordable housing development for extremely low-income, very low-income, and homeless individuals, including units connected to intensive case management and wrap-around services.
Innovate	3. Support campaigns for new federal and state public funding for extremely low-income and very low-income housing development.

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

	Potential Strategies for Response
Invest	1. Coordinate with the Racial Equity Committee to: (1) convene listening sessions with individuals experiencing homelessness that identify as Alaska Native and/or American Indian and/or organizations that serve this population to discuss challenges in accessing the system of care; and (2) create an equity monitoring plan to observe and monitor disparities and identify new areas for equity evaluation.
Improve	2. Under the leadership of the Youth Advisory Board and youth providers, identify opportunities to expand housing programs and improve permanent housing outcomes for transition age youth.
Innovate	3. Develop a community-wide strategy and standards for individuals exiting permanent supportive housing to a permanent destination (i.e., “moving on”). 4. With the input of individuals with lived experience, identify and implement strategies to reduce the time adults without children spend waiting for permanent supportive housing (e.g., a flexible case management team focused on document readiness; increase the amount of shelter available to adults without children; increase the number of light touch resources like Housing Problem Solving available to this population).

7. Forge a Cohesive and Coordinated System of Care: Expand data sharing and reporting to facilitate systems-level coordination and planning, transparency, and accountability.

[59] Please note, the Regional Housing Needs Allocation (RHNA) does not separate need among extremely low-income and very low-income individuals, including both under the VLI category.

	Potential Strategies for Response
Cross-System Partners (e.g. DHA, SHRA, BHS, VA): Build on current collaborations to support system-wide data sharing and/or collection of comparable data to better coordinate care, develop a sense of public accountability, and understand gaps across the system of care.	
Invest	1. Convene systems-leaders and database administrators from HMIS, CalWIN, Shine, Avatar, and SHRA's internal databases to discuss opportunities to standardize data collection and reporting, reduce duplicative data entry across systems, and explore potential for future data sharing.
Improve	2. Following new HUD, VA and USICH guidance, integrate Veterans Administration data into HMIS through the HOMES-HMIS translator tool.[60] [61] [62]
Innovate	3. Design and implement a periodic and systemized method of capturing capacity, utilization, and turnover that is comparable across all systems (e.g. HIC).
CoC: Build on current efforts to expand HMIS coverage and the reach of Coordinated Entry, improve data quality and initiate cross system data sharing.	
Invest	4. Continue to expand HMIS coverage and the number of projects participating in Coordinated Entry.
Improve	5. Improve data quality in HMIS by expanding the HMIS Data Quality plan to include semi-annual (or quarterly as determined by CoC's need) data quality reports on non-CoC funded projects. 6. Build on the success of the COVID-19 Re-Housing dashboard and continue reporting information about re-housing status across major community programs after the COVID-19 response has ended.
Innovate	7. Share data publicly to improve accountability, transparency, and ability to identify what strategies are working.

[60] VA Notice:https://www.va.gov/HOMELESS/ssvf/docs/VA_Releases_Guidance_on_HMIS.pdf
[61] HUD Notice:https://www.va.gov/HOMELESS/ssvf/docs/VA_Releases_Guidance_on_HMIS.pdf
[62] UCISH Notice: https://www.usich.gov/news/hud-and-va-identify-data-sharing-solution-for-hud-vash/

Appendix A: Acknowledgements

Special thanks to the staff of Sacramento Steps Forward, Sacramento County Department of Human Assistance, Sacramento Department of Behavioral Health Mental Health Division, and Sacramento Housing and Redevelopment Agency that committed extensive hours to collecting, providing, and reviewing data.

Thanks to all of the stakeholders that provided guidance or information for this gaps analysis:

- Committees: Systems Performance Committee, Coordinated Entry Committee
- Focus Group Organizers: First Step Communities, Loaves & Fishes, Lutheran Social Services, Nation's Finest, Next Move, Sacramento Self Help Housing, WEAVE, Wind Youth Services
- Qualitative Interviews: City of Elk Grove, City of Citrus Heights, City of Sacramento, 2-1-1, Midtown Association, SETA, SacACT, Sacramento County Department of Public Health, Resources in Independent Living
- Provider Interviews: First Step Communities, Lutheran Social Services, Nation's Finest, Shelter Inc, WEAVE, Waking the Village, Wind Youth Services
- Access Point Focus Groups: El Hogar Homeless Clinic, Next Move, Sacramento Self-Help Housing, Volunteers of America, Wind Youth Services
- Individuals with lived experience that participated in focus groups.
- All of the staff at provider agencies that completed surveys, including:
  - A Community for Peace
  - Asian Pacific Counseling Center
  - Berkeley Food & Housing Project
  - Bridges, Inc.
  - Capital Star Community Services
  - Consumer Self Help Housing
  - Cottage Housing
  - Department of Veteran's Affairs
  - Dignity Health
  - Downtown Streets Team
  - El Hogar Community Services
  - Heartland
  - First Step Communities
  - Hope Cooperative/TLCS
  - Loaves & Fishes
  - Lutheran Social Services
  - Mercy Housing
  - Midtown Churches
  - My Sister's House
  - Nation's Finest
  - Next Move
  - Sacramento Children's Home
  - Sacramento Covered
  - Sacramento LGBT Center
  - Sacramento Self Help Housing
  - Saint John's Program for Real Change
  - Salvation Army
  - Shelter, Inc
  - Stanford Sierra
  - Telecare
  - Turning Point Community Programs
  - Union Gospel Mission
  - University of California Davis
  - Uplift
  - Visions Unlimited
  - Volunteers of America
  - Waking the Village
  - WEAVE
  - WellSpace Health
  - Wind Youth Services
  - YWCA

Appendix B: Methodology

The Gaps Analysis is the culmination of several co-occurring research and evaluation projects that Homebase was contracted by Sacramento Steps Forward to conduct including systems mapping and evaluation and re-design of the Coordinated Entry System. As a result, this report pulls from a wide variety of qualitative and quantitative data sources collected in 2019 and 2020. While several of the data points referenced in this report were collected to support efforts beyond the Gaps Analysis, they build understanding around existing resources and unmet needs within the homeless systems of care in Sacramento County.

Gaps Analysis Methodology
Both quantitative and qualitative data was collected and analyzed to support the specific research questions identified by the CoC's Systems Performance Committee for the Gaps Analysis.

Quantitative data analysis included a review of:

Homeless Management Information System (HMIS) data: Aggregate data corresponding to evaluation questions was provided by Sacramento Steps Forward, the CoC's HMIS Lead Agency. The HMIS dataset provided to Homebase included data for those active in the system between 7/1/2018 and 7/1/2020 that did not include enrollments prior to 2016.

More than 300 separate analysis were conducted with the data provided to generate the bulk of the quantitative findings. Chi2 and Logistic regression analysis were used to find significant differences between populations:

- Access
    - Universe: Final enrollments
    - An individual level analysis was conducted for each for three household types(families with children, adults without children, and transition age youth) for each project type and across all demographic variables (race, ethnicity, gender, veteran status, chronic, disabling condition, domestic violence, age, number of enrollments)
- Outcomes
    - Universe: Clients final exit in each project type (individuals with at least one exit in multiple project types are captured in each project type)
    - Each subgroup and project type were analyzed in isolation across all demographic variables.
- Length of time between first system enrollment and enrollment in housing program
    - Universe: Of those who entered the system through temporary shelter or street outreach and that had a future (first) enrollment in transitional housing, rapid re-housing, or permanent supportive housing.

Housing Inventory Count data: The 2020 Housing Inventory Count, which is a point-in-time inventory of programs within the CoC that provide beds and units dedicated to serve people experiencing homelessness, was provided by Sacramento Steps Forward.

Data from other systems: In Sacramento County, several agencies serving individuals experiencing homelessness only partially participate in HMIS. Additionally, as a result of HUD's guidance around methodology, the annual Housing Inventory Count (HIC) does not fully reflect the housing capacity of Sacramento's system of care serving individuals experiencing homelessness. In order to gain a more complete understanding of the capacity and performance of the homelessness system of care, quantitative data was requested from several system leaders to supplement data found in HMIS. Since there are several separate databases and data collection practices being used to collect information about individuals experiencing

homelessness in Sacramento, the data cannot always be directly compared across systems. The analysis of this additional data, however, provides a more complete understanding of capacity and performance than analysis that only includes the standard quantitative sources like HMIS, HIC, PIT, and Stella.

Data about system capacity, process for access, and housing programs was provided by the Sacramento County Department of Human Assistance, Sacramento County Department of Behavioral Health Mental Health Services Division, and Sacramento Housing and Redevelopment Agency. The system capacity data was combined with data from the Housing Inventory Count and used to: (1) estimate capacity, (2) Identify the overall housing gap, and (3) identify gaps in resources for subpopulations.

Point in Time Count Data: The Point in Time (PIT) Count is a biannual HUD-required count of sheltered and unsheltered people experiencing homelessness on a single night in January. PIT count data from 2011 to 2020 was reviewed and was used to: (1) compare with designated resources in the Housing Inventory Count, and (2) identify demographics that may be under or over represented in HMIS data.

American Community Survey 2020 Population Estimates: Population estimate data was collected from https://www.census.gov/programs-surveys/acs. Total population data were used to identify demographic outliers in HMIS and PIT data.

In addition to the qualitative data collected to support the systems mapping work products and the Coordinated Entry Evaluation (see below), the Gaps Analysis includes data from qualitative interviews with staff working at the intersections of systems and two additional consumer focus groups. Through the systems mapping work, four non-profits were identified as providing access to all four systems for individuals experiencing homelessness or providing a unique path to accessing housing resources.[63] Staff were interviewed about their challenges and successes in connecting clients to shelter and housing options, as well as their experiences working with each system. Similarly, consumer focus groups focused on identifying barriers to access and individual experiences in the Sacramento homeless system of care.

Systems Mapping Methodology

Under the guidance of the CoC's Systems Performance Committee (SPC), a ten-month systems mapping process produced six unique systems mapping work products. These included:

- Under the leadership of the Systems Performance Committee, there were four visual maps created to depict how a majority of the housing programs are accessed in Sacramento County.
    - *Coordinated Entry Visual Map*
    - *Sacramento County Department of Behavioral Health Visual Map*
    - *Sacramento County Department of Human Assistance*
    - *Sacramento Housing and Re-development Agency Visual Map*
- *Tableau Movements Analytical Tool which* uses HMIS data from 2018-2020 to better understand how individuals experiencing homelessness move through the system of care and exit permanent housing destinations.
- *Sacramento Project Access Matrix* is an aggregation of survey data from providers that focuses on the path to access, administrative processes, and funding sources for 154 programs serving individuals experiencing homelessness across Sacramento County.

These systems mapping work products were developed using:

[63] Through the systems mapping process, Next Move, Sacramento Self Help Housing, Volunteers of America, and Wind Youth Services were identified as organizations providing access to all four systems. Additionally, El Hogar Community Services was also interviewed because of the unique structure of the Connections Lounge.

- 168 surveys sent to providers in Sacramento County (with a 92% response rate);
- Qualitative interviews with staff from Sacramento Steps Forward, Sacramento County Department of Behavioral Health, Sacramento County Department of Human Assistance, and Sacramento Housing and Re-development Agency;
- An environmental scan of 25 relevant documents; and
- HMIS data from July 2018 to June 2020.

Each work product was refined and finalized by the SPC, as well as extensive qualitative interviewing with relevant stakeholders as necessary. Data and analysis from all six work products was used to develop the framework of this Gaps Analysis.

Coordinated Entry Evaluation Methodology

The Coordinated Entry Evaluation focuses on the strengths, challenges, and compliance of the Sacramento CoC's coordinated entry system.[64] To support this evaluation, Homebase completed:

- 39 qualitative interviews with community stakeholders,
- Five consumer focus groups,
- Four consumer interviews,
- A review of key documents, and
- An analysis of HMIS data from October 2018 to September 2020 primarily focused on programs participating in Coordinated Entry.

The Coordinated Entry Evaluation was completed in partnership with the CoC's Coordinated Entry Committee. Relevant data and analysis from the Coordinated Entry Evaluation has been included in this Gaps Analysis.

[64] 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. Each 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.

Appendix C: Prevention and Diversion Program Inventory

Existing prevention and diversion resources in the county are fragmented, with several agencies providing varying levels of assistance through largely separated access points. The following table describes the variation between prevention and diversion programs currently operating in Sacramento County. Please note, the following table is based predominantly on survey data collected between March and November 2020 and publicly available materials. There may be additional prevention and diversion programs operating in Sacramento County that are not listed below.

Sacramento County Programs Offering Prevention and Diversion[65]

Agency Name	Program Name	Description of Assistance	Access	Assessment Process	Target Population	Funding Source
Berkeley Food and Housing Project	Roads Home – Prevention	Housing search, rental subsidy, utility assistance, case management, mediation, assistance with obtaining mainstream resources, legal services	Phone	Standardized assessment, staff interview (without script)	Veterans	SSVF
City of Sacramento & Sacramento County	Sacramento Emergency Rental Assistance Program	Rental subsidy, rental arrears	Unknown	Unknown	Unknown	Federal rental assistance program
Nation's Finest	Sacramento SSVF - Prevention	Housing search, rental subsidy, mortgage subsidy, utility assistance, case management, mediation, assistance with obtaining mainstream resources	Walk-in; Phone	Staff interview (with script)	Veterans	SSVF
Next Move	Homelessness Prevention	Rental subsidy, utility assistance	Walk-in; Phone	CalWORKs eligibility process	Families	CalWORKs
One Community Health	HOPWA – STRMU	[no response]	[no response]	[no response]	Individuals living with HIV/AIDs	HOPWA

[65] This table highlights prevention programs and discrete diversion programs, or diversion programs that report data separately from their reporting about temporary shelter or street outreach program operations. 66% of year-round temporary shelters and 90% of street outreach teams reported offering diversion resources, but the data about these diversion efforts is indistinguishable from data reported about full program operations.

Sacramento County – Adult Protective Services	Homelessness Prevention	Housing search, mediation, assistance with obtaining mainstream resources	Phone; Referral from community	Unknown	Elder or dependent adults	Unknown
Agency Name	**Program Name**	**Description of Assistance**	**Access**	**Assessment Process**	**Target Population**	**Funding Source**
Sacramento County - Department of Human Assistance	CalWORKS Homelessness Prevention	Housing search, rental subsidy, utility assistance, assistance with obtaining mainstream resources, funds for motel stay	Phone	CalWORKs eligibility process	Families	CalWORKs
	Return to Residency Program	Financial assistance (bus ticket)	Unknown	Unknown	Unknown	County General Fund
Sacramento Housing and Redevelopment Agency	Sacramento Emergency Rental Assistance Program	Rental subsidy	Online form	Unknown	Residents in the cities of Sacramento, Folsom, Isleton and Galt, and the unincorporated County of Sacramento, who are experiencing loss or reduction in income from employment because of COVID-19	Federal Department of the Treasury, HCD, CARES Act
Salvation Army	Homelessness Prevention	Utility assistance, case management, assistance with obtaining mainstream resources	Phone	Staff interview (with script), proof of loss of income	Unknown	State ESG, HEAP, private donors
Volunteers of America	City Homelessness Prevention	Housing search, rental subsidy, case management, mediation	Referral from SSF	Proof of loss of income	Unknown	City and County ESG
	County Homelessness Prevention	Housing search, rental subsidy, case management, mediation	Referral from SSF	Proof of loss of income; case-by-case	Unknown	City and County ESG
	Vet Families Non-HUD HP	Housing search, rental subsidy, utility assistance, case management assistance with obtaining mainstream resources	Walk-in; Phone	Standardized assessment, staff interview (without script)	Veterans	SSVF

Wind Youth Services & Waking the Village	Prevention & Intervention	Housing search, rental subsidy, utility assistance, case management, mediation, assistance with obtaining mainstream resources, legal services	Walk-in; Online form	Staff interview (without script), VI-SPDAT score, proof of loss of income	TAY	Sacramento County Department of Human Assistance (DHA)

Appendix D: Better Estimating the Unmet Need for Prevention and Diversion

As a result of decentralized and inconsistent data collection, it is difficult to accurately estimate the unmet need for prevention and diversion resources in Sacramento. Overall, the best available data indicates a consistently high inflow of households entering homelessness for the first time and a gap in available prevention and diversion resources. Centralized and coordinated data collection for prevention and diversion programs is needed to provide a more exact estimate of unmet need and current efforts.

The number of individuals experiencing homelessness for the first time is consistently high.
Over the past three years, Sacramento has reported a consistently high number of individuals entering homelessness for the first time. According to System Performance Measure (SPM) data reported to HUD, over 5,000 people each year were reported as entering homelessness for the first time over the past three years. This annual measure is likely an undercount of the individuals entering homelessness for the first time and further data collection can help refine an accurate estimate of need.

HUD's System Performance Measure 5: No Prior Enrollment in Previous Two Years (2017-2019)

	HUD SPM 5
FY 2017 (October 1, 2016 – September 30, 2017)	5,257 people
FY 2018 (October 1, 2017 – September 30, 2018)	5,108 people
FY 2019 (October 1, 2018 – September 30, 2019)	5,206 people

Sacramento Steps Forward's Homeless Response System Dashboard reports that 8,256 individuals entered homelessness in 2019 (1/1/19 to 12/31/19), including 6,519 individuals entering homelessness for the first time. Like the SPMs, the Homeless Response System Dashboard uses HMIS data, but captures a slightly larger pool of individuals by using different data parameters. The Dashboard is also likely an undercount given decentralized and inconsistent data collection across access points.[66] Overall, the data indicates a consistently high inflow of households entering homelessness for the first time.

There are a limited number of individuals accessing prevention or diversion resources currently.
In FY2019, 249 individuals enrolled in a prevention or diversion program in HMIS. This is an undercount of the number of people served through prevention and diversion. Less than half of prevention programs participate in HMIS and data about diversion efforts is indistinguishable in HMIS, resulting in sizable gaps in information about number of individuals served with prevention or diversion resources annually.

Agency Name	Program Name	HMIS Participation
Berkeley Food and Housing Project	Roads Home – Prevention	Yes
Lutheran Social Services	Homelessness Prevention	No
Nation's Finest	Sacramento SSVF - Prevention	Yes
Next Move	Homelessness Prevention	No
One Community Health	HOPWA – STRMU	No
Sacramento County – Adult Protective Services	Homelessness Prevention	No
Sacramento County – Department	Back to Residency Program	No

[66] Please see *Forge a Cohesive and Coordinated Homeless System of Care* for more information about data sharing and access points.

of Human Assistance		
Sacramento County – Department of Human Assistance	CalWORKS Homelessness Prevention	No
Sacramento Steps Forward	Diversion Program	No
Salvation Army	Homelessness Prevention	No
Volunteers of America	City Homelessness Prevention	Yes
	County Homelessness Prevention	Yes
	Vet Families Non-HUD HP	Yes
Wind Youth Services & Waking the Village	Prevention & Intervention	Yes

Data collection from prevention and diversion programs is also inconsistent, making it difficult to effectively share data and draw conclusions about the capacity, utilization, and impact. (See *Forge a Cohesive and Coordinated Homeless System of Care* for checklist of recommended data to collect across programs.) While centralized and coordinated data collection for prevention and diversion programs is needed to provide a more exact estimate of unmet need, available data indicates a consistent need for additional prevention and diversion resources in Sacramento. Preventing households from losing their housing in the first place, or quickly diverting them from entering shelter, preserves capacity in both shelter beds and housing programs with more intensive supportive services.

Appendix E: Housing Program Access Points

Sacramento does not have a community-wide definition of an access point. Access point is used in this report to represent an assessment point or referral partner that serves as a required initial point of contact to get into a program. Most access points are at the point of an assessment being conducted such as the VI-SPDAT for Coordinated Entry or LOCUS assessment for Behavioral Health. The other access points are through specific referral partners designated to provide referrals such as SHRA administered Shelters, or County Flexible Housing Program. Homebase worked with staff at each system partner to identify a list of access points.

The following is a complete list of access points to the various Coordinated Entry and Sacramento County Department of Behavioral Health Services systems, as well as Sacramento County Department of Human Assistance and Sacramento Housing and Redevelopment Agency affiliated programs. This list was current as of December 2020.

AB 109 Re-Entry Specialists	Juvenile Justice Diversion & Treatment Program	Sacramento Covered
Berkeley Food and Housing Project	Lifesteps	Sacramento LGBT Center
Bishop Gallegos Maternity Home Shelter	Lutheran Social Services	Sacramento Regional Conservation Corp
Capital Stars	Mather Drop-In VA Clinic	Sacramento Self Help Housing
Carmichael HART	Mental Health Urgent Care Clinic	Sacramento Steps Forward
Child Protective Services	Midtown Churches	SAFE Program
City of Citrus Heights	Nation's Finest (SVRC)	Salvation Army
City of Elk Grove	Next Move	Shelter, Inc.
City of Rancho Cordova	Prevention & Early Intervention Programs	St. John's Program for Real Change
City of Sacramento	SacEDAPT Clinic	Sunburst Projects
Community Against Sexual Harm	Sacramento County Adult Protective Services	Turning Point Community Programs
Consumer Self Help Center	Sacramento County Community Support Team	Veterans Administration
Consumnes River College	Sacramento County Dept of Human Assistance Bureaus	Visions Unlimited
Dignity Hospital	Sacramento County Dept of Human Assistance Homeless Services Division	Volunteers of America
Downtown Street Team	Sacramento County HSP Social Workers	Waking the Village
El Hogar Community Services	Sacramento County Intensive Placement Team	WEAVE
Elk Grove HART	Sacramento County Mental Health Access Team	Wellness & Recovery
First Step Communities	Sacramento County Mobile Crisis Team	WellSpace Health
Hope Cooperative/TLCS	Sacramento County Public Defender's Office	Wind Youth Services

Human Resources Consultant	Sacramento County Sheriff's Office Homeless Outreach Team (HOT)	Youth Detention Facility
Intake Stabilization Unit		

Appendix F: Variations in Paths to Shelter Access

In Sacramento County, 8.7% of year-round temporary shelter programs provide "walk-up" access, a method of shelter operation that permits an individual to have immediate access to a shelter program by physically traveling to the shelter without prior arrangement or referral. By comparison, a similar analysis done in Orange County, California found that 35% of emergency shelter beds were available by walk-up access.[67]

Temporary shelter programs without walk-up access typically require a referral from a community partner, such as an outreach provider or law enforcement, or accept self-referral requests from potential clients.

Detailed paths to access for temporary shelter programs without walk-up access[68]

Access Process	**Temporary Shelter Beds (n=1,380)**
Community Partner Referral	44.9% (620 beds)
Self-Referral via Phone or Website	38.2% (527 beds)
Walk-Up Access	8.7%(120 beds)
Coordinated Entry	3.5% (48 beds)
Internal Agency Referral	0.4% (6 beds)
Unknown	4.3% (59)

At the 2020 Point in Time Count, temporary shelters with walk-up access had a slightly lower rate of utilization (76.7%) than projects without walk-up access (81.0%)[69]. Notably, all six of the temporary shelters with the lowest utilization rates did not allow walk-up access. The total shelter utilization rate was 80.8%.[70] [71]

To ensure that temporary shelter is utilized effectively in Sacramento, systems leaders and providers should consider:

(1) expanding the number and type of community partners providing referrals, especially for emergency shelters with consistently low vacancy rates;
(2) building on staff capacity to ensure that referrals are completed quickly and accurately, and
(3) shifting the approach to give priority to individuals experiencing homelessness with a referral for any vacant beds (as opposed to requiring a referral), while also allowing walk-up access if there are still vacancies after a certain time of day.

	Advantages	**Disadvantages**
Walk-Up Access	• Clients can request access when ready or in immediate need.	• Clients line-up to access, which can create barriers for some high-needs individuals and potential tension with neighbors.
No Walk-Up Access	• Temporary shelter can prioritize the most vulnerable individuals.	• Administrative burden of processing referrals can be challenging for referral partner, shelter provider, and client. • If a client has a bad relationship with a referral partner, that individual may be limited in their ability to access shelter.

[67] For more information, please see Orange County Continuum of Care Shelter Committee's *Emergency Shelter Survey Report* (October 2019).
[68] Based on survey responses collected between March-November 2020 and the 2020 Housing Inventory Count.
[69] Excludes New Shelter programs: 48 no-walk up from Emergency Bridge Housing; 100 no-walk up from Meadowview Re-housing Shelter
[70] Ibid.
[71] Unknown shelter

Within a community's homeless system of care, having a mix of shelters with and without walk-up access is ideal for ensuring that the most vulnerable individuals can be prioritized, that clients are able to access temporary shelter when they are ready or have an immediate need, and to maximize overall bed utilization. The exact distribution between the two types of shelter will depend on the community's priorities around serving individuals experiencing unsheltered homelessness. When developing future temporary shelter programs, system leaders and service providers should consider the current mix of shelters with and without walk-up access, as well as the current sub-population restrictions on shelters with walk-up access to decide how to allocate new resources. For example, while meeting the needs of individuals exiting medical settings may be more conducive to a shelter without walk-up access, ensuring that single adult women can access life sustaining shelter would be better served with the walk-up model. Whichever model is selected, the process for access should be motivated by client needs, well publicized, and coordinated with existing efforts.

Appendix G: Street Outreach Team Program Inventory

The following data was collected via survey between March 2020 and January 2021

Agency Name	Program Name	Staff	Case Load	Specialty Area	Geographic Range	Funding Source
City of Sacramento	Office of Community Response	Unknown	Unknown		City of Sacramento	City of Sacramento
Downtown Streets Team	Sacramento Team	30 (Peer Support)	No	Employment	River District, under WX freeway, Meadowview	HEAP
First Step Communities & Shelter, Inc	River District Shelter Collaborative	2	2		River District	City of Sacramento & Sacramento County
Hope Cooperative/TLCS	Triage Navigators	23	20-40 for max 60 days	Mental Health; In-Reach	Countywide	MHSA
Sacramento County Department of Behavioral Health Services	Community Support Team	8 clinicians + 4 Community Support Specialists	20-25	Mental Health; Referral Based	Countywide	MHSA
Sacramento County Department of Human Assistance	DHA Homeless Outreach	3	No		Countywide	Sacramento County
Sacramento Covered	Sacramento Covered Outreach, City Pathways Program	30	Varies	Health; Referral Based	Countywide	Whole Person Care; Health Home
Sacramento Self Help Housing	City of Citrus Heights, City of Elk Grove, City of Folsom, City of Rancho Cordova Outreach	4	75		Incorporated suburban cities	City of Citrus Heights, City of Elk Grove, City of Folsom, City of Rancho Cordova
Sacramento Self Help Housing	Unincorporated Outreach	3.5	20-75		Carmichael/Arden Arcade, Unincorporated South Sacramento, Unincorporated North Sacramento, American River Parkway	Sacramento County

Sacramento Steps Forward	SSF Navigators	4	30		Sutter Hospital, Mack Road, Midtown and CES general	Fee for Service
Wind Youth Services	Wind Street Outreach Program	3	No	TAY	No	CARES Foundation

Appendix H: Outcomes and Subsequent Enrollments from Street Outreach and Temporary Shelter

When analyzing outcomes and subsequent enrollments for street outreach programs and temporary shelter, a successful client outcome is one that results in either a connection to a housing program (e.g. transitional housing, rapid rehousing, or permanent supportive housing) or an exit to a permanent destination.

For individuals with multiple enrollments, many have subsequent enrollments within the same project type, suggesting that individuals experiencing homelessness have difficulty moving between project types. Most apparent is the cyclical (returning enrollments) and interactive (movements between) enrollments between street outreach and emergency shelter. Approximately 60% of all enrollments in shelter or street outreach follow these cyclical or interactive paths.

Client subsequent enrollments by project type as reported in HMIS between July 1, 2018 and July 1, 2020

Project Type of Initial Enrollment	**Most Common Subsequent Enrollment**	**2nd Most Common Subsequent Enrollment**	**Total Movements Within System**
Street Outreach	Street Outreach *(31%)*	Temporary Shelter *(28%)*	2,203
Temporary Shelter	Emergency Shelter *(36%)*	Street Outreach *(25%)*	2,084
Rapid Re-Housing	Rapid Re-Housing *(33%)*	Temporary Shelter *(25%)*	1,417
Transitional Housing	Rapid Re-Housing *(35%)*	Transitional Housing *(22%)*	352
Permanent Supportive Housing	Street Outreach *(38%)*	Permanent Supportive Housing *(22%)*	72
Other Permanent Housing	Street Outreach *(54%)*	Temporary Shelter *(31%)*	13

Digging more deeply into a clients' final enrollments, we see that persons in families with children are connected to housing programs at higher rates and are also more likely to exit to permanent destinations than adults without children and transition age youth. Transition age youth are the least likely group to access housing resources or to exit to known permanent housing destinations.

*Client destination at final exit by project type and subgroup as reported in HMIS between July 1, 2018 and July 1, 2020 **

	Number of final exits	% exits to housing program (subgroup of all permanent destinations)	% exits to all permanent destinations
Street Outreach			
People in families with children	540 (8%)	21%	41%
Adults without children	6157 (92%)	9%	19%
Transition age youth	977 (15%)	4%	9%
Temporary Shelter			
People in families with children	1707 (25%)	16%	35%

Adults without children	4940 (74%)	13%	23%
Transition age youth	555 (8%)	5%	14%

*People that move from one project to another will be captured in both temporary shelter and street outreach.

Among individuals exiting street outreach and temporary shelter, individuals experiencing chronic homelessness and/or with a disabling condition accessed housing programs at a higher rate and are less likely to self-resolve to permanent destinations than individuals not in this sub-population group. Despite challenges in self-resolving their homelessness, individuals with disabling conditions are exiting to permanent housing destinations at higher rates than individuals without disabling conditions.

Client destination at final exit from by project type and subgroup as reported in HMIS between July 1, 2018 and July 1, 2020 [72]*

	Street Outreach Connections		**Temporary Shelter Connections**	
	Chronic / non-chronic	**Disabilities/ no disabilities**	**Chronic / Non chronic**	**Disabilities / no disabilities**
All individuals	14.0% /8.1%*	11.7% / 7.9% *	16.7% / 12.3%*	15.7% / 11.3%*
People in families with children	35.9% / 19.5%*	29.9% / 17.4%*	26.5% / 15.8%	17.2% / 15.3%
Adults without children	13.3% / 6.7%*	11.0% / 6.0%*	16.4% / 10.4%*	15.4% / 8.2%*

*Chi2 p<.05

Observing outcomes across all permanent destinations:

- People in families with children with disabling conditions exit street outreach to permanent housing destinations 49% of the time compared to 37% of people in families without a disabling condition.

- Adults without children who also had disabling conditions exit street outreach to permanent destinations (30%) and exit temporary shelter to permanent destinations (25.3%) at higher rates than adults without children without disabling conditions (14.7% street outreach; 21.2% temporary shelter).

These findings suggest that the system prioritizes and responds to those with high levels of need that may be less likely to self-resolve their homelessness.

[72] No associations were found within transition age youth.

Appendix I: Advantages and Disadvantages of Data Sharing Approaches

Data sharing and consistent reporting results in:

(1) A better understanding of homelessness and helps answer fundamental questions about the system.
(2) Comprehensive planning that promotes a cooperative network of partners through which Sacramento has a better chance of ending homelessness for more people.
(3) The ability to measure system outcomes and compare interventions more accurately which improves accountability, transparency and the system's ability to leverage emerging best practices.
(4) Reduced redundancies and streamlined access making the system more efficient and cost effective.
(5) Better coordinated care facilitating the interchange of clients between systems and reducing programmatic gaps.

Options to consider for data sharing

Centralized data: One strength of HMIS is that it is centralized, meaning all projects enter their data into one system. System partners that are not using HMIS may not have a database that centralizes data across their systems. For example, different BHS projects may use different implementations of Avatar to capture Electronic Health Records (EHR). This context may present both barriers and facilitators for future data sharing.

- Barriers: If data is not centralized, then multiple agreements, discussions, and politically charged discussions may slow progress.
- Facilitators: If data is not centralized and a partner is looking to centralize data, the CoC may seize the opportunity to ensure data is consolidated in a way that could eventually be shared.

Type of data shared: To share data, partners across the system will need to decide the type of the data shared as well as the method of sharing that data. Types of data include de-identified data, identified data de-duplicated and stripped of identifiers, or identified data – each approach has advantages and disadvantages.

	Advantages	Disadvantages
De-identified data	• Helps with general planning such as assessing capacity and utilization. • Limited privacy concerns. • Low cost.	• Cannot deduplicate and therefore can't fully answer inflow, system equity and outcomes questions. • Less ability to promote accountability and transparency.
Identified data deduplicated and stripped of identifiers	• Data can be used to answer capacity, utilization, inflow, and system / project outcomes and equity.	• Privacy concerns. • Data cannot be used to coordinate care between partners. • Additional data staff are needed to implement the system and ensure privacy protocols are satisfied.
Identified data	• Data can be used to coordinate care between systems and between providers, and will	• Increased privacy concerns. • Training needed for approved users. • Additional data staff needed to

	satisfy planning needs.	implement the system and ensure privacy protocols are satisfied.

Appendix J: Key Community Questions for Future Exploration

The Continuum of Care's Systems Performance Committee (SPC) oversaw the development of the Gaps Analysis, including the decision on which questions to ultimately focus on. During the process to determine which questions to focus on, the SPC members proposed to explore the following questions, but ultimately, they were omitted from the final framework of questions for the Gaps Analysis due to limitations in our ability to accurately and fully answer the question within the scope of this project or with the data available (see *Forge a Cohesive and Coordinated Homeless System of Care* for further discussion of data limitations):

1) How does eligibility impact client flow across the different systems?

Without a single shared data system, it is difficult to meaningfully answer this question. Referrals between systems are happening on both an informal and formal basis, between individual agencies, projects, and systems administrators. Further, data about individuals denied from programs due to eligibility criteria is not systematically collected across shelter and housing programs. Any response to this question would depend on anecdotal accounts from qualitative interviews and/or focus groups and may not accurately reflect the system as a whole.

2) How much does it typically cost to move someone through the system of care?

Assessing cost per individual has been the basis for entire studies in other communities and is outside the scope of our work. In 2019, Homebase attempted to identify the average cost per client within the CoC-funded programs to support the work of the CoC's Project Review Committee. Ultimately, this analysis was not fruitful given the number of caveats for each program (e.g., difference in target population, level of vulnerability of clients, location costs, differences in model of assistance, etc.). Pursuing this level of analysis in Sacramento would require large scale, transparent participation from providers focused on their budgeting practices and clear community guidance about the distinctions between project types, prioritized populations, and other factors.

3) How long does it take for individuals to get into the "right" program that will be able to support them into permanent housing?

Given the limitations of HMIS data discussed at length in this report, it would be difficult to answer this question in a way that would lead to meaningful systems-level change. Even at the individual level, we might only know what program was "right" years after the program is accessed, and even then an individual might point to multiple programs that changed their trajectory. Making the assumptions necessary to undertake this analysis at the system level would obscure the information the question appears to seek. For example, the focus is on length of time, and for a system analysis we would need to assume everyone's length of time homeless started at HMIS entry (clearly incorrect for many people). Also, we would need to assume that the program that was able to support a person into permanent housing was whatever program was accessed immediately prior to permanent housing, which may also be simplistic and incorrect.

SACRAMENTO
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Ending Homelessness. Starting Fresh.

Agenda Item VI

- SPC 2021 Workplan April Update
- Gaps Analysis Recommendations Matrix

System Performance Committee
Draft 2021 Workplan - April Update

Month	Activities
December 2020	• No committee meeting scheduled • Chairs meeting scheduled
January 2021	• Meeting held first week of February • Coordinated Entry Evaluation reviewed
February 2021	• Draft Gaps Analysis presented
March 2021	• Gaps Analysis discussed
April 2021	• Action on Gaps Analysis • 2021 HIC review if time allows
May 2021	• Gaps Analysis presented at CoC Board Meeting • No SPC meeting: CoC Annual Meeting
June 2021	• 6-month Workplan Review • 2021 HIC review • Review and recommend Shelter and Outreach Standards • CoC NOFA application released (tentative)
July 2021 (tentative)	• Review initial CoC application relative to systems performance and planning activities (tentative)
August 2021	• Complete CoC application review (tentative) • OR Performance Measure focus
September 2021	• CoC NOFA application due (tentative) • Approve PIT subcommittee • OR Performance Measure focus

October 2021 (tentative)	• Performance Measure focus
November 2021	• Plan for 2022 Gaps Analysis • OR Performance Measure focus
December 2021	• Plan for 2022 Gaps Analysis • Determine workplan for 2022

Gaps Analysis Recommendations Intersection with Other Efforts **Sacramento Steps Forward**

Homebase Recommendations (34 recommendations)	Impact	Effort	2021 CoC Work	2018 Homeless Plan (29 strategies, 82 actions)
1. Stop Homelessness Before It Begins				
1. Increase flexible funding from various sources dedicated to prevention and diversion that can meet a broad range of needs, including longer-term and deeper financial assistance.	High	High		
2. Establish a financial assistance pool that can be used flexibly to meet the needs of clients (e.g., rent arrears, credit repair) and train all access point staff in Housing Problem Solving to divert more households from entering the homeless system of care.	High	High	CoC enhancement project: Rapid Access Problem Solving Pilot for Coordinated Entry in progress	
3. Integrate existing prevention providers into a network to facilitate warm-handoffs and shared data collection. These efforts can be led by the CoC or a provider agency.	Medium	Medium	SSF outreach to community colleges and family support programs including Black Child Legacy	1a: Strengthen diversion/problem solving practices in new and existing shelter programs. Incorporate diversion in shelter Coordinated Entry
4. Develop community-wide standards for prevention and diversion, including metrics for measuring success in these interventions, data collection standards, and targeting priorities. These metrics and standards should be developed in partnership with current prevention and diversion providers.	Medium	Medium	CoC enhancement project: Rapid Access Problem Solving Pilot for Coordinated Entry in progress	1b: In developing community standards for Shelter and Navigation programs, include diversion/problem solving approach and expectations; 2a: Strengthen diversion strategies in Coordinated Entry consistent with community-wide standards for navigation and shelter programs. Develop diversion/problem solving training for Coordinated Entry points.
2. Streamline Access to the Homeless System of Care				
1. Dedicate blended funding for "one-stop-shop" drop-in access points that provide referrals to all housing programs regardless of who funds or administers the housing.	High	High	New City of Sacramento Triage Centers may work in this capacity	
2. Require all new rapid re-housing and permanent supportive housing programs to be accessed through the Coordinated Entry System.	High	Medium	New City of Sacramento Triage Centers may work in this capacity	14b (PSH only): Develop community standards for new PSH developed in Sacramento to ensure it reaches hardest to serve people, is low-barrier, culturally competent, accessible to those with a range of disabilities and filled through Coordinated Entry.
3. Increase the number of existing housing programs accessed through the Coordinated Entry System by continuing to improve transparency and accountability.	Medium	Medium	CES adding NPLH funded projects and HomeKey projects and building connections with BHS rapid rehousing programs	24: Assess, improve and expand Coordinated Entry, leveraging CESH resources to support the work; 24c: Fully develop transparent written policies and procedures; 24d: Standardize Coordinated Entry reporting, accountability, and evaluation, and align with the Homeless Management Information System (HMIS).
4. Develop and disseminate informational materials and trainings focused on improving client and provider understanding of systems-wide housing and shelter programs, and how they can be accessed.	Medium	Medium	CES communication plan in development	6: Improve outcomes and consistency of outreach and navigation efforts across all funders and providers and align navigation programs with Coordinated Entry, leveraging the resources from HEAP and CESH; 12: Coordinate re-housing efforts to improve system-wide outcomes, standardize assistance, and reduce competition among programs; 21: Increase coordination and alignment among entities providing intensive care coordination/management for individuals who are homeless with high service needs or frequent users.
5. Coordinate access to temporary shelter by streamlining the paths to access (e.g., one, unified shelter hotline or an online portal that provides information about all shelter resources in Sacramento).	Medium	Medium	CoC enhancement project: Rapid Access Problem Solving Pilot for Coordinated Entry in progress	9e: Develop shelter standards and formalize practices across all shelter and interim housing. Stabilize operations, extend hours, address accessibility, and improve case management services in shelters serving individuals.

Gaps Analysis Recommendations Intersection with Other Efforts **Sacramento Steps Forward**

Homebase Recommendations (34 recommendations)	Impact	Effort	2021 CoC Work	2018 Homeless Plan (29 strategies, 82 actions)
6. Increase geographic coverage of street outreach teams in underserved areas and reduce barriers to access, such as requiring a referral from a community organization.	Medium	Medium	CoC completing a set of outreach standards; City of Sacramento Office of Community Response for geographic coverage; County is piloting a multi-disciplinary outreach team approach	6a: Coordinate outreach and navigation efforts across all providers, including creating a shared table to coordinate calendars and geographic coverage and to inform community standards and training
3. Optimize Existing Housing Programs				
1. Implement a coordinated landlord engagement strategy with consistent landlord incentives and messaging across programs and funding streams, to support landlord recruitment and reduce competition between housing programs.	High	High	CoC enhancement project: Landlord engagement strategies	12a: Coordinate re-housing efforts across all providers, including creating a shared table to inform community standards provider and tenancy training and to coordinate landlord outreach.
2. Include dedicated housing specialists in the staffing for every program that assists clients to obtain housing.	High	Medium		
3. Create regular opportunities for peer sharing and coordination by hosting intentional convenings for providers to collaborate on topics like life skills trainings, serving clients with complex medical needs, and other common challenges, and by inviting providers across the community to present at trainings aligned with their areas of expertise.	Medium	Low	SSF hiring training coordinator and could prioritize this as one of on-going training services	12c: Develop and apply standards, including cultural competency, for case management in re-housing programs. Consider using critical time intervention (a time-structured case management approach) with longer-term re-housing programs, especially for those with higher needs. Consider a single training for providers that will standardize case management and build on County's curriculum being implemented as part of Flexible Supportive Re-Housing Program.; 28d: Strengthen provider tables/forums and and/or create learning collaborative(s) for more frequent provider coordination, input, and learning/capacity building opportunities. Consider a single provider training building on County's curriculum being implemented as part of Flexible Supportive Re-Housing Program.
4. Invite providers participating in COVID-19 Re-Housing case conferencing to continue case conferencing work after residents of Project Roomkey have been housed, and expand cross-agency case conferencing to all rapid re-housing programs.	Medium	Low	CoC enhancement project: Integrate standard case conferencing throughout system	
5. Conduct a meaningful community input process inclusive of people who are currently unsheltered, emergency shelter residents, and shelter providers to identify high-priority shelter models likely to increase utilization.	Medium	Medium	CoC Racial Equity committee qualitative survey of unsheltered population	
6. Develop a flexible fund to support innovation in practice among providers.	Medium	Medium		
4. Address the Gap in Housing and Supportive Services for People Experiencing Homelessness				
1. Build out programs that leverage housing vouchers to connect prioritized and referred tenants with permanent supportive housing case management resources in a coordinated housing program.	High	High	New Federal resources present opportunity to address this gap	

Gaps Analysis Recommendations Intersection with Other Efforts **Sacramento Steps Forward**

Homebase Recommendations (34 recommendations)	Impact	Effort	2021 CoC Work	2018 Homeless Plan (29 strategies, 82 actions)
2. Expand project-based permanent supportive housing options that provide intensive case management, including a range of housing approaches (e.g., individual units vs shared housing).	High	High	7 projects in development	
3. Continue to seek out new funding to increase rapid re-housing capacity across household types and subpopulations.	High	High	Ongoing	
4. Streamline access to higher levels of residential care, such as skilled nursing facilities, for people experiencing homelessness or exiting from permanent supportive housing.	Medium	Medium		
5. Create More Affordable Housing Units				
1. Develop permanent affordable housing to meet the Sacramento Regional Housing Needs Allocation targets for very-low and low income housing in all jurisdictions.	High	High	City of Sacramento Measure U Sacramento Affordable Housing Trust Fund in development	14a: Convene housing developers, consumers, service providers, local planning departments, cities and County to explore new ways to create and streamline affordable housing for targeted populations. Work with local jurisdictions to promote affordable and supportive housing developments within the context of developing local housing elements.
2. Dedicate units in new subsidized affordable housing development for extremely low-income, very low-income, and homeless individuals, including units connected to intensive case management and wrap-around services.	High	High		14a: Convene housing developers, consumers, service providers, local planning departments, cities and County to explore new ways to create and streamline affordable housing for targeted populations. Work with local jurisdictions to promote affordable and supportive housing developments within the context of developing local housing elements.
3. Support campaigns for new federal and state public funding for extremely low-income and very low-income housing development.	Medium	Medium		14a: Convene housing developers, consumers, service providers, local planning departments, cities and County to explore new ways to create and streamline affordable housing for targeted populations. Work with local jurisdictions to promote affordable and supportive housing developments within the context of developing local housing elements.
6. Increase System Equity:				
4. With the input of individuals with lived experience, identify and implement strategies to reduce the time adults without children spend waiting for permanent supportive housing (e.g., a flexible case management team focused on document readiness; increase the amount of shelter available to adults without children; increase the number of light touch resources like Housing Problem Solving available to this population).	High	High	City of Sacramento W-X shelter and triage centers; CES dynamic prioritization planned; Rapid Access Problem Solving Pilot	
3. Develop a community-wide strategy and standards for individuals exiting permanent supportive housing to a permanent destination (i.e., "moving on").	Medium	Medium	Pilot Move-on program opportunity to build standards	13b: Implement the "Move On" program for current supportive housing tenants whose service needs have stabilized and who can secure housing in the community with ongoing subsidies.
2. Under the leadership of the Youth Advisory Board and youth providers, identify opportunities to expand housing programs and improve permanent housing outcomes for transition age youth.	Medium	Medium		

Gaps Analysis Recommendations Intersection with Other Efforts **Sacramento Steps Forward**

Homebase Recommendations (34 recommendations)	Impact	Effort	2021 CoC Work	2018 Homeless Plan (29 strategies, 82 actions)
1. Coordinate with the Racial Equity Committee to: (1) convene listening sessions with individuals experiencing homelessness that identify as Alaska Native and/or American Indian and/or organizations that serve this population to discuss challenges in accessing the system of care; and (2) create an equity monitoring plan to observe and monitor disparities and identify new areas for equity evaluation.	Medium	Medium	CoC enhancement project: Racial Equity Plan in progress	25d: Use data to assess and understand the intersectionality of race, ethnicity, disability and gender and how the homeless system can ensure access to emergency assistance, housing, and supports for historically underserved and overrepresented groups.

Gaps Analysis Recommendations Intersection with Other Efforts **Sacramento Steps Forward**

Homebase Recommendations (34 recommendations)	Impact	Effort	2021 CoC Work	2018 Homeless Plan (29 strategies, 82 actions)
7. Forge a Cohesive and Coordinated System of Care				
1. Convene systems-leaders and database administrators from HMIS, CalWIN, Shine, Avatar, and SHRA's internal databases to discuss opportunities to standardize data collection and reporting, reduce duplicative data entry across systems, and explore potential for future data sharing.	High	High		26b: Determine whether and how to improve data sharing across systems, including potential pilots between specific agencies
2. Following new HUD, VA and USICH guidance, integrate Veterans Administration data into HMIS through the HOMES-HMIS translator tool.	High	High		26b: Determine whether and how to improve data sharing across systems, including potential pilots between specific agencies
3. Design and implement a periodic and systemized method of capturing capacity, utilization, and turnover that is comparable across all systems (e.g. HIC).	High	High	SSF initiating Shelter performance reports that can led to systemized review	26b: Determine whether and how to improve data sharing across systems, including potential pilots between specific agencies
4. Continue to expand HMIS coverage and the number of projects participating in Coordinated Entry.	High	High		24: Assess, improve and expand Coordinated Entry, leveraging CESH resources to support the work.; 24d: Standardize Coordinated Entry reporting, accountability, and evaluation, and align with the Homeless Management Information System (HMIS). 25b: Expand community programs in HMIS and use as the main repository for all programs addressing homelessness.
5. Improve data quality in HMIS by expanding the HMIS Data Quality plan to include semi-annual (or quarterly as determined by CoC's need) data quality reports on non-CoC funded projects.	Medium	Medium		
6. Build on the success of the COVID-19 Re-Housing dashboard and continue reporting information about re-housing status across major community programs after the COVID-19 response has ended.	Medium	Medium		
7. Share data publicly to improve accountability, transparency, and ability to identify what strategies are working.	Medium	Medium	CoC enhancement project: performance dashboards and educational workshops	3: Improve public and practitioner understanding of key prevention resources and their effectiveness in preventing homelessness.; 3a: Share inventory with homeless system, public and consumers.