Coordinated Entry System Committee (CESC) Meeting Minutes

Thursday, June 10th, 2021 ║ 2:30 PM – 4:00 PM

[Recording of Zoom Meeting](). The chat and material(s) discussed at the meeting (not provided before the meeting) are below the minutes.

Attendance:

Member	Area of Representation / Organization	Present
Cheyenne Carraway	SHRA	Yes
Derrick Bane	Turning Point Community Programs	No
Desirae Stermer	Hope Cooperative	No
Erica Plumb	Mercy Housing	Yes
Gabriel Kendell	2-1-1	Yes
Jenna Abbott (Co-Chair)	River District	Yes
John Foley (Co-Chair)	Sacramento Self Help Housing	Yes
Julie Field	Sac. County Dept. of Human Assistance	Yes
Kate Hutchinson	Lutheran Social Services	Yes
Kelsey Endo	Cottage Housing	Yes
Maggie Marshall	Kaiser Sacramento	No
Monica Rocha-Wyatt	Sac. County Dept. of Behavioral Health	Yes
Paula Kelley	Sacramento Self Help Housing	No
Phillip Scott Reed	US Department of Veterans Affairs	Yes
Rose Aghaowa	Wellness & Recovery North	No
Tina Glover	SACOG	No
Stephanie Cotter	City of Citrus, Heights	No

SSF Staff	SSF Title
Andrew Geurkink	CoC Specialist

Lisa Bates	CEO
Michele Watts	Chief Planning Officer
Michelle Charlton	CoC Coordinator
Peter Bell	CES Program Manager
Scott Clark	Systems Performance Analyst
Stacey Fong	CE Analyst
Tiffani Reimers	CES Operations Coordinator

Homebase Staff

Gillian Morshedi, Julie McFarland, & Meadow Robinson

Guests

Angela Upshaw, Ardy Akhzari, Christie Gonzales, Emily Halcon, Gina Roberson, Jen Contreras, Jesse Williams, Jill Fox, Joseph Smith, MaryLiz Paulson, Patrick Cornell, Rebecca Sterling, Shannon Hus, Sheri Green, and Tasha Lee.

Agenda Item	Presenter(s):	Time	Item Type
I. Welcome & Introductions	John Foley, & Jenna Abbott, CESC, Co-Chairs	2:30 PM (5 minutes)	Informal
John Foley and Peter Bell started introductions around 2:35 PM. Attendance of 31 participants.			
II. Approval of: ● **3/11/2021 CESC Minutes** ● **4/8/2021 CESC Minutes**	John Foley	2:35 PM (5 minutes)	Action
Motioned for approval of 3/11/21 Meeting Minutes: 1st - Jenna Abbott, 2nd - Monica Rocha-Wyatt Motion approved.			

Motioned for approval of 4/8/21 Meeting Minutes: 1st - Gabriel Kendell, 2nd - Erica Plumb

Motion approved.

III. Dynamic Systems	Meadow Robinson & Julie McFarland, Homebase	2:40 PM (60 minutes)	Informational

Meadow Robinson discussed where we left off on Dynamic Systems and shared a Discussion Tool Dynamic Prioritization document, asking questions and recorded responses during the meeting. Julie McFarland briefly discussed qualitative and quantitative data and next steps. Questions/comments were asked in the chat and during the meeting; please see the recording link above.

IV. Emergency Housing Vouchers (EHVs)	Peter Bell, SSF CE Manager	3:40 PM (20 minutes)	Informational

Peter Bell briefly described EHVs and provided an overview on the discussion. Cheyenne Carraway, SHRA, shared a presentation that consisted of: what are EHVs, EHV eligibility, EHV partnerships, housing search assistance, enhanced assistance, key elements of program and initial lease up.

Michele Watts, SSF, presented EHV focused questions and discussed the scope of questions:
1. What prioritization approach would drive the greatest reduction of homelessness in the community? (Thoughts on reducing inflow, creating flow through and outflow, preventing recidivism, addressing unsheltered homelessness)
2. What criteria or factors should drive prioritization of populations served?
3. Thoughts on narrowing the at-risk population to serve the most at-risk and how to do so.
4. What is necessary to have success in participants maintaining/retaining housing?

5. Should we use one ranked list combining all eligible categories or multiple lists by eligible category (and/or other household type or subpopulation categories) with allocations assigned to each?

6. How do we balance the CES mission of prioritization with the need to fully utilize vouchers in a short time period (to ensure we use the initial allocation and gain/receive additional vouchers)?

7. Given the timing/timeframe challenges, what are the biggest issues and opportunities to address system gaps and outcomes?

Discussions/questions held during the meeting:

● EHV start date is July 1st, 2021 however can be accepted as early as today
● SSF staff capacity: No funding is available to hire on additional SSF staff
● Current PSH population being a priority group
● The EHV Notice can be found [here](#)
● Moving the next CESC meeting to Thur., June 24th from 2:30pm - 4:00pm. To be confirmed post meeting.
● Follow up materials will be shared post meeting with Michele's EHV questions within a survey.
● EHV FAQ is [here](#)
● Information on EHV from HUD is available [here](#)
● Additional questions/comments were asked in the chat and during the meeting; please see the recording link above.

V. Meeting Adjourned around 4:07 pm.

Next Meeting: Thursday, June 24th from 2:30pm - 4:00pm

Potential Topics to cover: CES Prioritization, EHVs, Policy Updates, Quarterly Data, RAPS updates

	Does Sacramento have this? If not, could it? Is this a barrier to Dynamic Prioritization?	What would happen if Dynamic Prioritization was implemented without this? Is that worse than status quo?
Access needs:		
Diverse access points, including outreach	• Many/diverse providers doing VISPDAT but that doesn't necessary make for meaningful access for everyone • Current outreach isn't enough to meet demand/need • If we increase access, does that increase to the list and overall wait time?	Not clear
System-wide diversion or problem-solving support offered immediately	• Some referrals to diversion resources are happening, but no consistency in approach; • Need diversion to include stronger connections to mainstream resources • Diversion resources/services are not consistently captured in HMIS, so we can't tell who is being effectively diverted or what the need is	Dynamic Prioritization depends on progressive engagement, which includes diversion; this is an essential component of Dynamic Prioritization

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	• RAPS pilot- is a step towards centralizing/standardizing diversion, but not yet available through a diverse network of providers • CoC/County/City outreach standards being drafted- adding diversion to all outreach engagements, needs to be a system level practice.	
Assessment needs:		
Phased assessment (meaning not all participants are immediately assessed, scored, and prioritized)	• Starting it with RAPS pilot; 211 doing phased assessments, and information will be tracked in HMIS • RAPS pilot could be scaled and rolled out systemwide, but would need to invest in infrastructure (e.g. staffing, training) which requires funding	This is an essential component of Dynamic Prioritization
Prioritization needs:		
Identifying clear community priorities.	• This could be our biggest challenge • We don't have clear priorities now *as a community*	Could *maybe* still work

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	• Challenges with unhoused population has created even more shattered priorities • Prioritization will be revisited soon because COVID prioritization is temporary	
Referral needs:		
Understanding of housing coming available and eligibility requirements (specifically tracked and analyzed to determine prioritization levels and/or pool size)	• Openings are communicated at case conferences for Behavioral Health, TAY, CH, and Vets; sometimes openings are communicated by email in advance of case conferences • There is infrastructure within HMIS to report openings, some toggles for eligibility/accessibility but there is a gap in HMIS: if the program has unique eligibility requirements these will not be captured in HMIS; currently there is reliance on institutional knowledge of unique program requirements • CES portfolio is primarily PSH, would need to expand to other project types to get sense of other project type availability	Possible, but not without complaints; CE wouldn't be able to respond quickly

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	• 211 not aware of openings – want to better understand what is downstream to assist clients • Lack of understanding of the "unwritten" eligibility -e.g. landlord imposes certain pet policies that may or may not comply with ADA, or you need be seen by a reasonable accommodation panel to weigh in on specific criminal history, etc.	
Housing navigation support to prioritize, assess, document, link to housing, and transport people in real time	• Variety of different types of navigators with different geographic areas of focus/service (but no communication across the groups); • Some outreach groups (e.g. volunteer based outreach) aren't using HMIS • No community-wide standard for housing navigation - some offering services/ongoing support, others doing only VI-SPDAT; • Lack of consistency in approach + false sense that there is unity in approach and collaboration among navigators	Until the role is more clearly defined and there is consistency in approach, we will have gaps that make it harder to house people quickly

	Does Sacramento have this? If not, could it? Is this a barrier to Dynamic Prioritization?	What would happen if Dynamic Prioritization was implemented without this? Is that worse than status quo?
Case conferencing (used to resolve conflicts, consider new case information in determining most vulnerable, facilitate quick and successful matches)	• CE Case Conferencing in place/underway for the following subpopulations: Behavioral Health, TAY, CH, Vets, PRK ○ Behavioral Health – SSF identifying folks through CE that weren't otherwise linked to BH, and the other way around, too!; each system is referring to each other and creating linkages; resolved information conflicts (housing and treatment side sometimes each get different pieces of info) – Time Intensive – happening weekly • CE Case Conferencing coming soon: Survivors • CE Case Conferencing not yet underway: Family (challenge – not many resources for families in CE currently), Single Adults • DHA Case Conferencing: for all shelter programs, intensive CM, PRK, • CC tool within HMIS that allows for info sharing, communication • CC tool within HMIS that allows for info sharing, communication	Not clear

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Housing Needs:		
For People Prioritized and Placed into RRH:		
Range of RRH duration	• Don't have RRH units to do Dynamic Prioritization now which is essential; only TAY RRH in CE currently • Need to understand the barriers to participating in CE and needs of RRH providers to make the case • Is getting community buy in- chicken or egg? • Funder priorities- unsheltered homeless- leverage point for RRH serving unsheltered (AND being able to refer to higher level housing/service) • CE is a network- you can refer to another housing program. (Current processes can be strengthened to support transfers)	Couldn't do it without rapid rehousing or room and boards or some short-term housing to diversify the housing interventions available