Coordinated Access System (CAS)

CAS

The Sacramento City and County Continuum of Care, City of Sacramento, and County of Sacramento recently pooled resources to invest $16 million to create a Coordinated Access System aimed at ensuring people needing services have streamlined and clear paths to go through to access the right help. This investment will ensure that help is more equitable, expedient, and easier to find by our unhoused neighbors.

What is the Coordinated Access System?

A streamlined system designed to match people experiencing homelessness with housing and service options. This process also prioritizes limited local supportive housing resources, so people with the highest vulnerability can be connected to supports as quickly as possible.

CORE ELEMENTS:
Access, assessment, problem-solving, prioritization, and referral

DATABASE:
Homeless Management Information System (HMIS)

KEY PLAYERS:
Access points, outreach/ advocates, shelters, service providers, and housing programs

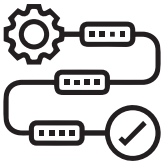
REFERRAL ENTITY:
2-1-1 operated by Community Link and supported by Sacramento Steps Forward

What Can We Accomplish Together Through the Coordinated Access System?

STOP
homelessness before it begins

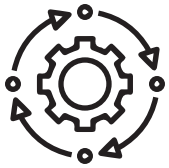
SHORTEN
the time people must wait to be assessed

STREAMLINE
access for people experiencing homelessness



OPTIMIZE
existing shelter and housing programs

FORGE
a cohesive and coordinated homeless system of care



Why Do We Need a Coordinated Access System?

Navigating the current system is confusing and difficult to access for people seeking resources:

- **60+ access points** each with unique services and eligibility criteria
- **One third of shelters** require a referral

Sacramento's continued rise in homeless is evidence that our current model is not working:

- Local gaps analysis suggests an estimated **16,500 to 20,000 people** will experience homelessness annually in Sacramento
- **More than half** who enter the system are likely to experience homelessness for the first time

Sacramento City and County Continuum of Care

City of SACRAMENTO

SACRAMENTO COUNTY

SACRAMENTO STEPS FORWARD

March 2023
Housing Crisis Line
Key Performance Indicators

PREPARED BY
SACRAMENTO STEPS FORWARD

2,073
CALLS HANDLED

1,379 CALLERS CONNECTED TO OTHER RESOURCES

694
HOUSEHOLDS CURRENTLY OR AT-RISK OF HOMELESSNESS

480
REFERRALS TO CRISIS RESOURCES

348

141
HOUSEHOLDS ENROLLED IN SHELTER

207
HOUSEHOLDS EXITED OR DIVERTED FROM HOMELESSNESS

DATA IS CAPTURED ON A ROLLING BASIS, AND MONTHLY REPORTING MAY OVERLAP.

How is this data collected? **The homeless management information system (HMIS) is a locally administered database that captures client-level data and data on the provision of housing and services to homeless individuals, families, and persons at risk of homelessness. HMIS improves service access and delivery and strengthens community planning and resource allocation.**

HOUSING CRISIS LINE

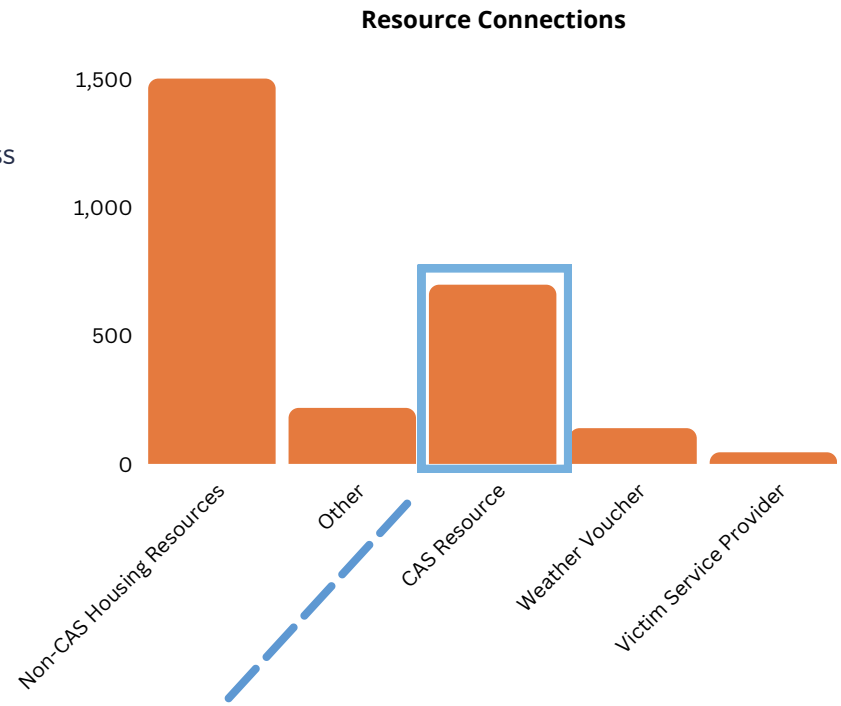
The Housing Crisis Line (2-1-1) connects households seeking housing and homeless resources to appropriate resources.

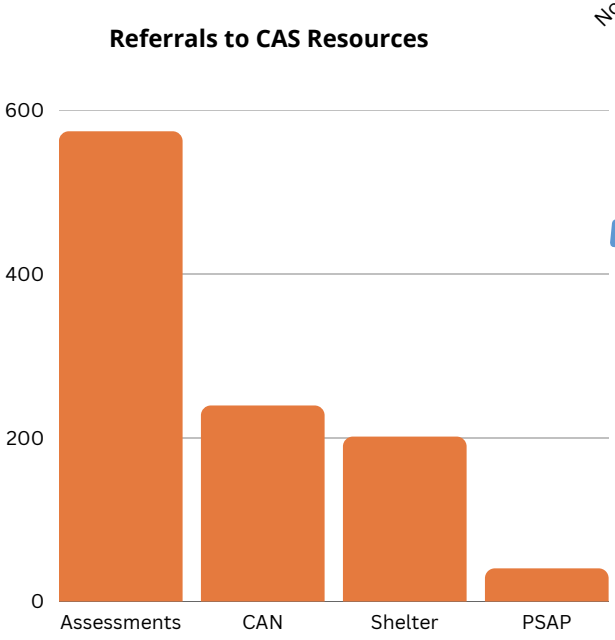
CALLS HANDLED: **2,073**

HIGHEST REQUESTS BY ZIP CODE: **95811, 95823, 95815, 95817**

AVERAGE CALL WAIT TIME: **4:08**

AVERAGE CALL HANDLE TIME: **11:59**





CAS RESOURCE CONNECTIONS

With the addition of CAS resources, 2-1-1 can triage and refer households to participating shelters, problem-solving access points (PSAPs), shelter navigation, and conduct housing assessments

HOUSEHOLDS TRIAGED: 694

ASSESSMENTS COMPLETED: 574

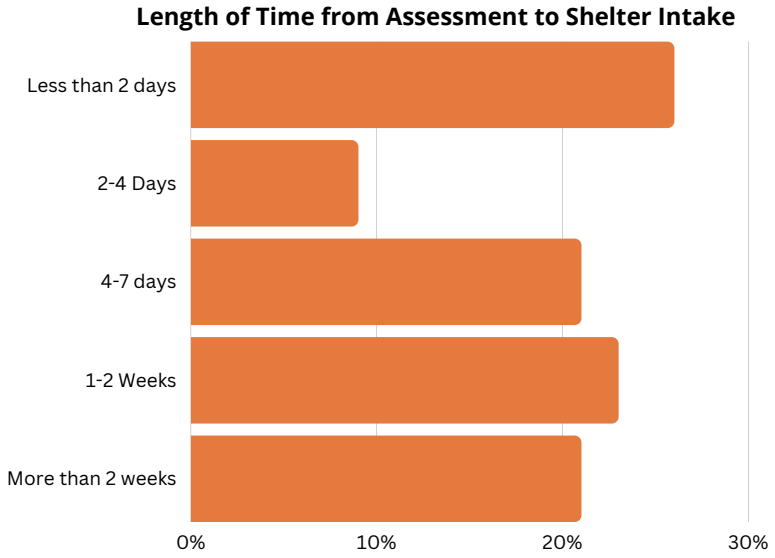
SHELTER REFERRALS: 201

PSAP REFERRALS: 40

CAN REFERRALS: 239

HOUSEHOLDS REFERRED TO SHELTER: 201

- **30%** OF HOUSEHOLDS ASSESSED WERE REFERRED TO A SHELTER IN THE LAST 90 DAYS
- AVERAGE LENGTH TIME TO GET REFERRED TO SHELTER: **14 DAYS**
- AVERAGE LENGTH OF TIME FROM SHELTER REFERRAL TO SHELTER INTAKE: **22 HOURS**
- **75%** OF REFERRALS RESULTED IN A SHELTER ENROLLMENT

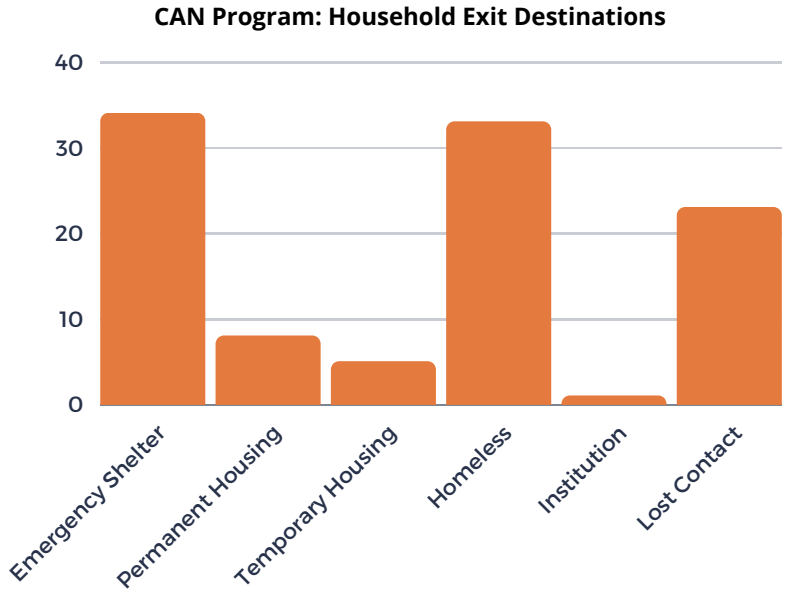


NAVIGATION

Elica Health Centers manages a team of trained, coordinated access navigators (CAN) who provide shelter and housing problem-solving to eligible households referred by 2-1-1.

HOUSEHOLDS REFERRED TO CAN: 239

- **66% (157)** OF REFERRALS RESULTED IN A PROGRAM ENROLLMENT
- AVERAGE TIME FROM REFERRAL TO ENROLLMENT: **1.5 DAYS**
- **45% OF EXITS WERE POSITIVE**
  - **EIGHT** HOUSEHOLDS EXITED TO PERMANENT HOUSING
  - **FIVE** HOUSEHOLDS EXITED TO TEMPORARY HOUSING
  - **34** HOUSEHOLDS EXITED TO AN EMERGENCY SHELTER



Stories from the Field

"I received a referral in HMIS for a client who was experiencing homelessness. The client didn't have a lot, was living in her car and her only income was SSI payments. She was permanently disabled and also struggled with degenerative arthritis and neuropathy. The client had to abandon her previous place of residence because of domestic violence and had nowhere to go. The client needed a place of residence, because it was really hard for her to stay outside with her health condition. I stayed in contact with the client for more than 2 weeks, checking on her situation and seeing if there is any way I could help her. I remember how thankful the client was when I brought her food and clothes from our Resource Center. Finally, I received a message from 2-1-1 that there was an available spot for the client at a shelter, and I can't express how thankful the client was when I informed her about it. Currently, the client is located in the shelter where she feels safe and is working on getting her life better. I am very glad that I was able to give this person hope for a better future.
- Coordinated Access Navigator

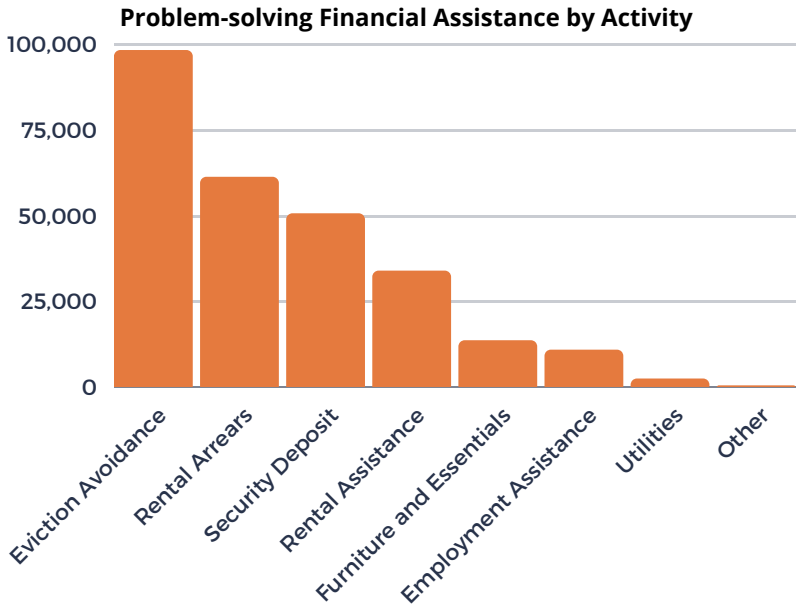
PROBLEM SOLVING ACCESS POINTS

Designated access points provide problem-solving services to divert or rapidly exit households from homelessness, including access to financial assistance.

HOUSEHOLDS SUPPORTED IN ACQUIRING OR MAINTAINING HOUSING: **83**

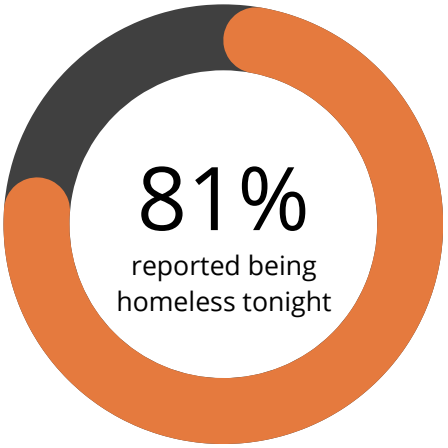
AVERAGE AMOUNT PER HOUSEHOLD: **$3,260**

MARCH EXPENDITURES: **$270,615**



HOUSEHOLDS SERVED

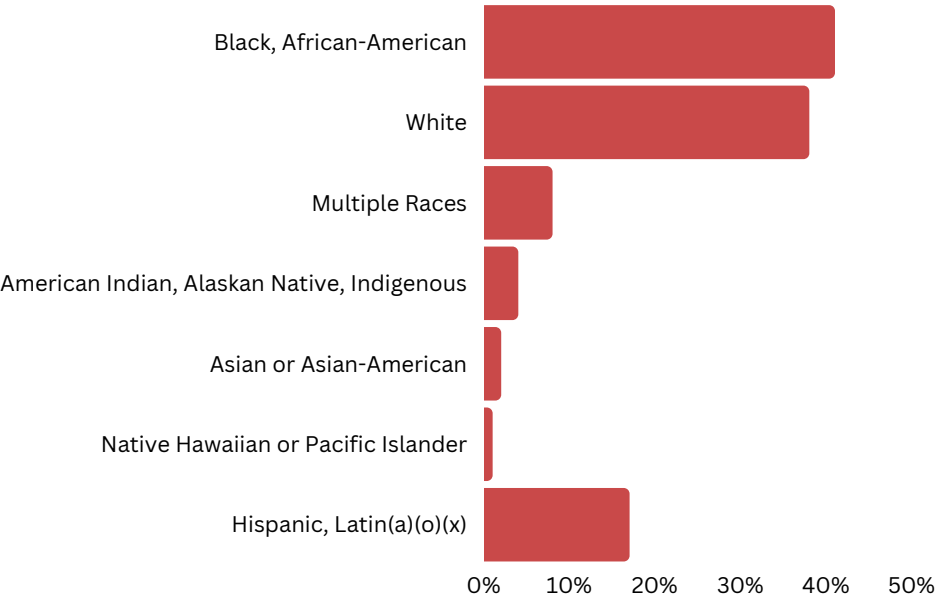
The number of households served includes enrollments and/or services provided by 211, problem-solving access points, and the navigation team. Although some services prevent or divert someone from experiencing homelessness, most households served are already experiencing homelessness.



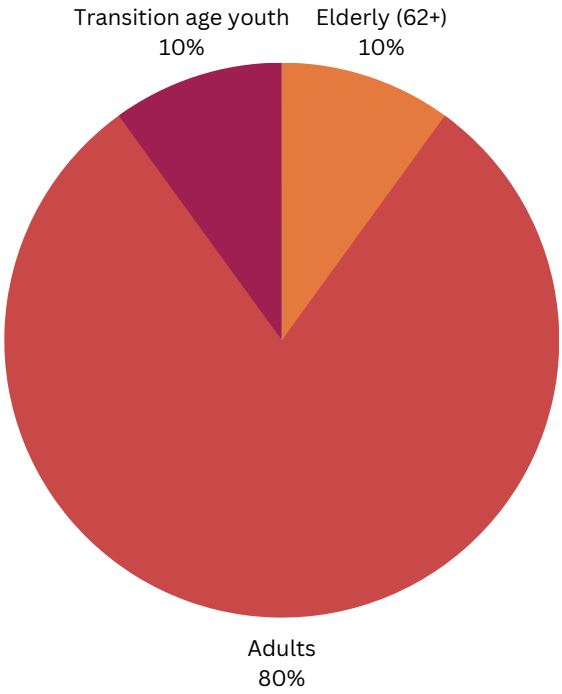
- 17% ARE AT IMMINENT RISK OF OR AT RISK OF EXPERIENCING HOMELESSNESS (WITHIN 30 DAYS)
- 18% (124) OF HOUSEHOLDS WERE DIVERTED FROM HOMELESSNESS BY 2-1-1 STAFF

55% of households are female-identifying

Race



Household Type



CAS PARTICIPATING PROGRAMS

Current CAS Shelters

Shelter	Population	Number of Beds/Units
Meadowview	Female-identifying individuals	100
EBH at the Grove	Transitional age youth (18-24 yo)	48
North 5th Street	Individuals	163
X Street	Individuals	100
Common Ground	Transitional age youth (18-24 yo)	20
STEP Shelter	Transitional age youth (18-24 yo)	14
The Village	Transitional age youth (18-24 yo), pregnant or parenting	8
	TOTAL	**453**

14% of total shelter capacity

Future CAS Shelters

North A Street	Individuals	80
TSA Center for Hope	Individuals	70
Step up on Second	Individuals and families	200
Next Move Family Shelter	Families	85
Bannon Street	Families	68
City of Refuge	Families	70
	TOTAL	**573**

34% of total shelter capacity

TOTAL: 1026

Problem-Solving Access Points

Program Name	Targeted Subpopulation
LGBT Center*	LGBTQ+ community and Transition-Age Youth
Sacramento Self Help Housing*	All, with a focus on Elk Grove and Rancho Cordova
South Sacramento HART*	All, with a focus on South Sacramento
WEAVE*	Survivors of domestic violence, sexual assault, and sex trafficking
CASH	Survivors of human trafficking
Rose Family Creative Empowerment Center	Families
Lutheran Social Services - P&I Team	Transition-Age Youth
Family Justice Center	Survivors of domestic violence, sexual assault and human trafficking
Sacramento Covered	All
Lao Family Development Center	Refugees, families
Waking the Village	Transition-Age Youth
Wellspace Health	All

*Contracted to provide housing location assistance and take 211 referrals
All PSAPs are available by appointment only and do not accept direct requests for assistance.