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CITY OF SAN FRANCISCO

SAN FRANCISCO COORDINATED ENTRY REPORT

Prepared for City of San Francisco by Focus Strategies
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TABLE OF CONTENTS

EXECUTIVE SUMMARY

Coordinated Entry (CE) is a key component of San Francisco's Homelessness Response System. It is intended to provide a consistent, streamlined process for households experiencing homelessness to access available housing and community resources to resolve their housing crisis. These resources include Problem-Solving services, Temporary Shelter, Rapid Rehousing, Permanent Supportive Housing, and Other Permanent Housing. Coordinated Entry is intended to shorten the length of time people are homeless by lowering barriers to access and streamlining referrals to available housing in addition to prioritizing limited resources for people least likely to exit homelessness on their own. A functioning coordinated entry process is a requirement of the U.S. Department of Housing and Urban Development for San Francisco to receive more than $29 million annually in federal homeless-targeted resources.

San Francisco's current CE system was rolled out over a number of years, with planning beginning in 2016 and the final populations launched in 2019. In late 2021, the San Francisco Homelessness and Supportive Housing Department (HSH) began a two-phased process to evaluate and redesign San Francisco CE. The goal of the first phase was to produce an evaluation to learn, understand, and document how CE is currently structured and operates across the three population-focused CE systems: adult, family, and youth. This is the first full evaluation undertaken of the CE system, though reviews of particular functions and system data have been used for decision making and refinements since the launch. The evaluation looks at CE as a whole by population, and by the core components of the system Access, Assessment, Prioritization, and Referral.

The evaluation will support the strategic planning and development of recommendations for the redesign of CE that will happen in the second phase. It is a mixed methods evaluation and combines qualitative and quantitative data to comprehensively describe the operations of the CE system. Focus Strategies conducted the quantitative analysis, reviewed documents and interviewed HSH staff. Homebase, a non-profit consulting firm in San Francisco, took the lead on the community input, gathering information from surveys and focus groups with providers, system users and advocates. Homebase produced a separate summary report and set of appendices. The information used in this evaluation includes:

- 215 surveys of people with lived experience of homelessness
- Six focus groups with people with lived experience of homelessness and three focus groups with providers and advocates

- Interviews with HSH staff and staff at five other City departments
- Data from the ONE System database, San Francisco's Homeless Management Information System (HMIS) covering 2019 through 2021
- Data from the publicly posted Shelter in Place (SIP) rehousing dashboards
- A review of HSH-provided and publicly available documents regarding Coordinated Entry, including notes from the HSH Coordinated Entry listening session with close to 80 homeless response system service providers and stakeholders (February 2022) and the Coalition on Homelessness' Report, "A New Coordinated Entry: Shifting From a System of Scarcity to Addressing Real Need" (2022)

Overall Findings related to CE

The San Francisco CE system generally meets the federal requirements. However, it has been operationalized in ways not well understood by system users and with significant criticism and reservations from the provider community. Findings that relate to the system overall include a perceived lack of transparency about the process and a need for clearer policies and communication, greater standardization across population groups, and expanded and more consistent training. Data collection and utilization was found to be a challenge, and inconsistencies in how data is reported make meaningful analysis difficult. Decision making about CE was also an area of concern for stakeholders who cited a lack of regular community involvement in oversight and quality assurance.

Broader Homelessness Response System Concerns

In addition to findings related to CE, many stakeholders expressed concerns related to the overall homelessness response system. Primary among these is a shortage of inventory, especially housing, for all who need it. Some stakeholders believe the shortage is exacerbated by a CE system that prioritizes based on availability rather than exclusively on participant needs. Although inventory-based prioritization is a practice used to avoid building waitlists for resources that may not be available, it has been interpreted as hiding or minimizing the level of community need. Another concern that goes beyond the scope of CE is the perceived need for more services within the Permanent Supportive Housing portfolio and for new types of inventory that can serve very high needs people. Finally, the widely reported high level of vacancies has some CE implications (discussed below under referral)

but is also impacted by factors outside of the CE system including maintenance and staffing issues, paperwork, and process steps that are required by providers based on their funding, and the perceived desirability of the housing by potential tenants. These issues are critical to address as dissatisfaction with coordinated entry is tightly related to these broader system concerns and perceptions, but changes to CE alone will not address them.

Findings Related to Equity

Equity impacts of the CE system are a widespread concern among stakeholders. The quantitative analysis found disparities in access to, experience of, and outcomes from services in race, ethnicity, sexual orientation, and gender. However, the impacts were varied across CE process points and populations; racial or gender groups who were underrepresented or had disparate outcomes in one component (e.g., access), were not the same as in another component (e.g., referrals). Lack of consistency across CE components and populations suggests that no specific widespread biases are at play in the CE system. Rather, the equity impacts are nuanced and should be addressed within each process.

The summary of CE Process equity findings is represented in the table below.

Equity Impact	Household Type		
	Adult	Family	TAY
Access (relative to 2022 PIT)			
Race		Black over- and Asian underrepresented	Black overrepresented
Ethnicity	Latinx underrepresented	Latinx underrepresented	Latinx underrepresented
Sexual Orientation	LGBQQ+ underrepresented		LGBQQ+ underrepresented
Gender			Female overrepresented
Assessment			
Race	Asian score lower than white	All POC score higher than white	Black score lower than white
Ethnicity		Latinx score lower than non-Latinx	

Equity Impact	Household Type		
	Adult	Family	TAY
Sexual Orientation	LGBQQ+ score higher than straight		
Gender	Trans score higher than cis gender		Females score lower than males
Prioritization			
Race	Asian less likely to be prioritized	Latinx less likely to be prioritized	
Ethnicity, Sexual Orientation, Gender: No impacts			
Referral			
Race	Black and Multiple Race more likely be experience provider denial		All POC more likely be experience provider denial
Ethnicity		Latinx less likely be experience provider denial	
Sexual Orientation, Gender: No Impacts			

Findings Related to Access

Access to the San Francisco CE process is through a variety of Access Points and Access Partners. Quantitative analysis of access found that while similar numbers of adults and youth accessed the system in 2021 as in 2019, there were fewer families. Analysis also indicates that the number of adults and youth who accessed CE over a year is less than the total number of homeless adults and youth as indicated by the Point In Time Count.

Qualitative findings indicate that people experiencing homelessness do not know where to receive help and some are frustrated by lack of help received from Access Points, though people who are now housed had higher opinions of the access services they received.

Findings Related to Problem-Solving

Identifying findings related to Problem-Solving was challenging due to difficulty identifying people in Problem-Solving Status. Overall, the quantitative analysis found low rates of both Problem-Solving services being delivered and of reported Problem-Solving resolutions.

Surprisingly, resolutions for families in Housing Referral Status were higher than those in Problem-Solving Status.

Some participants reported in the survey that they found the conversations helpful, while a similar proportion did not, and others were not sure. Providers, on the other hand, expressed widespread concern that Problem-Solving is not "an appropriate intervention." Staff felt that Problem-Solving was not well understood or messaged and perceived as "second best" because of this. Though intended to be a key element of the CE process, Problem-Solving is staffed and funded separately within HSH and this divide has led to a lack of alignment between CE and Problem-Solving.

Findings Related to Assessment

Federal requirements for a CE system include the use of a "standardized and comprehensive assessment." San Francisco uses a locally created, scored "primary assessment" tool, which is similar though slightly different for each population group. The tools combine questions on health and safety, housing barriers, and length of time homeless. The quantitative analysis showed fewer assessments were performed in 2021 than in 2019. It also found equity impacts in terms of assessment outcomes, with adult Asian households scoring lower than white, and LGBQQ+ households scoring higher than straight and cis gender households. For families, Latinx households scored lower while other BIPOC populations scored higher. For the youth population, Black youth scored lower than white and female youth scored lower than male.

Qualitive data shows significant concerns from providers about how assessment is delivered and the content of assessment including questions being too sensitive, especially without time to build trust, and questions not being useful for providing meaningful support.

Findings Related to Prioritization

The primary assessment is used, along with information about the anticipated inventory for each population, to determine who is placed on a queue that should lead to a housing referral. There is a lack of clarity in the data collection process around how both statuses and thresholds are used and recorded and how people are placed on a queue. In terms of equity, Asian adults were less likely to be placed on a community queue compared to white adults, and families with a Hispanic/Latinx head of household were only less likely to be placed on a community queue compared to families with non-Hispanic/Latinx heads of household.

Providers and advocates expressed significant concerns regarding equity in prioritization. The data indicates there may be disparities in prioritization, though not necessarily in the populations that were expected. In general, the fact that prioritization is partially established based on inventory and not exclusively on participant "need" is widely either criticized and/or unclear, and the use of thresholds and a status designation for prioritization is seen as unfair (particularly Problem-Solving Status). Again, the assessment tool used for prioritization was seen as overly intrusive and lacking important information. Some suggestions were made for changing prioritization to be more population focused including specifically prioritizing those people who are long-term SF residents, seniors, pregnant, medically vulnerable, and BIPOC.

Findings Related to Referral

The Referral component of the system was the hardest to meaningfully analyze for CE effectiveness, because CE does not have an exclusive role in the referral process. Rather, the roles and responsibilities for steps within the process are shared between CE, the housing division of HSH, and housing providers, and these distinctions are not always clear in the data. In addition, the rate of housing projects participating in the ONE System dramatically increased over time, so changes in referral rates found may not reflect actual changes in performance. Finally, the COVID-19 pandemic significantly impacted the workflow and speed of parts of the CE system, so increased time for a household to be referred to housing may largely reflect the impact of COVID.

All three populations showed an increase in the number of households referred to Permanent housing in 2021 as compared to 2019, and there was also an increase in expired referrals. There were no equity findings in relationship to referral rates, but important equity findings in provider denial rates showed that adults and youth identifying as Black or multiple races were more likely to have at least one housing referral denied by a provider. Latinx-headed families were less likely to have a housing referral denied by a provider. Adult and youth populations showed significant increases in the number of days between enrollment in CE and referral to housing, while families showed slight decreases in the number of days between enrollment in CE and referral to housing.

Stakeholders were generally critical of the time it takes for people to get housed and some expressed concerns regarding inappropriate referrals, both in terms of housing providers being required to serve people who are highly vulnerable/high needs relative to service capacity, and a lack of information to more appropriately match those with specific needs (such as medical needs) to buildings with specific services such as nursing.

Considerations for Phase Two Redesign Work

The findings of this report are intended to inform discussions and planning for a redesign of the CE process. It is suggested that HSH and its community partners consider the following process and content areas as the work gets underway:

Process and Oversight. In Phase Two of the CE Redesign, HSH will need to adopt a process that incorporates equity and has strong stakeholder participation throughout. This should include clear definition of who the decision makers are and the criteria they will use to make decisions, where and when stakeholder input will be sought, and timeframes for input at key points in the design process. CE should develop stronger governance and an ongoing oversight and evaluative role for community members. Clear performance metrics for the system, target populations, equity measures, and contractor performance should be reviewed on a regular basis and used to make course corrections.

Design Considerations. Any new process needs to result in a clarified flow that speeds the connection to housing and other services. It will need to be well understood and have a high level of buy-in from the provider and participant community, place equity at its center, and have built in evaluation and accountability.

Access. The redesign process needs to ensure equity in access (findings indicate lower access for adults, youth and Latinx people) and consider the role and function of Access Points. Consideration should be given to the balance between using a smaller number of access points and improving community knowledge of them and expanding the range of ways and locations for participant access, which would create a greater need to ensure fair and consistent treatment, more and ongoing training, high-quality data collection, and ongoing oversight. The new CE design should consider how to strengthen the availability and use of Problem-Solving flexible funds and services. The new CE design may also want to consider whether and how Problem-Solving is *required* in the CE process.

In planning for the new redesign, as well as for significant shelter expansion in the future, the relationship between CE and other methods for placement in Temporary Shelters, Safe Parking, Navigation Centers, and other crisis resources will also need to be considered.

Assessment and Prioritization. This report reveals significant community concerns about the current primary assessment tool(s) with the level of personal information

required, how it is used and whether the information reflects participants' needs. The equity analysis indicates underrepresentation of Asian adults and Latinx families in those with higher assessment scores. Before making a determination about whether to revise the current tools, adopt others, or create something new from either self-report and/or administrative data, the redesign process should focus on delineating shared values/criteria for allocating available resources.

The redesign process will also need to consider whether to continue with a threshold-based prioritization approach (which places only some participants on a queue based on anticipated inventory) or move to a process of adding all assessed persons to one or more queues regardless of the available inventory. Neither system creates more housing directly and in either case there will be some people who do not receive the resource they would most want and/or benefit from. Again, the connection between this and Problem-Solving flexible support will be important.

Referral. The primary purpose of the CE process is to match and refer prioritized persons to the resources of the system and get them enrolled and sheltered or housed as quickly as possible. The length of time from assessment to referral and from referral to an accepted referral This part of the process does not fall solely into the responsibility of the CE process and continues to deserve attention. In many ways the most troubling equity findings of this report are the disparate rate of denials for Black adults and youth by housing providers. Further research into the causes of this disparity and the policy or practice barriers that need to be addressed to solve them are critical.

Data and Documentation. HSH will need to strengthen the infrastructure that supports the CE process. Most critical is ensuring that data collection produces management reports and data that can be easily queried and used to regularly review and assess the process at the system, population and provider level. As part of the redesign process the performance and equity metrics needed for reporting and accountability should be identified *first* and then data collection designed to support that built into the process. In addition to the data and reporting improvements, HSH will need to improve the documentation of the process to ensure clarity in communication within the community and quality assurance for the process. Finally, it is a HUD requirement that the Continuum of Care evaluate CE at least annually. The evaluation must include consultation with participating projects and project participants and address the quality and effectiveness of the entire coordinated entry experience.

Conclusion

The San Francisco Coordinated Entry process was developed over time seeking to balance the desire to serve everyone with the reality of limited resources, particularly of permanently subsidized housing. It meets the majority of federal requirements and provides access and support to a wide array of people experiencing homelessness.

Many challenges have been surfaced about the CE process through this evaluation, as summarized above and detailed below. Work in Phase 2 of this process to refine or redesign the Coordinated Entry process will draw on the feedback and learnings from this evaluation.

Communities across the country launched CE systems in roughly the same time frame as San Francisco developed its system, and many have found the need to revisit or redesign the system once it has operated for a period of time. Concerns regarding complexity, equity, prioritization, timeliness, and appropriate matching to resources are common factors driving CE redesign. In developing the next iteration of CE in San Francisco, an equity focus, along with provider, participant, and staff involvement and buy-in to decisions are paramount to improving the functioning of the system as well as its acceptance in the community.

I. OBJECTIVES OF THIS EVALUATION

Coordinated Entry (CE) is a key component of San Francisco's Homelessness Response System. It is intended to provide a consistent, streamlined process for households experiencing homelessness to access available housing and community resources needed to resolve their housing crisis. Housing and community resources include Problem-Solving, Temporary Shelter for youth and families, Rapid Rehousing, Permanent Supportive Housing, and Other Permanent Housing. CE was developed to prioritize and match people experiencing homelessness to available resources because there has not been enough housing to meet the need. CE was intended to provide a more standardized and equitable approach, and to collect data on who is interacting with the homelessness response system. A functioning coordinated entry process is a requirement of the U.S. Department of Housing and Urban Development for San Francisco to receive more than $29 million annually in federal homeless-targeted resources.

Late in 2021, the San Francisco Homelessness and Supportive Housing Department (HSH) began a two-phased process to evaluate and redesign San Francisco CE. The goal of the first phase is to produce an evaluation to learn, understand, and document how CE is currently structured and operates across the three population-focused CE systems: adult, family, and youth.

This evaluation report synthesizes the work done in Phase One and discusses considerations to incorporate in the redesign of CE planned for Phase Two. The evaluation is intended to answer key questions including:

- Are CE processes equitable?
- What is working well?
- What is not working well?

II. EVALUATION METHODOLOGY

This is a mixed methods evaluation combining qualitative data from various sources with quantitative data to paint a fuller picture of the operations of the CE system. Focus Strategies conducted the quantitative analysis, reviewed documents and interviewed HSH staff. Homebase, a non-profit consulting firm in San Francisco, took the lead on the community

input, gathering information from surveys and focus groups with providers, system users and advocates and produced a report and set of appendices.

A. QUALITATIVE DATA

1. Document Review

Focus Strategies gathered documents related to the design, operation, and evaluation of the San Francisco CES from HSH and from publicly available sources. These documents included policies, forms, reports, and presentations used to explain the process to providers, users, and the public. A complete list of documents reviewed can be found on the HSH website (Title: Documents Reviewed for the Coordinated Entry Evaluation).

2. HSH Staff and City Departments Interviews

Focus Strategies conducted 12 individual and group interviews with HSH staff including those who work directly on the CE process and staff who work in Housing, Problem-Solving, the Shelter in Place (SIP) rehousing process, and executive staff. Focus Strategies also interviewed four representatives from the Department of Public Health who directly interface with Coordinated Entry.

In addition, Homebase conducted five individual or group interviews with representatives from the Human Services Agency, Department of Public Health, Mayor's Office of Community Development and Criminal Justice partners from Sheriff's Office and District Attorney's Office.

3. Participant and Provider Surveys, Interviews, & Focus Groups

Between February and April 2022, Homebase conducted extensive information gathering with current and former participants in the CE system, and with San Francisco providers including Access Points for the CE system, and Permanent Supportive Housing and Rapid Rehousing program operators.

a) Participant Information

- Focus groups with unhoused and recently housed individuals. Homebase conducted a total of six focus groups with 33 individuals who had direct experience seeking housing assistance in San Francisco.

- Participant surveys. Homebase administered a participant survey using several methodologies including online, and in person at shelters and agencies (some specializing in LGBTQ, youth, trans, and HIV-positive populations), encampments in Potrero Hill, and via street outreach. A total of 215 surveys were completed, 194 in English and 21 in Spanish.

Although efforts were made to get feedback from a wide range of participants and from both people who are now housed and people still experiencing homelessness, the surveys are not fully representative of the homelessness population. Homebase notes in their report:

> *"While this data provides useful qualitative and quantitative information about respondents, it is crucial to remember that it only reflects the responses, experiences, and opinions of the people who took the survey. This group is not – and was not intended to be – representative of the general population or homeless population in San Francisco. There may be ways people who received the survey and people who completed the survey systematically differ from the broader homeless population in San Francisco, especially because most survey outreach was done online. … As a result, conclusions drawn from this survey data cannot be generalized to the entire population of people experiencing homelessness in San Francisco. What this data can be used for is valuable context and perspective about how accessible and successful the coordinated entry system is for the respondents to the survey." (Homebase, pp. 3-4)*

A review of the demographics of those surveyed shows that the majority of people surveyed were housed (56%) and the population was older, more likely to be heterosexual, and more likely to be white than the population experiencing homelessness.

More details on the demographics and characteristics of those surveyed, and findings related to survey responses based on demographics and household types can be found in Homebase Appendices E and G. The Homebase report and its nine appendices can be found on the HSH website.

b) Provider Information

- Provider Focus Groups. Homebase conducted three focus groups with 157 housing and service provider staff across San Francisco. Focus groups were

divided according to housing or service type, and included Rapid Rehousing, Permanent Supportive Housing and Access Point agencies and staff.

- Standing meetings. Homebase also attended standing meetings such as HSH's All Access Point Meeting and the February 22nd, 2022, HSH listening session to identify common themes and issues related to coordinated entry.

B. QUANTITATIVE DATA

Focus Strategies requested data representing each aspect of the CE process from HSH covering the period January 1, 2019, through December 31, 2021. HSH provided five datasets from the ONE System, San Francisco's Homeless Management Information System (HMIS)[1], including Coordinated Entry enrollments, primary assessments, Problem-Solving services, housing navigation services, and housing referrals.

Most analyses in this report compare data from 2019 and 2021, to examine how Coordinated Entry was functioning before and after the COVID-19 pandemic; the pandemic influenced both the context and some processes of CE. Data from all three years was also used to evaluate longitudinal trends where possible (e.g., the number of days between enrollment in CE and primary assessment or referral).

Because the CE system is distinct for different household types, most CE data was analyzed by three populations: adults aged 25 and older, families with minor children, and youth, including both unaccompanied minors and young adults aged 18 to 24. Information from the quantitative analysis is provided throughout this report and the complete San Francisco CE Quantitative Data Evaluation is available on the HSH website.

III. COORDINATED ENTRY REQUIREMENTS

Coordinated Entry is a requirement of the U.S. Department of Housing and Urban Development (HUD) for all Continuums of Care receiving federal homeless-dedicated resources. In its requirements for CE, HUD defines coordinated entry as "a centralized or coordinated process designed to coordinate program participant intake assessment and

[1] Every Continuum of Care jurisdiction that receives Federal homelessness funding is required to operate a Homeless Management Information System compliant with specific data collection requirements from the US Department of Housing and Urban Development. San Francisco's ONE System meets the HMIS requirements and provides other types of data collection and tracking specific to San Francisco. The software for the ONE System is the Clarity system developed and marketed by BitFocus.

provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool."[2] A fully operational, data compliant CE system was expected by October 1, 2019, and required by October 1, 2020.

HUD divides the CE process into four required components: Access, Assessment, Prioritization and Referral.[3]

- **Access -** "Access refers to how people experiencing a housing crisis learn that coordinated entry exists and access crisis response services." Access can be in a physical space, mobile or virtual, and locations that provide access to the CE system are generally referred to as "access points."

- **Assessment -** "Assessment is the process of gathering information about a person presenting to the crisis response system. Assessment includes documenting information about the barriers the person faces to being rapidly housed and any characteristics that might make him or her more vulnerable while homeless." Assessment may occur in phases, such as triage, crisis assessment, and housing assessment.

- **Prioritization** – HUD uses the term "Prioritization" to refer to the coordinated entry-specific process by which all persons in need of assistance who use coordinated entry are ranked in order of priority. The coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.

- **Referral -** Referral refers to the stage of the process in which "the group of persons with the highest priority is offered housing and supportive services first." The referral stage usually includes matching (a participant is matched to an available resource for which they are deemed eligible), a formal referral to that program, and a process of review and resolution, type acceptance and enrollment, or denial/rejection.

[2] HUD Notice CPD-17-01: Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System, 17-01CPDN.PDF (hud.gov)
[3] All quotes in this section from HUD's New Coordinated Entry Data Elements

This report describes each of these components and references both qualitative and quantitative data for each, as well as for the CE process as a whole.

HUD recognizes that a CE process requires certain overarching infrastructure and capacity to support CE development and implementation including planning, management and oversight, data collection and evaluation. This report does not address the San Francisco planning, management, or oversight approach to CE directly, though some implications of the findings may point to a need to clarify these aspects in a clearer governance structure. The report does, however, discuss findings that relate to written policies, training, data collection and usage, and ongoing evaluation considerations.

IV. HISTORY AND DESCRIPTION OF COORDINATED ENTRY IN SAN FRANCISCO

San Francisco began development of a HUD-compliant coordinated entry system in 2016 and achieved a full coordinated entry system by 2019 covering three populations (adults, families, and youth). However, some elements of coordinated entry have been in place for a long time. For example:

- Coordinated Family Shelter Waitlist – a waitlist and prioritization process for most family shelter was in place for many years beginning in the 1990s
- DAH program entry – The Direct Access to Housing program used an assessment process to determine who to refer to housing based on different services needs and levels
- 3-1-1 Shelter entry – Prior to the COVID-19 pandemic, the 311-system provided access to most adult shelters through a waitlist process.

The process of developing and implementing complete Coordinated Entry was gradual and iterative, with each step building on the previous one. In 2016 San Francisco launched the Continuum of Care Coordinated Entry pilot. This CE system was used only for CoC-funded housing and used a simple prioritization based exclusively on length of time homeless.

Next, family CE planning was undertaken starting in 2016 (under HSA and moving to HSH when it was founded). The process included two phases: an initial assessment of the family system as it was operating at the time, and a subsequent development and design process supported by a provider working group. Recommendations for the new family coordinated entry system were adopted by HSH and the system was launched in 2017.

The new family CE system included a locally designed family primary assessment tool. The tool was developed using guidance from HUD, review of other tools, input from the family provider working group, and two rounds of testing in 2017 and 2018. Adult and youth coordinated entry development processes were similar and built on the design work done for the family system. Most planning for the adult system occurred through two small working groups – one for developing or selecting prioritization tools and criteria, and the other on matching and referral. An adult tool was designed similar to the family tool, thoroughly tested in 2018, and added for youth. A second round of testing in 2019 was also completed.

For youth, a series of community meetings were held with youth providers and members of the Youth Advisory Board. The focus of the youth planning was on ensuring a wide range of access points to meet the needs of different youth experiencing homelessness, especially BIPOC and LGBTQ youth.

**Items italicized have not yet happened but are projected to happen in 2022.*

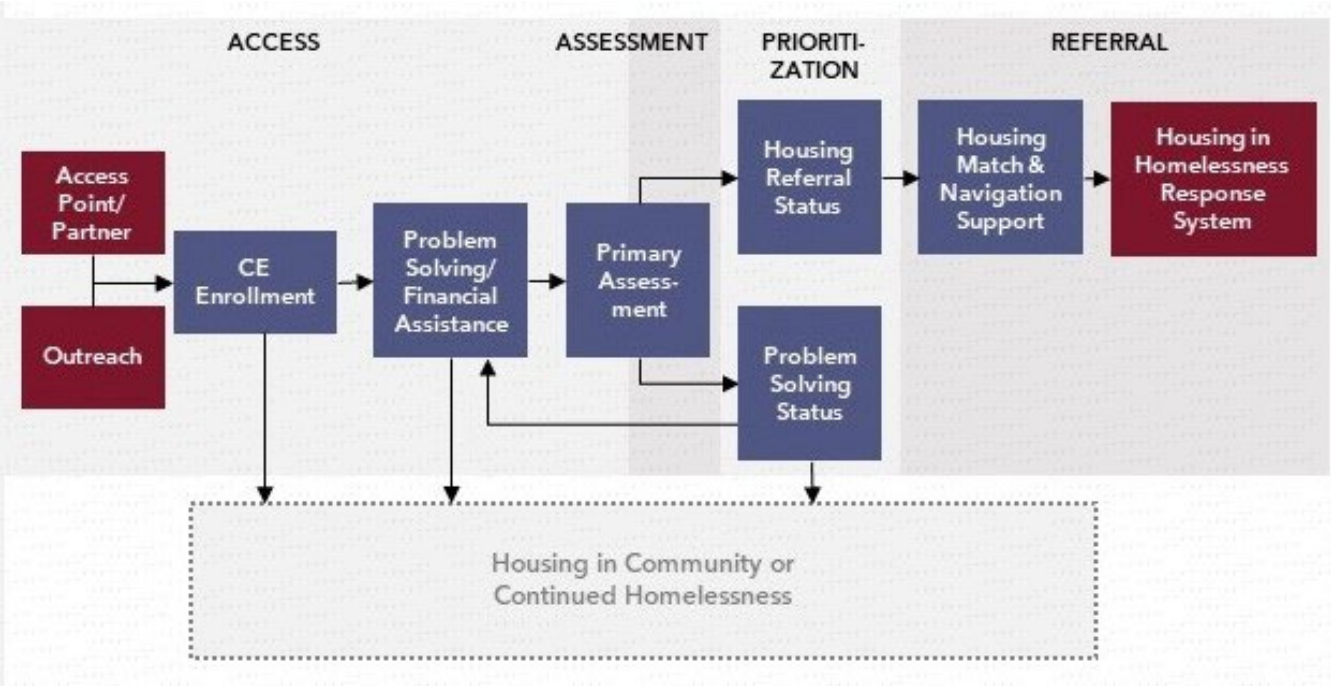
Additions and reforms have occurred since 2019 including adjustments to the family tool, the addition of new Access Points for adults and families, and the development of a housing case review process for families and a clinical review for adults and TAY. These reviews used

additional information to make adjustments to prioritization or resource assignment and have recently been refined and consolidated under the name "Administrative Review." With the advent of COVID and the opening of Shelter-in-Place (SIP) hotels in 2020, additional changes were made to the rehousing process, both within and outside of CE which are described in more detail below.

In 2021, HSH began a planning process to fully address survivors of intimate partner and other violence in the CE system. This planning is currently underway.

A. OVERVIEW OF THE SAN FRANCISCO CE PROCESS

Although San Francisco has an overarching design and set of standards for its Coordinated Entry, CE processes differ depending on population and resource types. Many findings in this report relate to the ways these differences are either not well understood or how their complexity contributes to confusion. Nonetheless the core elements of all three systems are similar. The diagram below shows the general flow through the four components of Coordinated Entry.



HSH contracts with Access Point to manage all four steps in the process, with requirements specified in the CE standards and in grant agreements. While much of the process is

managed directly by the Access Points, HSH staff play a role at certain points in the process such as supporting the Administrative Review process and assisting with matching to housing resources. HSH also develops CE policies including establishing the thresholds for placement on queues.

- **Access:** Each of the three population systems offers access to the system through a combination of place-based Access Points and mobile outreach efforts which meet people experiencing homelessness in places where they are staying (e.g., on the street, in encampments). Everyone who is contacted by a CE Access Point or Partner are expected to be engaged in an initial Problem-Solving conversation to explore whether a household has potential options to become rehoused right away with short term assistance. If a Problem-Solving resolution is identified the household can be immediately assisted to secure housing outside of the homelessness response system.
- **Assessment:** If Problem-Solving is not able to identify an immediate resolution, participants may be given the primary assessment. This assessment covers a range of personal and household conditions including health, disability and safety considerations, housing barriers such as income, lease history, criminal justice interactions, and length of time homeless. These factors are weighted to produce a score which reflects the individual's level of vulnerability relative to other individuals who have been scored. The score and the relative ranking of individuals is unaffected by the available housing inventory. An assessment is considered active for six months from the date of assessment. A household may be reassessed if circumstances change or after three months.
- **Prioritization:** While prioritization is related to assessment it is a separate step in the process. Whether someone is considered prioritized after assessment is based on a population and resource specific threshold, determined based on the anticipated inventory for that subpopulation. Those who score at or above the threshold are placed in Housing Referral Status and can be added to one or more queues to await an opening. Once in Housing Referral Status a person remains in that status and should receive a housing referral.[4] The threshold score varies over time based on

[4] Adult and youth households maintain Housing Referral Status until housed, unless they are removed as a result of the Housing Navigation Participation Agreement. The agreement indicates five steps in the Housing Navigation process: completing the primary assessment, signing the Participation Agreement, attending prescheduled meetings to discuss options, engaging with a housing provider, and accepting a housing offer. If the participant

available inventory and is used to determine how far down the list of assessed individuals HSH will be able to go within approximately 90 days The threshold approach is intended to provide individuals with immediate knowledge of their likelihood of being rehoused with the existing system resources and avoid placing persons on a list which does not result in housing.

Households that do not score at the threshold at that time are informed that they are in Problem-Solving Status and are eligible to continue to receive Problem-Solving services. Problem-Solving services are intended to help identify a housing resolution that may include short-term assistance but does not use the ongoing resources of the homeless response system.

- **Referral:** Households in Housing Referral Status are placed on one or more housing queues and are expected to receive a referral to a housing program opening for which they are eligible within approximately 90 days according to the policies. These households are also eligible for Housing Navigation support to assist them to get documents, complete applications, and in general to support their ability to use or secure any housing referral received.

1. Population Specific CE Processes

Though similar in order of operations and general flow, the three population systems also have distinct practices and approaches that impact the resources a prioritized household is likely to be referred to. Historically, the method that a prioritization determination could be appealed or addressed also differed.

a) Adult System

- In addition to Access Points, the adult system includes Access "Partners". These organizations are not under contract but work in partnership with HSH and perform portions of the CE process. Access Partners may not perform all functions of CE (such as referral) and may serve a specific subset of the population.
- Households in the adult system may appeal their primary assessment through an "Administrative Review" which would occur after the primary assessment. The

declines or fails to respond to offers of services and/or referrals three times in any of these steps, they are at risk of losing their Housing Referral Status. Housing Referral Status may also be lost if the participant has no contact with the system for more than 90 days.

Administrative Review must be initiated by a provider who knows the adult and has information that the participant's self-report potentially understates their vulnerability. The review may indicate a change is needed to the adult's status and they may be placed in Housing Referral Status (or added to a queue).

- Most referrals for adults are to Permanent Supportive Housing which is the most available adult resource.

b) Family System

- The family primary assessment is somewhat different from the adult and youth assessment.
- A family eligibility assessment is conducted prior to offering services (at the point of CE Enrollment).
- Most family Temporary Shelter is accessed through family CE, using a family specific shelter prioritization. Except for a limited number of emergency access beds, families seeking shelter must have their unsheltered status verified to be offered Temporary Shelter. Families are generally offered a congregate shelter setting first and are placed on a waitlist for Temporary Shelter with private rooms. Families are considered for Temporary Shelter, Rapid Rehousing and/or Transitional Housing after assessment. They are not offered Permanent Supportive Housing, of which there is very little for families, until they have been enrolled in Rapid Rehousing for a period of time (whether or not they have found housing).
- Once a family is in Housing Referral Status and enrolled in Rapid Rehousing, an Administrative Review may occur if a potential Permanent Supportive Housing resource becomes available. The Administrative Review can be initiated by the family or a provider and may occur after a family is housed or while they are still looking for housing.

c) TAY System

- Households in the TAY system may also be reclassified to Housing Referral Status through an Administrative Review

- TAY uses the adult primary assessment tool but certain questions included in the assessment receive scores that are not scored for adults
- TAY have access to the most varied types of resources including Temporary Shelter, Transitional Housing, Rapid Rehousing, and Permanent Supportive Housing
- TAY may get access to different resources depending on whether they access the system through a Youth or Adult Access Point.

2. Flow Through the CE Components

The following table presents data showing the total number of households in 2019 and 2021 who were enrolled at an Access Point or by an Access Partner (Access), received a primary assessment (Assessment), were placed on a queue for housing (Prioritized), or were referred to a permanent housing destination (Referral).

CE Processes	Number of Households		
	2019	2021	% Change
All Households			
Access (CE Enrollments)	**7,694**	**7,786**	**+1.2%**
Assessment	**7,059**	**6,316**	**-10.5%**
Prioritization (on Queue)	**3,009**	**2,508**	**-16.7%**
Referral to RRH, PSH or PH	**617**	**2,069**	**+235%**
Adult Households			
Access (CE Enrollments)	5,406	5,634	+4.2%
Assessment	5,048	4,621	-7.9%
Prioritization (on Queue)	1,700	1,496	-12.0%
Referral to RRH, PSH or PH	309	1,373	+344%
Family Households			
Access (CE Enrollments)	1,353	1,177	-13.0%
Assessment	1,230	1,030	-16.3%
Prioritization (on Queue)	988	666	-32.6%
Referral to RRH, PSH or PH	223	462	+107%

CE Processes	Number of Households		
	2019	2021	% Change
Youth Households			
Access (CE Enrollments)	935	975	+4.3%
Assessment	781	665	-14.9%
Prioritization (on Queue)	321	346	+7.8%
Referral to RRH, PSH or PH	85	234	+175%

Little change is evident in the total number of households accessing the system between 2019 and 2021. The total number of households assessed or placed on a housing queue both decreased between 2019 and 2021, with the number of households placed on a queue (-16.7%) decreasing more than the number of households being assessed (-10.5%). The relatively larger decrease in the number prioritized for housing may be reflective of the impact of COVID-19 on the availability of housing resources, particularly as it may have related to changes in the threshold needed to be considered for Housing Resolution Status.

Data also suggests that the number of households referred to permanent housing dramatically increased between 2019 and 2021. The apparent increase, however, may be an artifact of the lower HMIS participation rates for housing programs in 2019 than in 2021. Thus, it may be that referrals were made to a similar number of households but were not being captured in HMIS in 2019.

Each part of the CE process is presented in more detail in sections that follow.

B. SIP REHOUSING

In March 2020, a shelter in place order related to the COVID-19 Pandemic was declared in San Francisco and communities across the United States and immediate attention was turned to reducing risk among the unhoused population. The Federal Emergency Management Agency (FEMA) provided funds to safely shelter unsheltered people at high-risk for COVID in non-congregate settings. Communities across the country, and particularly in California where the State also assisted with funding through Project Roomkey, quickly leased up and opened shelters in hotel settings. At the same time, many communities reduced the census in congregate shelters to meet social distancing requirements, with some closing completely.

San Francisco moved quickly and created significant COVID-safer alternatives for sheltering people experiencing homelessness. The first Shelter-in-Place (SIP) sites opened in April 2020. At its highest capacity, San Francisco's SIP Hotel Program provided 2,288 rooms across 25 sites.

Admission to these hotels occurred outside of the CE process; most used specific COVID risk criteria for prioritization. These criteria focused on households that were understood to be most vulnerable to adverse outcomes from COVID.

SIP hotels provided critical care and shelter to nearly 3,700 people, including adults, families, and transition age youth (TAY) ages 18-24. FEMA funds (provided through the State's Roomkey program) and City resources allowed the City to move quickly to lease hotels. Because ongoing funding for operation of the hotels was not available, the City knew the hotels would eventually have to close. The mayor determined that any eligible persons residing in a SIP hotel as of November 2020 would be offered permanent housing to prevent them returning to the streets or to shelters. Resources were identified to support the rehousing of this cohort, with a separate prioritization used to determine which resources were offered to residents.

To meet the goal of rehousing all eligible residents, HSH focused significant human and housing resources on the SIP rehousing effort. During much of 2020 and 2021, stakeholders perceived that SIP Rehousing was the primary way that people experiencing homelessness in SF could access the homelessness response system's housing resources. As the data in the table below indicates, of those who were eligible for rehousing and had exited a SIP, 54% were successfully rehoused as of May 30, 2022. As of May 30, 2022, there were 870 SIP guests remaining that had not yet been housed or exited. Data in this table was obtained from the publicly available SIP Guest Exits and Program Wind Down dashboard.

SIP Rehousing	**SIP Rehousing Process**	
	N	**%**
Housing	**972**	**54%**
Permanent Housing	725	41%
Permanent Housing: Flexible Housing Subsidy	105	6%
Rapid Rehousing	112	6%
Reunited with Family or Friends	30	2%
Other Exits	**814**	**46%**

1. Findings and Observations Related to SIP Process

SIP Rehousing was conducted separately from Coordinated Entry. While CBO Access Point staff are responsible for most steps in the CE process, civil service staff (first through the COVID Central Command and later at HSH) managed a number of steps in the SIP Rehousing process. SIP Rehousing also used a different set of housing prioritization criteria (including administrative data) and modified many of the steps in the process. Some innovations from the SIP Rehousing effort have been reported as successful and/or potentially useful for the future of CE. Areas cited as notable by respondents interviewed include:

a) Smaller Pool and Dedicated Housing Resources

The biggest difference between SIP Rehousing and CE referrals is that SIP residents who resided in a SIP hotel in November 2020 were to be *guaranteed* an offer of housing and resources were identified to ensure a greater than one to one ratio of resources to residents (with some limitations on what type of housing was offered). The SIP process had enough housing for all eligible residents and was required and able to make multiple offers to SIP guests.[5]

Even so, the SIP Rehousing process experienced significant challenges to place SIP residents in housing or housing programs at the speed anticipated. Some of these struggles may be similar to those experienced in CE. Others are likely the result of SIP participants having a place to stay (their hotel setting) that is without cost and includes meals and housing after the SIP hotels offers neither benefit. Respondents reported that the perceived desirability of the housing offered relative to the current situation was a significant factor in slowing the rehousing process.

b) Reasonable Accommodation Process

The SIP process introduced a proactive reasonable accommodation process that allows for a person to request a reasonable accommodation early in the process rather than as an appeal. This process change was reported as a significant improvement which shortened delays and better met the needs of participants. Because the SIP process and adult CE have been closely aligned in the last year, this innovation is now available to

[5] According to HSH, the practice of making three different housing offers was formalized through the SIP Rehousing team but is now standard practice across the CES.

adults in the CE process and is planned to be scaled up across the youth and family CE systems.

c) Batch Process for Referrals

To facilitate more rapid placements, the SIP process "batched" referrals to providers with multiple openings, sometimes across multiple properties. The batching process started with HSH making a larger number of referrals to a provider than they had openings, but quickly changed fairly to sending one referral for every opening. If a provider has multiple properties, this approach gives them latitude to assign units from across their portfolio. Providers are expected to account for 100% of referrals they are sent; if a household is not housed, there must be a clear reason why.

The SIP batch process has been positively received by many housing providers and was seen by some HSH staff as a great improvement. However, other staff and community members raised concerns regarding whether the process is equitable and aligned with Housing First practices. Concerns were raised that the batch process may allow for housing providers to select among multiple applicants and potentially favor those best at navigating the requirements, or who "seem easier to house or to work with." Even though the process was changed to refer only one household per opening, there remains a perception among those interviewed that the process was open to greater subjectivity and that it is a step away from ensuring that the most vulnerable people are housed first.

d) Greater Transparency

The SIP Rehousing process was highly visible to the community. A regular report was given by HSH during weekly provider update calls which began at the start of the COVID crisis. The City was heavily involved in the process from the start and there was a lot of transparency about how things were proceeding. Transparency was maintained even when placements were lower than the rate projected and needed. The community valued the transparency associated with the SIP process.

e) Higher Sense of Urgency

Stakeholders reported a higher sense of urgency and a larger community-wide push to ensure that the people in the SIP hotels get rehoused. While much of the urgency can be

attributed to the time limited nature of available funding for SIP hotels, some staff and providers expressed wishing that motivation could be maintained and shifted to the CE process and to rehousing unsheltered/other sheltered people when the SIP Rehousing is done.

From the above we find that there are some valuable learnings from the SIP process that can be adapted or carried over to the CE process. Overall, however, we cannot determine that the SIP process was vastly more successful than the regular CE process. In the data below we find that the general adult placement rate is lower than the placement rate for SIP Rehousing, but that the rates for youth and families are higher and that placement rate appears to be primarily based on the inventory relative to the population. SIP had dedicated inventory sized more closely to the population than the general adult CE process. We understand that recent changes to the CE thresholds are likely to make CE more similar to SIP in ensuring that an opening will become available for each person or household prioritized within 180 days.

V. EVALUATION OF SAN FRANCISCO COORDINATED ENTRY

C. OVERARCHING FINDINGS

This section provides overarching findings related to the design and operation of Coordinated Entry in San Francisco. Findings reported in this section include those factors that affect multiple phases/components of the process and are not specific to one step, population, or part of the process. They are also things that were raised consistently in the qualitative data from all types of stakeholders or that emerged repeatedly in the quantitative data.

1. Lack of Transparency, Clear Policies and Communication

Lack of transparency and clarity about how the system(s) functions was cited repeatedly by staff, providers, and users as a major challenge. Feedback in focus groups and the listening session with providers reflected a widespread feeling of limited and one way communication, lack of knowledge of changes, and lack of clarity about why certain changes were made.

HSH has published Coordinated Entry standards and connected policies on its website. The publicly available policies address many of the HUD required topic areas and provide a framework of how CE is designed to work but do not clearly reflect the way that CE is

operated in general, or in the three separate systems. Some additional specific policies such as a grievance procedure and the Administrative Review process are also publicly available. Other policies including the COVID prioritization policies and expectations for navigators and housing providers are not easily found on the website. HUD requires (and the HSH CE policies state) that "each housing program will establish and make publicly available the specific eligibly criteria the project uses to make enrollment decisions." We did not find such postings.

The grievance procedures describe a compliant process which appears to be followed from staff report, but there is no systematic gathering or review of the information on grievances that have been received, how they were resolved, and whether these indicate a need to revise policies or practices.

In addition, the performance requirements reflected in the policies are limited. For example, the policies indicate that Access Points are expected to match an eligible person to housing within 2 business days and housing providers are expected to enroll households and conduct move-in within 60 days. These requirements do not sufficiently track the steps in the process or allow HSH and the City to know when the process exceeds these goals and where the bottleneck occurs. Contracts with providers have some additional detail but also do not provide many trackable outcomes.

2. Messaging and Feedback

Many people felt that the system has done a poor job of messaging its design intentions especially in how the design relates to there not being enough inventory to meet the needs of everyone experiencing homelessness. Staff in particular felt it needed to be better messaged that CE is just the method to access available housing, and that better and clearer messaging might increase community buy-in.

In the HSH external stakeholder listening session, participants pointed to a lack of a formal feedback mechanism for the whole system. Respondents felt that the opportunities to provide feedback are too often "one-offs" or not clear and consistent. Information about the purpose and performance of the SIP process was much more widely available and understood.

3. Lack of Standardization Across Populations

As described earlier, differences exist between the approach for different populations and different resources. Some differences between systems are clear and are understood by stakeholders; for example, Temporary Shelter referrals are made in the family CE system and not in the adult system. Other differences are less well understood. Until recently, the Clinical Review process in the adult and TAY system has had no corollary in the family system, while the Family Housing Case Review has had no corollary in the TAY and adult systems[6]. The rationale offered for the differences was associated with the primacy of Rapid Rehousing in the family system and of Permanent Supportive Housing in the adult system. However, since TAY may also be referred first to Rapid Rehousing and families may have need of Permanent Supportive Housing, these differences seem more a result of different CE system development processes and approaches than based on underlying system differences.

The expectations of Access Points are also not standard as would be expected. Navigation services, for example, are a requirement of Access Points but are not defined in the overall CE policies and are referred to differently in different Access Point contracts. Access Partners have added positively to the system's capacity to assess and serve participants, particularly adults, but their role is not well documented and does not appear in the published policies and procedures at all.

4. Equity Concerns and Findings

Stakeholder input from both staff and providers indicated concern about disparities occurring in the CE processes. Access to and outcomes from the CE process for Black households were specifically mentioned as an area where disparities were thought to be a problem. Respondents expressed concerns regarding Black people experiencing homelessness being treated unfairly and underrepresented or impacted by the prioritization process.

Our analysis of the data did show some areas where disparities are apparent, however, they tended to be inconsistent across populations and the specific CE domain. For example, when compared to the 2022 Point in Time Count, Latinx households were underrepresented in CE enrollments, while Black households were equally (adults) or overrepresented (families and youth) in CE enrollments. Asian adult households scored lower on the primary assessment

[6] These processes have recently been more closely aligned under the term Administrative Review.

and were less likely to be prioritized for a housing referral, while in family households, this pattern was evident for those headed by someone identifying as Latinx.

In looking at the referral domain, we found no disparities in terms of the likelihood of receiving a referral. However, Black adult households, as well as those identifying as multiple races, were most likely to receive a denial by the housing provider *after* a referral was made. For family households, Latinx-headed households were most likely to receive a provider denial. For youth households, all People of Color were more likely to receive a provider denial. More detail on each of these findings is presented below for each CE components. The next table presents a summary of the findings.

CE Processes: Equity Impact	**Household Type**		
	Adult	**Family**	**TAY**
Access (relative to 2022 PIT)			
Race		Black over- and Asian underrepresented	Black overrepresented
Ethnicity	Latinx underrepresented	Latinx underrepresented	Latinx underrepresented
Sexual Orientation	LGBQQ+ underrepresented		LGBQQ+ underrepresented
Gender			Female overrepresented
Assessment			
Race	Asian score lower than white	All POC score higher than white	Black score lower than white
Ethnicity		Latinx score lower than non-Latinx	
Sexual Orientation	LGBQQ+ score higher than straight		
Gender	Trans score higher than cis gender		Females score lower than males
Prioritization			
Race	Asian less likely to be prioritized	Latinx less likely to be prioritized	
Ethnicity, Sexual Orientation, Gender: No impacts			

CE Processes: Equity Impact	Household Type		
	Adult	Family	TAY
Referral			
Race	Black and Multiple Race more likely be experience provider denial		All POC more likely be experience provider denial
Ethnicity		Latinx less likely be experience provider denial	
Sexual Orientation, Gender: No Impacts			

5. Data Complexity and Utilization

Several complexities were identified as the quantitative analyses unfolded, largely centering around both population and process definitions, as well as how data are recorded in and retrieved from the ONE System. The issues identified through data analysis also create difficulty for HSH to report CE data other than assessment information on a regular, reliable, and timely basis.

First, the referral destinations and outcomes for youth vary depending on where they access the system. Depending upon the Access Point young people use, they may or may not be considered for referral to youth-targeted services and programs. For example, youth aged 18-24 who enter the CE system at an Adult Access Point are generally not referred to youth programs. However, eligible young people up to the age of 29 enrolling at a Youth Access Point may be referred to youth-targeted housing or services if the program has specific funding. While this does not reflect a problem with the data, per se, it underscores how policy for youth access to homeless system resources becomes intertwined with data reporting and interpretation.

The tracking of CE status also poses challenges primarily because there is not a single data element to indicate that someone is eligible to receive referrals to housing through the Homelessness Response System. CE statuses (both Housing Referral Status and Problem-Solving status) are complex calculations that are challenging for HSH staff to derive using the ONE System data.

Other issues encountered included that the primary assessment score thresholds used for determining prioritization status have changed over time, but the details of those changes were not clearly documented or communicated in a standard way. This presents challenges for assessing how the primary assessment score was historically used for prioritization.

The outcomes of housing referrals also presented challenges. Focus Strategies received five different fields related to the outcome of a housing referral. These fields were often inconsistent or contradictory, making it challenging to know the true outcome of a referral (see referral section for more on this issue).

Staff noted in interviews that the system collects a lot of data which does not seem to be used or reported on and does not track other data that impacts the system's ability to function properly. Some staff were excited about improvements in data collection and tracking that could help them do their jobs better but felt that there was not alignment about how to use data and that it took special initiative to use it.

In the HSH sponsored listening session providers felt strongly that HSH should use its data more clearly for making decisions and be more transparent about what the data shows and how this is linked to decisions.

6. Need for Cross Systems Processes and Training

HSH provides training to its providers on systems processes including the ONE System, Coordinated Entry, and Problem-Solving. HSH also holds periodic meetings with CE partners and other stakeholders. These meetings however are not consistent across the different population systems, and stakeholders cited that the inconsistency results in uneven knowledge and information sharing across providers and among HSH staff.

Surveys and interviews conducted by Homebase underscored the perception that training is missing or inconsistently provided. Housing providers focused on Access Point staff needing more training regarding documentation needs, properly completing applications, and more knowledge about program types and requirements to which they are referring households. Others pointed to greater training needs for conducting assessments and approaches to service delivery including trauma-informed techniques and meeting people where they are. Access Points acknowledged a need for greater training and also for greater care/self-care for assessors whose job may be traumatizing. More training on the ONE System was also mentioned. Training needs were recognized as having increased recently due to even greater rates of staff turnover.

Additional staff and training were also mentioned as a need by system users responding to various questions in the Homebase survey, though it was not a primary need highlighted (11% of those surveyed cited a lack of training and or lack of staff as an issue and 5% said more Problem-Solving training would be an improvement).

We were unable to find policies or guidance related to required trainings (other than training regarding reasonable accommodations and the ONE System) in the CE policies or on the HSH website.

7. Broader Homelessness Response System Concerns

We note that in addition to the findings detailed above, there were other common criticisms or concerns raised regarding the San Francisco Homelessness Response System overall that reflect conditions beyond the scope of the CE process.

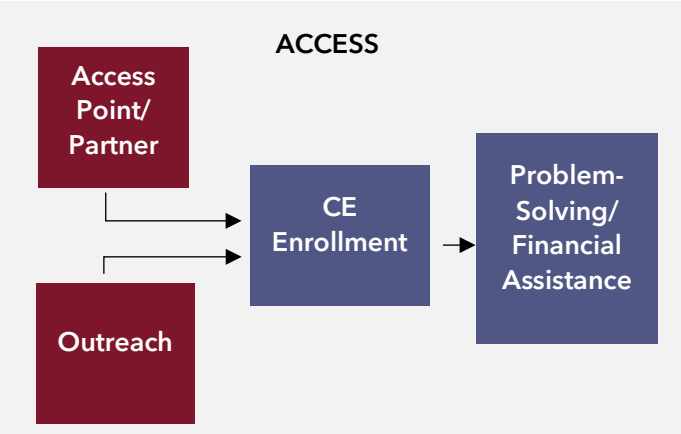
The greatest of these is the lack of sufficient shelter and housing to meet the need. Many of the criticisms of the coordinated entry system come from the fact that the resources are not adequate to meet the need for all people experiencing homelessness. This is of course not just true in San Francisco, but it is notable that in San Francisco the lack of sufficient inventory is seen by many as the City's responsibility or failure. For these respondents, the failures of CE are not perceived as primarily due to a lack of inventory, or impacted by this, but rather that CE is used as an excuse to not make sufficient inventory available. This was a strong theme in the Coalition's report on Coordinated Entry. Divisions between staff's perceptions (there is not enough inventory, and it is necessary to prioritize), contrasted with provider and other stakeholder perspectives (the system denies access to certain people and the system should be based on identifying participant needs).

Other concerns expressed include those related to the quality and location of housing and shelter, the varying level of supportive services available at housing sites, and the perceived under-resourcing of such services. None of these issues are created by or directly addressed through coordinated entry but they impact how the CE system operates and whether it is perceived as unfair or ineffective.

In addition, the reportedly high level of vacancies in the housing portfolio, while related in some ways to CE functioning (addressed in referrals below) is also impacted by many factors that are not CE-related including maintenance and staffing issues, paperwork and process steps that are required by providers based on their funding, and the perceived desirability of the housing by potential tenants.

These issues are critical to address as dissatisfaction with coordinated entry is tightly related to these broader system concerns and perceptions.

D. ACCESS



Access to the San Francisco Coordinated Entry process is through a variety of Access Points and Access Partners. Access Points and Partners provide services to households who meet three criteria and are in alignment for adults, families, and TAY: (1) household composition; (2) a connection to San Francisco; and (3) homeless status (i.e., literally homeless, at risk of chronic homelessness, and at imminent risk of homelessness). Population specific definitions can be found on the HSH website.

Access Points are specifically funded agencies who perform the full suite of Coordinated Entry functions including data entry into the ONE System, Problem-Solving, primary assessment, housing navigation and referral. Access Points include physical locations that people experiencing homelessness can go to and mobile teams that can perform the functions of CE in the field. Access Points are generally targeted to specific populations (families, adults, or youth), though in theory any household type can go to any Access Point and be served.

Access Partners perform most or all of the functions of Access Points but may be targeted to a more specific subpopulation or a particular location and are not funded specifically for this purpose. Access Partners generally do not perform referral functions.[7] Access Partners are most significant in the adult system and do not appear to be present in the family system.

[7] Note that this understanding of Access Points and Access Partners is based on historic information and staff clarification, but the Access Partner designation is not reflected in the published Coordinated Entry Standards or any policy documents we examined.

The number of subpopulation or geographically focused Access Points has increased significantly since the launch of Coordinated Entry. At the start of adult CE only one agency, ECS, acted as the Access Point in two locations. As of this writing there are 18 Adult Access Points and 7 Access Partners. A full list of Access Points and Access Partners can be found on the HSH website.

1. Access: Quantitative Analysis

Access Points and Partners "enroll" participants in coordinated entry through a program entry in the ONE System. The total number of adult households enrolled in CE increased slightly between 2019 and 2021, primarily due to the increase in those enrolled by Access Partners. Family enrollments dropped in the same period and no family households were enrolled by Access Partners. Youth households showed an overall slight increase in number enrolled.

Access Location Type	2019		2021		% Change
	Count	Percent	Count	Percent	
Total Adult Enrollments	**5,406**		**5,634**		**+4.2%**
Access Point	4,827	89%	4,400	78%	-8.9%
Access Partner	579	11%	1,234	22%	+122%
Total Family Enrollments	**1,353**		**1,177**		**-13.5%**
Access Point	1,353	89%	1,177	78%	-13.5%
Access Partner	NA		NA		
Total Youth Enrollments	**935**		**975**		**+4.3%**
Access Point	927	99%	960	98%	+3.6%
Access Partner	8	<1%	15	2%	+88%

Considerations related to equity are of paramount importance in each step of the Coordinated Entry process. The next three tables present equity related data associated with enrollments at the Access Points/Partners. The enrollment data are compared to the 2022 Point-in-Time count (PIT) data for describing whether those who enroll in coordinated entry are reflective of the population of those experiencing homelessness in San Francisco. Analysis also indicates that the number of adults and youth who accessed CE over a year is

less than the total number of homeless adults and youth as indicated by the Point In Time Count.

In general, the data suggest that for adult households, enrollment data are similarly distributed to the 2022 PIT data. Exceptions include that:

- There is a lower proportion of Latinx households enrolled in Coordinated Entry (20%) than are reflected in the PIT (30%)
- There is a lower proportion of LGBQQ+ households enrolled (12%) than estimated from the PIT (28%)
- People identifying as Female had a somewhat lower enrollment rate in CE (28%) than they are reflected in the PIT (32%)

Characteristics of Adult Households	**Adults**	
	Enrollment N = 5,634	**PIT 2022** N =7,063
Race		
American Indian or Alaska Native	4%	4%
Asian	5%	5%
Black or African American	38%	38%
Native Hawaiian or Pacific Islander	2%	3%
White	40%	44%
Multiple Races	5%	6%
Missing	6%	-
Ethnicity		
Hispanic/Latinx	**20%**	**30%**
Non-Hispanic/Latinx	78%	70%
Missing	1%	-
Sexual Orientation		
LGBQQ+	**12%**	**28%**
Straight	80%	76%
Missing	8%	-

Characteristics of Adult Households	Adults	
	Enrollment N = 5,634	**PIT 2022** N =7,063
Gender		
Female	28%	32%
Male	69%	64%
Transgender or gender other than singularly female or male	3%	4%
Missing	<1%	-

Comparing the demographics for family households enrolled in CE with those counted in the 2022 PIT is difficult because the PIT data reflects all household members rather than just the head of household. This is particularly problematic for interpretation of the disparities associated with gender; while female headed households represent 90% of those enrolled in CE, the PIT data likely reflect the more even gender distribution of all household members. Regardless, the data suggest that:

- There may be a higher proportion of Black or African American family households enrolled in CE (47%) than reflected in the 2022 PIT (41%)
- There may be a lower proportion of Asian family households enrolled in CE (3%) than reflected in the 2022 PIT (9%)
- There may be a lower proportion of Latinx family households enrolled (35%) than in the 2022 PIT (46%)

Characteristics of Family Households	Family Households	
	Enrollment N = 1,171	**PIT 2022**** N = 605
Race		
American Indian or Alaska Native	4%	3%
Asian	3%	9%
Black or African American	**47%**	**41%**
Native Hawaiian or Pacific Islander	5%	5%

Characteristics of Family Households	Family Households	
	Enrollment N = 1,171	**PIT 2022**** N = 605
White	16%	26%
Multiple Races	7%	16%
Missing	18%	-
Ethnicity		
Hispanic/Latinx	**35%**	**46%**
Non-Hispanic/Latinx	64%	54%
Missing	1%	-
Sexual Orientation*		
LGBQQ+	4%	-
Straight	92%	-
Missing	4%	-
Gender		
Female	90%	60%
Male	9%	40%
Transgender or gender other than singularly female or male	1%	0%
Missing	<1%	-

** CE data includes heads of households while PIT data includes all household members
* PIT data for families was not available.

Youth enrolled in coordinated entry show disparities on all demographic characteristics when compared to the 2022 PIT. Specifically, youth enrolled in coordinated entry are:

- More likely to be Black or African American households (51%) than in the 2022 PIT (40%)
- Less likely to be Latinx households (26%) than in the PIT (31%)
- Less likely to be LGBQQ+ households (27%) than estimated in the 2019 PIT (34%)
- More likely to be female (49%) than in the PIT (33%)

Characteristics of Youth Households	Youth Households	
	Enrollment N = 975	**PIT 2022** N = 1,073
Race		
American Indian or Alaska Native	4%	4%
Asian	3%	3%
Black or African American	**51%**	**40%**
Native Hawaiian or Pacific Islander	2%	6%
White	20%	39%
Multiple Races	9%	8%
Missing	12%	-
Ethnicity		
Hispanic/Latinx	**26%**	**31%**
Non-Hispanic/Latinx	73%	69%
Missing	1%	-
Sexual Orientation*		
LGBQQ+	**27%**	**38%**
Straight	70%	62%
Missing	3%	-
Gender		
Female	**49%**	**33%**
Male	43%	61%
Transgender or gender other than singularly female or male	7%	6%
Missing	<1%	-

2. Access: Stakeholder Input

The Homebase survey of system users indicates that more than three quarters (77%) of people surveyed did not know where to get help when they lost housing and just over half (52%) said it took six months or more to access help after they had lost their housing.

The most frequent way that respondents said they learned where to access help was through word of mouth (30%), followed by a case worker (21%), outreach worker (17%), other departments (such as HSA, 11%), or unspecified Other (20%). Flyers only accounted for 2% of the way people said they learned about services. Just 12% of respondents said they first approached a CE Access Point agency. A greater proportion of women and of respondents with children reported they knew where to go for help.

The increase in of the number of Access Points and Partners has allowed for more cultural and geographic diversity. These additions are generally viewed positively though a few specific concerns were raised:

- Reports of complaints from some persons of color who do not want to go to a white male led agency for services or reports to staff that they had not been treated fairly
- A veteran does not always want to go to the dedicated Veterans Access Point and there is lack of clarity in messaging that people can go to any Access Point
- The listening sessions held for designing CE access for survivors of violence indicated that survivors feel unsafe at Access Points as well as in homeless and victim services shelters

Participants in Homebase surveys reported they received help with a variety of services from the person at CE. Housed people were much more likely to feel that they had received helpful services with only 11% saying they had not gotten help, while 51% of those who were unhoused felt they had not received help.

The largest numbers of services cited were help with housing (22%), shelter (12%), help with paperwork (12%), and referrals to other services (10%); 27% of respondents said they received no help. In a follow up question, participants were asked what other ways they could have been helped. Forty-one percent said with housing, while 11% said they got what they needed. No other service was mentioned by more than 9% of respondents.

Recommendations shared in focus groups with Homebase for improving Access included:

- Bring CE staff/assessors into the hospitals, jails
- Create a roving, mobile "Access Point" that goes shelter to shelter

- Use a multidisciplinary team of eligibility workers/CE staff to support assessments for those most vulnerable (use a roving model that goes from site to site rather than co-location)[8]
- Meet people where they are: Places in the city (food pantries, needle exchange and safe injection sites, natural congregants) should have pop-up Access Points to enter information for individuals, and consistently show up so people establish a connection
- Go to encampments to build relationships, conduct meaningful assessments – allow people to select what they need, as being in an encampment provides community that is lost when people leave it

Finally, HSH communication with Access Points is not always perceived as consistent or standard across the different systems. HSH staff also pointed out that Access Points do not always communicate with HSH staff when they make changes that are important for the system. For example, many Access Points had to adapt and change to deal with the pandemic and there were reportedly numerous occasions where HSH staff were unaware that an Access Point's hours had changed or that their doors were closed for a period. Lack of communication makes it difficult for HSH and Access Points to have up-to-date information on where people experiencing homelessness can be served or where other problems are occurring.

E. PROBLEM-SOLVING

According to the CE policies, Problem-Solving is an approach that empowers households facing a housing crisis to explore and identify real-time solutions outside of the homelessness response system (HRS). It provides opportunities to prevent people from entering the HRS and to redirect people who can resolve their homelessness without the need for ongoing support. Problem-Solving Interventions include:

- Housing location assistance to help households with income but without an immediate housing plan locate a place to rent
- Shared housing placements

[8] We note that at the time of publication of this report this approach is being piloted through a partnership between HSH and the Human Services Agency (HAS)

- Travel and relocation assistance resulting in a housing connection/safe housing plan in another community
- Reunification, mediation, and conflict resolution to help households stay in a current, recent or new housing situation
- Flexible financial resources to cover specific costs that will assist households stay in a safe, indoor place outside the HRS
- Connections to employment
- Referrals and linkages to a range of community services

Problem-Solving is intended to be offered to every person when first connecting with an Access Point or Partner prior to an assessment and is also intended to be a continuous resource for all people experiencing homelessness in San Francisco. Access to Problem-Solving, including financial assistance for resolutions is not limited by other prioritization factors.

1. Problem-Solving: Quantitative Analysis

Problem-Solving data started being collected in the ONE System in late 2019, so Problem-Solving service quantitative analyses did not compare 2019 with 2021 and focused on services provided in 2021.[9]

We noted earlier that the tracking of Problem-Solving Status is extremely difficult because there is no single data element to indicate that someone is considered to be in either Housing Referral or Problem-Solving Status. Rather, being in Problem-Solving Status is determined by not being in Housing Referral Status. Reliable and efficient methods to determine Problem-Solving Status are not available.

For the purposes of these analyses, Problem-Solving services were aggregated into three different sets of data, each reflecting a different (sometimes overlapping) population: (1) Problem-Solving services provided prior to a primary assessment; (2) after the primary assessment for those assumed to be in Problem-Solving Status; and (3) after the primary assessment for those assumed to be in Housing Referral Status.

[9] Although it greatly benefitted the whole system when Problem-Solving was included in the ONE System in 2019, important information previously tracked was lost regarding the type of resolution attained. Specifically, resolutions are now indicated with a "yes" or "no"; previously, staff were also able to document whether a follow-up was scheduled, or a referral was made.

a) Problem-Solving Services Prior to Primary Assessment

The table below shows the number of Problem-Solving services provided to each household type, the number of households that received at least one service, and the percent of enrolled households that received at least one Problem-Solving service prior to receiving a primary assessment (most likely at first Access Point contact). While all households are intended to receive at least one Problem-Solving service before a primary assessment is done, that does not appear to happen in all cases; the percent of households with Problem-Solving services in the next table should be 100%. Instead, data show Problem-Solving is provided to between 54% (TAY) and 69% (adult) of households.

Household Type	PS Services Before Primary Assessment	Households with PS Services Before Primary Assessment	Households Enrolled	% Households with PS Services Before Primary Assessment
Adults	4478	3898	5634	69%
Families	832	732	1171	63%
Youth	764	524	975	54%

The next table illustrates that of those who received at least one Problem-Solving service prior to assessment, youth were most likely to show a resolution (10%) and families were least likely (1%).

Resolution Before Primary Assessment	Count	Percent
Adults	172	4%
Families	10	1%
Youth	52	10%

b) Problem-Solving Services for those in Problem-Solving Status

The table below shows the number of Problem-Solving services provided to each household type, the number of households that received at least one service, and the

percent of households in Problem-Solving Status that received it. The data suggest receiving any Problem-Solving services after placement in Problem-Solving Status occurs for fewer than 20% of households.

Household Type	PS Services in Problem-Solving Status	Households with PS Services in Problem-Solving Status	Households in Problem-Solving Status	% Households with PS Services with Problem-Solving Services
Adults	385	245	3125	8%
Families	89	49	364	13%
Youth	176	62	319	19%

The next table illustrates that of those in each population type that received at least one Problem-Solving service while in Problem-Solving Status, youth were most likely to show a resolution (25%) and families were least likely (4%). It is noteworthy that resolution rates are significantly higher when Problem-Solving services are delivered through a conversation that takes place after the date of initial assessment. Increasing the percent of households in Problem-Solving Status who receive Problem-Solving services may help to increase resolution rates.

Resolution in Problem-Solving Status	Count	Percent
Adults	30	13%
Families	2	4%
Youth	13	25%

c) Problem-Solving Services in Housing Referral Status

The table below shows the number of Problem-Solving services provided to each household type in Housing Referral Status, the number of households that received at least one service, and the percent of households in Housing Referral Status that received it. Households in Housing Referral Status may continue to receive Problem-Solving services in the hopes that the housing crisis can be resolved as they await a housing

referral. The data suggest fewer than 10% of households receive the service. We note that for adults, however, this rate is higher than for those in Problem-Solving Status, in which only 8% received a Problem-Solving service after the assessment.

Household Type	PS Services in Housing Referral Status	Households with PS Services in Housing Referral Status	Households in Housing Referral Status	% Households with PS Services in Housing Referral Status
Adults	205	155	1496	10%
Families	108	60	666	9%
Youth	51	29	346	8%

The next table illustrates that of those in each population type that received at least one Problem-Solving service while in Housing Referral Status, youth again were most likely to show a resolution (15%). In contrast to the preceding analyses, families in Housing Referral Status reached a resolution at a rate (12%) very near youth.

Resolution in Housing Referral Status	Count	Percent
Adults	5	3%
Families	7	12%
Youth	7	15%

2. Alignment of Problem-Solving and CE

In the original design of the CE system, Problem-Solving appeared as an essential first step of CE access and assessment and an integral part of the coordinated entry process. Over time, however, Problem-Solving has increasingly been treated, funded, and staffed at HSH as a separate intervention. The team within HSH that oversees Problem-Solving is separate from the CE team. While both teams report up to a shared director position, the position has been either unfilled or deployed for COVID response during the vast majority of the time it has existed.

The separation of the Problem-Solving work and team from the CE work and team, leads to little coordination or cross-over and support. It was reported that this results in a lack of training and knowledge around the practices and creates tension.

3. Problem-Solving: Stakeholder Input

Problem-Solving is a key part of the original CE design and is intended to provide all participants with an opportunity to identify an immediate resolution to end their homelessness if possible. Problem-Solving is also intended to provide ongoing access to meaningful support for those who are Problem-Solving Status and who will not get a permanent housing referral. The intention is to make sure that everyone gets some kind of help, even though the system cannot provide the most desired or best-suited resource for all.

Staff believe that, despite this intent, Problem-Solving is seen and discussed as a second-best outcome. HSH staff feel it should be framed as another useful option for a system that does not have the adequate resources to meet all household needs.

A high proportion of the provider community does not feel that Problem-Solving is an appropriate response for most people. Homebase's surveys and the Coalition on Homelessness' report found that many perceive it as a way to imply that persons experiencing homelessness did not have the need for housing supports or other system resources. As one person told Homebase, "Problem-Solving really feels like a euphemism for not giving people housing - better to be up front - but this just leaves people lingering still, like before when people were on multiple waiting lists."

Participants had a less globally critical view of Problem-Solving and reflected a range of experiences. Participants were asked about whether they found Problem-Solving services useful: 29% said they have found it useful while 31% said it was not and 14% were not sure.[10] Responding to what would have made the conversation more helpful, respondents reported housing (22%), conversation or listening support (23%) and/or information/advice/solutions (17%).

[10] It is important to note that 26% said this question did not apply; surveys included a significant number of people who were already housed and may never have been offered Problem-Solving.

Details from the Homebase report indicate:

- A much greater proportion of housed people said Problem-Solving helped, that they are satisfied with their current housing, and that they are satisfied with their experience at the Access Point
- A greater proportion of female respondents said they got the Problem-Solving conversation, but a lower proportion of them said it was helpful
- A slightly greater proportion of white respondents said the Problem-Solving conversation was helpful while a greater proportion of Black respondents were satisfied with their experience at the Access Point
- A greater proportion of Latinx respondents said they got the Problem-Solving conversation and that it was helpful

Responses to open ended questions about Problem-Solving most commonly said what would have been most helpful was help with housing. Also common, were responses that having a conversation where they were listened to and supported would have been helpful. Many respondents who reported they did not get what they needed said it was because staff were not responsive. This kind of response was more common among marginalized groups (women, respondents who are not heterosexual, transgender respondents, Black respondents, and respondents with children staying with them). Some respondents also asked for staff to be better trained. This response appeared across demographic groups but was more common among more marginalized groups.

F. ASSESSMENT

One of the federal requirements for a CE system is the use of a "standardized and comprehensive assessment." For most of the time CE has existed this has been understood as requiring use of a questionnaire or tool that uses a set of scored questions to assess and prioritize people experiencing homelessness. Many communities opted to use a tool called

the VI-SPDAT[11]. Early on, San Francisco opted not to use the VI-SPDAT and instead to design its own assessment tools. More recently the VI-SPDAT has been widely criticized for resulting in widening racial disparities and its designers have withdrawn their support for the tool.

The first of the San Francisco tools was designed for families. It was designed by HSH and Focus Strategies, in consultation with family providers, HSH and city partners. The family tool was intended to ask enough things to be useful for determining barriers and vulnerabilities, while being less personally sensitive than the VI-SPDAT and with more nuance in scoring.[12]

The tool used for assessing adults and youth is similar to the family tool but differs in some ways. The questions are the same for adults and youth, but certain questions only receive scores if the respondent is between the ages of 18 and 24. Specifically, the questions in the adult tool include some that also appear in the NEXT Step tool (the VI-SPDAT for youth) and are scored only for youth.

1. Assessment: Quantitative Analyses

The quantitative analyses are presented below by household type. The tables in each household type section show several aspects of the process associated with the primary assessment, including the number of households assessed during 2019 and 2021, the average and median assessment scores in each year, the average and median number of days that passed between CE enrollment and primary assessment, and the proportion of households that are assessed on the day they enroll in CE. We also explore issues of equity associated with the primary assessment scores in 2021. We focus the equity analyses on 2021 because for all populations, primary assessment scores increased over time and 2021 data is most likely to reflect current state.

[11] The VI-SPDAT was created by Community Solutions and OrgCode through merging two prior tools developed for different reasons - the Vulnerability Index (VI) for determining who is most likely to die on the streets, and the Service Planning and Decision Assistance Tool (SPDAT) which was a case management planning tool. The VI-SPDAT was used as an assessment tool that also suggested different interventions for people at different scores. The VI- SPDAT came standard in many HMIS systems and was readily available for free so many communities adopted it. In December 2020 Orgcode announced they were phasing out the VI-SPDAT and no longer supported earlier versions of the tool. In 2022 they will cease all support for any version of the VI-SPDAT.
[12] The VI-SPDAT questions are typically yes/no and each Yes response results in a single point. The SF tool has questions that have a range of responses and scores that reflect differing time frames or levels of acuity.

a) Adult Households

Between 2019 and 2021, the number of adult households assessed decreased by almost 8%, while primary assessment scores increased by nearly 9%. The increase in average number of days between enrollment and assessment reflects increased variation in this measure, as the median number of days (0) remained consistent. This stability is also reflected in the percent of households assessed on the day of enrollment remaining relatively consistent.

Adult Households	2019	2021	% Change
Households Assessed	5,048	4,621	-7.9%
Average Primary Assessment Score	80.5	87.5	+8.7%
Median Primary Assessment Score	84	90	+7.1%
Average Days from Enrollment to Primary Assessment	6.3	9.5	+50.8%
Median Days from Enrollment to Primary Assessment	0	0	0%
% of Households Assessed on day of Enrollment	97%	94%	-3.1%

We evaluated assessment equity by comparing average primary assessment scores by race, ethnicity, sexual orientation, and gender. Statistically significant disparities were found for adult households for race, sexual orientation, and gender. Specifically,

- Asian adults scored an average of 7.1 points lower on the primary assessment than white adults;
- Adults who identified as LGBQQ+ scored 4.5 points higher than straight adults;
- Cis-gender female adults scored 3.1 points higher and transgender adults scored 7.7 higher than male adults. Transgender adults scored 6.8 points higher than all cis-gender adults combined.

b) Family Households

Between 2019 and 2021, the number of family households assessed decreased by just over 16%, while primary assessment scores increased by just over 15%. While the average number of days between enrollment and assessment decreased somewhat, the median number of days (0) remained consistent. This stability is also reflected in the percent of households assessed on the day of enrollment remaining flat.

Family Households	2019	2021	% Change
Households Assessed	1,230	1,030	-16.3%
Average Primary Assessment Score	50.3	58.0	+15.3%
Median Primary Assessment Score	48	59	+22.9%
Average Days from Enrollment to Primary Assessment	1.7	0.8	-52.9%
Median Days from Enrollment to Primary Assessment	0	0	0%
% of Households Assessed on day of Enrollment	97%	96%	-1.0%

Equity analyses for family households showed equity disparities in primary assessment scores for race and ethnicity:

- Families with Hispanic/Latinx heads of household scored 5.1 points lower than families with non-Hispanic/Latinx heads of household;
- Families with Black heads of households scoring 5.4 points higher, Native Hawaiian or Pacific Islander heads of household scoring 7.8 points higher, and heads of household identifying as multiple races scoring 13.4 points higher, compared to families with white heads of household.

c) Youth Households

Between 2019 and 2021, the number of youth households assessed decreased by just under 15%, while primary assessment scores dramatically increased. The increase in average number of days between enrollment and assessment reflects increased variation in this measure, as the median number of days (0) remained consistent. This stability is

also reflected in the percent of households assessed on the day of enrollment remaining very stable.

Youth Households	2019	2021	% Change
Households Assessed	781	665	-14.5%
Average Primary Assessment Score	72.1	97.4	+35.1%
Median Primary Assessment Score	72	105	+45.8%
Average Days from Enrollment to Primary Assessment	1.0	3.9	+290%
Median Days from Enrollment to Primary Assessment	0	0	0%
% of Households Assessed on day of Enrollment	98%	95%	-3.1%

Equity analyses for youth households showed equity disparities in primary assessment scores for race and gender:

- Black youth scored 7.2 points lower than white youth;
- Cis-gender female youth scored 7.1 points lower than cis-gender male youth.

2. Assessment: Stakeholder Input

a) Assessment Process and Questions

The assessment questions cover a range of topics intended to balance household vulnerability, barriers to rehousing, and length of time homeless.

Although many people expressed concerns about the assessment questions and approach, staff felt the assessment is intentional about assessing who is most vulnerable and therefore most in need of the resources. Providers, on the other hand, felt that the current assessment process is unclear, unhelpful, and sometimes harmful. Access Point providers, particularly, felt that the assessment was "unnecessarily invasive" and did not really get to the issues most relevant to determining what people need to address their homelessness.

Providers agreed that the scoring process (which many expressed was confusing even to them) needs to be changed to better assess for "need" than "vulnerability". For those in the public health sector, however, the assessment does not address enough vulnerability on health-related issues or appropriately weight health considerations. Health issues are particularly relevant in the context of Permanent Supportive Housing for which people need services to remain housed and may have medical services and nursing care attached. Providers in the HSH listening session also felt that the assessment process does not capture big changes in health or life circumstances that might immediately make someone appropriate for Permanent Supportive Housing or a similar resource.

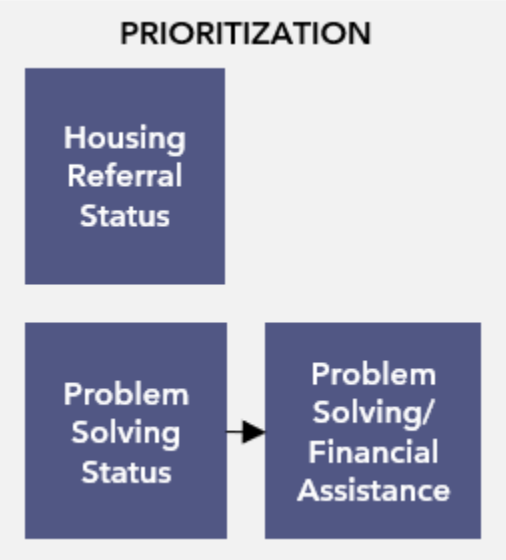
Many are concerned about the amount and intensity of sensitive questions that are asked of people who may not get housing from the system. Respondents pointed out that assessors at Access Points are asking very sensitive questions of people they just met and with limited training. Sensitivity is a particular issue associated with questions in the adult tool related to unsafe practices, but which only receive scores for transition age youth. These questions appear in other tools that have been deployed across the country and were added to ensure that youth were fairly prioritized. While tested with youth for both score and wording purposes during the first assessment push, these questions have elicited intense criticism since that time.

Respondents in Homebase's surveys, the HSH listening session, and the Coalition's report all call for simplifying the assessment process and focusing more on participants' needs rather than vulnerability. The Coalition in particular has recommended an assessment of need that identifies a resources type for every person who is homeless. For specific recommended changes from the community, see the section on Prioritization.

b) Training

While training is mentioned above as an overarching area of concern, training related to administering assessments was particularly highlighted as a need. According to the interviews conducted, training for assessors is not consistent and continuous, so they do not necessarily have the tools needed to best provide the assessment and support people in navigating the system. This reportedly led to inconsistent approaches to conducting the survey (asking or explaining questions differently), and potentially to different results (higher or lower score, different connection to next steps) depending on where you are assessed. We were unable to examine this criticism in the data.

G. PRIORITIZATION



The San Francisco CE process is designed to use the information from the primary assessment to identify a cohort of people who are eligible to be placed on one or more housing queues – and are thus "prioritized." The score needed to be prioritized is based on a threshold that is established to reflect the amount of housing inventory anticipated to be available within a 90-day period for the specific population. The original policy for establishing the threshold for placement on a queue was intended to result in the number of households added being equal to approximately twice the number of anticipated openings, to account for different eligibility, potential provider denials, and difficulty locating people in a timely manner. While this approach was adopted as part of the design intention for all three systems, we have not seen evidence that the anticipated inventory was closely calculated to match the 90-day window in order to establish thresholds, and the relatively low number of people on queues who receive a housing referral (particularly for adults) indicates that the threshold determinations may be inappropriate for the housing available (see section on Referral).

Those who score above the threshold for their household type are referred to as "prioritized" and should therefore also be considered as "Housing Referral Status" and placed on one or

more queues.[13] Those who score below the threshold for whom no housing referral is anticipated to become available within the referenced time frame are not considered prioritized or in Housing Referral Status and generally are not added to housing queues.

Thresholds for being added to a queue are dependent on the anticipated resources for which someone may be eligible and therefore differ for different subpopulations. For example, there is a much larger amount of housing available for Veterans and so the threshold for a Veteran to be placed on a queue (40) is much lower than for other adults (128). People who qualify for Care Not Cash or similarly funded housing are also added based on a different threshold.

1. Administrative Review Process

In order to address concerns that the primary assessment may not adequately reflect a person's situation, either because of the nature of the self-reporting, or because questions that might elicit greater vulnerability or need are not included, HSH adopted a review process for adults and TAY. Originally titled the Clinical Review, this process is now known as an Administrative Review. This Administrative Review is intended to allow people who have been assessed and placed in Problem-Solving Status to challenge or appeal that determination and present additional information. The Administrative Review is handled by CE staff at HSH and staff at the Department of Public Health.

The Administrative Review must be initiated by a service provider on behalf of the client, noting that they believe the person should have been prioritized for Permanent Supportive Housing. Information is presented about the service history and other needs of the person. If the review is successful, the client is reclassified as Housing Referral Status for Permanent Supportive Housing. However, it appears that they are not provided a new score and it is not clear where on the list for referral to Permanent Supportive Housing they are added.

Administrative Review outcome data available suggest that while the overall number of reviews remained very consistent between 2019 and 2021, the number of those resulting in prioritization rose by more than 50%.

[13] This status was originally referred to as Priority Status, but that terminology was later replaced. Both the data collection in the ONE System and the surveys and interviews with providers and participants indicate that people still refer to participants in terms of "priority" and "priority status".

Outcome of Administrative Review	2019 Count	2019 Percent	2021 Count	2021 Percent	% Change
Total	**238**		**243**		**+2.1%**
Prioritized	114	48%	173	71%	+51.8%
Not Prioritized	63	26%	23	9%	-63.5%
Missing data	61	26%	47	19%	-23.0%

2. Prioritization: Quantitative Analysis

The quantitative analyses investigating the number and proportion of households on the queue (i.e., in Housing Referral Status) is summarized below. For both adult and family households, the number and proportion of households on the queue decreased between 2019 and 2021. Families decreased more than adult households did (approximately three times more). Conversely, youth households increased in both numbers of households on the queue and the proportion of known youth households that are represented on the queue.

Households Assessed	2019	2021	% Change
Adult Households	N=5,047	N=4,621	
Households on Queue	1,700	1,496	-12.0%
Households Not on Queue	3,347	3,125	-6.7%
% of Households on Queue	34%	32%	-5.9%
Family Households	N=1,227	N=1,030	
Households on Queue	988	666	-32.6%
Households Not on Queue	239	364	+52.3%
% of Households on Queue	81%	65%	-19.8%
Youth Households	N=781	N=665	
Households on Queue	321	346	+7.8%
Households Not on Queue	460	319	-30.6%
% of Households on Queue	41%	52%	+26.8%

We evaluated the equity of the CE prioritization process by comparing the percentage of households placed on community queues by race, ethnicity, sexual orientation, and gender. Two of the negative disparities observed in primary assessment scores persisted into prioritization: Asian adults were only 80% as likely to be placed on a community queue compared to white adults, and families with a Hispanic/Latinx head of household were only 85% as likely to be placed on a community queue compared to families with non-Hispanic/Latinx heads of household. These statistically significant disparities suggest that lower average primary assessment scores may prevent these populations from being prioritized for housing at equitable rates. We did not find disparities in this component of the process for Black people but note significant disparities in the overrepresentation of Black and Native peoples among the homeless population.

3. Prioritization: Stakeholder Input

a) Objections to the Use of Thresholds

The purpose and use of thresholds and of different post-assessment statuses for households is one of the least well understood and most widely disliked aspects of the design. Advocates and providers believe thresholds are a way of hiding the level of community need and making it appear that resources are sufficient. As one person interviewed by Homebase said, "prioritizing who gets housing is problematic because everybody coming into CE is homeless, so we are taking homeless folks and deciding amongst them who gets housing."

Providers particularly object to the portrayal of a scarcity of housing resource when they see empty units and significant State and local resources becoming available.

Besides the existence of the two statuses, how they have been implemented is also of concern to stakeholders. Homebase surveys and interviews indicated that participants reported being told they "were not homeless enough" to receive help.

Staff also noted that some on the list may have been there since 2018-19 because as the prioritization shifts to be higher scores, folks with medium-high scoring who were close to getting an opportunity to be housed get bumped. HSH has recently shifted to referring those in Housing Referral Status based on length of time on the queue so this issue should resolve over time as households are referred and move into housing.

b) Prioritization Does Not Target Specific Interventions

Generally, it was noted that the current prioritization structure does not ensure that clients are referred to a program that they will have the highest chance of success at.[14] Staff and providers felt that prioritization based on housing availability means someone may end up in Rapid Rehousing who really needs Permanent Supportive Housing or someone may remain on the list for years.

Health focused respondents also noted that the prioritization does not ensure appropriate referrals being made to the different interventions. "It is a good system for when the housing is all the same but misses opportunities to make it better by recognizing different system resources. The CE system does not recognize how SF is unique with different types of housing and matching the right housing to the right person."

As noted in the section on Assessment, there is a perceived disconnect between what is asked and how the information is used, as well as concerns that the items scored for prioritization are not as important as other characteristics or circumstances that do not result in prioritization. In the interviews and focus groups with stakeholders several populations or priorities were mentioned for HSH to consider in a redesign of prioritization including:

- Long-term San Francisco residents
- Seniors
- BIPOC people
- Pregnant people
- More clinical weighting of the assessment so that people with severe health needs (e.g., living in a long-term care setting) are not disqualified from making it into Housing Referral Status.[15]

[14] It is important to note that although the prioritization score impacts whether households become Household Referral Status, a match to appropriate housing is made at the time of referral should be determined by household need and not a score.

[15] Depending upon the specific situation of the participant, this comment may reflect an eligibility rather than a prioritization issue. Specifically, a household who has been institutionalized for more than 90 days is eligible for CE if they were homeless prior to entering the institution and have a behavioral health (mental health or substance use) disorder. Those who instead have a long-term physical health condition are not eligible for CE.

4. Housing Navigation

Persons and households who are prioritized and placed on housing queues should receive housing navigation services from an Access Point. These services are typically understood to include helping participants in Housing Referral Status get necessary documents and complete applications and interview processes needed to secure a housing referral. We note that Housing Navigation is not defined in the CE polices and is not standardized in scope of work for Access Points for youth, families, and adults.

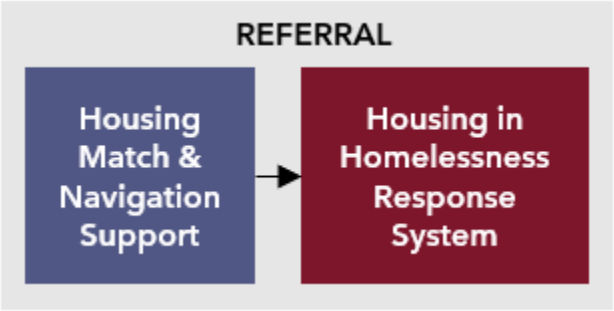
The quantitative data is presented in the next table by household type. As the data indicates, all households on queues have documented housing navigation services, although the average and median number of services is very low.

Housing Navigation	2019	2021	% Change
Adult Households			
Households on Queue	1,700	1,496	-12.0%
% of Households with Housing Navigation Services	100%	100%	0
Average Number of Housing Navigation Services/HH	5.2	4.8	-7.7%
Median Number of Housing Navigation Services/HH	2	2	0
Family Households			
Households on Queue	988	666	-32.6%
% of Households with Housing Navigation Services	100%	100%	0
Average Number of Housing Navigation Services/HH	1.1	1.0	-9.1%
Median Number of Housing Navigation Services/HH	1	1	0
Youth Households			
Households on Queue	321	346	+7.8%
% of Households with Housing Navigation Services	100%	100%	0

Housing Navigation	2019	2021	% Change
Average Number of Housing Navigation Services/HH	2.2	2.1	-4.5%
Median Number of Housing Navigation Services/HH	1	1	0

The data presented in the above table underscores that most family and youth households receive a single housing navigation service after being placed on the queue; most adult households receive only two. There also seems to be a lack of clarity about what the role of the navigator is, when they are expected to begin working with someone and what roles and responsibilities lie with the navigator, the housing provider, and HSH. The low rate of navigation services provided to people on queues seems to indicate that navigation support is either not robustly provided or it is not well recorded.

H. REFERRAL



Referral covers the steps in which people who are in Housing Referral Status (or otherwise added to a queue) are referred to an opening in a housing program for which they are thought to be eligible. This stage of the process includes match, referral, navigation, and resolution (enrollment or denial). As mentioned above, many of the challenges related to participants getting enrolled in housing programs are beyond the scope of the CE process.

From a data perspective, referral outcomes were difficult to determine with certainty. Several referral-related fields were provided in the dataset Focus Strategies received, and they did not always provide consistent information. For the analyses below, we developed complex logic to derive referral outcomes.

Unless otherwise noted, referral outcomes discussed are for referrals to housing programs and not to shelters.

1. Referral: Quantitative Analyses

The data below are presented for both 2019 and 2021 and it is evident that the number of referrals significantly increased for all household types in that time frame. One of the primary reasons for the increase is that over the two-year period, permanent housing projects significantly increased their participation in the ONE System. Increased project participation allowed referrals to permanent housing to also be captured in the ONE System.

a) Adult Households

The number of referrals significantly increased for adult households between 2019 and 2021 for Permanent Housing with services (no disability required), Permanent Supportive Housing, and Rapid Rehousing, as did the number of households receiving one or more housing referrals. The proportion of referrals to Permanent Supportive Housing also increased between 2019 (29%) and 2021 (39%). Enrollments relative to referrals in the adult system are the lowest of the three populations with only 58% of referrals in 2021 resulting in an enrollment. This is a significant drop from 2019 when 74% of referrals resulted in an enrollment.

Relative to 2019, referral outcomes in 2021 also resulted in higher proportions of expired referrals and refusals by the client. Time from enrollment to both first housing referral and accepted referrals also significantly increased, with the median growing by more than 100 days.[16] The increase in both length of time to referral and the number of expired referrals may be related to the fact that households who had been on the queue before the pandemic waited longer than they otherwise would have because Access Point services were disrupted and diverted to serving guests of the SIP system.

[16]Some caution is needed in interpreting the findings relating to length of time between enrollment and referrals. The dates associated with referral reflect the date of data entry so are influenced by staff workflow.

Adult Households	2019		2021		% Change
	N	%	N	%	
Number of Households Referred to:					
PH with Services	194	57%	788	57%	+0%
PSH	97	29%	534	39%	+34%
Rapid Rehousing (RRH)	18	5%	51	4%	-20%
Transitional Housing (TH)	*2*	*1%*	*0*	*0%*	*-100%*
Emergency Shelter (ES)	*27*	*8%*	*2*	*<1%*	*-100%*
Number of Households With One or More Housing Referrals	307	19%	1,255	45%	**+137%**
Housing Referral Outcome					
Enrolled	226	74%	714	58%	-22%
Refused by Client	11	4%	119	10%	**+150%**
Denied by Provider	31	10%	74	6%	-40%
Expired	24	8%	313	26%	**+225%**
Housed in Community	14	5%	2	<1%	-86%
Other	1	<1%	0	0%	-100%
	# Days		# Days		
Days Between Enrollment and First Housing Referral					
Average number	115.4		258.0		**+124%**
Median number	92		194.5		**+111%**
Days Between Enrollment and Accepted Housing Referral					
Average number	134.5		299.4		**+123%**
Median number	119.5		258.5		**+116%**

We evaluated the equity of housing referrals using three measures: the percent of households with at least one housing referral, the outcome of each household's most recent referral, and the percent of households with at least one housing referral denied by a housing provider. We assessed each of these measures by race, ethnicity, sexual

orientation, and gender. We found no disparities with either of the first two measures. However, we found statistically significant negative disparities in provider denials for adult households. Specifically, Black adults were 1.3 times as likely to have a housing referral denied by a provider than white adults; likewise, adults identifying as multiple races were 2.1 times as likely to have a housing referral denied by a provider than white adults.

b) Family Households

The number of referrals significantly increased for family households between 2019 and 2021 for Rapid Rehousing, as did the number of households receiving one or more housing referrals. Enrollment outcomes improved between 2019 (79%) and 2021 (89%) and the rate of provider denials dropped from 15% to 7% (though the number of denials was nearly the same). Although the time from enrollment in CE to a first referral for families has remained relatively stable between 2019 and 2021, the time for an accepted referral has decreased by about 25%.

Family Households	**2019**		**2021**		**% Change**
	N	%	N	%	
Number of Households Referred to:					
PH with Services	38	10%	11	2%	-80%
PSH	7	2%	1	0%	-100%
RRH	178	47%	450	96%	+104%
TH	*12*	*3%*	*0*	*0%*	*-100%*
ES	*142*	*38%*	*6*	*1%*	*-97%*
Number of Households With One or More Housing Referrals	216	19%	460	33%	+74%
Housing Referral Outcome					
Enrolled	171	79%	394	89%	+13%
Refused by Client	3	1%	5	1%	0%
Denied by Provider	33	15%	32	7%	-50%
Expired	2	1%	10	2%	+100%
Housed in Community	2	1%	1	<1%	-50%
Other	5	2%	0	0%	-100%

Family Households	2019		2021		% Change
	N	%	N	%	
	# Days		# Days		
Days Between Enrollment and First Housing Referral					
Average number	59.8		59.7		-1.6%
Median number	46		43		-6.5%
Days Between Enrollment and Accepted Housing Referral					
Average number	109.5		84		-23%
Median number	89		64		-28%

We again evaluated the equity of housing referrals using three measures (the percent of households with at least one housing referral, the outcome of each household's most recent referral, and the percent of households with at least one housing referral denied by a housing provider) and found disparities in the referral denials by providers for families. Specifically, families with Hispanic/Latinx heads of household were less likely to have a housing referral denied by a provider compared to families with non-Hispanic/Latinx heads of household.

c) Youth Households

The number of referrals significantly increased for youth households between 2019 and 2021 for Permanent Housing with services, Permanent Supportive Housing, and Rapid Rehousing, as did the number of households receiving one or more housing referrals. Although most referral outcomes also increased in number over time, both the rate of referrals refused by youth as well as the rate of expired referrals have increased in 2021. The number of days between enrollment in CE and first housing referral has increased significantly from 2019, as has the time to an accepted referral.

Youth Households	2019		2021		% Change
	N	%	N	%	
Number of Households Referred to:					
PH with Services	10	11%	80	34%	+209%
PSH	10	11%	24	10%	-9%
RRH	65	70%	130	55%	-21%
TH	0	0%	2	1%	+100%
ES	8	9%	2	1%	-89%
Number of Households With One or More Housing Referrals	85	34%	227	30%	-12%
Housing Referral Outcome					
Enrolled	75	88%	199	88%	0%
Refused by Client	0	0%	9	4%	**+400%**
Denied by Provider	8	9%	6	3%	-67%
Expired	1	1%	11	5%	**+400%**
Housed in Community	0	0%	0	0%	0%
Other	1	1%	0	0%	-100%
	# Days		# Days		
Days Between Enrollment and First Housing Referral					
Average number	119.2		206.8		+73%
Median number	115		164		+43%
Days Between Enrollment and Accepted Housing Referral					
Average number	102.3		224.5		+119%
Median number	93		184.5		+98%

The equity analyses again found statistically significant disparities in referral denials by provider for youth. Specifically, while no white youth had a housing referral denied, 7% of Black youth, 11% of Native Hawaiian or Pacific Islander youth, and 25% of youth identifying as multiple races had at least one housing referral denied by a provider.

2. Referral: Stakeholder Input

a) Inappropriate Matches

Many people pointed out a lack of nuance/sensitivity when connecting people to programs (including ADA, cultural-specific preferences/needs, medical needs). One person said "the match appears arbitrary not taking into account information about a person's needs other than their preferences. We make offers of different things, and the client chooses but not based on their needs." Some pointed to an overall lack of capacity to serve those now being prioritized.

Permanent Supportive Housing providers expressed intense concerns about getting referrals from CE that were not "appropriate" to the level of service their programs are able to provide. According to the Homebase report, some Permanent Supportive Housing providers believe that people with higher levels of "vulnerability" are not "housing ready" or just "do not want housing." When invited to explore that sentiment more, some Permanent Supportive Housing providers clarified that because more "vulnerable" clients have a higher level of need and most Permanent Supportive Housing programs are understaffed and under-resourced, they are not able to best support people who may have been unsheltered for long periods of time, who may have more severe and difficult to treat mental and behavioral health issues, and who may require more intensive "onboarding" services to be able to be successful at housing basics like cleaning, personal hygiene, budgeting, or avoiding lease violations.

Rapid Rehousing providers also expressed that people get prioritized for what is most available versus what is the best match and wanted people to be referred to Rapid Rehousing who would be likely to be successful in this intervention. Families currently can only be referred to Rapid Rehousing, but some feel that if it is evident that they are higher need and are not going to be successful in Rapid Rehousing then they should be able to be prioritized for Permanent Supportive Housing instead of having to go through a secondary process (Administrative Review) to hopefully get transferred later.

b) Lack of Timeliness and Difficulty Tracking Time

The length time for a person getting from prioritization to referral and from referral to housing are a major factor in the dissatisfaction with the system. CE policies suggest that referral to move in should take 60 days, but the data indicates that the time between

referral and referral acceptance can be much longer (up to 300 days for adults, 84 days for families, and 225 days for youth).

Stakeholders from all populations point out that the process is slow, confusing, or uncertain, and often does not result in someone gaining housing. Interviews with survivors of domestic violence for the CE planning process indicated that "contact with the housing system often does not result in a pathway to housing, with years-long waiting lists and a circular referral process. "[17]

Although HSH has a documentation policy to support faster referrals even if participants do not have all the required documents, there may not be widespread awareness of the policy. Staff report that housing programs continue to expect people to have all of their eligibility documentation. There were also differences of opinion about where the responsibility for this does and should lie and about whether participants should be coming with all documents or whether housing providers should accept participants and then assist with the document gathering process.

Staff at HSH and Access Points also note that it is hard to track people down once they have been on the list a long time; this can prolong both sending the referral AND the time to get someone housed once referred.

For participants referred to a scattered site programs, it also reportedly takes a long time to identify and secure housing once referred. Although we did not hear from staff or stakeholders about what strategies are employed to assist participants to locate housing, we learned from HSH leadership that clients referred to scattered site programs are assigned to an organization that provides housing location assistance, and the expectation is that the client be housed within 75 days of the referral.

The data available through the ONE System is not sufficient to track the time frames between detailed points in the referral. To our knowledge, it is not possible to determine "who has responsibility" for shepherding the referral at any given point. In other words, when the clock is ticking, we cannot see clearly who has responsibility for the next step, what time frame they are working within, or whether they meet the time frame goals. As a

[17] As noted earlier, some perceptions of CE are clouded by the lack of housing resources throughout the community. It is not clear, for example, if this comment is about access to HSH resources, or housing availability from the Housing Authority or other affordable housing.

result, the data does not help to identify processes to help shorten the length of time between enrollment and moving into housing.

VI. CONSIDERATIONS FOR PHASE TWO REDESIGN WORK

The findings of this report are intended to inform discussions and planning for a redesign of the CE process. It is suggested that HSH and its community partners consider several areas of both process and content redesign as the work gets underway.[18]

A. PROCESS AND OVERSIGHT

Portions of San Francisco's original CE design were informed by different methods of community input, including working groups by population and focus groups with people experiencing homelessness. Nonetheless, the process for CE design and decision-making felt unclear to many of those surveyed or interviewed for this evaluation. Currently the Local Homelessness Coordinating Board (LHCB) has a monthly Coordinated Entry Committee meeting at which HSH provides CE updates, data, and information, and members discuss and vote on policies and updates to CE. Given the widespread feedback that ongoing oversight is not clear, and that the community does not play a sufficient role in monitoring and evaluation of the CE process, HSH will need to reconsider the approach.

In Phase Two of the CE Redesign, HSH will need to set out a process from the beginning that has strong stakeholder participation throughout. This should include a clear definition of who the decision makers are and the criteria they will use to make decisions. Stakeholders will need to understand where and when input will be sought, with advertised venues and timeframes for input at key points in the design process. The process should foreground equity throughout, both in terms of how stakeholders and people with lived experience participate, and as a lens for performance and accountability in the design process.

As part of the redesign process, and prior to transitioning to the redesigned system, HSH should develop greater clarity related to CE governance and an ongoing oversight and evaluative role for community members. Clear performance metrics for the CE system as a whole and for each target population, equity measures, and contractor performance should be part of what is reviewed on a regular basis and used to make course corrections.

[18] This section is informed by requirements described in HUD's Coordinated Entry Core Elements and HUD's New Coordinated Entry Data Elements.

B. DESIGN CONSIDERATIONS

This report highlights many factors that should be considered in the redesign. Overall, any new process needs to result in a clarified flow that speeds the connection to housing and other services. It will need to be well understood and have a high level of buy-in from the provider and participant community, place equity at its center, and have built in evaluation and accountability. The flow should be based on standard principles that can be applied across populations. *Standard* does not mean that differences for target populations cannot exist, but rather that differences are intentionally designed to increase access or improve equity or performance and are not the product of isolated planning processes that result in different approaches and potential discrepancies in the quality of service or accountability.

1. Access

According to HUD's regulations, a CE system must have an easy and "well-advertised" method for access for all people experiencing homelessness and must address the needs of individuals and families who are fleeing or attempting to flee domestic violence. San Francisco's system includes both stationary Access Points and mobile Access Points and Partners, focused on reaching different household types through different methods of access. San Francisco is in the midst of a planning process to improve CE access for people who have experienced domestic and other forms of personal and community violence.

The qualitative research for this evaluation indicated many people experiencing homelessness reported not knowing where or how to access the system and the quantitative data indicated that youth and adults are not accessing the system at comparable rates to the populations reflected in the 2022 Point In Time count. Latinx people were proportionally represented relative to the 2019 PIT count but not proportionally represented relative to the 2022 count.

The redesign process will need to consider the role and functions of Access Points. Consideration should be given to the balance between using a smaller number of standardized designated access points and improving knowledge of these access points throughout the rest of the system and the city and expanding the range of ways and locations for potential participants to access the system. System models used across the country include access approaches that are entirely mobile, systems with single or multiple access points, and approaches that allow the process to begin at different places in the system, sometimes including through mainstream systems that engage people experiencing

homelessness, such as government agencies, hospitals, etc. A wider array of potential access points may increase the reach of the system and its potential to reach underserved populations and advance equity. With more variety in access process, however, comes greater need to ensure equitable, fair, and consistent treatment, more and ongoing training, high-quality data collection, and ongoing oversight. No matter what method is chosen, the roles and expectations of Access Points/Partners or their replacements will need to be clarified in both policies and contracts (if contracted) and Access Points or other access methods should be evaluated regularly.

Problem-Solving is a practice that is strongly recommended by HUD for all CE systems and is a central element of the current San Francisco CE system. In other communities Problem-Solving (sometimes called diversion or rapid resolution) is an intervention embraced as a critical step in the CE process that offers services and financial assistance to anyone seeking assistance from the homelessness response system. Problem-Solving should result in reducing system entries and shortening the length of time that households experience homelessness, especially families. The report reveals that Problem-Solving in San Francisco is not well understood or embraced by many, not fully integrated into CE as planned, and while it is producing some resolutions, fewer people who are deemed to be Problem-Solving Status are participating in the service than would be expected, given that this is the primary resource available to them after an assessment.

The new CE design should consider how to strengthen the availability and use of these significant flexible funds and services, particularly for those unlikely to receive a deeper resource in a timely fashion. The new CE design may also want to consider whether and how Problem-Solving is *required* in the CE process, and the extent to which Problem-Solving can or should be decoupled from the assessment process. For effective Problem-Solving, it is vital that staff are well trained in methods to elicit and support appropriate resolutions and supportive of the potential for some people to resolve their homelessness outside of system resources.

Finally, access should include ensuring rapid and low-barrier connections to crisis and emergency services and resources. Currently this is the intention of the Family system and to some degree the Youth system but not the Adult system. In planning for the new redesign, as well as for significant shelter expansion in the future, the relationship between CE and other methods for placement in Temporary Shelters, Safe Parking, Navigation Centers, and other crisis resources will need to be considered.

2. Assessment and Prioritization

HUD regulations require a CE process to have a method for assessing and prioritizing for resources, using one or more standardized assessment "tools". HUD also requires policies that reflect the process, including assessment information, and factors and documentation of the criteria used for uniform decision making. For Permanent Supportive Housing these factors must include at least length of time homeless and vulnerability (encompassing disability and severity of service needs).

While most communities respond to this requirement with a scored assessment tool there is a great deal of latitude in terms of both what such a tool or process contains and how much the tool influences prioritization. Considerations of equity should be central to determining what types of questions or information is used, how it is weighted, and what other factors are considered. San Francisco uses a locally designed, scored questionnaire as its primary assessment tool. The tool includes answer choices which are weighted depending on the extent to which a condition is present or long lasting.[19] This report reveals significant community concerns about the current primary assessment tool(s) with the level of personal information required, how the information is used and whether the information requested of participants accurately reflects their need. The equity analysis indicates underrepresentation of Asian and Latinx people among those with higher assessment scores.

Some communities are redesigning assessments to rely more on the use of administrative data to reduce participant burden, and with the hope of increasing accuracy or improving targeting for specific resources (such as health related programs). San Francisco has access to a wide variety of administrative data that can be used in the assessment and/or prioritization process to replace or supplement self-reported information. The use of administrative data can reduce the burden on both providers and participants and provide information that may be reflective of specific needs and circumstances (particularly related to health), but it can also be subject to other forms of system bias or underrepresentation of populations.

Before making a determination about whether to revise the current tools, adopt others, or create something new from either self-report and/or administrative data, the process should focus on delineating shared values/criteria for how to allocate available resources as well as

[19] While some critics have called the process an *algorithm* it is not technically algorithmic; the score used is the simply the sum of each scored response and the determination for prioritization is based on a comparison of the score to the threshold in use for the population. There is no computer-based calculus or factor-dependent decision making occurring other than the simple sum of question responses.

what information to collect that can illuminate where there are gaps and inform planning for new resources. Once criteria are established, HSH and community partners can use those to assess needed changes to the current tool or to evaluate other options. The assessment process should be continuously monitored to assess if the outcomes align with this locally decided shared criteria.

In addition, the process will need to consider whether to continue with a threshold-based prioritization process (which places only some participants on a queue based on available and anticipated inventory) or move to a process of adding all assessed persons to one or more queues regardless of the available inventory (sometimes called a By-Name List - BNL). The threshold-based approach was adopted in the current CE system to reduce uncertainty for participants and avoid having people waiting for or expecting housing that might not be available in the foreseeable future. Moving to a BNL approach may more fully capture the population seeking assistance but may lead to expectations that cannot reasonably be met. By Name Lists can be used with score bands that create pools for certain resources or indicate a preferred resource assignment. No prioritization system creates more housing directly and in either case there will be some people who do not receive the resource they would most want and/or benefit from. Again, the connection between this and an improved approach to Problem-Solving services will be important.

3. Referral

The primary purpose of the CE process is to match and refer prioritized persons to the resources of the system and get them enrolled and sheltered or housed as quickly as possible. This evaluation shows that over time the process has increased the rate of documented referrals but the length of time from assessment to referral and from referral to an accepted referral continues to be problematic and deserves attention. This part of the process does not fall solely into the responsibility of the CE process and will need to continue to involve the HSH housing team and housing providers. In many ways the most troubling equity findings of this report are the disparate rate of denials for Black adults and youth by housing providers. Further research into the causes of this disparity and the policy or practice barriers that need to be addressed to solve them are critical.

In addition, despite new policies and innovations of the SIP process, there is a persistent lack of clarity around roles and data to assess why delays are occurring related to referrals, documentation, and the process of accepting and completing referrals. The planning process will need to look at how to speed up the process and how to ensure clients are matched to

resources that offer choice and are appropriate to their level of need. This might include centralizing the referral process (which currently differs by Access Point and population), leveraging administrative data to support appropriate referrals, and ensuring accountability of both HSH and/or referral partners and receiving providers for rapidly processing referrals and reducing disparities in denial rates.

C. DATA AND DOCUMENTATION

Independent of what the revised design looks like, HSH will need to strengthen some of the infrastructure that supports the CE process. Most critical is ensuring that data collection produces management reports and data that can be easily queried and used to regularly review and assess the process at the system, population, and provider level. HSH has made progress on reporting and designing dashboards that show certain key elements of the system's functioning and equity impacts, but these were designed after the fact to use the data available. As part of the redesign process the performance and equity metrics needed for reporting and accountability should be identified *first* and then data collection designed to support that built into the process. A critical feature to be embedded in the future data collection and reporting process will be clear methods of reporting the flow of households through CE and the homelessness response system.

In addition to the data and reporting improvements, HSH will need to improve the documentation of the process and how this is used to ensure clarity in communication within the community and quality assurance for the process. Some of these include:

- Update policies and procedures to reflect the process more closely and maintain these updates with regular reviews
- Ensure that Appendix As for Access Points (or other contractors depending on redesign) align to the overall policies and contain clear requirements that are measurable and able to be monitored
- Track the grievance process systematically and use the information to evaluate the system and identify areas that need to be improved
- Monitor system and program performance regularly, comparing measurable goals for each of the four core components of CE to performance on the goals

Finally, it is a HUD requirement that the Continuum of Care evaluate CE at least annually. This evaluation must include consultation with participating projects and project participants and address the quality and effectiveness of the entire coordinated entry experience. The CE oversight body should establish a method and timeframe for conducting this annual evaluation. HUD's Coordinated Entry Process Self-Assessment provides a tool for reviewing required and recommended practices. An annual completion of the self-assessment tool could be a part of this process.

VII. CONCLUSION

The San Francisco Coordinated Entry process was developed over time seeking to balance the desire to serve everyone with the reality of limited resources, particularly of permanently subsidized housing. As implemented, the system covers many of the important features of a CE system; it includes most homeless-dedicated housing resources. It is widely accessible and has multiple Access Points and Partners. It is designed to meet population specific needs such as targeted access for youth and for marginalized communities. It offers a service to everyone, though not everyone is prioritized for housing. Since its launch, refinements and additions have been made to address emerging concerns including adding an Administrative Review process in all systems to ensure persons who are not initially prioritized (adults and youth) or provided a Permanent Supportive Housing resource (families) have an opportunity to be reconsidered.

Many challenges have surfaced about the CE process through this evaluation. Gaps in communication, policies, messaging, and training have led to confusion or disappointment among participants and providers, and perceptions of non-transparency and lack of accountability. Differences between the different population systems and challenges with data have made it hard for HSH to provide full information about the process and its impacts, which also affected this evaluation. Equity issues are present throughout the different components of the system, affecting marginalized racial and gender groups in different ways.

The greatest concerns in the community are with the prioritization process and with the process to get participants into housing. The use of thresholds in the prioritization process is seen as leaving people who are not prioritized with little expectation of meaningful support, even with investments in Problem-Solving. The assessment process is perceived as overly intrusive, inequitable, and not accurately or meaningfully capturing needs. The referral to housing process is seen as both slow and uncertain, and the data available makes it very difficult to determine the primary causes of delays.

Communities across the country launched CE systems in roughly the same time frame as San Francisco developed its system, and many have found the need to revisit or redesign the system once it has operated for a period of time. Concerns regarding complexity, equity, prioritization, timeliness, and appropriate matching to resources are common factors driving CE redesign.