City and County of San Francisco Coordinated Entry System Evaluation Qualitative Findings

May 2022

Abstract

This report summarizes the feedback from system users, providers, and City partners who engage with or support the San Francisco Coordinated Entry System. The findings may provide insight into the extent to which the system is meeting the goals of Coordinated Entry, as well as highlight challenges, strengths, and recommendations raised by stakeholders

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Description of Project

In 2021, the San Francisco Homelessness and Supportive Housing Department (HSH) began a two-phased evaluation of the San Francisco Coordinated Entry System (CES). Phase One aims to document current Coordinated Entry systems and processes. Phase Two will focus on planning and developing design recommendations as part of a larger strategic planning effort for the Homelessness Response System in 2022. During Phase One, Homebase was contracted by HSH to conduct qualitative information gathering from people with lived experience, Coordinated Entry Access Point providers, housing programs who receive referrals from Coordinated Entry, key City department stakeholders, and to synthesize the findings. What follows is a summary of the methodology and findings of this qualitative evaluation.

Evaluation Methodology

From February to April 2022, Homebase collected information from housing providers and consumers about the San Francisco Continuum of Care (CoC) CES. The evaluation is intended to provide qualitative data to supplement the fulsome evaluation of the CES by HSH and Focus Strategies. For a complete list of agencies that Homebase contacted during this process please see Appendix D.

The following qualitative data source methodologies were used to complete the analysis:

Qualitative Data	
📋	**215** **Surveys**
🚏	**1** **Street Outreach**
👥	**9** **Focus Groups**
👥	**2** **Listening Sessions**
🪑	**5** **Interviews**

- **A survey targeting individuals with personal experience navigating the CoC CES.** Homebase administered a survey online and in-person at over 28 different shelters and agencies, including agencies specializing in LGBTQ, youth, trans, and HIV-positive populations. Surveys were also distributed via street outreach. Surveys were available in 4 languages (English, Spanish, Chinese, and Tagalog). The survey was completed by **215 people with lived experience of homelessness** between 2/1/2022 and 4/26/2022. Feedback from the survey was utilized to analyze adherence to Coordinated Entry System policies and procedures, quality of collaboration, effectiveness of access and assessment, functioning of the by-name list process, and compliance with HUD requirements. Copies of the surveys in all four languages are included in Appendix C.
- **One street outreach survey to encampments** in Potrero Hill. To ensure representation of this highly impacted by difficult to contact group, Homebase staff went on-site to distribute surveys to unsheltered individuals. 18 individuals were surveyed in-person. Survey respondents were each provided a $20 gift card in exchange for their time.
- **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 the CoC. Participants were provided $20 gift cards. Attempts were made to hold focus groups specifically for rapid re-housing participants, housed participants, problem-solving participants, permanent supportive housing participants and transitional housing participants. A request to housing and service providers to send out fliers with a direct number to clients for the purpose of conducting one-on-one interviews was also included. Due to the COVID-19 pandemic, most of the focus groups were conducted virtually over Zoom. Despite rigorous and thorough outreach efforts, the virtual meetings suffered from poor attendance. As a result, further outreach was made in-person at housing sites, and through door-to-door surveying. A facilitator's guide including talking points and suggested questions for all focus groups can be found in Appendix A.

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- **Focus groups with participating agencies.** Homebase conducted three focus groups with 157 housing and service providers across San Francisco. Focus groups were divided according to housing or service type, and included Rapid Re-Housing, Permanent Supportive Housing and Access Point agencies and staff. A facilitator's guide including talking points and suggested questions for all focus groups can be found in Appendix A. Because of time limitations, Homebase also followed up with attendees with a list of additional questions via email, copies of which can be found in Appendix B.
- **Attending standing meetings**. Homebase also attended standing meetings such as HSH's All Access Point Meeting and HSH listening sessions to identify common themes and issues related to coordinated entry.
- **Interviews with City department stakeholders.** Homebase conducted 5 individual or group interviews from the following departments: Human Services Agency (2 interviews); Department of Public Health (1 interview); Mayor's Office of Community Development (1 interview); and Criminal Justice partners from Sheriff's Office and District Attorney's Office (1 group interview). Stakeholders were asked to articulate their understanding of how Coordinated Entry (CE) operates, for what purpose, and whether current operations helped achieve that purpose. In addition, partners were asked about issues related to messaging to their departments about CE, barriers to accessing CE for individuals they serve, understanding of how vulnerability of those seeking housing is assessed, challenges with or limitations of the system, and components of CE that were functioning well.

Findings

The following sections provide Homebase's summary and analysis of findings from qualitative interviews, focus groups, and survey responses.

Consumer Feedback

To better understand the system's accessibility, Homebase solicited feedback from adults experiencing homelessness. This was done using a survey that included closed, multiple-choice questions and open questions allowing respondents to provide answers in their own words. Most surveys were conducted online, with housing and service providers sending the survey URL to clients. Some surveys were conducted in person through street outreach and door knocking in Permanent Supportive Housing buildings.

Survey questions are in Appendix C. Responses to every question were optional, and the typical length of time spent responding to the survey was about five minutes. Surveys were available in English, Spanish, Chinese, and Tagalog. There were 194 responses in English and 21 responses in Spanish. In general, survey categories were:

- Q1-6: general demographic information
- Q7-9: family structure information
- Q10-12: access to services
- Q13-18: assessment
- Q19-25: placement
- Q26-34: problem solving

Survey data summary and analysis are below. 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. Furthermore, responses were not weighted according to any demographic criteria in order to try to create a representative sample population. 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

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be used for is valuable context and perspective about how accessible and successful the coordinated entry system is for the respondents to the survey.

Closed Survey Questions

As described above, each of the questions in the survey was divided into one of six general categories. The links below provide graphs of the response data for every question within those general categories. Graphs can also be found in Appendix G.

Demographics: https://www.surveymonkey.com/stories/SM-Fs6hQoyiJpkXUnkT7TxpBw_3D_3D/

Family Structure: https://www.surveymonkey.com/stories/SM-YDtwd6cBKQl9Q6jHIS69kg_3D_3D/

Access to Services: https://www.surveymonkey.com/stories/SM-k7lREKrHe5pEOYKfPRG14g_3D_3D/

Assessment: https://www.surveymonkey.com/stories/SM-cb2zYABmrOfyT18w1niZoA_3D_3D/

Placement: https://www.surveymonkey.com/stories/SM-qBFE5EoP_2BwIq9aI5yflNtw_3D_3D/

Problem Solving: https://www.surveymonkey.com/stories/SM-AudkBSbuYsZESGaKl0oyeQ_3D_3D/

General Survey Findings

Survey category	Findings
Access to services (Q10-12)	• The vast majority of respondents did not know where to go for help when they lost their housing • It took the majority of respondents 6+ months to access services • Most respondents found out about services by word of mouth or a case worker
Assessment (Q13-18)	• Most respondents did not go to a CE agency for help first • The vast majority of respondents were assessed
Placement (Q19-25)	• Many respondents say they were told they were not homeless enough to qualify for housing placement. This sentiment was written in response to many open questions throughout the survey • The majority of respondents say staff are working with them on a plan for housing. However, equal proportions of respondents feel progress is being made towards their housing goals as feel progress is not being made • Respondents most commonly waited 1-3 months or over 1 year to move into housing from the time they asked for help
Problem solving (Q26-34)	• The majority of respondents say they didn't get a problem-solving conversation and/or were not listened to • Many of the respondents who did get a problem-solving conversation said it was not helpful • Respondents most commonly say that staff who told them the process and case managers were the most helpful when working to find housing

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Homebase then analyzed responses to closed survey questions across each of the following demographic criteria:

- Housing status
- Gender
- Sexual Orientation
- Race
- Ethnicity
- Family structure
- Age

A summary of this analysis is contained below. These results should be interpreted with caution as the respondents were not a representative sample of the population of people experiencing homelessness in San Francisco, as described above.

Housing Status

A summary of the differences in survey responses depending on whether or not respondents were currently housed is contained in the table below.

Survey category	Key Differences
Demographics (Q1-6)	• A greater proportion of housed respondents are older, white, and male
Family structure (Q7-9)	• A much lower proportion of housed respondents have children, have children staying with them, or have children under 18
Access to services (Q10-12)	• No noteworthy differences
Assessment (Q13-18)	• A much greater proportion of housed respondents say they got help
Placement (Q19-25)	• A much greater proportion of housed respondents say staff worked on a plan for housing, that progress is being made towards their housing goals, and that they moved into housing found by a provider
Problem solving (Q26-34)	• A much greater proportion of housed people say problem solving helped, that they're satisfied with their current housing, and that they're satisfied with their experience at the Access Point

Among respondents, it is not surprising that housed people generally had more success and satisfaction throughout the process.

Gender

A summary of the differences in survey responses depending on respondents' gender is contained in the table below.

Survey category	Key Differences
Demographics (Q1-6)	• A greater proportion of male respondents are older, white, and housed • The largest racial group among female respondents is Black
Family structure (Q7-9)	• 40% of male respondents have children. 74% of female respondents have children • Most female respondents have children under 18 and say that having housing would mean they could live with their children
Access to services (Q10-12)	• A greater proportion of female respondents knew where to go for help
Assessment (Q13-18)	• No noteworthy differences

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Placement (Q19-25)	• A greater proportion of female respondents say progress is being made towards their housing goals
Problem solving (Q26-34)	• A greater proportion of female respondents say they got the problem-solving conversation, but a lower proportion of them say it was helpful • A greater proportion of male respondents are satisfied with their current housing and their experience at the Access Point

There were only 9 transgender respondents and 4 nonbinary respondents to the survey. With such a small sample size, conclusions regarding these groups cannot be made confidently.

Among respondents, a greater proportion of women knew where to go for help and felt that progress was being made even though a much lower proportion of women were housed. Housing families and Black people would house more women.

Sexual Orientation

A summary of the differences in survey responses depending on respondents' sexual orientation is contained in the table below.

Survey category	Key Differences
Demographics (Q1-6)	• A lower proportion of heterosexual respondents are 18-29 years old • A greater proportion of heterosexual respondents are housed
Family structure (Q7-9)	• A greater proportion of heterosexual respondents have children, and that housing would mean they could live with their children
Access to services (Q10-12)	• No noteworthy differences
Assessment (Q13-18)	• No noteworthy differences
Placement (Q19-25)	• No noteworthy differences
Problem solving (Q26-34)	• No noteworthy differences

Because there were 20 bisexual, 1 questioning, 18 gay, and 5 lesbian respondents, their answers were pooled together into a general non-heterosexual category in order to have a large enough sample size to analyze. Among respondents, although there were demographic and family structure differences, there were no other noteworthy differences in responses based on sexual orientation. Differences may be revealed with a larger sample size of non-heterosexual respondents.

Race

A summary of the differences in survey responses depending on respondents' race is contained in the table below. Homebase staff observed that during in-person survey administration some respondents may have misinterpreted and/or mis-marked their race. Specifically, there seemed to be confusion about when to mark the "American Indian, Alaska native, or Indigenous" box, with individuals checking that box to indicate that they belonged to the American continent. Accordingly, these results should be interpreted with caution.

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Survey category	Key Differences
Demographics (Q1-6)	• A greater proportion of white respondents are older relative to Black, Asian, or Native respondents • A much greater proportion of white and Native respondents are male • About 60% of white and Native respondents are housed. About 40% of Black and Asian respondents are housed
Family structure (Q7-9)	• A lower proportion of white and Native respondents have children • About one third of Black and Asian respondents have children staying with them
Access to services (Q10-12)	• No noteworthy differences
Assessment (Q13-18)	• No noteworthy differences
Placement (Q19-25)	• A far greater proportion of white and Native respondents say staff worked on a plan for housing • A far greater proportion of Asian respondents say progress is being made towards their housing goals and that they have turned down housing in the past
Problem solving (Q26-34)	• A slightly greater proportion of white respondents say the problem-solving conversation was helpful • A greater proportion of Black respondents were satisfied with their experience at the Access Point

There were only 8 Hawaiian respondents, and with such a small sample size conclusions regarding this group cannot be made confidently. Among respondents, Native people were similar to white people in their answers to demographic and family structure questions. Because Black, Asian, and Native respondents tended to be younger, housing older people may end up excluding nonwhite people (and particularly nonwhite women). Additional racial differences may be revealed with a larger sample size of nonwhite respondents.

Ethnicity

A summary of the differences in survey responses depending on respondents' ethnicity is contained in the table below. Homebase staff observed that during in-person survey administration some respondents may have misunderstood and/or mis-marked their ethnicity, so results should be interpreted with caution.

Survey category	Key Differences
Demographics (Q1-6)	• A greater proportion of Latinx respondents are male than non-Latinx respondents
Family structure (Q7-9)	• A lower proportion of Latinx respondents have children. • Of respondents who have children, Latinx respondents are more likely to say having housing would mean they could live with their children
Access to services (Q10-12)	• No noteworthy differences
Assessment (Q13-18)	• A greater proportion of Latinx respondents say they were asked questions and offered help
Placement (Q19-25)	• No noteworthy differences

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Problem solving (Q26-34)	• A greater proportion of Latinx respondents say they got the problem-solving conversation and that it was helpful • A much greater proportion of non-Latinx respondents found case workers the most helpful

Overall, there were not many differences between answers from Latinx and non-Latinx respondents, but that may be a result of potential mismarking of ethnicities.

Family Structure

A summary of the differences in survey responses depending on respondents' family structure is contained in the table below.

Survey category	Key Differences
Demographics (Q1-6)	• A greater proportion of respondents with children are younger, female, Black, and heterosexual • 19% of respondents with children staying with them are housed. 67% of respondents without children are housed
Family structure (Q7-9)	• About half of respondents with children who don't stay with them have children under 18 • Most respondents with children say having housing would mean they could live with their children
Access to services (Q10-12)	• A greater proportion of respondents with children knew where to go for help. Most of these people found out about services through a case worker
Assessment (Q13-18)	• A greater proportion of respondents with children staying with them say help was not offered
Placement (Q19-25)	• A majority of respondents with children staying with them say that staff are not working on a plan to find housing and that progress is not being made towards their housing goals
Problem solving (Q26-34)	• A greater proportion of respondents with children staying with them say they got the problem-solving conversation, are dissatisfied with their current housing, and are dissatisfied with their experience at the Access Point

Among respondents, those with children who are not staying with them had responses, experiences, and opinions that were very similar to those without children. Respondents with children staying with them generally had less success and satisfaction throughout the process.

Age

A summary of the differences in survey responses depending on respondents' age bracket is contained in the table below.

Survey category	Key Differences
Demographics (Q1-6)	• As age increases, a greater proportion of respondents are male – 62% of 18–29-year-old respondents are female whereas 25% of 50+ respondents are female • A lower proportion of 18–29-year-old respondents are heterosexual • A much greater proportion of 50+ respondents are housed compared to all other age groups • As age increases, a greater proportion of respondents are white. 59% of 18–29-year-old respondents are Black

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Family structure (Q7-9)	• As age increases, a lower proportion of respondents have children • A greater proportion of respondents aged 30-39 and 40-49 have children under 18 and say that housing would mean they could live with their children
Access to services (Q10-12)	• Respondents aged 18-29 were about one third as likely to know where to go for help as other age groups
Assessment (Q13-18)	• No noteworthy differences
Placement (Q19-25)	• A much greater proportion of respondents age 50+ say the staff talk with them and talk more often about finding housing • A greater proportion of respondents age 50+ say progress is being made towards their housing goals • A majority of respondents age 50+ say they moved into housing offered through a service provider. About 30% of respondents in other age groups say the same
• Problem solving (Q26-34)	• A greater proportion of respondents aged 18-29 and 30-39 say they had a conversation about problem solving, but a lower proportion of them say the conversation was helpful • A greater proportion of respondents age 50+ are satisfied with their current housing and their experience at the Access Point • A great proportion of respondents aged 30-39 and 40-49 are dissatisfied with their current housing and their experience at the Access Point

Among respondents, a greater proportion of those age 50+ generally had more satisfaction and success throughout the process. Because more younger respondents are female and nonwhite, prioritizing housing for older people may end up excluding these people.

Analysis of Open Survey Questions

The survey included several open-ended questions that allowed respondents to provide answers in their own words. This section analyzes the responses to these questions by general survey category. Each graph shows the percentage of responses that chose a given answer. The corresponding number of responses is in parenthesis.

These results should be interpreted with caution as the respondents were not a representative sample of the population of people experiencing homelessness in San Francisco, as described above.

Access to Services

The survey included an open question about access to services that allowed respondents to provide answers of any length in their own words. Homebase read answers and created categories for types of responses.

Below is summary data for categories created for this open question and examples of direct quotes from respondents.

Q12: How did you learn about services before you accessed them?

Question 12 offered several options for respondents to select, as well as an "other" option where they could write their own answers. Below is the summary of the "other" responses. It is worth noting that only 52 respondents selected "other".

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Q12: how did you learn about services before you accessed them?

Category	Value
Other	3%(1)
Criminal Legal System	3%(1)
Healthcare	10%(4)
Shelter/provider	13%(5)
211/311	8%(3)
Navigation Center	13%(5)
HOT team	23%(9)
Internet/media	13%(5)
Friends/family/community	10%(4)
Received no help	5%(2)

Illustrative quotes from responses to question 12:

- "HOT Team"
- "Walked into a nav center someone I know was staying at"

Assessment
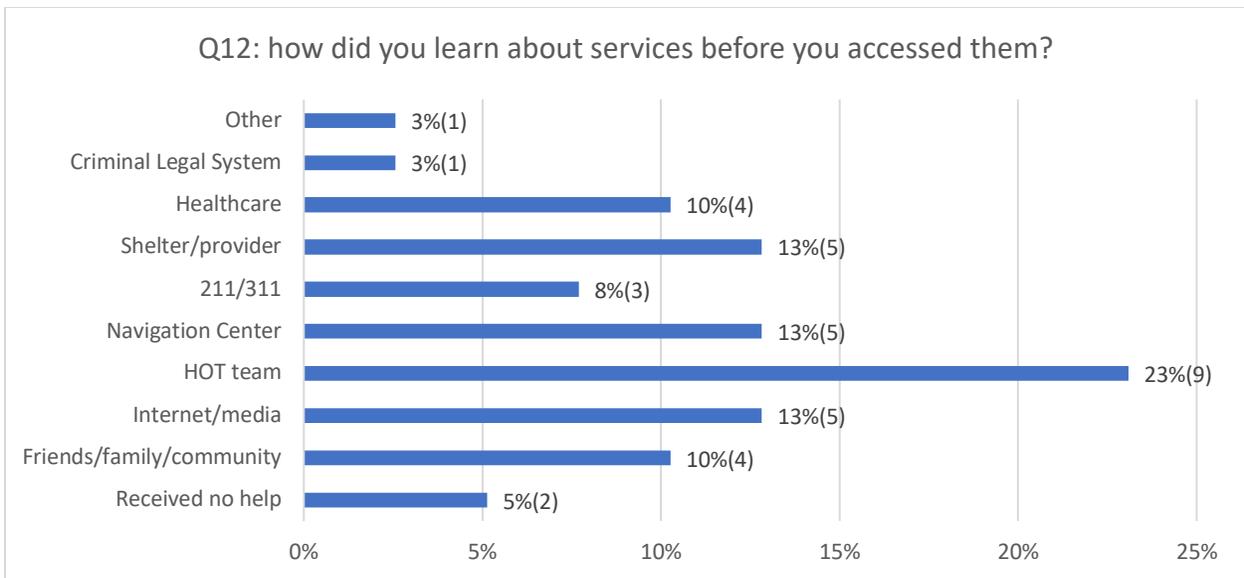
The survey included several open questions about assessment that allowed respondents to provide answers of any length in their own words. For each of these open questions, Homebase read answers and created categories for types of responses. Below is summary data for categories created for each open question and examples of direct quotes from respondents.

Q13: Where did you first go for help?

Question 13 offered several options for respondents to select, as well as an "other" option where they could write their own answers. Below is the summary of the "other" responses.

Q13: where did you first go for help?

Category	Value
Other	6%(4)
Benefits agency	5%(3)
Criminal Legal System	2%(1)
Healthcare	6%(4)
Shelter/provider	34%(22)
CE	5%(3)
Navigation Center	6%(4)
HOT team	17%(11)
Friends/family/community	12%(8)
Received no help	8%(5)
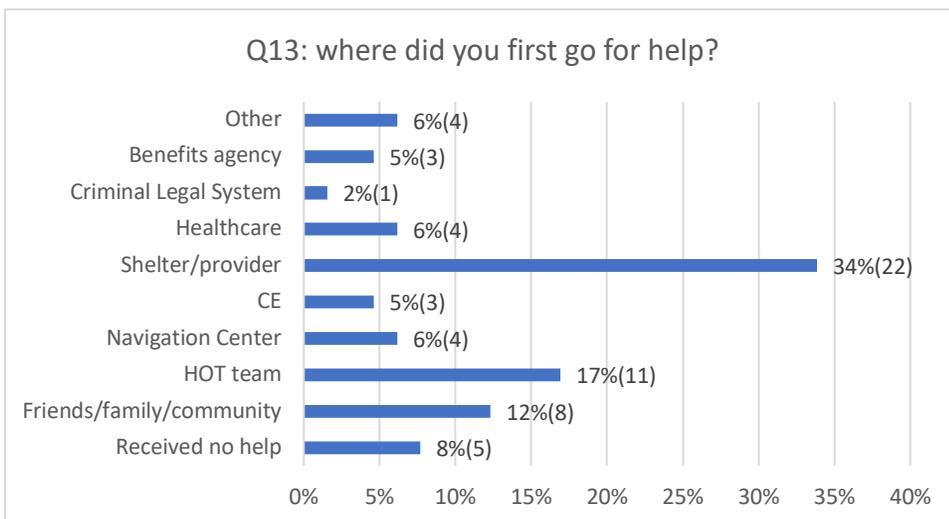
Illustrative quotes from responses to question 13:

- "I didn't get help. I keep getting the run around. I've done 8 different CES"
- "General assistance (Hot team) through word of mouth"
- "Shelter and family members."

Q17: What did the person where you went for help do to help you?

Question 17 was an open question, and the summary of responses is below. Summary data analyzed by housing status, gender, sexual orientation, race, ethnicity, family structure, and age can be found in Appendix E.

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Q17. What did the person where you went for help do to help you?

Category	Value
other	8%(10)
no help	27%(35)
education and/or employment	2%(3)
financial assistance	2%(3)
access to services and/or benefits	5%(6)
information and/or referrals	10%(13)
paperwork/applications	12%(15)
shelter	12%(16)
housing	22%(28)
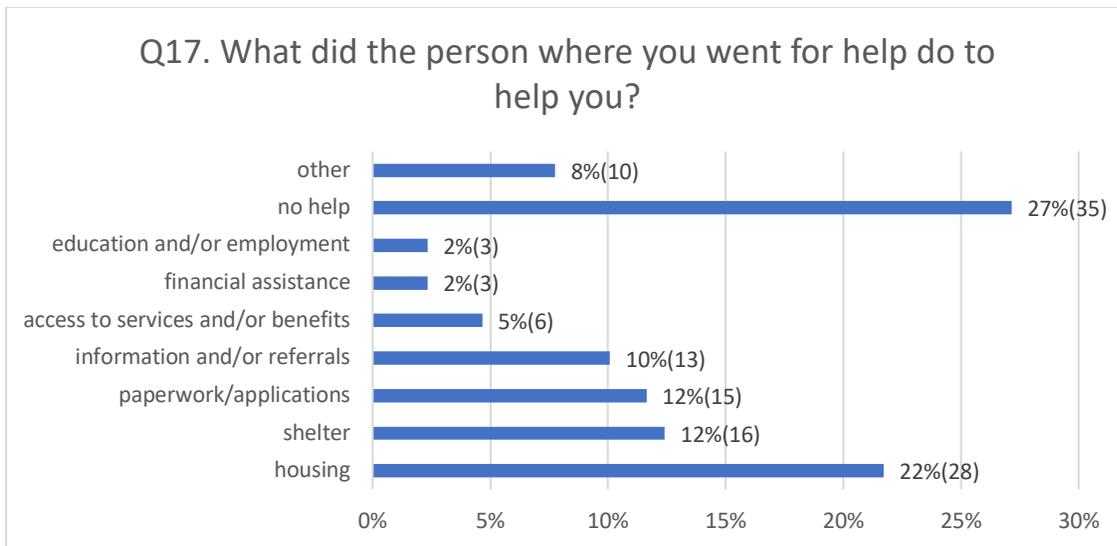
Illustrative quotes from responses to question 17:

- "Got me connected to the right place and the right services. And they were able to help me. Thank you"
- "The person told me I did not qualify and that they could not help me."
- "They told me I wasn't homeless enough to get their help. I still had friends that would let me sleep on their couches and I am not strung out on heroin so I couldn't be housed."

Q18: How could this person have helped you?

Question 18 was an open question, and the summary of responses is below. Summary data analyzed by housing status, gender, sexual orientation, race, ethnicity, family structure, and age can be found in Appendix E.

Q18. In what other ways were you hoping this person could help?

Category	Value
other	6%(8)
documents	1%(1)
referrals	6%(8)
financial services and/or assistance	5%(7)
services	8%(10)
education and/or employment	4%(5)
food, clothing, hygiene	9%(12)
benefits	2%(3)
medical care	5%(7)
housing	41%(53)
got what they needed	11%(14)

Illustrative quotes from responses to question 18:

- "Offer shelter. And not say that I'm "technically not homeless" because I'm not sleeping in a tent or in a RV"
- "Well for one I feel that if one fails to get prioritized, then instead of sending them away and telling them to reapply in 6 months, you should help them and guide so that they are able to get…various resources that can help them in the meantime especially when it comes to shelters and navigations centers. This would at least help clients leave on a positive note rather than on the negativity of not getting prioritized."

Among respondents, answers to open questions about assessment most commonly said they did not receive help and the help they were hoping to receive was housing

placement. Fewer Black respondents, young respondents, and respondents with children staying with them say they received help or housing.

Placement

The survey included an open question about housing placement that allowed respondents to provide answers of any length in their own words.

Q23: If you turned down housing, why?

Question 23 offered several options for respondents to select, as well as an "other" option where they could write their own answers. Only 48 respondents selected "other", and many of them wrote that the question didn't apply to them because they hadn't turned down housing or wrote a response that should have been selected from one of the multiple-choice options, so "other" answers were not categorized and analyzed.

Illustrative quotes from responses to question 23:

- "Selected most of the above: did not like neighborhood, didn't allow pets, inconvenient public transportation, too far from services, did not feel safe, not large enough, not enough space for belongings"
- "I was offered units that did not match my ADA needs"
- "I didn't like the location/neighborhood. They didn't allow pets. Didn't allow visitors. I did not feel safe there. Belongings were not safe. The rules were too restrictive"

Problem Solving

The survey included several open questions about problem solving that allowed respondents to provide answers of any length in their own words. For each of these open questions, Homebase read answers and created categories for types of responses. Below is summary data for categories created for each open question and examples of direct quotes from respondents.

Q28: What would have made the conversation about connecting to friends or family more helpful?

Question 28 was an open question, and the summary of responses is below. Summary data analyzed by housing status, gender, sexual orientation, race, ethnicity, family structure, and age can be found in Appendix E.
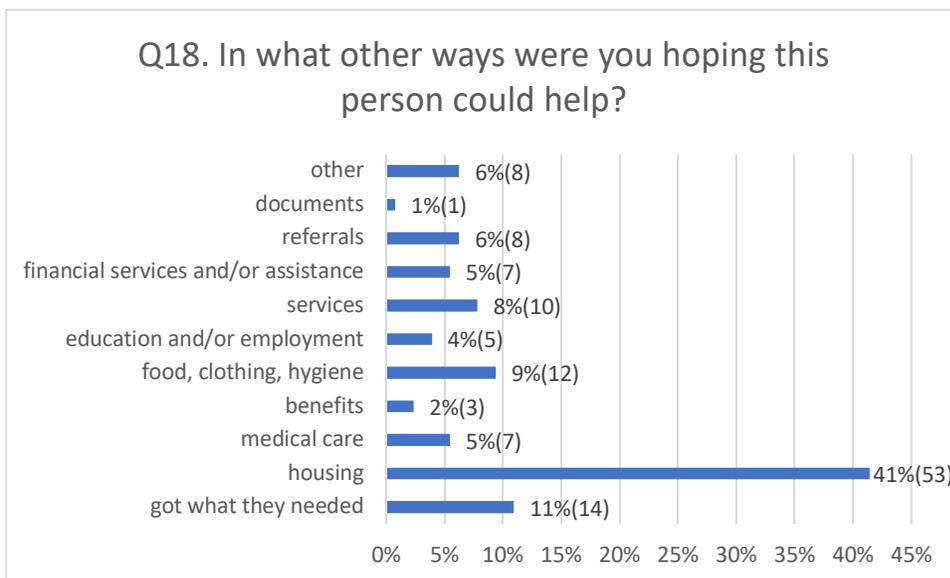

Q28. What could have made the conversation about connecting to friends and family more helpful?

Category	Percent (Count)
other	10%(8)
not helpful	6%(5)
training for staff/providers	5%(4)
services	1%(1)
financial services and/or assistance	4%(3)
housing	22%(17)
information/advice/solutions	17%(13)
clarity on the process	4%(3)
conversation/discussion/listening/support	23%(18)
got what they needed	8%(6)
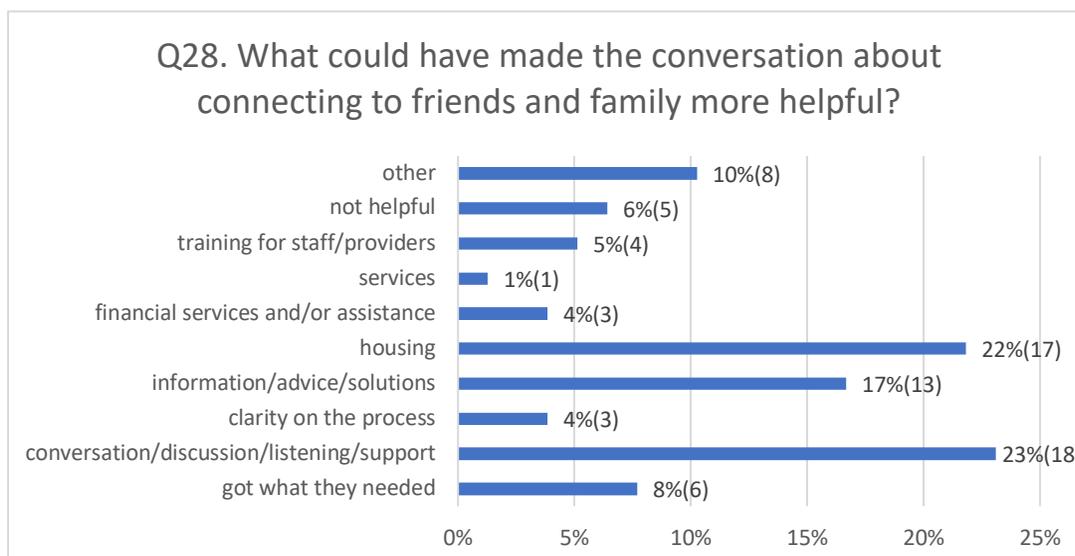
Illustrative quotes from responses to question 28:

- "Making sure getting housing was a priority"

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- "Trying to really understand my situation other than a test score of the algorithm deciding my actual news is being homeless"

- "If there had been a conversation with a Case Worker is would have alleviated A LOT of stress and anxiety for me"

- "If the problems I brought up were taken seriously. Seemed like the worker told me what my problems were and how to fix them, and WHEN to fix them."

- "If shelter sitters weren't present during the briefing, I think people would be more at ease."

Q30: what do you like and/or dislike about your current housing?

Question 30 was an open question. A summary of responses is contained below. Notably, 23% of responses could be categorized as being satisfied with current housing. 77% could be categorized as being unsatisfied with current housing.

Q30: satisfied responses

Category	Value
staff/services are good	9%(3)
good building/location/community	18%(6)
safe and/or clean	32%(11)
generally satisfied	41%(14)

Q30: unsatisfied responses

Category	Value
other	9%(10)
not housed/getting help	28%(33)
rules/curfew	3%(3)
need more services	3%(3)
problems with management/landlord/staff	13%(15)
need privacy and/or more space	16%(19)
bad location	4%(5)
not safe and/or clean; presence of drugs	14%(16)
problems with building or roommates	10%(12)

Illustrative quotes from responses to question 30:

- "New; inexpensive; assisted – helpful with everything - nurses on site; good location; clean rooms; Wi-Fi"
- "Could use more people trained in substance use recovery. Need to do more to help people with re-entry adjusting to living on own."
- "No clean bathrooms, mice, everything seems to be out of order all the time."
- "I am not housed"
- "There is no kitchen and bathroom. And the room is very small, and the place is not the cleanest. Lots of cockroaches."

Q32: Why are/aren't you satisfied with your experience at the Access Point?

Question 32 was an open question. A summary of responses is contained below. Summary data analyzed by housing status, gender, sexual orientation, race, ethnicity, family structure, and age can be found in Appendix E.
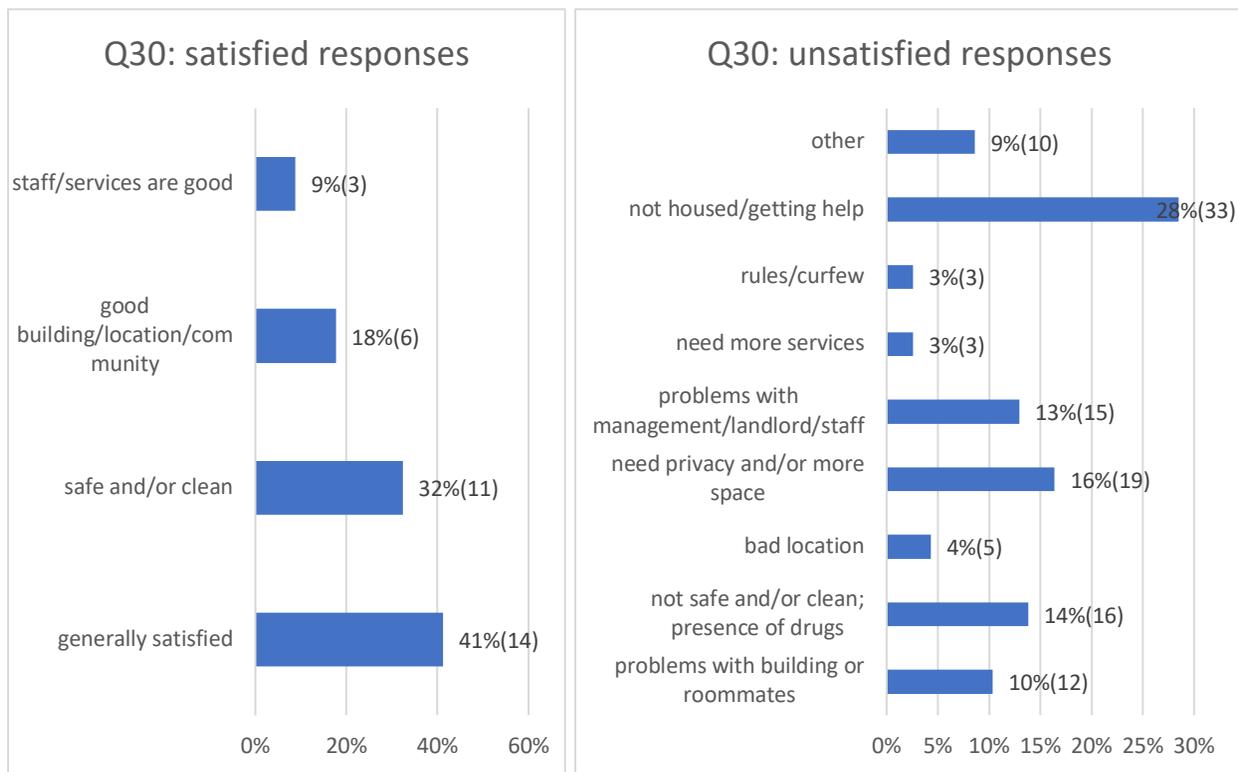
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Q32. Why are/aren't you satisfied with your experience at the Access Point?

Category	Value
other	6%(7)
not helpful/responsive	34%(41)
inadequate housing	8%(10)
too long to get housing/services	7%(9)
Veterans' benefits	1%(1)
food, clothing, hygiene	1%(1)
support	3%(4)
better communication	10%(12)
got what they needed	30%(36)
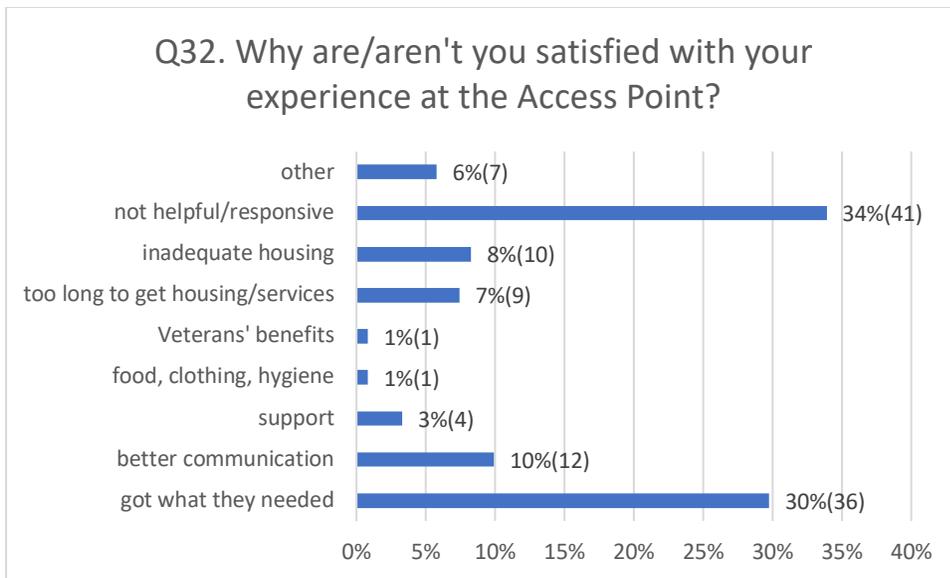
Illustrative quotes from responses to question 32:

- "With Coordinated Entry, it felt like it was a set up to become homeless again."

- "You guys don't help people unless they are living in tents and shooting heroine. I've tried twice to get help from you people and both times I was made feel like I was wasting their time. You want to know why there are so many people in tents it's because that's the way to get an apartment from you all."

- "It's been months since I heard from the "I'll get back to you" people. I'm still waiting for a case manager"

Q33: What was most helpful to you when looking for housing?

Question 33 offered several options for respondents to select, as well as an "other" option where they could write their own answers. Only 48 respondents selected the "other" option and most of them responded that they were not offered help. Another portion of "other" responses were used to specifically call out a provider or worker who was helpful, which speaks to the profound effect even a single person in the CE process can have on the trajectory of someone's homelessness.

Illustrative quotes from responses to question 33:

- "Case Manager - I still remember mama Kay."
- "None of this was offered to me."
- "All of the above are important when they are actually doing their jobs and working cohesively together. When they actually do problem solving and instead of saying "no" to the clients offer them options/solutions. Let the clients know that they will work together to get them prioritized."

Q34: What else do you want us to know?

Question 34 was an open question, and the summary of responses is below.

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Q34. Is there anything else you want to share about your experience trying to find housing?

Category	Percentage
other	11%(12)
didn't get help	7%(7)
prioritization isn't working	5%(5)
treated poorly	8%(8)
more help/referrals from staff	6%(6)
more staff/staff training	11%(12)
long/difficult/stressful process	15%(16)
housing too expensive	2%(2)
need housing/housing inadequate	17%(18)
satisfied with process	18%(19)

Illustrative quotes from responses to question 34:

- "A lot of run around and miss information given. Homeless people have trouble keeping up with important documents or being notified of appointments, and if an appt is missed that you weren't aware of, you have to start the whole process over again."

- "I was finally grateful to get housing, but it is a completely difficult situation for anyone who doesn't have hustle, isn't strung out on drop/alcohol, isn't feeding the rehab, housing, jail cycle. I am an honest person who kept "falling thru the cracks"!"

- "This process should be more human and face to face where clients are able to share whatever life experience they want to share. Experiences that they feel are reasons why they should get prioritized. This would allow for the clients to feel heard and human rather than just another statistic"

Among respondents, answers to open questions about problem solving most commonly said what would have been helpful was housing. Also common was responding that having a conversation where they were listened to and supported would have been helpful. Many respondents who say they didn't get what they needed say it was because staff were not responsive. This kind of response was more common among more 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, raising questions about if cultural insensitivity, bias, or discrimination may be occurring in these conversations.

Provider Feedback

Provider Focus Groups

In February 2022, Homebase conducted focus groups with three groups of housing or service providers in San Francisco to understand their experiences with and perspectives on the City's Coordinated Entry System (CES) for people experiencing homelessness:

- Access Point (AP) providers
- Rapid Re-Housing (RRH) providers
- Permanent Supportive Housing (PSH) providers

Providers were asked to articulate their understanding of the purpose and goals of Coordinated Entry (CE), whether or not they endorse the purpose and goals, whether

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the current implementation of CE achieves the purpose and goals, what the strengths and barriers of current CE implementation are, and how CE can be improved to address homelessness more equitably and effectively in San Francisco. Their responses are indicated in this report by their respective acronyms and grouped by general themes below.

Additionally, on February 22, 2022, the San Francisco Department of Homelessness and Supportive Housing held a community-wide listening session for providers of all types, and feedback from those conversations, which also cover the goals, strengths, challenges, and equity implications of CE. Those responses were similar to those reflected in the focus groups and are compiled in Appendix F as an additional collection of qualitative input.

Articulated Purpose of CE and Endorsement of Its Goals

In general, most providers, regardless of type understood the general purpose of CE to be a community-wide mechanism for triaging scarce housing resources for the most vulnerable people experiencing homelessness. Providers recognized the need to develop a fairer community-wide response to homelessness that prioritizes the needs of people experiencing homelessness who had historically been screened out of housing when decision-making authority lay with individual providers, including those with greater barriers to stability, including disabilities, long periods of time spent unsheltered, and more severe mental and behavioral health issues, etc. Providers also acknowledged that historically the people most likely to have been excluded by individual providers before an attempt to make the community-wide response to homelessness fairer were disproportionately people of color.

However, PSH providers especially questioned whether a "scarcity model" was really the best approach to be building a community-wide response to homelessness on, especially given the tremendous influx of housing resources during the COVID-19 pandemic and the reality that there are currently vacant PSH units. And while all providers endorsed the purpose of CE to address the legitimate equity concerns of the pre-CE days when providers could exclude people with greater barriers to stability (disproportionately people of color), they generally do not think the current incarnation of CE is being equitably implemented.

Finally, providers of all types endorsed an approach to CE that is more "strengths-based" and focused on equity and assessing for client-levels needs rather than vulnerability. They felt that CE should be used as a mechanism for determining where the gaps in needs are (with an eye towards building out equitable community resources) rather than as a mechanism for "parsing out pain."

Benefits/Strengths of CE

While most providers spent the bulk of their time in focus groups and listening suggestions describing their struggles with CE, providers across types felt there were some common benefits and strengths. However, even with these benefits and strengths, all providers offered that they can and should be improved up (minimally by scaling up). The most common benefits and strengths of CE included:

- Having a way to pool community resources and coordinate service provision
- Having a centralized data resource to better understand who is experiencing homelessness and housing instability across the city
- Having specific and known ways to access the homelessness system, across populations and geographies, including mobile teams
- Having a mechanism to reduce provider-level impediments to program entry for people with the most barriers to stability, who were traditionally excluded from housing programs

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- Having dedicated, committed staff to help people navigate housing crises

Key Challenges Identified

As mentioned above, while providers did share some common benefits and strengths they see with CE in San Francisco, they expressed many more concerns about the challenges of CE and how it can be improved. Full qualitative documentation of their responses is available in topical groupings in Appendix H, but their input is summarized below to provide general themes and areas of focus by provider type, where applicable.

1. Lack of communication and transparency about the CE process

Across types, providers expressed a general concern about miscommunication and a lack of transparency about the CE process itself. This includes:

- A sense of "disconnect" and lack of effective communication and coordination at all levels of the process, including among HSH, housing providers, CE staff, and the larger community.
- No clear understanding across provider staff about what role each provider type plays in the CE process and specific tasks each type of provider is responsible for. This includes a lack of clarity about who is responsible for obtaining various client documents (AP providers vs. case managers at housing providers to whom clients are referred, for example).
- Lack of effective communication with people experiencing homelessness about what CE is, how it works, what the roles of the various providers along the process are, and what can be expected as far as crisis response, services, and housing resources from each stage of CE. This can lead to barriers to effective and honest assessments about people's true needs and vulnerabilities.
- Lack of transparency (for providers and for people experiencing homelessness) about the assessment and prioritization process itself, including how scores are determined, what people's scores are, what resources are available "by score," and where people are on "the waitlist."

Access Point providers also expressed the most concern about what they perceive as an enormous amount of misinformation – in the community at large, among people experiencing homelessness, and among crisis response and housing providers – about what they "provide." For example, one AP provider shared that police often send unsheltered folks to her location and tell them that they can get a bed there. AP providers also worried that the level of misinformation leads to unrealistic expectations among people who come to Access Points, which leads to disappointment and then increased mistrust of the entire homelessness system.

2. Assessment process is unclear and unhelpful

Providers generally agreed that the current assessment process is unclear, unhelpful, and sometimes even 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. These providers suggested focusing on asking people what help they tried to get in the past and whether or not they got the help they needed. Additionally, all 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." This needs-focus would allow the community to focus on addressing individual household needs, improving outcomes and rebuilding trust, and understanding gaps and how to fill them.

All providers also recommended improving the scoring process (including some providers who advocated for getting rid of scoring and "prioritization" all together), including evaluating the current scoring mechanism for equity and modifying accordingly and relying for more than "just a score" for assigning households to resources.

Providers across types, including AP providers, recommended allowing for greater flexibility and discretion in assessment that allows for qualitative provider input, since they may have more insight into the particular needs of a household than a "single score generated by an algorithm."

3. Referrals and placements are often not appropriate or timely

Permanent Supportive Housing (PSH) providers expressed intense concerns about getting referrals from CE that were not "appropriate" to the level of service their programs are able to provide. Some PSH providers even believe that people with higher levels of "vulnerability" are not "housing ready" or just "don't want housing." When invited to explore that sentiment more, some PSH providers clarified that because more "vulnerable" clients have a higher level of need and most PSH 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 "on-boarding" services to be able to be successful at housing basics like cleaning, personal hygiene, budgeting, or avoiding lease violations.

Rapid Re-Housing (RRH) providers also expressed concerns that the families being referred to them had too many barriers to stability to be successful in their programs. While they did not think that families were not "housing ready," they did think that the more vulnerable families who were being referred to RRH needed something more than RRH (which they expressed as a "light case management program"), including PSH or some other "intensive intervention."

Assessment Point (AP) providers also expressed the general observation that because of lack of housing options, including more long-term and service-intensive interventions, more vulnerable people are reaching the top of the referral list and housing programs just do not have the resources to serve them well. Because of the lack of an expansive housing inventory, AP providers felt that people in crisis were overwhelmingly referred to problem solving, which they felt is insufficient to meet the needs of most people experiencing homelessness.

To address these concerns, all providers agreed that ultimately the problem is insufficient housing and *service* resources in the community to which people can be connected to support them in whatever housing they are assigned so that they can best achieve stability.

An additional concern with referrals expressed by both PSH and RRH providers is that referrals are not happening in a timely manner. This can be because of the misinformation mentioned above about whose staff has for responsibility various documentation requirements, but housing providers also felt that CE was sometimes referring households that did not even meet basic program criteria or have complete and accurate applications.

Housing providers also expressed the concern for "warm handoffs" among the various stages of getting to and through the referral process.

4. Access point staff are not sufficiently trained

While providers across all types agreed that Access Points need more staffing and better training for AP staff, housing providers generally focused on what they perceived of as barriers to timely referral created by AP staff, including not compiling sufficient documentation before making referrals, not properly completing applications, and not having sufficient knowledge about program types and requirements to which they are referring households. (Some providers also thought that AP staff were originally intended to serve as "housing navigators" to support a household throughout the entire process, but that role never seemed to materialize.) A couple housing providers also

expressed concerns that AP staff themselves are contributing to misinformation and mismanaged expectations by encouraging people to take a housing placement and ensuring them that "after a year they can move to a better place."

AP providers honored the hard work and dedication of their staff while also acknowledging that their programs are understaffed and overwhelmed, especially during the COVID-19 pandemic. AP providers recognized that inadequate investment in staffing and training can create additional barriers to a functioning and equitable homelessness response system.

5. Problem Solving Is Not Appropriate or Effective

AP providers also expressed concerns about the burden on AP staff for doing effective problem-solving when that program itself is not sufficiently funded or collaborative (across the entire social service system) to offer the flexible and expansive supports people need. As with housing providers who expressed the sense that they were not adequately resourced to match the level of need of their referrals, AP providers felt their programs were not adequately resourced – especially to offer intensive case management – to provide effective problem solving for most of their referrals. They also felt that because problem solving resources were "tied to the homeless response system," problem solving was not flexible enough to be most effective. Some AP providers propose using problem-solving resources to provide case management, housing stabilization, and employment supports. Most AP providers also agree that while problem solving funding should be increased and more flexible, it should also be more thoughtfully structured, monitored, and evaluated to ensure that it meets equitable and sustainable goals.

6. Fairness and Equity Concerns and Recommendations

All providers were asked about and expressed their concerns regarding issues of fairness and equity around CE. As mentioned above, most providers acknowledged that the pre-CE method of getting people into housing was also inequitable because providers often rejected people with the most barriers to stability, who were disproportionately people of color.

However, providers of all types were also worried that the current implementation of CE may not be the best way to achieve equity among people experiencing homelessness in San Francisco. To that end, they especially felt that the current assessment and scoring process has a negative impact on Black people experiencing homelessness. Providers recommend an equity evaluation of the current process to ensure that it better captures the vulnerabilities of and prioritizes people experiencing homelessness within communities of color. Additional equity recommendations from providers include increasing outreach to and establishing Access Points within more communities of color, including those of immigrants and undocumented people.

All providers also expressed that, ultimately, the largest fairness and equity issue is the lack of affordable, safe, and supportive housing options, the effect of which redounds on people of color experiencing homelessness. As mentioned above, some providers felt that even the framing of CE as a mechanism of "triage" and "prioritization" contributed to unfairness and inequity and called, instead, for a CE system that focuses on needs, can identify gaps, and be responsive, equitable, and flexible enough to fill those gaps.

City Departments Feedback

Interviews with City Departments Stakeholders

From February through April 2022, Homebase conducted 5 individual or group interviews with key HSH partners from the following San Francisco departments:

- Human Services Agency (2 interviews)
- Department of Public Health (1 interview)
- Mayor's Office of Community Development (1 interview)
- Criminal Justice partners from Sheriff's Office and District Attorney's Office (1 group interview)

Partners were asked to articulate their understanding of how Coordinated Entry (CE) operates, for what purpose, and whether current operations helped achieve that purpose. In addition, partners were asked about issues related to messaging to their departments about CE, barriers to accessing CE for individuals they serve, understanding of how vulnerability of those seeking housing is assessed, challenges with or limitations of the system, and components of CE that were functioning well.

A summary of the key themes that emerged from these discussions is contained below. Responses from stakeholders can be found in Appendix I.

Articulated Purpose of CE

City department stakeholders generally shared an understanding that the purpose of CE was to assess, triage, and prioritize vulnerable persons experiencing homelessness for placement into housing given a limited supply. CE aimed to centralize access and data collection, as historically there were myriad waiting lists for individual housing programs across San Francisco. However, stakeholders were mixed in views on whether the system should be based on the supply of housing rather than assigning "housing referral status" (i.e., putting someone on the queue for a supportive housing unit) to anyone who was homeless and in need of housing. Additionally, the concept of "vulnerability" and how that was determined was confusing to most and there was an expressed need for more clarity and communication across departments and systems. Furthermore, the time it was taking to place individuals who were prioritized appeared to be unusually lengthy given the centralized system. These ideas are explored more below.

Benefits/Strengths of CE

Stakeholders primarily shared a lot of challenges during interviews but highlighted several benefits and strengths of CE. The most commonly held view was that it was ideal to have a centralized system to access housing. The previous system was a collection of numerous housing waiting lists and side doors, primarily based on the idea of "first come, first served." This created many problems related to coordination and fairness. In contrast, the current system that uses a vulnerability assessment as the method for prioritization, including the "clinical review" component, ensures that housing is offered to particularly vulnerable individuals, as opposed to who shows up first. Stakeholders also appreciated that there were multiple access points for different subpopulations, while still maintaining a uniform process for assessment, problem-solving, and prioritization. It was also noted that the processes used to place individuals into "Shelter-in-Place (SIP) hotels was especially effective and resulted in rapid housing placements that stakeholders had not witnessed before.

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1. Lack of communication and transparency about the CE process

City department stakeholders shared great concern about the lack of clear communication from HSH to their departments, providers, and system users. Stakeholders desired increased transparency and outreach efforts to members of their staff and leadership, as well as system users. Stakeholders felt those in their departments (and the clients they serve) did not have a clear understanding of how CE worked, from how to access the system, what documents were required of system users, how assessments were completed, whether the goal was to assess everyone or just certain people, what criteria was used to determine vulnerability, how individuals and providers get informed of housing referral status, why it takes so long to get housing, on what basis providers can deny referrals, and the manner in which to lodge a grievance.

Stakeholders suggested the following:

- Develop a process, either in the ONE System or otherwise, to ensure individuals and providers understand a system user's status, including when they have been assigned "housing referral status"
- Create a point of contact at HSH to coordinate communication around vulnerable individuals known to multiple systems (e.g., hospitals, jail)

2. Failure to prioritize those who are the most vulnerable

A primary concern of stakeholders is the failure to prioritize the most vulnerable people experiencing homelessness. Those individuals who are either known to multiple systems (e.g., jails, hospitals, public health, human services, shelters, conservator), or who were already prioritized (given "housing referral status") are not being considered for rapid placement into housing. Many also felt that the SIP placement process undermined the previously understood prioritization criteria. In addition, many felt that those prioritized had to be homeless for the longest amount of time without consideration of other factors that may indicate a higher degree of vulnerability.

Challenges with ensuring the most vulnerable are prioritized were also related to individuals not being assessed at all or scoring high enough on the rubric that determines placement. This may be because a high system utilizer was never connected to CE, an individual did not meet a strict definition of homelessness, or a household was not willing/comfortable to answer invasive questions about their past.

There was a strong desire for increased collaboration between city departments to improve identification of the most vulnerable. Suggestions included:

- Create an assessment criterion that correlates to the top 5% of the most vulnerable individuals in jails, hospitals, and shelters to ensure prioritization of high system utilizers with complex behavioral and physical health issues
- Identify the most challenging/complex individuals (e.g., those with physical disabilities and cognitive impairment, severe mental illness, psychosis, histories of violence) staying in shelter and move them into housing first to free space, lower burden on shelter staff, and provide the necessary housing and services to the individual faster
- Conduct additional interviews of those working in social medicine at San Francisco General Hospital to learn more about challenges related to access and assessment of individuals who have been hospitalized

3. Vulnerability assessment is incomplete

A concern highly related to the previous issue is that the assessment does not create a complete picture of an individual's vulnerability. Given the assessment is based primarily on information that is self-reported, it often does not consider the information

known to providers who have worked closely with a person. When someone has severe mental illness or significant trauma, it may be difficult for an assessment worker to obtain critical information that would support prioritization for housing. Furthermore, stakeholders report there is a fear from system users of being stigmatized for histories of substance abuse, criminal justice involvement, or mental illness, so they may under report. They may also under report because they think having a "cleaner" history will help them get housed more quickly. Stakeholders reported many system users also find it challenging to work with multiple departments and retell their story over and over.

While there is a "clinical review" component to determining vulnerability, stakeholders report that it still usually requires someone advocating for an individual (as opposed to being able to source information about jail and hospitalizations stays from a database, for example.) Stakeholders suggested that the determination of vulnerability include consideration of information contained in databases from different systems and to implement a chart review/case conference component.

Finally, from the criminal justice perspective, it does not appear jail stays are considered in assessing vulnerability. And given the strict definition of homelessness used in determining eligibility, stakeholders advocate that the place a person was housed immediately prior to jail should be considered, as the majority of those in jail report being unstably housed before entry.

4. Referrals and placements are often not appropriate or timely

Stakeholders expressed frustration that placements into housing take too long, are not appropriate for an individual's needs, or are delayed/denied due to unnecessary barriers.

Timing is a critical issue. There is a lack of interim housing available to help people stabilize and/or prevent deterioration while they wait for something more permanent. In addition, funding sources for those receiving mainstream benefits often require accompanying housing to comply. Stakeholders suggested increasing shelter and bridge housing to ensure system users are not lost in the process and can begin to stabilize.

Meeting the individual needs of a household is critical to ensuring a placement is successful. Some stakeholders shared how the SIP placement process exposed the levels of care needed for a wide range of situations. Placements into programs setup as SROs often cannot meet an individual's complex health needs. One stakeholder also noted that it is wrong to assume that everyone wants to be inside; CE is based on notion that everyone will always do better in permanent housing but there needs to be an assessment of what other services might be most appropriate. A stakeholder expressed the need for a process, which includes providers, to evaluate an individual's ability to share space, their need for a private bathroom or kitchen, and the level of support required to maintain physical health.

Finally, stakeholders expressed that a lack of uniform procedures to govern how people are referred and accepted into a housing program has resulted in system users being delayed or denied entry. Housing providers have different requirements to entry creating barriers to timely placement.

5. Access point staff are not sufficiently trained or deployed where needed

Stakeholders collectively agreed that access point staff require more support and training. Staff are speaking to people with complex issues and often lack the ability to provide trauma informed care. Furthermore, the assessment process is intense and can produce vicarious trauma. This makes it critical for staff to have the space to decompress, process, and create action plans before moving to the next person.

Stakeholders feel the system is crisis-focused and the assessor does not have time to recover.

The need for training also relates to the need for access point staff to meet people where they are physically located. Given the challenges for an individual to get assessed while hospitalized; confined to jail; or living in an encampment, on the street, or in shelter; access point staff need to be deployed on location, possibly through a multi-disciplinary mobile team that goes site to site ensuring the most vulnerable are assessed. Conducting outreach in this manner will require staff to be comfortable in these settings and properly trained to build rapport and administer an assessment that seeks to gather extremely personal information.

6. Problem Solving is not appropriate or effective

Most stakeholders shared that Problem Solving has been ineffective in providing an appropriate intervention to meet the needs of their clients. Stakeholders believe the rate of success for problem solving is extremely low and are discouraged when it is offered. Problem solving assumes people can find their own housing and just need a security deposit to secure it. Alternatively, when a resolution includes connecting with family, it disregards that many have already exhausted those options or "burned bridges." In worst case scenarios, criminal justice stakeholders report that efforts to reunite family members have been attempted without knowing that the family member being contacted was involved in getting an individual arrested. Multiple stakeholders reported that Problem Solving has never helped anyone they have worked with.

7. System is inflexible

Stakeholders report that CE lacks the nimbleness to respond quickly to changing circumstances and disregards the expertise of providers. Often funding sources for departments condition resources on the ability to permanently house benefit recipients in a timely manner. Because the housing queue is determined only by the vulnerability score on an assessment, critical funding for interim housing and services cannot be utilized. Service providers are handcuffed by these limitations, as well as the fact that they cannot advocate or use information known to them to help inform a vulnerability assessment. Stakeholders report feeling powerless to get people housed.

8. Additional context for the justice-involved community

Criminal justice stakeholders provided key context for understanding the unique challenges they face in securing freedom and a path to housing stability for justice involved individuals. Stakeholders reported that judges are not letting people out of jail during the pre-trial phase because judges are concerned about sending someone back to the community unhoused. A reported 98% of people in jail are pre-trial, meaning they have yet to be convicted of the charged offense, yet they are incarcerated because of a lack of housing. The strict definition of homelessness has a critical impact because those in jail for more than 90 days are not considered homeless even though 70% of the jail population reports being transient/not stably housed. As a result, many remain in jail, or if released, return to the street.

Acknowledgement of Missing Data and Data Limitations

The period for qualitative data collection presented several difficulties which potentially affected the data quality of this report. For one, due to time constraints, the data collection period took place over two months in February and March of 2022. Thus, all efforts to convene, publicize and hold focus groups were necessarily quick and lacked some flexibility. Future efforts should consider a longer period to plan this part of the evaluation to properly explain the process, access individual's and provider's availability, and provide the appropriate amount of flexibility and planning to ensure a thorough and complete process.

Given that evaluation took place during COVID-19 pandemic, focus groups were largely conducted virtually via video and conference call. To participate, individuals needed access to a computer or telephone, and familiarity with the technology. This almost certainly presented a barrier for participation for some individuals. Moreover, publicization and solicitation for the events largely took place online and over email, meaning that individuals who received the most information about the events were also likely technology users. Even when Homebase was able to hold focus groups on-site at various locations, those who attended were people who felt comfortable convening indoors during the COVID-19 pandemic. Additionally, on-site focus groups are poorly suited for scattered site programs, so those living in rapid re-housing or some permanent supportive housing programs may have been disadvantaged. Finally, given our own limitations and those inherent in the zoom focus group format, the ability to translate in real time was limited. Non-English speakers and especially those who speak neither English nor Spanish were limited in the feedback they could provide.

Even without the obstacles presented by COVID-19 and reliance on technology, participants, and respondents in efforts like this one often differ greatly from the general population of those who are experiencing homelessness in a community. Sometimes this was intentional, where Homebase and HSH made extra efforts to contact minorities and marginalized people to be sure to include their perspectives. Overall, it is important to remember that none of this qualitative data from providers, partners, or consumers is representative of the general population or homeless population in San Francisco. To better understand the experiences of individuals who are homeless in San Francisco a year-round process should be put in the coordinated entry process place including a built-in feedback loop for those who have experience navigating it.

Conclusion

Coordinated Entry in San Francisco constitutes myriad moving pieces and partners. The challenges and suggestions raised in this evaluation demonstrate the difficulty in ensuring all parties understand how to operate and navigate the system, as well as the ability to assess a representative sample of those engaging with the system, especially when the evaluation occurred during the COVID-19 pandemic. It is important to note that the qualitative information gathered from those individuals navigating CES may not be representative of all experiences given the limitations describe earlier. As such, the data contained herein should be carefully compared to quantitative data, written policies and procedures, and other processes to get a fulsome and wholistic view of the San Francisco Coordinated Entry System.

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Appendix A: Focus Group Questions

Summary

Homebase used individual scripts for provider and consumer focus groups to help guide discussion based on the specific makeup of each focus group. These scripts were flexible and not followed exactly but helped to provide a framework to ensure that critical topics and questions were addressed.

Access Point Provider Focus Group Questions

1. What is your understanding of the purpose of CE?

Explain the "why" of CE.

2. What do you think about the "why" of CE? Do you "endorse" that goal?

3. Do you think the way CE is currently set up achieves that "why"? What do you think are better ways (if any) to achieve that goal?

4. HUD talks about CE in terms of Access, Assessment, Prioritization and Referral. I am going to ask you about each of these as an Access Point.

    a. What do you think is working from an Access Point standpoint for "Access" – what is not working or needs improving?

        i. (Include Housing Problem Solving if not mentioned)

    b. Do you think the methods for Access promote equity and address racial and other disparities?

    c. What do you think is working from an Access Point standpoint for "Assessment and Prioritization" – what is not working or needs improving?

        i. What do think is the best approach for working with people in Housing Referral Status?

        ii. What do you think is the best approach for working with and messaging to people in Problem Solving Status?

    d. Do you think the Assessment and Prioritization process promotes greater equity and adequately addresses racial and other disparities? (Ask for elaboration on their answer.)

    e. What do you think is working from an Access Point standpoint for "Referral" – what is not working or needs improving

    f. The SIP Rehousing process caused several changes to the referral process to housing. What do you think is working from an Access Point standpoint for "Referral" – what is not working or needs improving?

5. What have we not talked about related to CE that you want to share your thoughts on?

Housing Provider Focus Group Questions

1. What is your understanding of the purpose of CE?

Explain the "why" of CE.

2. What do you think about the "why" of CE? Do you "endorse" that goal?
3. Do you think the way CE is currently set up achieves that "why"? What do you think are better ways (if any) to achieve that goal?

Share a simple schematic of how CE in SF is designed to work.

4. Does what I just described match your understanding of how CE works in SF? If your understanding is different from what I shared, what is different?
5. What do you think are the three biggest strengths of the CE approach used in SF?
6. Can you tell us one to three challenges with the current CE approach? How do you think those challenges can be overcome?
7. What do you think are the most important things to do to make sure that CE is done in a fair and equitable way?
8. Do you take some or all referrals from CE? If you don't take referrals from CE, why not? If you only take "some" referrals from CE, why and how do you determine which to take?
9. What was your program entry process like before CE? What were your requirements, how did folks get into your program, etc.?
10. How has the process changed since CE for both you as a provider and for the participants you serve? (E.g. time into housing, changes in case management or services required, administrative processes, etc.)
11. Has the population you serve changed as a result of CE? In what ways?
12. Has the population you serve changed as a result of the SIP process? In what ways?
13. What do you think is working from the standpoint of a housing provider for "Referral" – what is not working or needs improving?

For Providers who received referrals through SIP:

14. How was the SIP process different? What things about the SIP process should be preserved? What about the SIP process was challenging? How would you suggest overcoming those challenges?

15. What have we not talked about related to CE that you want to share your thoughts on?

Consumer Focus Group Questions

Since there are people with very different experiences of CE based on where they are in the CE process, we will have different focus groups for each of these groups so that we can be more focused in the conversations about each specific point in the process without having to have people with no experience of being in "housing referral status" having to sit through that conversation.

Most groups should be screened to determine that they have at least had initial contact with an "Access Point." **For a focus group with people who may have only had that first touch and never did anything beyond that, ask if they ever heard about the CE process and Access Points and then move on to additional questions.**

For all groups, tailor language to lay terms as much as possible because while someone may not know that a place is an "Access Point," she may have been working with someone at a provider that is serving as an Access Point.

Sample Introduction

My name is [NAME]. I work for a nonprofit called Homebase, we're based in San Francisco and we help communities across the country to improve their programs for people experiencing homelessness.

[Ask participants to introduce themselves]

Thank you for your time today. The purpose of this focus group is to gather your feedback about how San Francisco is doing with its system to connect people experiencing homelessness to housing and supportive services. Your responses will help us figure out where the system is strong and how it could be improved. We will be taking notes on what you say, but any comments you provide will be treated anonymously and we will not use your name for any purpose and your responses do not affect your current housing or eligibility for services).

Your feedback is critical to this process and we want to thank you for your time today – you are the experts that we need to hear from. We appreciate your time and will be providing $20 gift cards as a token of gratitude at the end of the meeting. We can email these directly to you or figure out another way to get your gift card to you if you don't have an email address.

[Ask for email addresses]

Does anyone have any questions before we get started?

For ALL GROUPS of People Experiencing Homelessness

Share a simple schematic of how CE is supposed to work and explain the <u>"why" of CE</u>. (Leave this graphic up for reference throughout the focus groups.)

1. Does what I just described match your understanding and experience of how CE works in SF? If your understanding or experience is different from what I shared, what is different?

2. What do you think of the reasoning behind having a CE system to provide housing resources to those who need them most? Do you think the way CE is currently set up achieves that "why"? What do you think are better ways (if any) to achieve that goal?

3. What do you think are the most important things to do to make sure that CE is done in a fair and equitable way?

For People in Housing Referral Status

1. How did you first find out about CE or know to go to an Access Point?

2. Were you asked to consider or discuss housing options that didn't require ongoing shelter or a housing resource from the Homeless Response system such as mediation or financial assistance?

3. What kind of support were you offered to access these other options?

4. After you were given the assessment for housing, what was your understanding of what would happen next?

5. Have you received any information about how soon you might receive housing options?

6. Have you received assistance with collecting documents, completing housing applications, etc.?

7. Do you have a sense of when you will be housed?

8. What should be changed to improve this process?

For People in Housing

1. How did you first find out about CE or know to go to an Access Point?

2. Were you asked to consider or discuss housing options that didn't require help from a program ongoing shelter or a housing resource from the Homeless Response system such as mediation or financial assistance?

3. What kind of support were you offered with utilizing these other options?
4. After you were given the assessment for housing, what was your understanding of what would happen next?
5. Did you receive any information about how soon you would receive housing options?
6. Did you get assistance with collecting documents, completing housing applications, etc.?
7. Did you accept the first housing option you were offered? Why or why not
8. Are you satisfied with the housing you have now?
9. Are you satisfied with process to get into this housing? What should be changed to improve the process?

For People in Problem Solving Status

Start with a simple overview of what problem solving is and all the different services and resources it can and should include.

1. How did you first find out about CE or know to go to an Access Point?
2. After you were given the initial CE assessment and were assigned to problem solving, what was your understanding of what would happen next?
3. Have you had a problem-solving conversation with someone *since* you were told you are in problem solving status? What services were you told about or offered in that conversation? Did those services or resources help you find or keep a place to stay?

Has the problem solving assistance been helpful? If not, what services or resources would have been more useful to you? How do you think problem solving in SF can be improved?

Appendix B: Provider Focus Group Follow Up Questions

SF CE EVAL RRH Provider Follow-Up

This form will allow RRH providers in San Francisco to give more feedback on coordinated entry evaluation questions raised during the provider focus group. Most of these questions are open-ended and formatted for paragraph-length answers. Answer as many questions as you have time for, and be as expansive or succinct as you'd like.

We appreciate your time, your perspective, and the invaluable work you do for people experiencing homelessness. We are honored to be working with you all to help your community improve its collective impact on homelessness.

(If you are not a RRH provider, please do not use this evaluation form. For non-RRH providers, to submit your ideas about ways to improve CE in San Francisco, please contact the evaluation team at Homebase: sfce@homebaseccc.org.)

👁️‍🗨️ **esther@homebaseccc.org** (not shared) Switch account

☁️

* Required

Are you a Rapid Re-Housing (RRH) provider? *

○ Yes

○ No

Which population-specific Coordinated Entry (CE) does your program interact with? (Check all that apply.)

☐ Family CE

☐ TAY (Youth) CE

☐ Adult CE

How do you/your staff interact with Coordinated Entry (CE)?

Your answer

How familiar are you with the design and implementation of CE in San Francisco?

	1	2	3	4	5	
Not at all familiar	○	○	○	○	○	Very familiar

What do you think are the three biggest strengths of the CE approach used in SF?

Your answer

What are one to three challenges with the current CE approach? For each challenge you list, suggest some ideas for overcoming that challenge.

Your answer

What are the most important things to do to make sure that CE is done in a fair and equitable way?

Your answer

Do you take some or all referrals from CE? If you don't take referrals from CE, why not? If you only take "some" referrals from CE, why and how do you determine which to take?

Your answer

What was your program entry process like before CE? What were your requirements, how did folks get into your program, etc.?

Your answer

How has the process changed since CE for both you as a provider and for the participants you serve? (E.g., time into housing, changes in case management or services required, administrative processes, etc.)

Your answer

Has the population you serve changed as a result of CE? If so, in what ways?

Your answer

What do you think is working from the standpoint of a housing provider during the "Referral" stage of CE? What is not working or needs improving about that specific part of the CE process?

Your answer

If you received referrals through the Shelter-In-Place motels program: How was the SIP process different? What things about the SIP process should be preserved? What about the SIP process was challenging? How would you suggest overcoming those challenges?

Your answer

Please share any additional thoughts about CE in San Francisco and how it can be improved.

Your answer

Submit   Clear form

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SF CE EVAL PSH Provider Follow-Up

This form will allow PSH providers in San Francisco to give more feedback on coordinated entry evaluation questions raised during the provider focus group. Most of these questions are open-ended and formatted for paragraph-length answers. Answer as many questions as you have time for, and be as expansive or succinct as you'd like.

We appreciate your time, your perspective, and the invaluable work you do for people experiencing homelessness. We are honored to be working with you all to help your community improve its collective impact on homelessness.

(If you are not a PSH provider, please do not use this evaluation form. For non-PSH providers, to submit your ideas about ways to improve CE in San Francisco, please contact the evaluation team at Homebase: sfce@homebaseccc.org.)

esther@homebaseccc.org (not shared)   Switch account

* Required

Are you a Permanent Supportive Housing (PSH) provider? *

○ Yes

○ No

Which population-specific Coordinated Entry (CE) does your program interact with? (Check all that apply.)

☐ Family CE

☐ TAY (Youth) CE

☐ Adult CE

How do you/your staff interact with Coordinated Entry (CE)?

Your answer

How familiar are you with the design and implementation of CE in San Francisco?

	1	2	3	4	5	
Not at all familiar	○	○	○	○	○	Very familiar

What do you think are the three biggest strengths of the CE approach used in SF?

Your answer

What are one to three challenges with the current CE approach? For each challenge you list, suggest some ideas for overcoming that challenge.

Your answer

What are the most important things to do to make sure that CE is done in a fair and equitable way?

Your answer

Do you take some or all referrals from CE? If you don't take referrals from CE, why not? If you only take "some" referrals from CE, why and how do you determine which to take?

Your answer

What was your program entry process like before CE? What were your requirements, how did folks get into your program, etc.?

Your answer

How has the process changed since CE for both you as a provider and for the participants you serve? (E.g., time into housing, changes in case management or services required, administrative processes, etc.)

Your answer

Has the population you serve changed as a result of CE? If so, in what ways?

Your answer

What do you think is working from the standpoint of a housing provider during the "Referral" stage of CE? What is not working or needs improving about that specific part of the CE process?

Your answer

If you received referrals through the Shelter-In-Place motels program: How was the SIP process different? What things about the SIP process should be preserved? What about the SIP process was challenging? How would you suggest overcoming those challenges?

Your answer

Please share any additional thoughts about CE in San Francisco and how it can be improved.

Your answer

Submit   Clear form

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Appendix C: CES Consumer Surveys

San Francisco CES Evaluation: Consumer Survey

The purpose of this short survey is to gather your feedback about how well the homeless housing services (called the "Coordinated Entry System") are working in San Francisco.

This survey is for anyone who has tried to access housing and supportive services in San Francisco.

Please complete this survey no later than March 11th.

We want to assure you that your responses are completely anonymous. Responses to anonymous surveys cannot be traced back to the respondent. No personally identifiable information is captured unless you voluntarily offer personal or contact information in any of the comment fields. Additionally, your responses are combined with those of many others and summarized in a report to further protect your anonymity.

If you have any questions or concerns, please email sfce@homebaseccc.org.

1. What is your age?

( ) under 18

( ) 18-29

( ) 30-39

( ) 40-49

( ) 50 or over

( ) prefer not to say

2. What gender do you identify with most closely?

( ) Female

( ) Male

( ) Transgender

( ) A gender that is not singularly 'Female' or 'Male'

( ) Prefer not to say

( ) Prefer to self-describe as:

[   ]

3. What sexual orientation do you identify with most closely?

( ) Bisexual   ( ) Lesbian

( ) Questioning/Unsure   ( ) Straight/Heterosexual

( ) Gay   ( ) Prefer not to answer

( ) Other (please specify)

[   ]

4. Are you currently housed?

( ) Yes

( ) No

( ) Prefer not to say

5. What race do you identify with most closely? (Check all that apply)

[ ] Black, African American, or African

[ ] Asian or Asian American

[ ] American Indian, Alaska Native, or Indigenous

[ ] Native Hawaiian or Other Pacific Islander

[ ] White or Caucasian

[ ] Prefer not to say

[ ] Not listed (please specify):

[   ]

6. What is your ethnic background?

( ) Hispanic/Latino

( ) Non-Hispanic/Non-Latino

( ) Prefer not to say

( ) Other (please specify):

[   ]

7. Do you have children?

- ◯ Yes, and they are staying with me now
- ◯ Yes, but they are not staying with me now
- ◯ No, I do not have children
- ◯ Prefer not to say

8. If you do have children, are the children under 18 years of age?

- ◯ Yes
- ◯ No
- ◯ I do not have children

9. If you have children under 18 but they aren't with you now, would having housing or different housing mean you could live with your children?

- ◯ Yes
- ◯ No
- ◯ Not sure
- ◯ I do not have children/ My children are over 18

10. When you first lost your housing, did you know where to go for help?

- ◯ Yes
- ◯ No

11. How long did it take you to access services or help after you first lost your housing?

- ◯ Less than 1 day
- ◯ Less than one week
- ◯ 1-2 weeks
- ◯ 2-4 weeks
- ◯ 1-2 months
- ◯ 2-6 months
- ◯ 6+ months

12. How did you hear or learn about services before you accessed them? (select all that apply)

☐ Word of mouth

☐ Flyers

☐ Case worker

☐ Other service center (e.g., department of human services)

☐ Outreach worker

☐ Other (please specify)

[   ]

13. When you most recently lost your housing, where did you first go for help?

○ [list out agencies included in CES]

○ I got help from elsewhere (such as a case worker, healthcare worker, church organization, etc.) and they got me connected to housing services.

○ Other (please specify)

[   ]

14. At the place you went for help, did someone interview you and ask you a lot of questions?

○ Yes

○ No

○ I do not know

15. If yes, did the person who interviewed you ask you about your housing needs?

○ Yes

○ No

○ Not applicable / I did not do an interview

16. After you answered the questions, did someone offer you help?

○ Yes

○ No

○ I do not know

○ Not applicable – I didn't do an interview

17. If yes, what did this person or people do to help you?

[text box]

18. What other ways were you hoping they could help you (if any)?

[text box]

19. Are staff working with you on a plan to find housing? (If you are already housed: did they work with you on a plan to find housing?)

○ Yes

○ No

○ I do not know

20. If yes, how often did/do you talk with the staff who helped you find housing?

○ Daily

○ At least once weekly

○ Every other week

○ Once per month

○ Less than once per month

○ They are not helping / did not help me find housing

21. Do you feel progress is being made toward your housing goal?

○ Yes

○ No

○ I do not know

○ I am already housed

22. Have you ever turned down or declined housing that was offered to you?

○ Yes

○ No

○ I am not sure

23. If you turned down housing, why? (Select all that apply)

○ I didn't like the location/neighborhood

○ They didn't allow pets

○ It was too far away from my friends and/or family

○ It wasn't convenient to public transportation

○ It was too far from services I rely upon

○ I did not feel safe there

○ I could not afford it

○ It was not large enough for me and my family

○ There was not enough space for my/our belongings

○ The house rules were too restrictive

○ Other reason (please specify):

[   ]

24. Did you move into housing that was offered through a service provider?

○ Yes

○ No

○ I don't know

25. If yes, how long did you have to wait to move into this housing from when you first asked for help?

○ Not applicable (I am not housed yet or I got housing on my own)

○ 1-3 months

○ 3-6 months

○ 6 months - 1 year

○ over 1 year

26. Organizations that help people with housing and basic needs (food, shelter, etc.) sometimes try to connect people with friends or family members who can help. Sometimes they offer the friend or family member financial assistance, for example help with groceries or to purchase more furniture. **Did a worker speak with you about these kinds of solutions?**

○ Yes

○ No

○ I do not know

27. Was the problem-solving conversation helpful?

○ Yes

○ No

○ I do not know

○ Not applicable

28. What could have made the problem-solving conversation more helpful?

29. Overall, how satisfied are you with your current housing?

Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very satisfied	Not applicable (I am not housed yet)
○	○	○	○	○	○

30. Please say more about what you like and/or dislike about your current housing:

31. Overall, how satisfied are you with your experience seeking help from the Access Point?

Very dissatisfied	Dissatisfied	Neither dissatisfied nor satisfied	Satisfied	Very Satisfied	Not applicable
○	○	○	○	○	○

32. Please explain your response (why are or aren't you satisfied with your experience?):

33. What was most helpful to you when working to find housing? (Select all that apply)

☐ Staff who told me the process and my options

☐ Case manager

☐ Drop-in centers

☐ Shelter

☐ Help getting my documents (e.g., an ID)

☐ Help training for or finding a job

☐ Transportation help

☐ Information about other organizations I could get help from

☐ Other (please explain):

[   ]

34. Is there anything else you would like to share about your experiences in trying to find housing?

[   ]

Evaluación de CES de San Francisco: Encuesta de consumidores

El objetivo de esta breve encuesta es obtener su opinión sobre cómo funcionan los servicios de vivienda para personas sin hogar (que reciben el nombre de "Sistema de entrada coordinada") en San Francisco.

Esta encuesta es para cualquier persona que haya tratado de tener acceso a una vivienda y a servicios de apoyo en San Francisco.

Por favor complete esta encuesta a más tardar el 11 de marzo.

Queremos asegurarnos de que sus respuestas sean completamente anónimas. Las respuestas a encuestas anónimas no pueden ser rastreadas hasta llegar al encuestado. No se obtiene información personal identificable, a menos que usted voluntariamente ofrezca información personal o de contacto en alguno de los campos de comentarios. Además, para proteger aún más su anonimato, sus respuestas se combinan con las de muchas otras personas y se resumen en un informe.

Si tiene alguna pregunta o inquietud, envíe un email a sfce@homebaseccc.org.

1. ¿Cuántos años tiene?

   ○ menos de 18 años

   ○ 18-29

   ○ 30-39

   ○ 40-49

   ○ 50 años o más

   ○ prefiero no responder

2. ¿Con qué género se identifica más?

   ○ Femenino

   ○ Masculino

   ○ Transexual

   ○ Género no exclusivamente 'femenino' o 'masculino'

   ○ Prefiero no responder

   ○ Prefiero describirme como:

   [_____]

3. ¿Con qué orientación sexual se identifica más?

- ○ Bisexual
- ○ Cuestionándose/No está seguro/a
- ○ Gay
- ○ Otro (especifique)

- ○ Lesbiana
- ○ Heterosexual
- ○ Prefiero no responder

[   ]

4. ¿Tiene vivienda actualmente?

- ○ Sí
- ○ No
- ○ Prefiero no responder

5. ¿Con qué raza se identifica más? (Marque todas las opciones que correspondan)

- ☐ Negro, afroamericano o africano
- ☐ Asiático o asiático americano
- ☐ Nativo americano, nativo de Alaska o indígena
- ☐ Nativo de Hawái o de otras islas del Pacífico
- ☐ Blanco o caucásico
- ☐ Prefiero no responder
- ☐ Otro (especifique):

[   ]

6. ¿Cuál es su origen étnico?

- ○ Hispano/Latino
- ○ No hispano/No latino
- ○ Prefiero no responder
- ○ Otro (especifique):

[   ]

7. ¿Tiene hijos?

- ◯ Sí, y están quedándose conmigo ahora
- ◯ Sí, pero no están quedándose conmigo ahora
- ◯ No, no tengo hijos
- ◯ Prefiero no responder

8. Si tiene hijos, ¿tienen menos de 18 años?

- ◯ Sí
- ◯ No
- ◯ No tengo hijos

9. Si tiene hijos menores de 18 años pero ellos no están con usted ahora, ¿tener una vivienda o una vivienda distinta significaría que usted podría vivir con sus hijos?

- ◯ Sí
- ◯ No
- ◯ No estoy seguro/a
- ◯ No tengo hijos/ Mis hijos tienen más de 18 años

10. Cuando perdió su vivienda por primera vez, ¿sabía adónde ir para recibir ayuda?

- ◯ Sí
- ◯ No

11. ¿Cuánto tiempo le llevó tener acceso a servicios o a ayuda después de perder su vivienda por primera vez?

- ◯ Menos de 1 día
- ◯ Menos de una semana
- ◯ 1-2 semanas
- ◯ 2-4 semanas
- ◯ 1-2 meses
- ◯ 2-6 meses
- ◯ Más de 6 meses

12. ¿Cómo se enteró de los servicios antes de haber tenido acceso a ellos? (marque todas las opciones que correspondan)

☐ Por recomendación

☐ Folletos

☐ Trabajador de caso

☐ Otro centro de servicio (p. ej., departamento de servicios humanos)

☐ Trabajador de contacto con la comunidad

☐ Otro (especifique)

_____

13. En la ocasión más reciente en que perdió su vivienda, ¿adónde fue primero para recibir ayuda?

○ [list out agencies included in CES]

○ Recibí ayuda de otra manera (p. ej., por medio de un trabajador de caso, trabajador de atención médica, iglesia, etc.) y ellos me conectaron con servicios de vivienda.

○ Otro (especifique)

_____

14. En el lugar donde fue para recibir ayuda, ¿alguien lo entrevistó y le hizo muchas preguntas?

○ Sí

○ No

○ No sé

15. Si fue así, ¿la persona que lo entrevistó le hizo preguntas sobre sus necesidades de vivienda?

○ Sí

○ No

○ No corresponde / No me entrevistaron

16. Después de haber respondido las preguntas, ¿alguien le ofreció ayuda?

○ Sí

○ No

○ No sé

○ No corresponde / No me entrevistaron

17. Si fue así, ¿qué hizo esta persona o personas para ayudarle?

18. ¿De qué otras maneras esperaba usted que pudieran ayudarle (si corresponde)?

19. ¿Hay personal trabajando con usted en algún plan para encontrar vivienda? (Si ya tiene vivienda: ¿trabajaron con usted en algún plan para encontrar vivienda?)

○ Sí

○ No

○ No sé

20. Si fue así, ¿con qué frecuencia habló/habla con el personal que le ayudó a encontrar vivienda?

○ Diariamente

○ Al menos una vez a la semana

○ Cada dos semanas

○ Una vez al mes

○ Menos de una vez al mes

○ No me están ayudando / No me ayudaron a buscar vivienda

21. ¿Le parece que se está avanzando hacia su objetivo con respecto a la vivienda?

○ Sí

○ No

○ No sé

○ Ya tengo vivienda

22. ¿Alguna vez rechazó alguna vivienda que se le ofreció?

○ Sí

○ No

○ No estoy seguro/a

23. Si rechazó alguna vivienda, ¿por qué lo hizo? (Marque todas las opciones que correspondan)

○ No me gustó el lugar/el vecindario

○ No admitían mascotas

○ Estaba demasiado lejos de mis amigos y/o de mi familia

○ No era un lugar conveniente para el transporte público

○ Estaba demasiado lejos de los servicios que utilizo

○ No me sentía seguro/a allí

○ No podía pagar lo que cuesta vivir allí

○ No era lo suficientemente grande para mí y mi familia

○ No había espacio suficiente para mi/nuestras pertenencias

○ Las reglas de la casa eran demasiado restrictivas

○ Otro motivo (especifique):

```
[                                                            ]
```

24. ¿Se mudó a una vivienda que se le ofreció a través de un proveedor de servicio?

○ Sí

○ No

○ No sé

25. Si fue así, ¿cuánto tiempo tuvo que esperar para mudarse a esta vivienda desde el momento en que pidió ayuda por primera vez?

○ No corresponde (todavía no tengo vivienda o conseguí una vivienda por mi cuenta)

○ 1-3 meses

○ 3-6 meses

○ 6 meses - 1 año

○ Más de 1 año

26. Las organizaciones que ayudan a las personas con vivienda y necesidades básicas (alimento, refugio, etc.) a veces intentan conectar a las personas con amigos o familiares que puedan ayudar. A veces ofrecen asistencia financiera al amigo o familiar, por ejemplo, ayuda con la compra de comestibles o para comprar más muebles. **¿Algún trabajador le habló de este tipo de soluciones?**

○ Sí

○ No

○ No sé

27. ¿La conversación para resolver problemas le pareció útil?

○ Sí

○ No

○ No sé

○ No
corresponde

28. ¿Qué podría haber logrado que la conversación para resolver problemas fuera más útil?

29. En general, ¿en qué medida está satisfecho/a con su
    vivienda actual?

Muy insatisfecho/a	Insatisfecho/a	Ni insatisfecho/a ni satisfecho/a	Satisfecho/a	Muy satisfecho/a	No corresponde (Todavía no tengo vivienda)
○	○	○	○	○	○

30. Por favor diga algo más sobre lo que le gusta y/o le disgusta sobre su vivienda actual:

31. En general, ¿en qué medida está satisfecho/a con la experiencia de buscar la ayuda de Access Point?

Muy insatisfecho/a	Insatisfecho/a	Ni insatisfecho/a ni satisfecho/a	Satisfecho/a	Muy satisfecho/a	No corresponde
○	○	○	○	○	○

32. Por favor explique su respuesta (por qué está o no satisfecho/a con su experiencia?):

33. ¿Qué fue lo que le resultó más útil mientras trabajaba para encontrar vivienda? (Marque todas las opciones que correspondan)

☐ El personal me explicó cómo era el proceso y qué opciones tenía

☐ Administrador de casos

☐ Centros de acogida

☐ Refugio

☐ Ayuda para obtener mis documentos (p. ej., una identificación)

☐ Ayuda para capacitarme o encontrar trabajo

☐ Ayuda para el transporte

☐ Información sobre otras organizaciones que podrían ayudarme

☐ Otro (explique):

[   ]

34. ¿Hay algo más que le gustaría decir sobre sus experiencias para tratar de encontrar vivienda?

[   ]

三藩市 CES 評估：消費者調查

這項簡短調查旨在了解您對無家可歸者住房服務 (稱為「CES 協調式入住系統」) 在三藩市運作成效的看法。

這項調查是針對曾嘗試在三藩市取得住房和支援服務的任何民眾。請在 3 月11 日以前完成調查。

我們會確保您的回答完全匿名。匿名調查的回答無法溯及受訪者。除非您在意見欄內自願提供個人或聯絡資料，否則本調查不會擷取任何個人資料。另外，報告中會合併總結您與其他許多受訪者的回答，進一步保障您的匿名權。

如有任何問題或顧慮，請寫電子郵件至 sfce@homebaseccc.org。

1. 請問您幾歲？

   ◯ 未滿 18

   ◯ 18-29

   ◯ 30-39

   ◯ 40-49

   ◯ 50 或以上

   ◯ 不想說

2. 以下何者最接近您的性別認同？

   ◯ 女

   ◯ 男

   ◯ 跨性別

   ◯ 非「男」或「女」二元性別

   ◯ 不想說

   ◯ 我想自己描述：

   [   ]

3. 以下何者最接近您的性取向？

○ 雙性戀　　　　　　　　　　○ 女同性戀

○ 存疑/不確定　　　　　　　　○ 異性戀

○ 男同性戀　　　　　　　　　○ 不想回答

○ 其他 (請說明)

[   ]

4. 您目前是否有房可住？

○ 是

○ 否

○ 不想說

5. 以下何者最接近您的種族認同？(請勾選所有適用項目)

☐ 黑人、非裔美國人或非裔

☐ 亞裔或亞裔美國人

☐ 美洲印第安人、阿拉斯加原住民或美國原住民

☐ 夏威夷原住民或其他太平洋島民

☐ 白人或高加索人

☐ 不想說

☐ 未列出 (請說明)：

[   ]

6. 您的族裔背景為何？

○ 西語裔/拉美裔

○ 非西語裔/非拉美裔

○ 不想說

○ 其他 (請說明)：

[   ]

7. 您是否有子女？

　　◯　是，他們現在跟我住在一起

　　◯　是，但他們現在沒跟我住在一起

　　◯　否，我沒有子女

　　◯　不想說

8. 如果您有子女，您的子女是否未滿 18 歲？

　　◯　是

　　◯　否

　　◯　我沒有子女

9. 如果您有子女未滿 18 歲但現在未同住，當您有了住房或換到另一間房子，是否就可以和子女同住？

　　◯　是

　　◯　否

　　◯　不確定

　　◯　我沒有子女 / 我的子女已經年滿 18 歲

10. 當您第一次失去住房時，是否知道去哪裡求助？

　　◯　是

　　◯　否

11. 當您第一次失去住房後，花了多久時間得到服務或協助？

　　◯　不到 1 天

　　◯　不到一星期

　　◯　1-2 星期

　　◯　2-4 星期

　　◯　1-2 個月

　　◯　2-6 個月

　　◯　6 個月以上

12. 在得到我們的服務以前，您是如何聽說或知道這些服務？(請選擇所有適用項目)

☐ 口耳相傳

☐ 宣傳單

☐ 個案工作者

☐ 其他服務中心 (例如人民服務部)

☐ 外展工作者

☐ 其他 (請說明)

[   ]

13. 當您最近一次失去住房時，一開始先去哪裡求助？

○ [列出 CES 所屬機構]

○ 我從其他地方得到服務 (例如個案工作者、健康護理工作者、教會組織等)，且他們幫我聯繫上了住房服務。

○ 其他 (請說明)

[   ]

14. 在您尋求協助的地方，是否有人和您面談並詢問您許多問題？

○ 是

○ 否

○ 我不知道

15. 如果是，那位與您面談的人是否問及關於住房的需求？

○ 是

○ 否

○ 不適用 / 沒有人和我面談

16. 當您回答問題後，是否有人提供協助？

○ 是

○ 否

○ 我不知道

○ 不適用 / 沒有人和我面談

17. 如果是，這個 (些) 人做了什麼來協助您？

18. 您當時還希望他們能用其他哪些方式來協助您 (如有)？

19. 工作人員是否正與您訂定找房計劃？(如果您已經有房可住，工作人員當時是否與您訂定找房計劃？)

○ 是

○ 否

○ 我不知道

20. 如果是，您現在/當時多常與那位 (些) 協助您找房的工作人員談話？

○ 每天

○ 每星期至少一次

○ 兩星期一次

○ 每月一次

○ 每月不到一次

○ 他們現在/當時並沒有協助我找房

21. 您是否覺得您的住房目標有所進展？

○ 是

○ 否

○ 我不知道

○ 我已有房可住

22. 您是否曾回絕或婉拒為您提供的住房？

○ 是

○ 否

○ 我不確定

23. 如果您曾回絕住房機會，為什麼？(請選擇所有適用項目)

○ 我不喜歡那個地點/社區

○ 他們不准養寵物

○ 距離我的親友太遠

○ 公共交通不方便

○ 距離我需要的服務太遠

○ 我覺得那裡不安全

○ 我負擔不起那個地方

○ 地方不夠大，住不下我和我的家人

○ 沒有足夠空間擺放我 (們) 的物品

○ 居住規定有太多限制

○ 其他原因 (請說明)：

[   ]

24. 您是否搬進了由服務提供者提供的住房？

○ 是

○ 否

○ 我不知道

25. 如果是，從您一開始求助到搬進這間住房，總共等了多久？

○ 不適用 (我目前還無房可住或我有了自己的房子)

○ 1-3 個月

○ 3-6 個月

○ 6 個月 - 1 年

○ 超過 1 年

26. 有些協助民眾滿足住房和基本需求 (糧食、庇護等) 的機構，有時會試著幫助民眾聯繫親友。他們有時會向這些親友提供財務援助，例如協助購買日用品或添購家具。**是否有工作人員和您談過這類解決方式？**

○ 是

○ 否

○ 我不知道

27. 這類解決問題的談話是否有幫助？

○ 是

○ 否

○ 我不知道

○ 不適用

28. 這類解決問題的談話如何改善，才能更有幫助？

29. 整體來說，您是否滿意目前住房？

非常不滿意	不滿意	既非滿意，亦非不滿意	滿意	非常滿意	不適用 (我目前還無房可住)
○	○	○	○	○	○

30. 請談談更多您喜歡和/或不喜歡目前住房的原因：

31. 整體來說，關於您向該服務站 (Access Point) 求助的經驗，您的滿意程度如何？

非常不滿意	不滿意	既非滿意，亦非不滿意	滿意	非常滿意	不適用
○	○	○	○	○	○

32. 請解釋您的回答 (為什麼您滿意或不滿意這次經驗？)：

33. 當您找房時，以下哪項對您最有幫助？(請選擇所有適用項目)

☐ 向我解說程序和選項的工作人員

☐ 個案經理

☐ 無需預約的服務中心

☐ 庇護所

☐ 有關取得個人文件的協助 (例如身份證明)

☐ 有關職業訓練或找工作的協助

☐ 交通方面的協助

☐ 有關能為我提供協助的其他機構資訊

☐ 其他 (請說明)：

34. 關於您試著找房的經驗，還有其他意見想要分享嗎？

Ebalwasyon sa CES ng San Francisco: Survey sa Consumer

Layunin ng maikling survey na ito na kolektahin ang inyong feedback tungkol sa kung gaano kaepektibo ang mga serbisyo sa pabahay (tinatawag na "Coordinated Entry System") para sa mga walang matirahan sa San Francisco.

Ang survey na ito ay para sa sinumang nakasubok nang mag-access ng mga serbisyo sa pabahay at

pansuportang serbisyo sa San Francisco. Pakisagutan ang survey na ito hanggang Marso 11.

Gusto naming tiyakin sa inyo na ganap na anonymous ang inyong mga sagot. Sa mga anonymous na survey, hindi maiuugnay sa respondent ang mga sagot. Walang kukuning impormasyong nagbibigay ng personal na pagkakakilanlan, maliban na lang kung boluntaryo kayong magbibigay ng personal na impormasyon o impormasyon sa pakikipag-ugnayan sa alinman sa mga field ng komento. Bukod pa rito, isasama ang inyong mga sagot sa mga sagot ng marami pang iba, at ibubuod ang mga ito sa isang ulat para mas protektahan ang pagiging anonymous ninyo.

Kung mayroon kayong anumang tanong o alalahanin, paki-email ang sfce@homebaseccc.org.

1. Ilang taon na kayo?

○ wala pang 18

○ 18-29

○ 30-39

○ 40-49

○ 50 pataas

○ ayaw sabihin

2. Anong kasarian ang pinakamalapit na naglalarawan sa inyo?

○ Babae

○ Lalaki

○ Transgender

○ Kasariang hindi natutukoy sa 'Babae' o 'Lalaki' lang

○ Ayaw sabihin

○ Gustong ilarawan ang sarili bilang:

[   ]

3. Anong sexual na oryentasyon ang pinakamalapit na naglalarawan sa iyo?

○ Bisexual   ○ Lesbian

○ Questioning/Hindi sigurado   ○ Straight/Heterosexual

○ Gay   ○ Ayaw sagutin

○ Iba pa (pakitukoy)

[   ]

4. May bahay ba kayo ngayon?

○ Mayroon

○ Wala

○ Ayaw sabihin

5. Anong lahi ang pinakamalapit na naglalarawan sa inyo? (Piliin ang lahat ng naaangkop)

☐ Black, African American, o African

☐ Asian o Asian American

☐ American Indian, Alaska Native, o Indigenous

☐ Native Hawaiian o Iba Pang Pacific Islander

☐ White o Caucasian

☐ Ayaw sabihin

☐ Hindi nakalista (pakitukoy):

[   ]

6. Ano ang inyong etnikong pinagmulan?

○ Hispanic/Latino

○ Hindi Hispanic/Hindi Latino

○ Ayaw sabihin

○ Iba pa (pakitukoy):

[   ]

7. May mga anak ba kayo?

○ Mayroon, at sa akin sila nakatira ngayon

○ Mayroon, pero hindi sila nakatira sa akin ngayon

○ Wala, wala akong anak

○ Ayaw sabihin

8. Kung may mga anak kayo, ang mga bata ba ay wala pang 18 taong gulang?

○ Oo

○ Hindi

○ Wala akong anak

9. Kung may mga anak kayong wala pang 18 taong gulang at hindi sila sa inyo nakatira ngayon, makakasama na ba ninyo ang inyong mga anak kung magkakaroon kayo ng tirahan o kung makakalipat kayo ng tirahan?

○ Oo

○ Hindi

○ Hindi sigurado

○ Wala akong anak/ Lampas 18 taong gulang na ang mga anak ko

10. Noong una kayong nawalan ng tirahan, alam na ba ninyo kung saan hihingi ng tulong?

○ Oo

○ Hindi

11. Gaano katagal bago kayo nagkaroon ng access sa mga serbisyo o tulong pagkatapos ninyong mawalan ng tirahan sa unang pagkakataon?

○ Wala pang 1 araw

○ Wala pang isang linggo

○ 1-2 linggo

○ 2-4 na linggo

○ 1-2 buwan

○ 2-6 na buwan

○ 6+ buwan

12. Paano ninyo nabalitaan o nalaman ang tungkol sa mga serbisyo bago ninyo i-access ang mga iyon? (piliin ang lahat ng naaangkop)

- [ ] Sabi-sabi
- [ ] Mga flyer
- [ ] Case worker
- [ ] Iba pang service center (hal., department of human services)
- [ ] Outreach worker
- [ ] Iba pa (pakitukoy)

    | |

13. Noong nawalan kayo ng tirahan kamakailan, saan kayo unang humingi ng tulong?

- ○ [list out agencies included in CES]
- ○ Sa iba ako nakakuha ng tulong (gaya ng case worker, empleyado ng pangangalagang pangkalusugan, organisasyon ng simbahan, atbp.) at ikinonekta nila ako sa mga serbisyo sa pabahay.
- ○ Iba pa (pakitukoy)

    | |

14. Sa lugar kung saan kayo pumunta para sa tulong, may nag-interview ba sa inyo at nagtanong ng maraming bagay?

- ○ Oo
- ○ Hindi
- ○ Hindi ko alam

15. Kung oo, tinanong ba ng taong nag-interview sa inyo ang inyong mga pangangailangan sa pabahay?

- ○ Oo
- ○ Hindi
- ○ Hindi nalalapat / Hindi ako na-interview

16. Pagkatapos ninyong sagutin ang mga tanong, may nag-alok ba sa inyo ng tulong?

- ○ Mayroon
- ○ Wala
- ○ Hindi ko alam
- ○ Hindi nalalapat – Hindi ako na-interview

17. Kung oo, ano ang ginawa ng tao o mga taong ito?

18. Ano pa ang ibang bagay na inaasahan ninyong maitutulong nila sa inyo (kung mayroon)?

19. Nakikipagtulungan ba sa inyo ngayon ang empleyado sa isang plano para makahanap ng tirahan?
(Kung may tinitirhan na kayo: nakipagtulungan ba sila sa inyo sa isang plano para makahanap ng tirahan?)

- ○ Oo
- ○ Hindi
- ○ Hindi ko alam

20. Kung oo, gaano kadalas kayo nakapag-usap/nag-uusap ng staff na tumulong/tumutulong sa inyong humanap ng tirahan?

- ○ Araw-araw
- ○ Hindi bababa nang isang beses bawat linggo
- ○ Kada makalawang linggo
- ○ Isang beses bawat buwan
- ○ Wala pang isang beses bawat buwan
- ○ Hindi sila tumutulong / hindi sila nakatulong sa paghahanap ng pabahay

21. Sa tingin ba ninyo ay nakakausad kayo sa layunin ninyo sa pabahay?

- ○ Oo
- ○ Hindi
- ○ Hindi ko alam
- ○ May tirahan na ako

22. May tinanggihan na ba kayong pabahay na inalok sa inyo?

- ○ Mayroon
- ○ Wala
- ○ Hindi ako sigurado

23. Kung may tinanggihan kayong pabahay, bakit? (Piliin ang lahat ng naaangkop)

○ Hindi ko gusto ang lokasyon/komunidad

○ Bawal dito ang mga alagang hayop

○ Masyado itong malayo sa aking mga kaibigan at/o pamilya

○ Hindi madali ang pampublikong transportasyon dito

○ Masyado itong malayo sa mga serbisyong inaasahan ko

○ Pakiramdam ko ay hindi ako ligtas dito

○ Hindi ko ito kayang bayaran

○ Hindi sapat ang laki nito para sa akin at sa aking pamilya

○ Hindi sapat ang espasyo para sa aking/aming mga gamit

○ Masyadong mahigpit ang mga panuntunan sa bahay

○ Iba pang dahilan (pakitukoy):

[   ]

24. Lumipat ba kayo sa isang pabahay na inalok sa pamamagitan ng isang tagabigay ng serbisyo?

○ Oo

○ Hindi

○ Hindi ko alam

25. Kung oo, gaano katagal kayo naghintay para makalipat sa pabahay na ito mula noong una kayong humingi ng tulong?

○ Hindi naaangkop (Wala pa akong tirahan o ako ang naghanap ng sarili kong pabahay)

○ 1-3 buwan

○ 3-6 na buwan

○ 6 na buwan - 1 taon

○ mahigit 1 taon

26. Minsan, sinusubukan ng mga organisasyong tumutulong sa mga tao sa pabahay at mga batayang pangangailangan (pagkain, matitirahan, atbp.) na ikonekta ang mga tao sa mga kaibigan o miyembro ng pamilya na puwedeng makatulong. Minsan, hinihiling nila sa kaibigan o miyembro ng pamilya na magbigay ng pinansyal na tulong, halimbawa, tulong pambili ng grocery o mga dagdag na furniture. **Kinausap ba kayo ng worker tungkol sa mga ganitong klaseng solusyon?**

○ Oo

○ Hindi

○ Hindi ko alam

6

27. Naging kapaki-pakinabang ba ang pag-uusap tungkol sa paglutas ng problema?

  ○ Oo

  ○ Hindi

  ○ Hindi ko alam

  ○ Hindi naaangkop

28. Ano sana ang puwedeng gawin para maging kapaki-pakinabang ang pag-uusap tungkol sa paglutas ng problema?

> [   ]

29. Sa pangkalahatan, gaano kayo nasisiyahan sa kasalukuyan ninyong pabahay?

Talagang hindi nasisiyahan	Hindi nasisiyahan	Sakto lang	Nasisiyahan	Talagang nasisiyahan	Hindi naaangkop (Wala pa akong tirahan)
○	○	○	○	○	○

30. Mangyaring magsabi pa tungkol sa gusto at/o hindi ninyo gusto sa kasalukuyan ninyong pabahay:

> [   ]

31. Sa pangkalahatan, gaano kayo nasisiyahan sa karanasan ninyo sa paghingi ng tulong mula sa Access Point?

Talagang hindi nasisiyahan	Hindi nasisiyahan	Sakto lang	Nasisiyahan	Talagang nasisiyahan	Hindi naaangkop
○	○	○	○	○	○

32. Pakipaliwanag ang inyong sagot (bakit kayo nasisiyahan o hindi nasisiyahan sa inyong karanasan?):

> [   ]

33. Ano ang naging pinakakapaki-pakinabang sa inyo noong tinutulungan kayong maghanap ng pabahay? (Piliin ang lahat ng naaangkop)

☐ Empleyado na nagsabi sa akin tungkol sa proseso at sa aking mga opsyon

☐ Case manager

☐ Mga drop-in center

☐ Shelter

☐ Tulong sa pagkuha ng aking mga dokumento (hal., ID)

☐ Tulong sa pagsasanay o paghahanap ng trabaho

☐ Tulong sa transportasyon

☐ Impormasyon tungkol sa iba pang organisasyong puwede kong mahingian ng tulong

☐ Iba pa (pakipaliwanag):

34. May iba pa ba kayong gustong ibahagi tungkol sa inyong mga karanasan sa paghahanap ng pabahay?

Appendix D: Participant Agencies

Summary

The following is a list of agencies with whom Homebase collaborated or sought collaboration as part of this analysis.

List of Agencies

- 3rd street Youth Center &Clinic
- Asian Women's Shelter
- Catholic Charities (CCCYO)
- Compass Family Services
- Coalition on Homelessness
- Dolores Street Community Services
- El/La
- Episcopal Community Services of San Francisco (ECS)
- Glide Memorial Church
- Hamilton Families
- Homeless Prenatal Program
- HomeRise (formerly Community Housing Partnership)
- Huckleberry Youth Programs
- Jelani House
- Larkin Street Youth Services
- Lyric Hotel
- LYRIC Center
- Mayor's Office of Housing & Community Development (MOHCD)
- Mayor's Office of Housing & Community Development (MOHCD) HIV Housing
- Mission Housing Development Corporation
- Mission Neighborhood Health Center
- Next Door
- Our Trans Home SF
- Project Homeless Connect
- Reality House West
- Safe House
- SF LGBT Center
- Supportive Housing Provider Network (SHPN)
- TAJA's Coalition

- Tenants and Owners Development Corporation (TODCO)
- Tenderloin Housing Clinic (THC)
- Tenderloin Neighborhood Development Corporation (TNDC)
- TGI Just Project
- The United Council of Human Services (UCHS)
- Trans:Thrive

Appendix E: Additional Consumer Survey Analysis

Summary

For open questions on the consumer survey which were of particular interest and had over 100 responses, Homebase compared responses across demographic groups to assess if there were any disparities. 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.

Demographic Notes

- Of particular note is that there were so few responses to open questions from transgender, nonbinary, and Native Hawaiian respondents that conclusions regarding these groups cannot be made confidently. For that reason, their responses are excluded from this analysis.
- Because there were so few responses to open questions from bisexual, lesbian, gay, and questioning respondents, their answers were pooled together into a general non-heterosexual category in order to have a large enough sample size to analyze.
- Homebase staff noticed that during in-person survey administration some respondents may have misunderstood and/or mis-marked their race and/or ethnicity, so results should be interpreted with caution.

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Analysis of Open Survey Questions: Assessment

Q17: What did the person at CE do to help you?

Q17 by Housing Status

Q17 by housing status

	unhoused	housed
other	2%	11%
no help	51%	11%
education and/or employment	2%	3%
financial assistance	0%	4%
access to services and/or benefits	2%	7%
information and/or referrals	10%	11%
paperwork/applications	8%	13%
shelter	18%	9%
housing	6%	33%

Q17 by Gender

Q17 by gender

	female	male
other	8%	4%
no help	25%	32%
education and/or employment	2%	4%
financial assistance	2%	2%
access to services and/or benefits	5%	5%
information and/or referrals	7%	12%
paperwork/applications	15%	11%
shelter	15%	11%
housing	20%	21%

Q17 by Sexual Orientation

Homebase
ADVANCING SOLUTIONS TO HOMELESSNESS

Q17 by sexual orientation

housing: not heterosexual 21%, heterosexual 22%
shelter: not heterosexual 11%, heterosexual 13%
paperwork/applications: not heterosexual 13%, heterosexual 11%
information and/or referrals: not heterosexual 15%, heterosexual 7%
access to services and/or benefits: not heterosexual 4%, heterosexual 5%
financial assistance: not heterosexual 6%, heterosexual 0%
education and/or employment: not heterosexual 0%, heterosexual 4%
no help: not heterosexual 26%, heterosexual 28%
other: not heterosexual 4%, heterosexual 10%

Legend: not heterosexual, heterosexual

Q17 by Race

Q17 by race

housing: white 26%, Native 23%, Asian 17%, Black 21%
shelter: white 21%, Native 8%, Asian 0%, Black 10%
paperwork/applications: white 11%, Native 8%, Asian 8%, Black 14%
information and/or referrals: white 9%, Native 31%, Asian 8%, Black 10%
access to services and/or benefits: white 2%, Native 0%, Asian 17%, Black 5%
financial assistance: white 4%, Native 0%, Asian 0%, Black 2%
education and/or employment: white 2%, Native 0%, Asian 0%, Black 2%
no help: white 23%, Native 31%, Asian 42%, Black 29%
other: white 2%, Native 0%, Asian 8%, Black 7%

Legend: white, Native, Asian, Black

Q17 by Ethnicity

Homebase
ADVANCING SOLUTIONS TO HOMELESSNESS

Q17 by ethnicity

Legend: ■ Non-Latinx ■ Latinx

Category	Non-Latinx	Latinx
other	8%	8%
no help	30%	25%
education and/or employment	3%	3%
financial assistance	2%	0%
access to services and/or benefits	8%	0%
information and/or referrals	9%	18%
paperwork/applications	9%	13%
shelter	13%	15%
housing	19%	20%

Q17 by Family Structure

Q17 by family structure

Legend: ■ none ■ not with me ■ with me

Category	none	not with me	with me
other	6%	14%	3%
no help	27%	17%	41%
education and/or employment	2%	6%	0%
financial assistance	2%	3%	3%
access to services and/or benefits	0%	11%	7%
information and/or referrals	13%	3%	14%
paperwork/applications	16%	6%	10%
shelter	11%	17%	10%
housing	24%	25%	10%

Q17 by Age

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Q17 by age

Chart: Q17 by age (horizontal bar chart, legend: 50+, 40-49, 30-39, 18-29)

Category	50+	40-49	30-39	18-29
other	5%	10%	13%	5%
no help	16%	35%	38%	23%
education and/or employment	5%	0%	3%	0%
financial assistance	—	2%	3%	5%
access to services and/or benefits	7%	3%	3%	5%
information and/or referrals	11%	10%	9%	9%
paperwork/applications	14%	6%	6%	23%
shelter	9%	13%	9%	23%
housing	32%	19%	19%	9%

Q18: How could the person at CE have helped you?

Q18 by Housing Status

Chart: Q18 by housing status (horizontal bar chart, legend: unhoused, housed)

Category	unhoused	housed
other	3%	6%
documents	0%	2%
referrals	5%	8%
financial services and/or assistance	3%	6%
services	3%	8%
legal services	0%	3%
education and/or employment	5%	3%
food, clothing, hygiene	8%	11%
veterans' benefits	0%	2%
benefits	0%	3%
medical care	3%	8%
housing	59%	28%
got what they needed	3%	18%

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Q18 by Gender

Q18 by gender

Category	male	female
other	11%	3%
documents	2%	0%
referrals	2%	7%
financial services and/or assistance	5%	5%
services	7%	5%
legal services	4%	0%
education and/or employment	4%	3%
food, clothing, hygiene	9%	10%
veterans' benefits	2%	0%
benefits	4%	0%
medical care	9%	3%
housing	35%	50%
got what they needed	9%	13%

female   male

Q18 by Sexual Orientation

Q18 by sexual orientation

Category	heterosexual	not heterosexual
other	3%	12%
documents	1%	0%
referrals	7%	5%
financial services and/or assistance	7%	2%
services	8%	2%
legal services	1%	2%
education and/or employment	3%	5%
food, clothing, hygiene	7%	15%
veterans' benefits	1%	0%
benefits	2%	0%
medical care	7%	2%
housing	41%	41%
got what they needed	10%	12%

not heterosexual   heterosexual

Q18 by Race

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Q18 by race

Q18 by Ethnicity

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Q18 by Family Structure

Q18 by family structure

Categories (top to bottom): other, documents, referrals, financial services and/or assistance, services, legal services, education and/or employment, food, clothing, hygiene, veterans' benefits, benefits, medical care, housing, got what they needed

Category	none	not with me	with me
other	8%	5%	4%
documents	2%	0%	0%
referrals	7%	0%	14%
financial services and/or assistance	3%	10%	4%
services	10%	5%	0%
legal services	3%	0%	0%
education and/or employment	5%	5%	0%
food, clothing, hygiene	12%	10%	4%
veterans' benefits	0%	3%	0%
benefits	2%	3%	0%
medical care	7%	8%	0%
housing	30%	43%	64%
got what they needed	12%	10%	11%

Legend: none, not with me, with me

Q18 by Age

Q18 by age

Category	50+	40-49	30-39	18-29
other	11%	3%	6%	5%
documents	3%	0%	0%	0%
referrals	11%	8%	3%	0%
financial services and/or assistance	3%	8%	6%	5%
services	3%	6%	9%	10%
legal services	3%	3%	0%	0%
education and/or employment	3%	3%	3%	10%
food, clothing, hygiene	6%	9%	11%	14%
veterans' benefits	3%	0%	0%	0%
benefits	6%	0%	0%	0%
medical care	6%	11%	3%	0%
housing	33%	44%	49%	38%
got what they needed	19%	3%	6%	19%

Legend: 50+, 40-49, 30-39, 18-29

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ADVANCING SOLUTIONS TO HOMELESSNESS
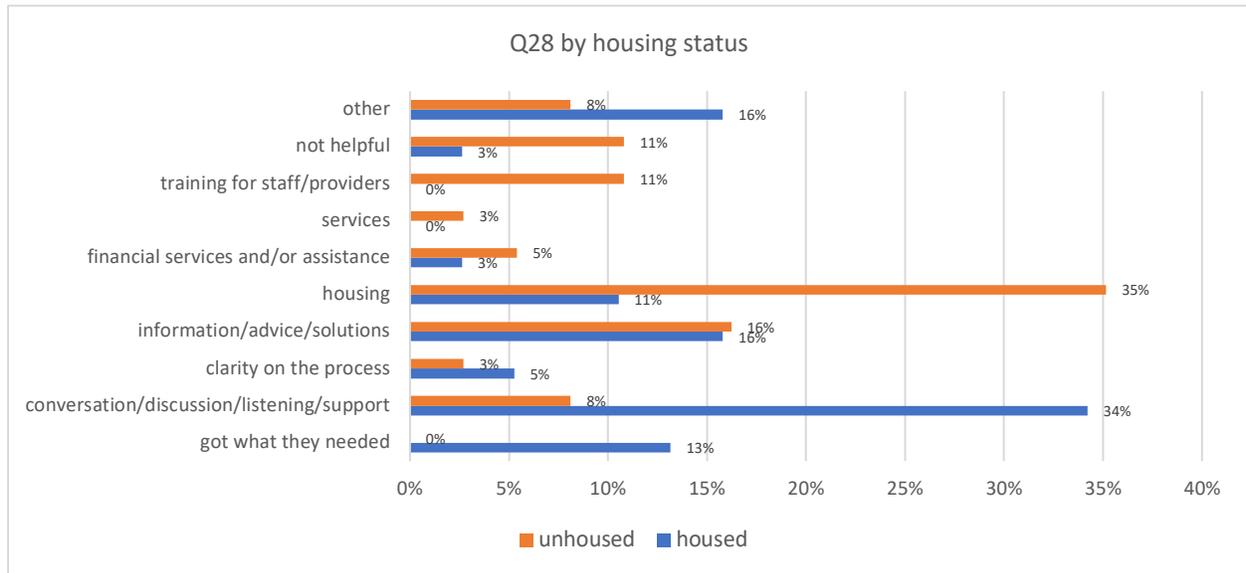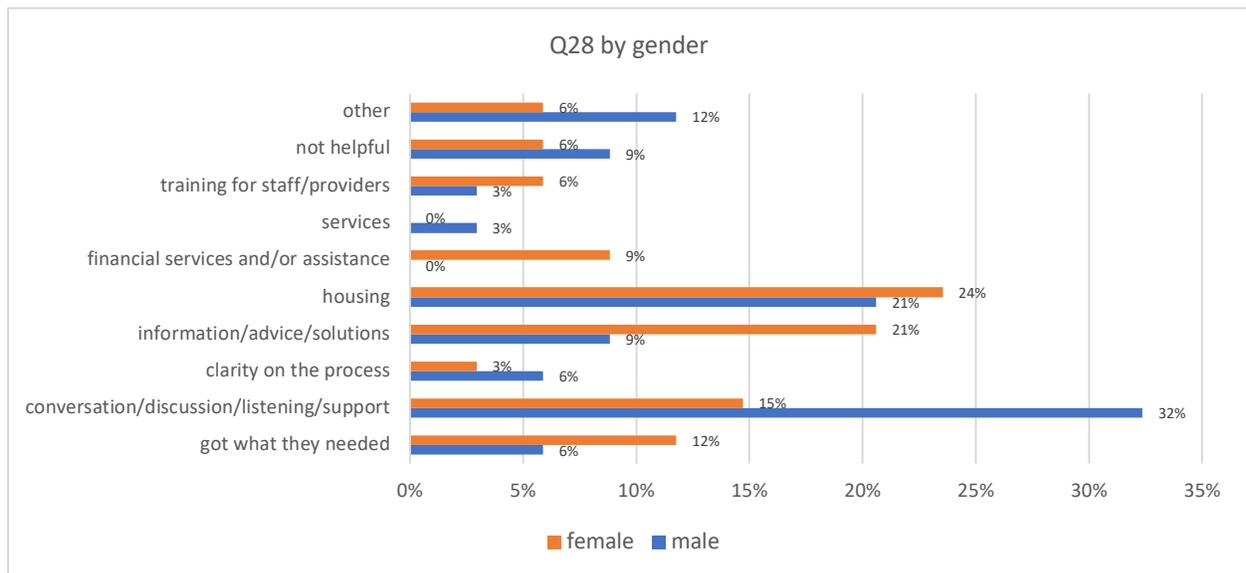
Analysis of Open Survey Questions: Problem Solving

Q28: What would have made problem solving more helpful?

Q28 by Housing Status

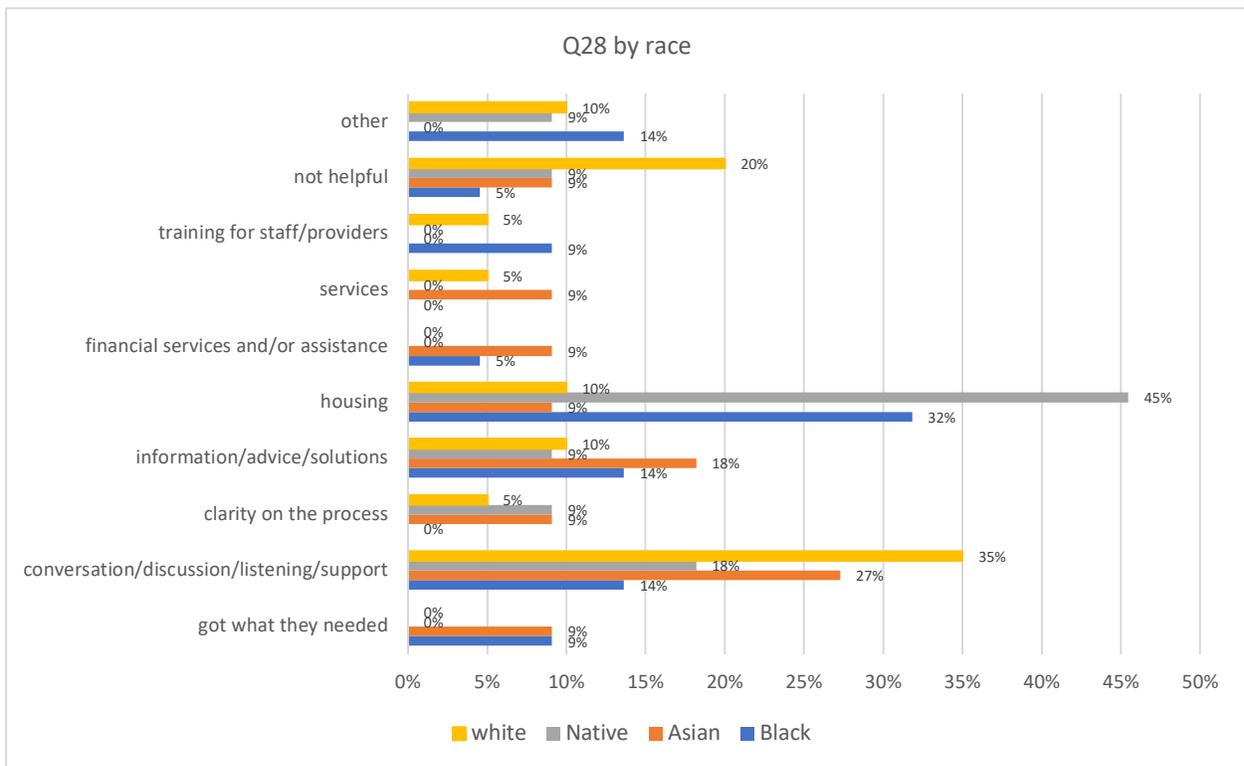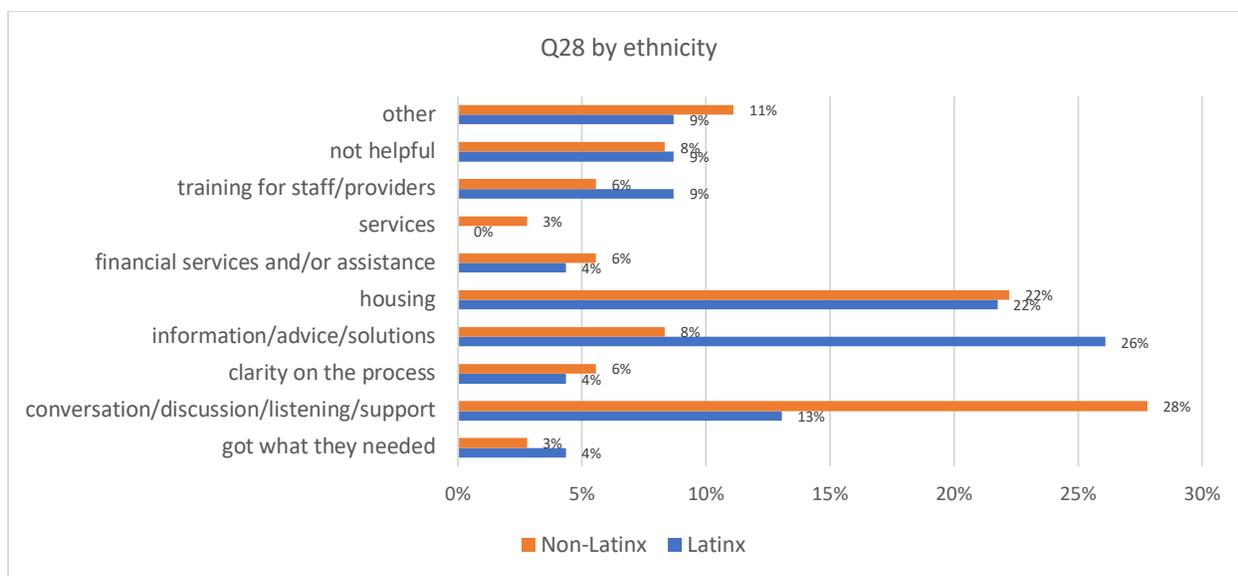Q28 by housing status

Category	unhoused	housed
other	8%	16%
not helpful	11%	3%
training for staff/providers	11%	0%
services	3%	0%
financial services and/or assistance	5%	3%
housing	35%	11%
information/advice/solutions	16%	16%
clarity on the process	3%	5%
conversation/discussion/listening/support	8%	34%
got what they needed	0%	13%

Q28 by Gender

Q28 by gender

Category	female	male
other	6%	12%
not helpful	6%	9%
training for staff/providers	6%	3%
services	0%	3%
financial services and/or assistance	9%	0%
housing	24%	21%
information/advice/solutions	21%	9%
clarity on the process	3%	6%
conversation/discussion/listening/support	15%	32%
got what they needed	12%	6%

Q28 by Sexual Orientation

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ADVANCING SOLUTIONS TO HOMELESSNESS

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Q28 by sexual orientation

Legend: ■ not heterosexual ■ heterosexual

Category	not heterosexual	heterosexual
other	10%	10%
not helpful	7%	6%
training for staff/providers	10%	2%
services	3%	0%
financial services and/or assistance	3%	4%
housing	24%	20%
information/advice/solutions	10%	20%
clarity on the process	0%	6%
conversation/discussion/listening/support	24%	22%
got what they needed	7%	8%

Q28 by Race

Q28 by race

Legend: ■ white ■ Native ■ Asian ■ Black

Category	white	Native	Asian	Black
other	10%	9%	0%	14%
not helpful	20%	9%	9%	5%
training for staff/providers	5%	0%	0%	9%
services	5%	0%	9%	0%
financial services and/or assistance	0%	0%	9%	5%
housing	10%	45%	9%	32%
information/advice/solutions	10%	9%	18%	14%
clarity on the process	5%	9%	9%	0%
conversation/discussion/listening/support	35%	18%	27%	14%
got what they needed	0%	0%	9%	9%

Q28 by Ethnicity

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Q28 by ethnicity

Q28 by ethnicity — Non-Latinx / Latinx

Category	Non-Latinx	Latinx
other	11%	9%
not helpful	8%	9%
training for staff/providers	6%	9%
services	0%	3%
financial services and/or assistance	6%	4%
housing	22%	22%
information/advice/solutions	8%	26%
clarity on the process	6%	4%
conversation/discussion/listening/support	28%	13%
got what they needed	3%	4%

Q28 by Family Structure

Q28 by family structure — none / not with me / with me

Category	none	not with me	with me
other	16%	5%	5%
not helpful	3%	16%	5%
training for staff/providers	5%	0%	9%
services	3%	0%	0%
financial services and/or assistance	3%	0%	9%
housing	16%	21%	32%
information/advice/solutions	19%	5%	23%
clarity on the process	5%	0%	5%
conversation/discussion/listening/support	24%	37%	9%
got what they needed	5%	16%	5%

Q28 by Age

Q28 by age

Chart legend: 50+, 40-49, 30-39, 18-29

Category	50+	40-49	30-39	18-29
other	10%	5%	19%	8%
not helpful	10%	5%	7%	0%
training for staff/providers	5%	5%	4%	8%
services	0%	0%	4%	0%
financial services and/or assistance	0%	5%	4%	15%
housing	20%	30%	22%	8%
information/advice/solutions	10%	5%	19%	38%
clarity on the process	5%	5%	4%	0%
conversation/discussion/listening/support	25%	35%	19%	8%
got what they needed	15%	5%	0%	15%

Q32: Why are/aren't you satisfied with your experience at the Access Point?

Q32 by Housing Status

Q32 by housing status

Chart legend: unhoused, housed

Category	unhoused	housed
other	7%	3%
not helpful/responsive	56%	16%
inadequate housing	4%	13%
too long to get housing/services	4%	11%
Veterans' benefits	0%	2%
food, clothing, hygiene	2%	0%
support	4%	3%
better communication	13%	8%
got what they needed	11%	44%

Q32 by Gender

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ADVANCING SOLUTIONS TO HOMELESSNESS

Q32 by gender

Q32 by gender

Category	female	male
other	2%	8%
not helpful/responsive	45%	26%
inadequate housing	12%	6%
too long to get housing/services	4%	11%
Veterans' benefits	0%	2%
food, clothing, hygiene	0%	2%
support	4%	3%
better communication	6%	14%
got what they needed	27%	29%

Q32 by Sexual Orientation

Q32 by sexual orientation

Category	not heterosexual	heterosexual
other	2%	8%
not helpful/responsive	43%	29%
inadequate housing	5%	10%
too long to get housing/services	10%	6%
Veterans' benefits	0%	1%
food, clothing, hygiene	0%	1%
support	2%	4%
better communication	10%	10%
got what they needed	29%	30%

Q32 by Race

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Q32 by race

Q32 by race

- other: white 4%, Native 8%, Asian 8%, Black 9%
- not helpful/responsive: white 30%, Native 15%, Asian 25%, Black 40%
- inadequate housing: white 13%, Native 0%, Asian 0%, Black 7%
- too long to get housing/services: white 11%, Native 8%, Asian 8%, Black 5%
- Veterans' benefits: white 2%, Native 0%, Asian 0%, Black 0%
- food, clothing, hygiene: white 2%, Native 0%, Asian 0%, Black 0%
- support: white 2%, Native 8%, Asian 8%, Black 0%
- better communication: white 13%, Native 8%, Asian 25%, Black 12%
- got what they needed: white 23%, Native 54%, Asian 25%, Black 28%

Legend: white, Native, Asian, Black

Q32 by Ethnicity

Q32 by ethnicity

- other: Non-Latinx 7%, Latinx 3%
- not helpful/responsive: Non-Latinx 33%, Latinx 38%
- inadequate housing: Non-Latinx 7%, Latinx 6%
- too long to get housing/services: Non-Latinx 10%, Latinx 3%
- Veterans' benefits: Non-Latinx 1%, Latinx 0%
- food, clothing, hygiene: Non-Latinx 0%, Latinx 3%
- support: Non-Latinx 1%, Latinx 6%
- better communication: Non-Latinx 14%, Latinx 6%
- got what they needed: Non-Latinx 26%, Latinx 34%

Legend: Non-Latinx, Latinx

Q32 by Family Structure

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Q32 by family structure

Q32 by Age

Q32 by age

Appendix F: Responses from HSH Provider Listening Session

Summary

On February 22, 2022, the San Francisco Department of Homelessness and Supportive Housing (HSH) held a community-wide listening session for providers of all types to understand their perspectives on the goals, strengths, challenges, and equity implications of CE. Those responses follow the same general themes of the provider focus groups are compiled below in detail.

Responses

COORDINATED ENTRY- GENERAL FEEDBACK

CE Goals and Purpose

- Collect data, use that data to allocate resources.
- Database of services to connect people to meet their needs
- Make services more fair and equitable
- Should target available resources to those who are most vulnerable
- Should match stock with particular need of individuals
- It should be coordinated & transparent
- Access points should collect and provide data on housing inventory needs
- Primary goal of SF's CES is to assess, prioritize, and refer individuals experiencing homelessness to housing and resources
- Should be a system that connects participants to housing more quickly
- Should match participants to housing based on need
- Should better inform providers on processes so our messaging to the community is more consistent
- Should be better communication among providers
- Prioritize people to PSH who are most vulnerable
- Help match people to proper supports and be able to update the support/response they receive if more information is garnered
- Match people to the right level of supports, not just PSH
- Anyone who seeks help gets treated equitably, consistently no matter who you are or which provider you receive help from (not standardized response, but standardized assessment of vulnerability)
- Flexible system that meets needs of people coming into the system; equitably understands and evaluates vulnerabilities

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- mechanism to track homeless community, track their needs, and get them out of homelessness (know the final resolution for everyone who enters the system). Need transparency throughout the process, including policy decision making
- Connecting people to housing in the communities they became homeless and are already familiar with - Cultural competency and understanding
- Prioritizing people who are most vulnerable
- Connect PEH with services
- Should be one goal, why everyone is going to CE: HOUSING (CE said "if you find housing, we'll help you with the deposit, so why is there any other thing? A lot of agencies can help people problem-solve, but housing is why they're going to CE.) Need to understand how people are prioritized, understanding PS, need a whole agency dedicated to that. CE should only exist to help people figure out where to go. Recognize it's not a perfect system, but would be helpful if you knew someone who's going to be homeless tomorrow is not going to be on a priority list. Need more clarity about who should go through CE based on what they're actually going to need and whether they'd actually need (and will get) housing. I never thought of CE for anyone who's about to be homeless, other than what we can do to provide resources, and thought it was just for housing. Thought there were more resources for them than just housing.
- HOUSING
- 5 keys had a training recently- according to need podcast series is really good. The system is de-humanizing, 5 keys operates PSH, SIPs, and emergency shelter- inconsistent experience is a problem, especially for current congregate shelter participants- long wait time and loosing hope is an issue for this group. It's so hard to see the real harms that the lack of variety, and the navigation challenges present to folks. There is nothing to tell them except to return and get a different person to do the evaluation and to try to get another score.
- Larkin rep agrees with the statements above. The goal should be to get people housed as soon as possible in the least traumatizing way possible. I work for a TAY provider, and trying to fit the youth model into the adult process is really problematic. We need more options, income should not count against people, the geographic equity is an issue- more options are needed and avoiding re-traumatization should be a primary goal.
- We can do a lot better limiting the number of people that folks need without having to repeat their stories. The primary goal should be getting people housed. Mercy has TAY and adult sites. The populations are different. Younger people and older people have different needs- matching people to the housing resource that will be right for them.
- To the point above, PSH is not appropriate for youth, you would not expect a young person to stay in the same housing unit forever. More Transitional options, bridge housing, and short-term options are needed.
- 5 keys: internally, we talked about the scoring process, and the equity of that process- black people are more susceptible to homelessness due to systematic oppression. More privileged groups may score higher, because their access to

housing and resources make it less likely that white people and others with less oppression will become homeless. Variety in types of housing and planning for people.

- The SIPS can be a springboard- they are not long term, but they show us how fast we can move, and what we can do
- People should have geographic options- housing should not be concentrated into just a few neighborhoods, and people should have choice to stay in a location or leave their location. The providers should also have a voice in geographic allocation
- We have a TAY site in the TL, and the incidence of violence is far too high. Emergency transfers take 4 months, and there are so disempowering to the client and to the provider. We try to walk people to BART. It is so disempowering to see those difficult tradeoffs.
- Having the right assessment process that allows for the right placement-this will allow for an equitable process
- CES should be accessible to all individuals
- Creating a thoughtful process that places individuals into housing that supports their needs-both from an individual and provider's perspective
- CES should use a transparent and inclusive assessment tool that not only identifies barriers to housing, but also sets up providers to be ready to support referrals (think mental health assessments)
- IN the beginning CE was ok (HomeRise), people were actively engaged in being responsive to our needs - once people started leaving, so that responsiveness and communication changed, people would get housed, and we wouldn't know people were housed
- CE is ok - but maybe they should be more understanding of the staff that's at the SIP hotels and access points, we know the clients well, we have better access to they than they do; WE aren't hearing back from navigators
- Communication has really changed between Access Points and Swords to Plowshares - We aren't hearing back from navigators and the APs
- I don't see a lot of people getting into housing - it's hard to know what happens
- Good for collecting data and people get assessed - Instead of prioritization - it should be geared towards prioritization, vs first come first serve would be more fair - People who have been waiting for years get pushed behind, and others get through the system faster and that doesn't seem fair. I would hope that vets could be able to have no wrong door - that any door would help our vets rather than be told " we don't help vets" and not always getting them to us; I'm seeing notes that people are being referred but there doesn't seem to be a warm handoff/communication between access points and people - this doesn't seem to be because of COVID. Instead, the veterans questions were directed to us: When are you taking on veterans CE? We didn't feel like it was collaborative, and we felt like we were starting from scratch

- We should all be exchanging info between population systems - we need to be able to do those referrals, warm-hand offs, not separated between APs and resources. WE see TAY and
- Such a lag time to get people through the system
- People who are older should be prioritized
- To prioritize resources equitably
- To show where the gaps are rather than minimize the problems
- Seamless process for the clients and providers
- Clients are being referred to the appropriate housing. Neighborhood should be considered in addition to building amenities. Impact on families, moving schools, access to opportunities.
- More resources. Need is greater. If there is not enough Housing CE will not work given the need for affordable housing in SF for low income and ELI clients.
- Make sure folks are settled somewhere - capture who they are and needs and we meet the needs
- Ensure follow up
- Know who people are, and understand needs
- Matching to services, as opposed to eligibility
- Truly assessing unmet need. Feedback to orgs who use the system and giving feedback to system showing where shortfalls/gaps are
- Send questions in advance
- CE standardize entry into system is not centralized, utilize existing orgs, to help ensure equity
- System should be embracing individual agency and self-determination, including changing answers as needed
- Is the goal adequate? Categories into which recipients are placed are sometimes not the correct category.
- How do you work with neighborhood preferences? Are needs really being met? How to make sure that available options reflect the needs and desires of the service recipients? How can you help clients share their desires for who they would like to become in the community and work that into the process? How to account for what folks are bringing to the table and making sure that they are placed somewhere they will thrive?

CE Strengths and Benefits

- It is easy to direct folks on where to go for housing.
- The intention is good. Having the access points are good, and having the information updated frequently in ONE is helpful.
- Coordinated Entry is more accessible now, which is good. More access points.
- Centralized Access Points to get assistance rather than navigating multiple organizations
- Centralized database to access documents & info (ONE)
- A lot of flexible funds available in the system (Problem solving)
- Standardization of what is required throughout the system

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- Excellent providers within the HRS
- Streamlines access to services
- ONE System
- Lesson learned from SIP hotel process: flexibility of criteria for prioritization, vulnerability
- Consistency across a lot of access point partners, and special focus on subpopulations
- Prioritization for PSH is equitable by race
- Stated goals put values in right place: PSH for the most vulnerable
- TAY get connected to services quickly
- Having problem solving intervention married to assessment, so folks get offered something even if they're not housing referral status
- Gathering consistent data at front end of system can be leveraged in different ways, help make case for development of new programming
- May not be perfect, but at least the system exists and is a mechanism to manage the needs of people experiencing homelessness
- People don't have to keep redoing intake
- Makes them (agencies, providers) a more powerful force in the city - can advocate as a group when they're all coordinating with each other
- Provide data about what does/doesn't work
- Know who CE is and mechanism for referral (but no contacts)
- Website seems to be updated very often, so know who is and isn't an access point (Eventually)
- For Mercy, the biggest strength is that it actually exists– people are not just sitting on the street and trying to figure it out. For all the faults, I think the people who work in the system are good at what they do and they genuinely care.
- We have a system– we can see what's available. We can see what's available, and we can coordinate our efforts. It's great to have a tool and great to be able to constantly improve the process. We youth Aps are also a collaborative, so we can help each other improve.
- Problem Solving Process and Support has been helpful-particularly in the shelter system
- Access to problem solving team is good
- The centralization of the CES is helpful for individuals to access
- Data is being collected
- In the beginning we had better communication as to where people were in the process
- Adult CE meetings have gotten more helpful
- We have gotten away from the ideal of helping people
- Centralizing information and simplifying referrals, in theory
- Hard to come up with but the theory is good although execution has been challenging. System is broken.
- System could work with adjustments so that it can work for those using the system, both clients and providers.

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- Access points are doing the best they can to support clients. COVID has exposed the realities of the HRS and the things that need to be addressed to better support those who need care.
- Easy location to send people to for housing, much more coordinated and some transparency
- Some desire to change access points locations and operations
- Collecting information

CE Challenges

- Need to improve housing options according to need.
- Folks who go through coordinated entry feel like they have not "sold" their experiences of homelessness and hardship enough – need to be "coached" on how to answer questions in order to get priority status. Are there any folks who sign up for ACE that are "gaming" the system? Is it appropriate to ask folks to re-experience their trauma by disclosing it in order to have access to housing?
- Something is missing because placement is not appropriate for the need of folks seeking housing in terms of taking care of their own mental health, needs, etc.
- A system that can help uncover the gaps between what people actually need and what's available would be helpful. Can Coordinated Entry use the data they collect in order to invest in creating housing that fits the needs of folks seeking housing? Can the data be used to help assess and address areas where Coordinated Entry is falling short?
- Can we use the data to make a better system with better outcomes?
- "Coordinated Entry is the key to equity." Frustrating statement because access to the way the decisions are made is not accessible, and providers need to accept the decisions of the system as the "proof" of that statement.
- How can housing be distributed with equity?
- Lots of units are sitting vacant and are not being filled.
- How to take into consideration geographic preferences? If someone lives in one part of town, why recommend them housing on the other side of the city.
- Housing first model does not address the needs of the clients we are working with. Some folks are better equipped to handle independent living, but they do not get opportunities because they don't score "high enough" to be placed.
- Not enough support for new clients placed in housing because they do not have developed skillsets to be able to live indoors and instead receive lease violations, etc.
- Way too many vacancies in PSH & other parts of the shelter system
- Lack of transparency & coordination across the system
- Lack of formal feedback mechanism for the whole system
- Lack of flexibility in the system & process-based design
- The system was designed to solve in-equities that existed but that is not what it should be designed for housing
- Data Quality in the system; matching openings with correct info

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- How the assessment correlates to outcomes for people
- Participant need does not match available housing options
- Scarcity model!
- Referral flow within the family system. Multiple openings, but no referrals
- Bottleneck in youth CE following assessment. Youth waiting too long to complete intake and admission into matched program
- Providers understaffed and unable to adequately efficiently operate programs. Need pay equity to recruit and retain qualified staff
- Not enough options for different housing resources to match people to; not specific enough on matching that needs to happen (could pull in admin data, like DPH case management data, for prioritization or referral)
- Can we use CE or its data to inform decision-making and policy?
- Individual level rather than community level approach
- Invasiveness of questions in assessment, especially when we want to do it quickly and early so not relying on a strong relationship with someone
- Language and public perception: what even is CE? Is CE just saying people need to wait longer, get sicker before they can get help? People conflate CE with the fact that we don't have enough resources
- Not a tool to track or reduce the amount of time people spend homeless, and vacancies / time to placement show we need to reduce these times
- Does not capture well big changes in health or life circumstances that might immediately make someone appropriate for PSH or a similar resource
- A lot of people aren't engaging with the system, so their data isn't captured
- People go through CE and don't qualify for housing (needs to be more support)
- No focus on the needs of seniors as a particular category - doesn't seem to make sense how they don't get prioritized or end up qualifying
- Doesn't actually seem coordinated - no community or provider understanding about why the process is how it is and how people get placed in certain places; no transparency in the assessment or selection process which erodes trust between city and providers
- Everyone wants to advocate for their clients but need better communication to providers about the process
- Clients can't always articulate what's going on with them in the assessment (some people, esp. seniors, need an advocate) (questions are invasive and can turn people off)
- Providers need data on why people end up not qualifying
- Why do available units spend so long vacant before someone can move in?
- Is it going to take an entire year to collect focus group data and make recommendations before anything changes?
- Phone lines are always tied up; hard to reach anyone, even just for information; not sure what happens when you leave a message; depends on agency, some aren't taking messages and only take emails; TO OVERCOME: make sure phone line is being staffed adequately, or some kind of dedicated line

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- Not adequate awareness of what's included in CE: overcome by getting rid of term "housing resources," be more specific about what's going to be given to whom; are they able to look for housing with people? (Need more awareness about what people are going to get if they go through CE.)
- For youth: residents in TH are seen as "homeless"; but if you ask youth "are you housed?" they will say yes, and then CE will not refer them to services; DISCONNECT on youth issues and definitions with Access Points, need better education for them.
- Don't get referrals from TH (for youth), a lot of providers don't know about our program, leading to inequities; to overcome, educate everyone in the community and in CE what's available
- If you're housed in TH for over two years, they're not eligible for CE housing resources
- Challenges: brand new buildings there is a huge challenge in trying to meet our deadlines while respecting the people who are referred to us, and collaborative/respectful with the people who are working to get us the referrals. We have timelines from the developer, and we are waiting on the referrals at Mercy. It's really challenging to do that. Sometimes, the clients who get referred, it may not really be the best fit for them. Some clients move in and then pass away– they may have needed a hospital stay, not just housing. The application process is challenging for people who have never been through it before. It's a challenge for the people we serve when they meet with someone like me, who wants the proof of ID, assets, etc. Sometimes Mercy staff are not as skilled as we wished on explaining the process. It can be very frustrating. It can be very challenging.
- At LYSYS, the problem is that we do not have enough housing. It's not a CES fault that there is not enough housing all over the city for all of our clients. Youth do not get matched by their needs, and they do not get what they need. Waiting and lack of choice is really frustrating.
- Create a system where information can be shared. When families and individuals are assessed, the information is often not shared. There has to way to get information about families/individuals that can help providers support families/individuals without jeopardizing HIPAA. System should look into multiple provider consent forms
- Multiple assessments/access points trigger retraumatizing families/individuals. Simplify the assessment process. Share the info.
- Accessibility for families to get to CES; should have a wider access to apply. Too many steps to get assessed and prioritized creates frustration and fewer individuals/families accessing the CES.
- There has to be a thoughtful process of placing individuals/families based on the right housing setting/staffing.
- Regulatory requirements dictate the administrative process; Referrals need to be document ready and there needs to be housing navigators that can reach referrals to ensure timely paperwork submission.

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- WE are seeing an absurd amount of people who are aging coming into shelter - over 75; they are also more reserved, so the assessment is uncomfortable for them, especially with a stranger, we are seeing this even since before covid and not being prioritized; but they aren't being prioritized
- As an access point or provider, we don't have access to the other resources that are available - so we aren't re-creating the wheel at every org/access point
- We have to share information in a more coordinated/hand-off way
- Lack of transparency of the waitlist: where families are on the waitlist for shelter, transitional housing, RRH – we can't give people any glimmer of hope because we don't have any
- Who has access to the ONE system? That's a power and privilege thing as well
- I'd like to say better uniformity in how we document in the ONE System - we need to be able to be more standardized in where it is documented - notes, upload everything to the ONE system - that part is really helpful
- It's been helpful to have the ONE system, but everyone isn't using it in a standardized way
- Problem-solving not working - haven't spent a dime - don't understand what the purpose is, it sucks, doesn't work for everyone
- Lack of transparency and miscommunications around process
- People get prioritized for what's most available versus what's the best match
- It is not clear how people get matched, and it needs to be clear given client acuity and info specific to units
- Coordinated entry does not do well with identifying gaps
- Process is retraumatizing for clients. Lens should be based on the clients' needs not the other way around. This should not be a numbers game.
- Paperwork creates barriers to housing, creates delays for entry to housing between 3mths. to a year
- Limited housing choices for applicants, need for equity given variety of housing stock in SF
- Batching has been complicated and not as fine-tuned to make it work better
- Too many systems to use: ONE system, OVT, provider-based systems, etc. and none are talking to each other.
- Lots of stop-gap measures but no system fixes.
- Why try to fix a system that never worked, should we look at a better way to address the needs?
- Run around - Need more street level access
- Centralized access is a problem- should have been no wrong door approach - fix with no wrong door and allow direct placements.
- Empty beds because the person has to go through bureaucracy instead of letting agency just fill the bed i.e., Jelani
- Separate families
- Collect information without transparency - ensure more transparency around unmet needs
- Should have listened to community when first being developed.

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- Language used to describe system scares them away, i.e., Coordinated Entry system scares folks, along with tracking scaring people, barriers to immigrants. Change to more accessible language. Change away from "not prioritized" because that just makes it harder to engage folks, they never want to come back.
- Need to have CE where folks trust folks i.e., folks they are already working with.
- Process not trauma informed in any capacity
- Prioritization and assessments can turn people off. For example, why ask about trading sex when it doesn't get scored
- Lack of neighborhood preference
- Very traumatizing to say don't have priority.
- HYA removed themselves because it was not trauma informed and led to lack of trust.
- Lack of centralized and institutionalized oversight of Coordinated Entry.
- Don't allow people to bring advocates – moves human from the work – fix - need to bring back in human discretion
- Knowledge about how transparency works - black box
- Not really matching people to appropriate actual units.
- funding for PSH needs to shift and increase to meet the new need for housing the most "high acuity" people experiencing homelessness (many housing providers have not necessarily done this before and need the support to do this ethically and successfully)

COORDINATED ENTRY – EQUITY FEEDBACK

How Does CE Improve Equity?

- In theory, the goals are great. But are we evaluating it to ensure that it is working equitably? Is it working for the populations we are serving?
- Assessments offer more services than just housing. Helping folks create goals can help them avoid homelessness in the future, support individuals with their needs. We need to get out of crisis mode and focus on thriving communities.
- Housing is a human right, so we need to move away from a system that prioritizes it based on supposed need. Our system is so inefficient. It takes a long time to get people the help they need. We are under-utilizing resources b/c the system is so inefficient.
- It does not. It should….
- Families, especially African-American families with young children, are not well served by CE. Although it was meant to reduce the ability of some families to get served based only on who they're working with, the assessment questions don't get to depth of information that providers were getting before, so information relied on is insufficient. Also, no transparency.
- Determining who gets housing based on an algorithm alone is not tenable.
- Pregnant women and others who need help NOW can't necessarily get housed when they need it (immediately). Providers who run shelters need to be able to

house the folks who are knocking at their door right away, not be subject to bureaucracy.
- For youth, A Way Home America unearthed problems with CE for youth: for example, length of time homeless doesn't speak at all to trauma
- It's more transparent; gives everyone an opportunity to meet basic needs
- Attempts to provide space for everyone to be looked at in the same way instead of differential access to resources
- At its core, CE's goal is to prioritize people with the highest vulnerability for services first, giving more equitable access to those who have higher service needs, creating increased equitable access for people who may not have accessed the housing otherwise.
- Ideally it provides an open-door system - and interchange with other groups
- Hard to tell as a housing provider if the process is equitable. There is supposed to be a certain sense of need/equity embedded in the process, but difficult to tell if that is really happening.
- Could provide the opportunity to simplify the process for getting on housing lists
- One-one in, don't have to tell your story over several times
- Don't feel it is equitable, across the board
- There is some data we can get from using the system. Focused on who is served and not who is unserved
- The principles of coordinated entry work in theory.
- Centralizing information and simplifying referrals does improve access, notes were already written.
- Streamlines access
- Access point locations & the "real time" factor of ONE facilitate immediate sharing of information

What Are the Equity Issues in CE?

- We do not adjust our inventory based on need. We do it the other way around.
- No wrong door in terms of access and improved accessibility to housing. Where can the guests thrive? What do guests need? Not just SRO's: we need to diversity the housing options.
- CE was supposed to identify gaps and prioritize. But we are not doing that for families, especially for families with younger kids and for people with severe mental health issues. Folks are getting matched to housing that is not appropriate.
- Referral to the wrong intervention is causing harm.
- People feel like they need to lie to get services.
- We need a way for clients to be able to check their own status. They should have access to the info instead of having to go back to case managers, etc. People can't plan; they just have to sit back and wait in the east bay; they had an alert system when someone's status had changed.
- Some guests need more help to navigate the system. We could identify those people earlier on in the process.

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- RRH and PSH isn't the end-all-be-all, especially for youth
- The lack of choice and geographic choice is so demoralizing for people and staff. Need to be able to incorporate voice of client and their advocates along the process.
- CE got rid of human element entirely; removed ability of providers to do their jobs.
- Need flexibility, transparency, better communication
- When assessments go "stale," folks may have to go back to the end of the line
- System needs to define how exactly looking at "equity" and "equitable access"; is the entire system of care looking at this in the same way? Individual groups/parts have definitions and plans, but it is not consistent across the system.
- The actual provision of CE being equitable is not consistent amongst access points; Access points are not necessarily trained consistently to ensure equity
- Referrals for TAY system not necessarily handled by CE prioritization, more-so leaning on the decisions of one person instead of through the system.
- Time frame seems long to get from referral to housing creates hang-up with system flow.
- Referral: Room for improvement with matching people to housing based on their particular needs. Including their geographic needs for access to other services/basic needs. Personal emotional needs/responses are not necessarily taken into consideration.
- CE is not equitable looking at the over–representation of BIPOC in the HRS. There are questions around how prioritization occurs. Process is dehumanizing to clients and having to share intimate details with people who are unknown is an issue.
- Not equitable for people who are undocumented. They are often left behind and not thought about in these system processes.
- System is retraumatizing. System sets folks up to fail (this is not directed to any staff member/agency). Systems are typically designed to oppress not lift up folks.
- Not all families have access to housing. I think some of them have to go through the Problem Solving process, it's just on the highest needs.
- I would add that there needs to be more transparency about the assessment tool. I acknowledge that not disclosing may prevent "gaming the system" closing in mystery creates more questions that not.
- Transparency about the Assessment Tool goes back to my concerns about matching people to the housing that is most appropriate for their needs. We talked about some geographic issues, and there is some concern that this increased the impact of lack of geographic resources.
- For TAY, I have had people share that they have had to work really hard to become housing react and they are harassed based on their race or their gender ID, this may be "beyond CE" but its deeply intertwined. If the outcome of CE places people in an unsafe situation, what are we doing here?
- I do believe we can do an individual choice of setting, and that's missing for us. Housing first is one thing, but if the choice is not there, something is missing.

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- What is the in assessment, how are individuals being assessed, and how did they get to us? RRH might be wrong intervention for them, and it makes me curious what is in the assessment.
- I have a lot of gripes about young people's experience of the assessment– I have given it myself, and there can be a lot of human error and relationship issues. There are issues with how the questions are asked. A lot of people have rightly asked why various questions are being asked. The weighting is also very key and very opaque, The scoring is complicated and controversial. I have seen countless experiences of people who would be a great fit with RRH who score too low, but very close. The assessment does tend to skew very much toward people who score very highly on the assessment– trauma, long period of homelessness, and being placed in an SRO by themselves in the neighborhoods where the openings are– PSH in the TL00 small units, not enough support, and it's not trauma informed enough.
- It is controversial not to mix populations – we try not to mix single adults with TAY. Adults and youth are not a mix together.
- It is a shame if that is the best that we can do.
- Assessments are not one size fits all. Equity requires us. We have a lot of TAY who have kids in foster care. They end up getting into a program that is for youth, but they want to reunify. That also makes me question what is on the assessment, a more robust assessment. To have a clear understanding of their needs in the future.
- It is very often single adults who have lost one or more of their children, and their hopes of reunifying are contingent on housing. We want that household to be in family housing, and one of the equity issues is the assessment – are they really asking and trying to determine what the needs and fit are going to be?
- We try to create a safe space. If I want housing right then and there, I will say what needs to be said to get it. I am always really concerned whether the staff are really trained in motivational interviewing and whether it is a safe space for honesty. I recently saw a senior who had 2 adult children who moved in with them. None of us thought to ask them in depth about that. If someone is without housing, they will not feel comfortable sharing that with us. They do not know how we will react to it.
- PEH worry how things will be held against them. One of our clients have an issue with the service design for households of more than two people– maybe not CE, but it's important.
- On the assessment, people may not disclose something– they may not feel comfortable disclosing criminal backgrounds, substance use– the assessment word choice does not match the lived expertise of the people we serve. I think people tend to under report. If you spent your life being penalized for those things.
- Having single set locations is an issue for some - e.g., currently the Mission doesn't have access, but the TL does. How does someone from the Fillmore get to location. There needs to be more locations that directly serve an area.

- Asking agencies to do dual work, eliminates a person doing an agency's ability to do its primary work.
- How do we integrate with information or $$ to utilize prop C $$ - examples info needed from other agencies info/appoints from SS & other agencies? Today I had 4 people who need a SS card...but the office isn't open.
- Meet people where they currently are... people shouldn't have to have a complicated bus route to begin process.
- Need better language access and translated documents
- Lack of transparency about how score gets generated
- There are different kinds of vulnerability and how to measure it
- Worries about people getting lost in the system
- We use the system to manage inventory and assign people to the inventory we have, not to the resources they actually need.
- Does not serve all. Problem- solving seems "fake", really just a way to say your serving people who are not prioritized
- If you know how to navigate housing you get it, and if you don't, you don't
- Centralized access leaves out CBOs that serve specific populations well (trans, communities of color, etc.). Inequity to send someone to a place that they may not feel is accessible to them. Promised a "no wrong door" but not the case. With equity want to decentralize.
- Assessment: questions offensive, some questions are true for people experiencing homelessness (why ask this in relation to accessing housing. Need to also train the people doing the assessment. There is little prep to the client and not unified training on conducting the assessment. Need to be more trauma-informed. Assessment is very triggering for clients.
- Assessment meets the need of the system and not the client. People are being left in limbo because of the lack of a waitlist. Inaccurate results as staff may know things about the clients experience and can't prep/prompt them. We are not getting the most accurate story.
- Referral: Need to have agency on what type of housing is good for you. Need to be able to share what neighborhoods they want to live in. The housing needs to support the referrals they are getting. Need more clinicians/staff.
- Prioritization: The DPH housing is not linked to HSH housing. There are additional levels that are available. Outcomes are lacking. Need to improve the process. Need to rethink fairness and equity.
- Training is not there for assessors, they are running through questions and need more prepping and training
- Problem-solving had no follow-up and just "smoked it up."
- We assessed 700 people and only 3-4 went into PSH, but they have disability and live on the street. How do they not score high enough? They started sending white people who've only been on the street a couple months into housing.
- Not fair to not let people into housing if they don't go into CE. Service providers know who people are. How long have you been on the street?

- People sleeping in cars with kids get sent to assessment and they come back and are crying b/c they didn't get help at all.
- We have a high success rate because we looked at who really needed housing: longest on street, disability, people who needed the most help. When CE came in, that worked b/c we couldn't do that anymore. Service providers know their clients and their needs, and clients trust them and will come to them and be honest about what they need.
- Everyone thinks CE is bullshit because they go there and don't get housing, which is what they want. People in extreme situations (like elderly) can't get into housing. Now it's like you just go to CE to get "disqualified."
- Lack of transparency is a real equity issue and interferes with prioritizing resources.
- The process of verification sets up huge barriers and the most vulnerable are the least likely to make it through the process, which cuts against the principles.
- Assessments are sometimes rushed, need more through assessments
- Subsets of groups, require different levels of advocacy and coaching- elderly needs differ from TAY, from Pregnant Mama's
- How were resources shared, culturally, word of mouth vs websites?
- Males are often not represented through the CES process
- Housing people where they are comfortable and having client voices in neighborhoods/communities for housing
- "Coaching" of clients to get a better score on the CE Assessments
- People who identify as white tend to be prioritized higher due to more access and connection to the mental health system of care. Result of systemic oppression
- Questions on housing applications for PSH related to participant behaviors or history may lead to discrimination
- Participants are prioritized and matched to housing that they are likely to not be successful in. Example: expected to be successful in RU, but no housing history or employment history

How to Ensure Equity in CE?

- Sharing out data. We need clear info about the demographics about who is getting referred to programs from CE and more info about success rates broken out by demographics.
- Who is timed out because they could not get docs in time? Who is not successful in housing?
- We need to distinguish between service and experience. We need to focus on access; Individuals should be able to go to places where they have a connection, know
- workers where there is cultural competency. It is good that HSH has expanded CE to different access points. We blame people for being a no-show when we should look at
- what we are doing to understand why people are not coming. Is the experience aligned with what the guests need? Bi-lingual, etc. No wrong door.

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- CE should create partnerships with DMV, etc. to help guests get docs they need
- Ensure ability of providers to connect with access points and update CE assessment to include key information that was not captured when the assessment was done
- Rethink the length of subsidy and types of services that will actually help people and families thrive; match resources to need and strengths
- Need to pay staff higher and fill vacancies in order to make sure access points can get folks connected to housing resources; need geographic and language equity
- Improving data driven decision making and data quality from CE. Ensuring looking at data to ensure no inequities are presenting.
- Feedback from people accessing the service in real-time. Invite people to give feedback.
- More access and training for One-System to update information for people in the system more regularly; increase communication about individual cases among different staff at agencies instead of just a couple of staff at agencies to update for all people being served.
- One-System and OVT not tied in together and creates more work on the staff at the partners; Creates a waiting game where having to wait for information from other partners in order to progress forward.
- TAY needs more communication between access points and the housing providers that is more one-on-one than only the meetings they have quarterly with HSH present. Need more on the ground collaboration between the providers in real-time.
- Better assessments to know what people truly need, how to acknowledge the whole person to ensure that folks can remain in community (as they define them).
- More resources needed to break barriers for folks using the system
- Who knows how to access this system, must be a better way to serve folks than the current system?
- How to create communities that respect the dignity of those being housed in the various properties and not creating more loss during the transition from homelessness to housing.
- Training so that everyone is on the same page about how to even assess, access, and refer folks. It's unclear how prioritization even works as the system is not transparent to either providers or clients.
- Honoring community connections as defined by the person
- Figure out how to align over-representation to housing referrals
- Better assessment when folks have repeatedly had housing that did not work for them. How to ensure that we are getting the information needed so that folks can permanently exit the system, vs. having to come back into the HRS.
- Given the "one door" to the system means that it's harder to access housing, appeal decisions, etc.

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- Figure out how to build in trust within the system so that the folks we serve know that we care about them
- Transparency comes to mind
- I think additionally the piece about bring able to make people feel comfortable and safe sharing what people needs and the information that is needed.
- People should be prioritized based on needs, not barriers. The current CE Assessment questions may cause people to hold back because they might not fully disclose– change the way to ask instead what do you need to be successful in housing, and ask people what the need, I think the things are asking people to report on are the things that people have historically been punished for. There's no incentive to being honest, there really does not seem to be that incentive.
- Not to dodge the question, equity is a broad term, language is a challenge. Spanish language was not available at the launch. Language line can be a hold up. Language options are needed. The equity of the assessment may have a gap with a provider not taking the time or having the grace to understand a person's background a little more. The assessment does not feel very equitable, most people who take the assessment will not get housing even if they are brutally honest– one person with very similar history will be housed, but the other will not.
- It feels inequitable,
- There is a lack of clarity as to whether and to what extend people with lived expertise are involved in with the questions
- How many people who have lived expertise are part of the team doing the assessments.
- How frequently do we adjust the assessment, and how frequently are we being given feedback?
- Who is doing the follow up to make sure that the placements are successful for the individual?
- Does HSH follow up with the people who are placed. Of the placements that were done with CE, how many of the people who are placed would rate it successfully? As a provider who works with other providers, I think we should be looking at where people were referred, and what is the success 2 years down the line. What is the safe palace for the providers to share the honest outcomes, and who many people are still in housing? Data is tied to money, and where is the place people to be truthful?
- Need help from partnering agencies... Fed Govt, State & City needs to work together. Example: State needs to provide some streamlined processes or prioritize queues for us.
- Make it easier to find available housing & available subsidies for ongoing support (e.g., people w/ HIV. today need to get housed/have a lease... how do we help them get the housing so we can open up the other opportunities for them.
- Remove the main barriers to access...like the SS card. Today it is taking months to get the physical card.
- We need better communication with what is available, and where somebody is in the system

- More transparency and more people at the table (like housing authority).
- CE should show where the gaps are and if we don't have enough resources, CE should tell us where resources need to be improved/expanded to meet need.
- Need system mapping/process management.
- Oversight, that has some type of decision-making power
- No wrong door/ need to bring an advocate, etc. Giving people agency in the process
- Need more transparency and oversight into the scoring/prioritization. The score changes based on housing
- Trauma-informed
- Language access/cultural competency
- Evaluation/measurements that are equitable
- Change the way the questions are asked. What do questions have to do with being homeless? No one's going to be honest (e.g., If they traded sex with a place to stay.) It's stressful to go through CE, and they still fail and end up back on the streets.
- People who are already in the system and on the streets should be a priority.
- One system, everyone who's homeless checks in, no matter where they stay. Go to that list and house people from there. Then ask questions once they're in housing.
- Problem solving is supposed to solve a different group.
- Learn to trust your providers. When you put these roadblocks up, it makes our job harder. Dump CE and take people off the 311 homeless list. Put everything on the table, and we felt like we were included. It was a consensus-based process. (The new group of people at the city need to go back.)
- Expand access to services- specifically Bayview; Seems like clients need to go downtown to access many services
- When agencies are not access points, incoming referrals lack equity and say from provider
- Transparency of Scoring tool and placements
- Staff up, train, and listen to people doing the work
- Work on assessment tool!
- More accessible in the trenches, street outreach
- Include service provider opinions and collaborate!
- Be transparent
- Set expectations with clients
- Refactor CE

Appendix G: Consumer Survey Closed Question Analysis

Summary

Homebase published live dashboards to graph responses to closed survey questions while the survey was still open. Once the survey was closed, Homebase made its own graphs using the final dataset and those graphs are below. Each graph shows the percentage of responses that chose a given answer. The corresponding number of responses is in parenthesis.

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.
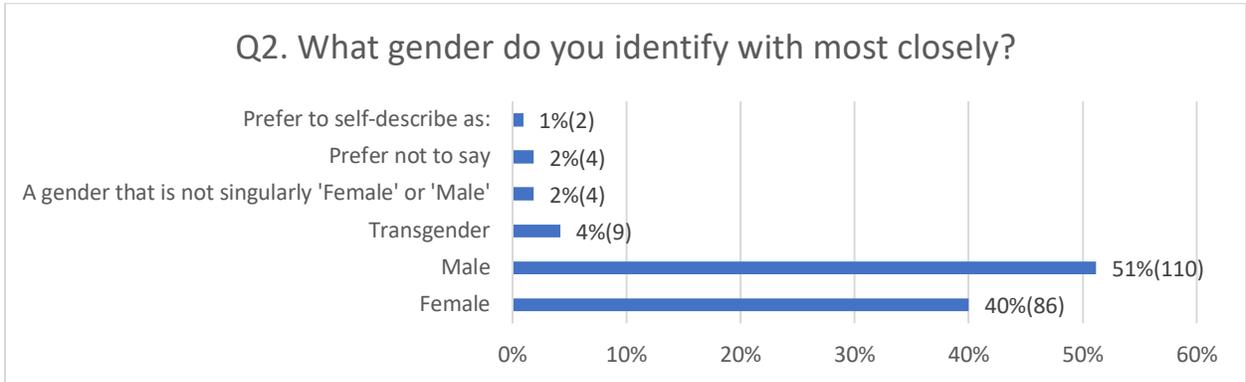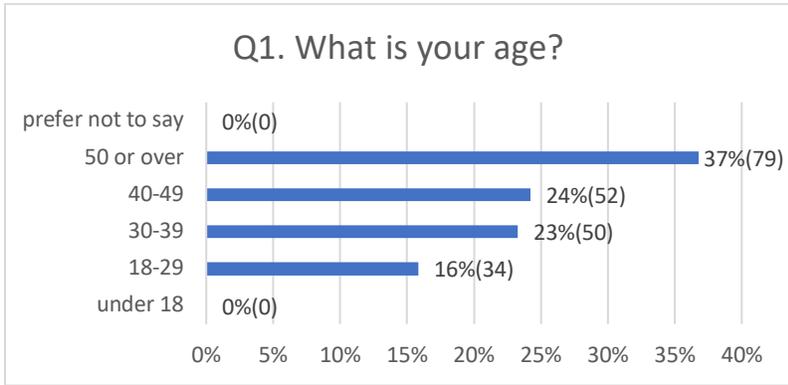
Demographic Notes

- Of particular note is that there were so few responses to open questions from transgender, nonbinary, and Native Hawaiian respondents that conclusions regarding these groups cannot be made confidently. For that reason, their responses are excluded from this analysis.
- Because there were so few responses to open questions from bisexual, lesbian, gay, and questioning respondents, their answers were pooled together into a general non-heterosexual category in order to have a large enough sample size to analyze.
- Homebase staff noticed that during in-person survey administration some respondents may have misunderstood and/or mis-marked their race and/or ethnicity, so results should be interpreted with caution.
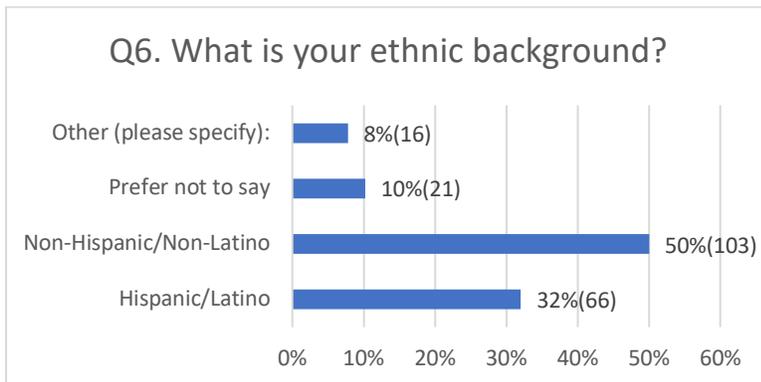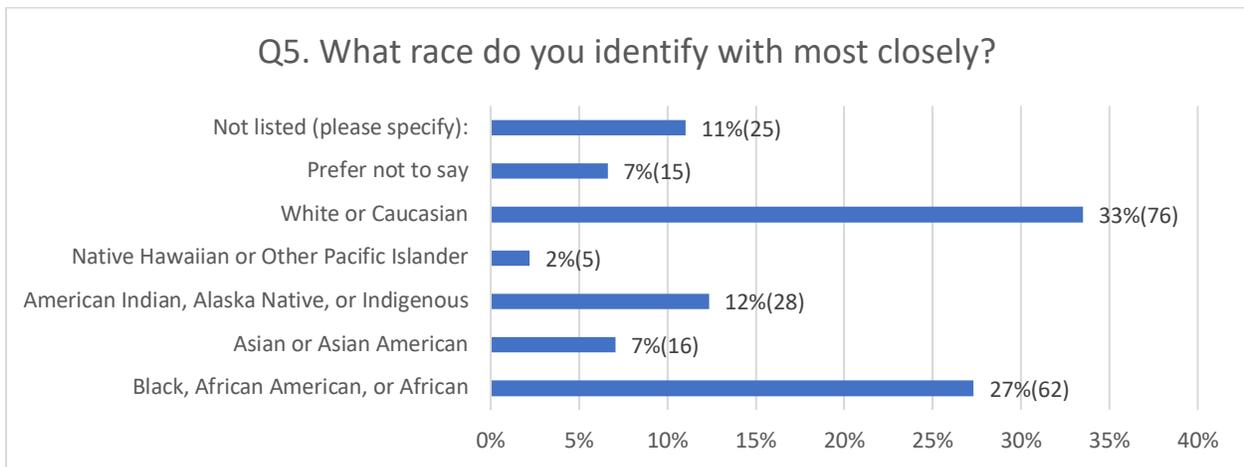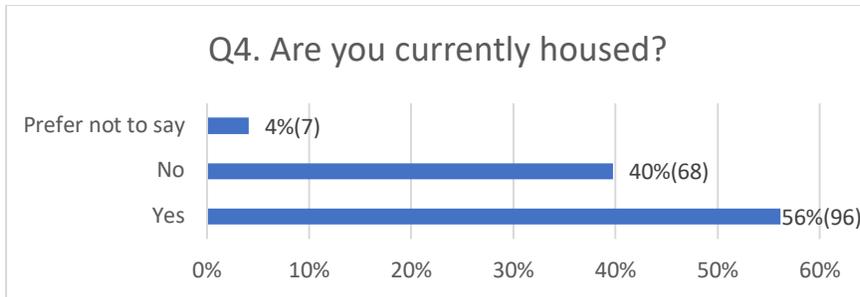
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Closed Survey Questions: Demographics (Q1-6)

Q1. What is your age?

Age	Percentage (Count)
prefer not to say	0%(0)
50 or over	37%(79)
40-49	24%(52)
30-39	23%(50)
18-29	16%(34)
under 18	0%(0)

Q2. What gender do you identify with most closely?

Gender	Percentage (Count)
Prefer to self-describe as:	1%(2)
Prefer not to say	2%(4)
A gender that is not singularly 'Female' or 'Male'	2%(4)
Transgender	4%(9)
Male	51%(110)
Female	40%(86)

Q3. What sexual orientation do you identify with most closely?

Orientation	Percentage (Count)
Other (please specify)	6%(13)
Prefer not to answer	10%(22)
Straight/Heterosexual	63%(135)
Lesbian	2%(5)
Gay	8%(18)
Questioning/Unsure	1%(2)
Bisexual	10%(21)

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Q4. Are you currently housed?

Response	Percentage
Prefer not to say	4%(7)
No	40%(68)
Yes	56%(96)

Q5. What race do you identify with most closely?

Response	Percentage
Not listed (please specify):	11%(25)
Prefer not to say	7%(15)
White or Caucasian	33%(76)
Native Hawaiian or Other Pacific Islander	2%(5)
American Indian, Alaska Native, or Indigenous	12%(28)
Asian or Asian American	7%(16)
Black, African American, or African	27%(62)

Q6. What is your ethnic background?

Response	Percentage
Other (please specify):	8%(16)
Prefer not to say	10%(21)
Non-Hispanic/Non-Latino	50%(103)
Hispanic/Latino	32%(66)

Closed Survey Questions: Family Structure (Q7-9)

Q7. Do you have children?

Response	Percentage
Prefer not to say	1%(2)
No, I do not have children	49%(85)
Yes, but they are not staying with me now	31%(54)
Yes, and they are staying with me now	18%(31)

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Q8. Are your children under 18?

No	26%(44)
Yes	34%(57)
I do not have children	40%(67)

0% 10% 20% 30% 40% 50%

Q9. If you have children under 18, would having housing mean you could live with them?

Not sure	9%(15)
No	12%(19)
Yes	28%(46)
I do not have children/ My children are over 18	51%(82)

0% 10% 20% 30% 40% 50% 60%

Closed Survey Questions: Access (Q10-12)

Q10. When you first lost housing did you know where to go for help?

No	77%(129)
Yes	23%(39)

0% 20% 40% 60% 80% 100%

Q11. How long did it take you to access help after you first lost your housing?

6+ months	52%(84)
2-6 months	18%(29)
1-2 months	5%(8)
2-4 weeks	5%(8)
1-2 weeks	9%(14)
Less than one week	4%(7)
Less than 1 day	7%(11)

0% 10% 20% 30% 40% 50% 60%

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Q12. How did you learn about services before you accessed them?

Category	Percentage
Other (please specify)	20%(48)
Outreach worker	17%(39)
Other service center (e.g., department of human services)	11%(25)
Case worker	21%(49)
Flyers	2%(4)
Word of mouth	30%(70)

Closed Survey Questions: Assessment (Q13-16)

Q13. Where did you first go for help?

Category	Percentage
Other (please specify)	46%(75)
I got help from elsewhere (such as a case worker,…	42%(69)
[list out agencies included in CES]	12%(20)

Q14. At the place you went for help did someone interview you and ask you a lot of questions?

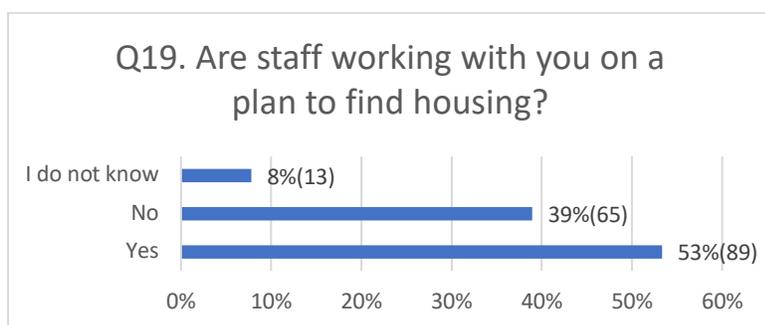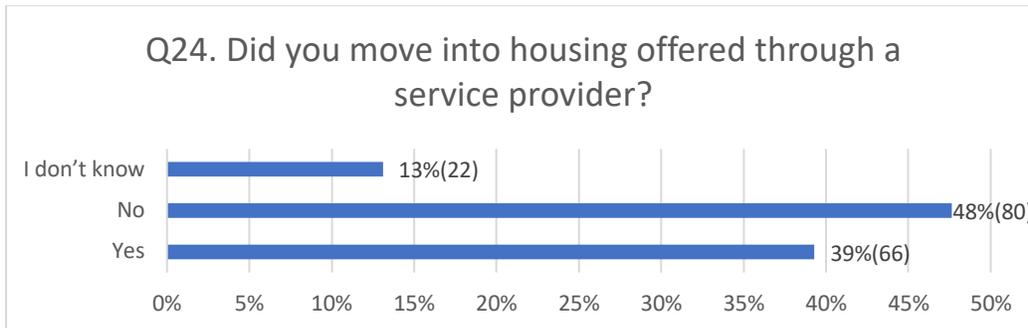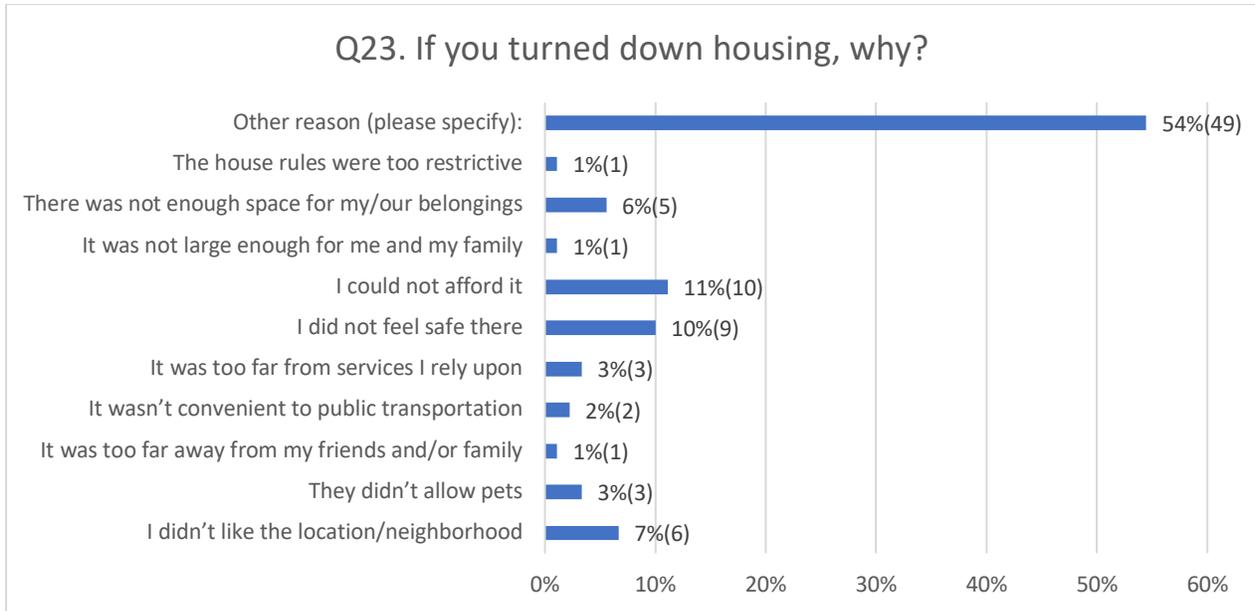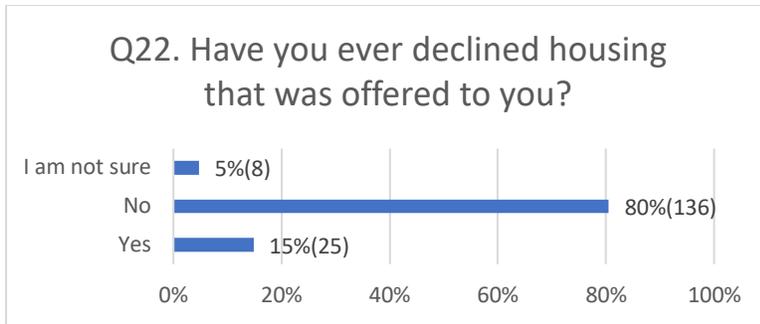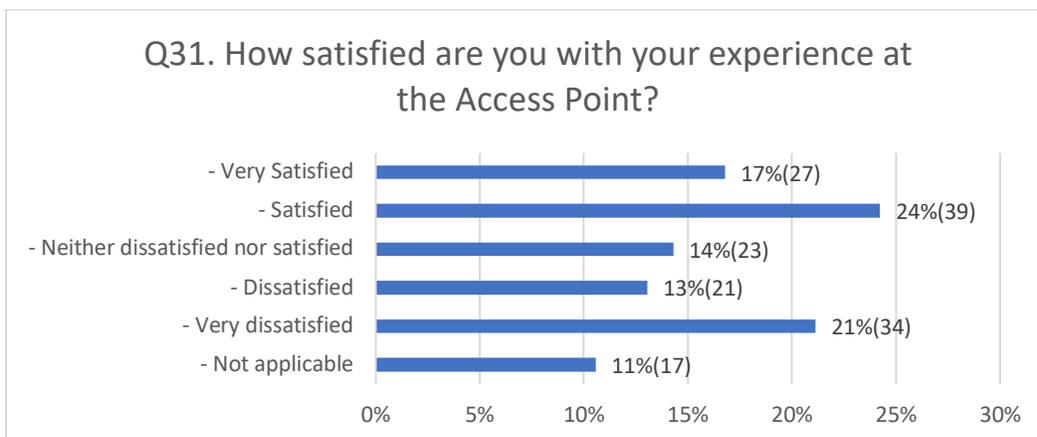| Category	Percentage
I do not know	5%(9)
No	18%(30)
Yes	77%(131)

Q15. Did the interviewer ask about your housing needs?

Category	Percentage
No	22%(37)
Yes	71%(120)
Not applicable / I did not do an interview	7%(12)

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Q16. After you answered the questions did someone offer you help?

Response	Percent (Count)
Not applicable – I didn't do an interview	8%(14)
I do not know	8%(13)
No	27%(46)
Yes	57%(95)

x-axis: 0% to 60%

Closed Survey Questions: Placement (Q19-25)

Q19. Are staff working with you on a plan to find housing?

Response	Percent (Count)
I do not know	8%(13)
No	39%(65)
Yes	53%(89)

x-axis: 0% to 60%

Q20. If yes, how often do you talk with the staff who helped you find housing?

Response	Percent (Count)
Less than once per month	11%(18)
Once per month	7%(11)
Every other week	12%(19)
At least once weekly	25%(39)
Daily	12%(19)
They are not helping / did not help me find housing	33%(52)

x-axis: 0% to 35%

Q21. Do you feel progress is being made towards your housing goal?

Response	Percent (Count)
I am already housed	24%(41)
I do not know	11%(18)
No	33%(55)
Yes	32%(54)

x-axis: 0% to 35%

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Q22. Have you ever declined housing that was offered to you?

I am not sure	5%(8)
No	80%(136)
Yes	15%(25)

0% 20% 40% 60% 80% 100%

Q23. If you turned down housing, why?

Other reason (please specify):	54%(49)
The house rules were too restrictive	1%(1)
There was not enough space for my/our belongings	6%(5)
It was not large enough for me and my family	1%(1)
I could not afford it	11%(10)
I did not feel safe there	10%(9)
It was too far from services I rely upon	3%(3)
It wasn't convenient to public transportation	2%(2)
It was too far away from my friends and/or family	1%(1)
They didn't allow pets	3%(3)
I didn't like the location/neighborhood	7%(6)

0% 10% 20% 30% 40% 50% 60%

Q24. Did you move into housing offered through a service provider?

I don't know	13%(22)
No	48%(80)
Yes	39%(66)

0% 5% 10% 15% 20% 25% 30% 35% 40% 45% 50%

Q25. If yes how long did you have to wait to move in from when you first asked for help?

over 1 year	19%(29)
6 months - 1 year	7%(10)
3-6 months	10%(15)
1-3 months	21%(32)
Not applicable (I am not housed yet or I got housing…	43%(64)

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

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Closed Survey Questions: Problem Solving (Q26-33)

Q26. Did staff have a conversation with you about connecting to friends and family who can help?

Response	Percentage
I do not know	11%(18)
No	56%(96)
Yes	33%(57)

Q27. Was the conversation helpful?

Response	Percentage
I do not know	14%(23)
No	31%(51)
Yes	29%(47)
Not applicable	26%(43)

Q29. How satisfied are you with your current housing?

Response	Percentage
- Very satisfied	18%(30)
- Satisfied	21%(35)
- Neither dissatisfied nor satisfied	10%(17)
- Dissatisfied	15%(25)
- Very dissatisfied	18%(30)
- Not applicable (I am not housed yet)	18%(30)

Q31. How satisfied are you with your experience at the Access Point?

Response	Percentage
- Very Satisfied	17%(27)
- Satisfied	24%(39)
- Neither dissatisfied nor satisfied	14%(23)
- Dissatisfied	13%(21)
- Very dissatisfied	21%(34)
- Not applicable	11%(17)

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Q33. What was most helpful to you when working to find housing?

Category	Percent (Count)
Other (please explain):	14%(48)
Information about other organizations I could get help…	10%(34)
Transportation help	7%(24)
Help training for or finding a job	2%(8)
Help getting my documents (e.g., an ID)	10%(35)
Shelter	11%(36)
Drop-in centers	6%(22)
Case manager	20%(67)
Staff who told me the process and my options	19%(65)

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Appendix H: Provider Focus Groups Complete Responses

Summary

Provider Focus Groups

In February 2022, Homebase conducted focus groups with three groups of housing or service providers in San Francisco to understand their experiences with and perspectives on the City's Coordinated Entry System (CES) for people experiencing homelessness:

- Access Point (AP) providers
- Rapid Re-Housing (RRH) providers
- Permanent Supportive Housing (PSH) providers

Providers were asked to articulate their understanding of the purpose and goals of Coordinated Entry (CE), whether or not they endorse the purpose and goals, whether the current implementation of CE achieves the purpose and goals, what the strengths and barriers of current CE implementation are, and how CE can be improved to more equitably and effectively address homelessness in San Francisco. Their responses are indicated in this report by their respective acronyms and grouped by general themes below.

Articulated Purpose of CE

PSH Provider Responses:

- Coordinate clients from homelessness into housing-- do intake and referral process for formerly homeless individuals
- Get people from homelessness to housing whatever that looks like for folks and to make it less traumatizing for folks along the way
- All homelessness resources come together so that when an individual or family comes with need related to homelessness there's a centralized place to see all the services potentially available and connect the individual/family to the whole host of possibility of services-- Centralized location for people and services

- Takes a whole other line of staff to actually do the work to connect the people and services
- To confuse people
- Centralized housing referrals for housing
- The purpose of coordinated entry is to get clients off the street housed
- Pathway to housing
- To coordinate with other agencies in finding housing for the less fortunate
- The intent it to get people housed in an equitable way, giving everyone the same access
- Centralize the organization and referral process for applicant, property management, prepare the applicant for application process
- Resources available to secure housing only. (We cannot make referrals to behavioral services or any other services needed besides housing retention.)

RRH Provider Responses:

- A central hub in order to funnel and manage homeless services.
- To provide consistency for service providers across the community.
- To prioritize those with the highest vulnerabilities for housing
- A centralized system that helps participants and service providers to assess and then prioritize the services to people in need.

Endorsement of CE Purpose and Goals

PSH Provider Responses:

- Community focused part is important, but prioritizing who gets housing is problematic because everybody coming into CE is homeless, so we're taking homeless folks and deciding amongst them who gets housing.
- Providers struggle with accepting scarcity of housing as resource when they see that city and state have more money than they know how to spend. Why are we stuck struggling with how to issue out two units when we could have 25? Why can't we advocate for the true needs instead of parsing out pain, etc.?
- I get the intention of who's going to die on the street tonight, but if that's the case then why are there vacant PSH units available? IF we can't fix that mismatch of gross proportion, then the system is not working because we've got people dying on the street AND vacant units.
- We are putting a lot of pressure on CE to solve all problems

RRH Provider Responses:

- No disagreement with articulated purpose and goals of CE

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Benefits/Strengths of CE

PSH Provider Responses:

- Specific entry points; Assigned Housing Navigators; Keep communication open and constant.
- It's people centered; brings resources together; brings service providers together. It can tell a portion of a story or the services someone may have received. A centralized system has some benefits.
- The biggest strength is that the mobile team will come to the site to assess guests. If there are multiple guests, they need to be assessed.
- Since we have not received many referrals, some units vacant for a year with no referrals I am not in a position to comment on the strengths. I think the CE does identify homeless individuals which is a great service.
- Quickly match applicants to units; Better track homeless/formerly homeless population; Applicants do not have to apply to numerous sites on their own.
- Direct client interaction and cohesive work with housing partners
- Knowing the staff (and their contact info) who make the referrals & scheduled intake/move-in dates/times works in the referral process.

RRH Provider Responses:

- Centralizing access to housing related services; Growth of the database itself, started small for shelters and has become the biggest database for accessing resources and referrals to providers; having access to historical notes and files of profiles and cases.
- What is working is retrieving referrals of CE system and when folks reach out in need of services, we refer them to CE.

Access Point Provider Responses:

- Client's demographic, identification, and contact information usually all captured.
- Having multiple Access Points in the community, so clients still have access.
- Having multiple youth providers running access points, so youth have choice regarding which provider they want to go to
- Dedicated Staff who truly care about the programs.
- It attempts to centralize info in the ONE system; it helps identify vulnerable households who may not have been identified without CE; in theory it can collect data that can be used to evaluate impact.

Key Challenges Identified

1. Lack of communication and transparency about the CE process

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- There's a disconnect b/w HSH and CE staff, so if I'm in frequent communication with program managers at HSH saying fill your units, but then there's coordination hiccup with CE… If they're not on the same page, it's hard to get anything done. (PSH)
- Communication of CE referral applicants can be clearer and more defined, so that there can be more follow up and follow through for both CE and housing providers. (PSH)
- The length of time it takes to obtain an engaged and qualified referral results in the referral applicant not being housed and the housing provider carrying a vacancy for a longer period. (PSH)
- There is no standing meeting with CE team to work in a collaborative space. (RRH)
- We are known to people as "a place to go," which leads to confusion in the community as to what services can be provided there. For example, law enforcement tells people they can get shelter beds through this location. (AP)
- Misinformation from the community leads to unrealistic expectations of the Access Point staff. (AP)
- Misinformation/misconceptions are driving some of the pushback to CE. Access points get blamed when miscommunication makes the system not function properly; has a big effect on access point staff. [Many providers agree with this sentiment.] (AP)
- There is a lack of transparency about the scoring criteria. (AP)
- We're complaining about the exact things that we were warning about when this system was designed. Providers, especially small grassroots providers, predicted this would be an inequitable system, but no one listened. Now we are worried that no one will listen to this feedback either. [Many providers agreed with this sentiment.] (AP)
- There needs to be clearer communication across the system about roles and processes (e.g., there is a common misperception that it is the access point's role to collect required docs and upload them in ONE, and this slows down access to housing). (AP)
- We need better communication across the system including role clarification and simple, clear processes to reduce barriers associated with referral. (AP)
- We need a clear understanding of the Coordinated Entry System, for providers and people we will be assisting. When a person has minimum understanding of a system they will be using, it sometimes creates more obstacle/barriers to the person thought process give trusting feedback or honest answers to the assessments. (AP)
- The issue is that the system is not transparent to clients or providers. (PSH)
- We need greater transparency with how "scores" are determined. (PSH)
- Be transparent about where someone is on a waitlist. (RRH)

2. Assessment process is unclear and unhelpful.

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- It's more about supportive housing being part of the assessment and referral process. We're responsible for maintaining their housing, we should be involved in process since the beginning. [Many other providers agreed with this perspective.] (PSH)
- CE should also be assessing for gaps in the system, so that the system can be improved to meet people's needs. If people have needs that can't be met, how can the system change to meet those needs rather than continuing to refer people to services that may not be adequate. (PSH)
- The assessment is clearly not identifying the obvious thing, that most referrals are not prepared for independent living. Most referrals come in needing a higher level of care. Prioritization is good, we want to house people on the street, but there also seems to be a gap for people living in transitional housing (TH). They don't get to the point where they can get housed before they're homeless again. (PSH)
- As housing providers we're unsure about what happens during assessment and prioritization and referral to housing, we need to be able to fill in that gap. (PSH)
- One of the biggest challenges is that everybody is assessed the same way. People need to be assessed on a case-by-case basis. Another challenge is that locals are not prioritized. People new to San Francisco seem to get more services than people born and raised in San Francisco. People who have been in San Francisco for over 10 years should be prioritized over people who've been in San Francisco for a year or two. (PSH)
- Scores are used over qualitative assessments by providers that may know a participant needs a higher level of care - impact to individuals when the intervention may not be the best fit. (RRH)
- Don't require people to re-experience homelessness prior to accessing CE again, if the RRH program they were referred to in the first place ends without sustainable housing. Why do they have to go back into the HRS? This is not client-centered and creates further distrust with the system. It's so difficult, this also impacts staff. (RRH)
- Scoring needs to change. (RRH)
- CE language is not strength based or supportive; "priority" is an example. (RRH)
- Some assessment questions are vague, and I have to rephrase; that's a barrier for clients to answer clearly, fully, accurately and can prevent them from scoring how they should. (AP)
- Assessment questions don't fully reflect what we need to be asking people around their homelessness: What services have you tried to get in the past? Why don't you trust the system? (AP)
- Why don't people who are unsheltered score higher than people in shelter? (AP)
- It seems like the problem is the question that asks how long their current period of homelessness is, so people who are recently homeless but have been homeless before for years of their life, they don't get prioritized. [Many providers agreed with this statement.] (AP)

- Assessment questions don't have to do with housing, they're unnecessarily invasive. (AP)
- Access points can assess people pretty efficiently, but they lack flexibility and discretion, and that impacts how quickly access points can get people help and relief. It is helpful to have a standardized assessment, but we should not be relying on a single score generated by an algorithm; access points should have some discretion to make qualitative assessments. (AP)
- Assessment score needs to be evaluated on regular basis to ensure the high acuity scores are given a more intensive intervention vs. being referred to RRH program. (RRH)
- Change the screening process -- instead of comparing clients with higher needs focus on specific needs to be housed according to their need. (PSH)

3. **Referrals and placements are often not appropriate or timely**
   - We need a better referral assessment so clients that actually are a priority get support. (RRH)
   - ONE System is a great tool that shows the history and the story of people, so it brings together a lot of services that I can see for people, very people centered. But the tool is terrible for matching people to units that they are eligible for. One serious thing that could be better is improvement in clarity tool. We get referrals through ONE System that don't meet the criteria of the housing they're referred to. (PSH)
   - Having people referred from ONE System is a problem, doesn't believe that assessment is happening. They're not communicating what housing people will be referred to, not taking into account all that people need, that support services aren't available. If they're used to support and then it's suddenly taken from them, they struggle to meet their basic needs. [Many other providers agreed with this perspective.] (PSH)
   - It is hard to separate the system from the tool (ONE/Clarity). The ONE system is very people centered however it is not resource centered. This means that participants are not always matched to the appropriate PSH provider/apartment/service. I wonder if the system can be built out more to address this. (PSH)
   - There are now more people and systems to deal with regarding referrals than before. COC intake would ensure all paperwork was correct, make appointments for lease signing, etc. And it was the same with HAT referrals, the intake to move-in process was about two weeks at the most. Currently referrals take a very long time to come, we must ensure application accuracy, and communicate with different people for intake-lease signing. The three different options are creating a hiccup, but I understand why we should provide options. (PSH)
   - It's not working well for vets from perspective of they go to the access point, have problem solving assessment, housing assessment, get referred to S2P but they never come, so they don't get the benefits and expertise of those

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services. We can look in profile and may or may not see contact info. We would love to have a warm handoff after the assessment is completed. (PSH)

- We should be "matching" folks to onsite support services and site amenities, not just amenities alone. One of the challenges is that PSH is underfunded, and we have many staff openings on the support service side and property management, which also complicate the picture in terms of having robust services to keep folks housed. (PSH)

- Referrals need the basics, from the basics of learning to clean, when they need to learn things like this after being homeless for a long time, to learning how to communicate so we can all better help them in their needs. (PSH)

- Some of the recent referrals don't want to be housed or rather don't want any rules or rent to pay. Sometimes it seems like they are being forced to accept supportive housing. (PSH)

- It would be great if clients were assisted with services needed prior to housing: Money management to get rents paid; IHSS if they have mobility limitations; PCP if they have not had access to medical care, etc. Support services then can follow up with ongoing support once housed. This will allow services to be in place prior to housing. It's very challenging to get clients to seek services after housed, which can cause hoarding issues, lease violations for not paying rent (some feel they don't have to pay rent), non-adherence to lease agreement, isolation issues with ADL, etc. (PSH)

- Applicants are not ready for housing in independent living. It would be beneficial to teach life skills, personal hygiene, housekeeping, and paying rent prior to moving into housing. Many have physical and mental health challenges without any follow up. (PSH)

- We often set people up for failure by putting them into permanent housing when they can't meet their own basic needs without support. People moving from SIPs and shelters into PSH are accustomed to have nursing care, behavioral health support, three meals a day, in-home care, services, etc. How can we build out these critical supports in PSH? (PSH)

- Applicants are not matched to the appropriate building and services. SHP have provided building amenities and ADA accessibility, and it is also included in ONE. CE staff must review applications and building amenities prior to making the referrals. (PSH)

- Referrals need to be made in timely way. We need updated contact information for responsible referrals. (PSH)

- It is a longer process to provide housing with CE as there are concerns with receiving qualified CE referral applicants and relevant qualifying information. Current referrals are high risk/high need, and current on-site Support Services are not sufficient nor equipped to handle the current population. (PSH)

- The part that is missing is that there are a lot of people who are just not ready for permanent housing, housing for them is not the solution. We address the issues of homelessness and displacement with notion that housing will

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address homelessness, but what we're missing is preparing people for housing. (PSH)

- One-to-one referrals that are actually matched appropriately work. I don't think Batch Referrals work. (PSH)
- Stop referring people to RRH who have been through 1, 2, or 3 times already unsuccessfully. Fund other interventions for them! (RRH)
- For individuals that are chronically homeless, RRH may not be the best housing placement, unless it is long-term subsidy. Limited subsidy only interrupts homelessness, it does not solve it. (RRH)
- Families referred to RRH programs are often considered as having the highest acuity scores but still referred to RRH program that is light case management and length of time in program is not enough to stabilize household. Suggestion: If assessment shows a certain acuity threshold and has an extensive history of utilizing services, should not be referred to RRH and instead be referred to PSH or another more intense intervention. (RRH)
- Same households recycle in CE system, and there is no assessing of and from the system as to why they were unsuccessful the first time in RRH program, but they are then re-referred to sometimes even the same RRH program. Suggestion: more need to evaluate and assess individuals who have undergone RRH program multiple times within a given time frame. (RRH)
- Working with more high acuity families than ever before and having them recycle in RRH programs, often the same ones they recently exited. Individuals not understanding RRH programmatic structure and needs and families being taken aback when breakdown of roles and responsibility are done by RRH provider. (RRH)
- Families are high need so lots of need for PSH, but since those units aren't there, they're sending those families to RRH. (AP)
- Tight inventory is creating barriers - they've doubled the vulnerability threshold for families to get a referral (from 40 to 80). (AP)
- Need more/better access to services, particularly for substance use disorders. (AP)
- No one is working in the referral stages to assist people with getting housing. They are left to do it themselves. (AP)
- Expand housing inventory/do not over-rely on problem-solving for the majority of the homeless population. (AP)
- Families with income challenges or aren't housing ready get placed in RRH when they need PSH and aren't well suited to it, so they return to homelessness. (AP)

4. **Access point staff are not sufficiently trained**
   - There's not a lot of guidance about resources available in problem solving, it's left up to individuals to design their own resource guides basically. The assessment lacked strategy and technique. They need more training! (PSH)

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- They are being told that after a year they can move to a better place. That is not how things work, and we have to be the bad guys when telling them about the reasonable accommodation. (PSH)
- I give people the information to CE and tell them they have to be proactive. They have to check in with the case manager assigned to them and give them as much information as possible. (PSH)
- We get incomplete housing application packets at time of referral. Housing providers must review for accuracy and completeness and remind CE staff. Please ensure completeness of referral packets. (PSH)
- Applicants are not matched to the appropriate building and services. SHP have provided building amenities and ADA accessibility, and it is also included in ONE. CE staff must review applications and building amenities prior to making the referrals. (PSH)
- Housing navigators were supposed to provide some sort of housing stability post-placement. What happened? (PSH)
- If CE would work with the referral applicants ahead of referring them to a housing provider this would eliminate a lot of time and additional efforts. By having the household come with at least, ID, SS Card and proof of income will speed up the process of housing them. (PSH)
- Timeline from referral to successful move-in is extraordinarily long leading to long-term vacancy loss and long-term vacant units. (PSH)
- The very minimal client info is a challenge, but we understand the need for it to shorten the time between an applicant being referred & being housed. (PSH)
- There is no consistency of knowledge: CE staff lacking knowledge of subsidy structure, CE not preparing families of what RRH does, lack of programmatic understanding of services provided and delivery and the impact on families via miscommunication on delivery of services. Suggestion: better training of CE staff, better assessment of family circumstances to better capture a picture of family. (RRH)
- No being documented ready or understanding the need for documents is a recurring theme once in services. The ""pass of buck"" style to RRH providers to collect these items impacts household times in program and how much of a barrier impact it truly has. Suggestion: CE staff ensuring that families are submitting documentation BEFORE any referral to RRH is made and uploading those files onto ONE System so there is no delays in services for collecting basic vital documents. CE staff working with shelters/ transitional housing to ensure documentation is readily available and updated. Case manage those requests for vital documents, disperse funds for those documents, ensure family has them in hand and THEN refer to RRH program. (RRH)
- Extra workloads, extra time taken into breaking down program structures to families because of misleading info given by CE, extra case management that is truly not scope in specific roles because vital documents are missing and

need to collect items. Utilizing funds for items that could have been paid for when doing assessment at CE. Inputting data on a regular basis to ensure family cases are updated on top of the internal databases being utilized. (RRH)

- CE are not collecting vital documentation pertinent to RRH program and therefore causing delay in RRH services because no vital docs were uploaded nor even attempted to be collected by CE team. Referrals that often come through are not vetted enough and therefore as RRH provider we deny it because they don't meet eligibility, yet CE could have double checked in advanced before referring someone who didn't even meet eligibility. (RRH)
- There are problems when partial client information is entered/gathered. For example, partial SSN makes a veteran status check near impossible. (Remembering that veteran status is firstly self-reported but must be verified.) (AP)
- We need to be investing in training and staffing who is dedicated to the work. When the System is working, staffing who aren't properly trained and dedicated to work can add extra barriers to making the System work correctly. (AP)
- Access points can assess people efficiently and they're centralized. However, access points need more staffing and more resources (e.g., problem-solving dollars). (AP)
- We need better functionality in the ONE system and better training. There are eight hours of training videos that do not really show people directly what they need to be doing. (AP)

5. **Problem Solving Is Not Appropriate or Effective**
   - Problem Solving is a failure for our community. People that are homeless do not have jobs or money to pay rent after the problem solving status is over. I have watched people receive funding for housing, but they used the money to help them with other issues they have. Taxpayers' dollars were totally wasted in our community. (AP)
   - Efficacy rates are very low, and it's the intervention most people are relying on because of low inventory. We should think about a system target - if problem solving is going to be such a big piece of the pie, they should have a goal % of how effective/successful it should be. We need more funding per household and more flexible funding. (AP)
   - Problem solving is not the answer for 100% of people, and there are other core issues [that don't get addressed, resulting in returns to homelessness]. (AP)
   - Most people go to PSH, and that money can't be used for problem solving. Eliminating the homeless response system as a parameter for problem solving would be a huge help. Money for people who get prioritized for housing can't be used for problem solving, and that's a big barrier for

organizations; they need flexibility and discretion. Basically, everyone agrees that problem solving and RRH need better/more access to services. (AP)

- Problem solving takes a long time, you have to build trust. It's labor intensive and needs lots of support and case management even after people are housed. We need more staff in order to do it properly. [Many providers agreed with this observation.] (AP)
- Staffing needs to be expanded to deal with EHVs too. Effectively paired with the UBI pilot, this could be really powerful. (AP)
- There are hotel vouchers, but they're told can't be used for problem solving clients. (AP)
- There's good turnaround with clients who can self-identify resolutions, but we've noticed an increase in more advanced/complex cases. Clients need intensive case management but doesn't qualify for it from the organizations they usually go through; they themselves don't have the staffing to handle these clients themselves. We also don't have staff that can help people with housing location; would like dedicated staff to do matching for housing or housing location. (AP)
- We don't talk about case management at the same time we talk about problem solving - that messaging needs to change in order to fix this problem. Need other agencies to hold clients' hands through the process. If we don't support people through the process, it's no wonder so many of them return to homelessness. (AP)
- We're proposing to hire at each access points to do housing stabilization, case management, employment, and housing readiness because that's where we're failing. (AP)
- The best approach for working with people in "problem solving status" is simple, clear communications that manage people's expectations. We also need to improve the efficacy of problem-solving so that it's not so upsetting for people. (AP)

6. Current System Needs More Flexibility and More Options

- One site has an inordinate amount of CE openings but can't get people in because of barriers by choice -- set number of people and houses, but chronicity is an issue or getting people documented as chronic is an issue. But there are people, and they need housing and there IS housing! Really difficult to not be able to navigate someone who has needs when you've got means to support those needs. [Extensive agreement among all providers with this response.] (PSH)
- Funds are budgeted, they just need to reduce barriers to get them out. (AP)
- All the data being tracked onto there does not support the efforts agencies are doing and also city is not evaluating or doing much about all that data input yet the pressure to input on a consistent basis feels completely off. (RRH)

- HSH/CE is preventing providers from actually helping people. (AP)
- None of it has worked for us. SF used us to assess people that they knew they would not be a priority and it takes 6 months before people can be re-assessed. The services provider should be able to house their clients without all the mistrust that comes with working with SF. (AP)
- Service Providers need to be the only people that can house people. More funding needs to go into housing people that already have programs for housing unhoused individuals. (AP)
- Use the system to tell us where we need to expand housing inventory. I.e., let CE recommend housing type regardless of current inventory and let those recommendations tell us where we need to expand. (AP)
- This program needs to be deleted. Service provider can and should be trusted to do the work they have dedicated their careers to provide these services without the fear of losing their funding. (AP)
- Use Access Points to collect data on services that families NEED or WANT, but we don't have. Adjust inventory accordingly. Don't rely as heavily on RRH. (RRH)
- We need varying types of housing within the system. PSH cannot solve the needs for everyone in this system. We need access to PSH, Board and Care, Assisted Living, and purely affordable housing when folks no longer need robust services that come with PSH. (PSH)

7. Fairness and Equity Concerns and Recommendations

- I think that CE is being blamed for the continued challenge of homelessness in SF. However, CE will never fix homelessness. Homelessness will not end until San Francisco creates a variety of housing options for a variety of folks' needs and not until there are no more evictions. When folks are evicted, they are often then criminalized for being unhoused, then are often placed in custody, and when released they have nowhere to go except back to CE. But this time they are not only unhoused, they also have an eviction on their record, and a history of incarceration which limits their housing options. Each entity must play a role in disrupting the cycle of homelessness. In order for them to disrupt the cycle they must look internally and reflectively at how their policies and practices support systems that are founded on the principles of racism and white supremacy. (PSH)
- We need to ensure these systems are responsive to the needs of folks who are undocumented. There is a clear gap in access to critical services and housing for this population and this should be addressed. (PSH)
- Outreach directly to community. Many folks still do not know unless they are referred to by the agency they work with. (RRH)
- Can be hard for people outside the immediate community to get there. (AP)
- Housing inventory is a challenge - both the amount and type. (AP)
- RRH list averages 200-230 families; some have been on the list since October 2020; clearly not enough inventory. (AP)

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- San Francisco recently got funding for EHV vouchers but only 17 went to families on this list. (AP)
- There is limited to no housing inventory for all programs. (AP)
- Is there language to get at what we're doing and how we're deciding other than "prioritization"? I understand the concern, but "priority" is an accurate descriptor, so I don't know how to soften it. I also don't think this substantively changes anything. We need to Increase access to the things people are eligible for - that's more important than changing the language. (AP)
- We've established our baseline for CE around parceling out limited inventory, but we could shift to a concept more like targeting because that would better show where the gaps are. (AP)
- Process is underserving POC; people in Bayview have been homeless for 20, 30 years and those people say they don't trust the system. (AP)
- Most of my clients who experience barriers because of the wording of the assessment questions are people of color. (AP)
- When people are willing to be vulnerable to do the assessment and then get nothing, they don't want to trust/engage with the system again. (AP)
- Nothing about assessment is working for Black people. We assessed 900 people and only 3 were prioritized. (AP)
- Doesn't make sense that Black people in Bayview aren't the first to be prioritized for housing. (AP)
- We're complaining about the exact things that we were warning about when this system was designed. Providers, especially small grassroots providers, predicted this would be an inequitable system, but no one listened. Now we are worried that no one will listen to this feedback either. [Many providers agreed with this sentiment.] (AP)
- We have not experienced any good points from the CE. It is a tool used to discriminate against black people that are homeless. The strength is that the discrimination has worked as it was planned to do. Job well done; Blacks in SF are still homeless! (AP)
- CE and HSH staff must have transparent communication regarding this issue. It's not known to me how this access is currently being applied to ensure equity. (AP)
- Find out what the needs are of the people instead of providing cookie-cutter one size fits all services. (PSH)
- Use a consistent tool for determining needs and best matching. Ensure SF staff are being fair & consistent in their use of the scores/placement/resources. (PSH)
- I think there should be an established system that fairly allocates the resources between all that participate in the CE program with a removal and reinstatement process. (PSH)
- Have more ways and outreach to support immigrant and/or limited English-speaking folks, such as language services, community collaboration with those marginalized CBOs, etc. (RRH)
- More outreach so more communities of color know about the Access Points. Sharing information with other providers and other districts in SF. (AP)

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- Do an equity assessment of the scoring tool which may (for example) be capturing the vulnerabilities of older male populations more effectively than for younger female populations, especially in communities of color. (AP)
- The services providers need to place people in housing based on the time they have spent homeless! (AP)
- We need to change the definition of family. (RRH)
- People are homeless, but not "homeless enough." (RRH)

Suggestions to Improve the System

1. Increase and Broaden Housing and Service Options

- We need more affordable housing. [All providers agreed this was the main problem, though they clearly think there are a certain group of people experiencing homelessness for whom housing, even PSH, is not enough because they are just "not ready."] (RRH)
- We should be "matching" folks to onsite support services and site amenities, not just amenities alone. One of the challenges is that PSH is underfunded, and we have many staff openings on the support service side and property management, which also complicate the picture in terms of having robust services to keep folks housed. (PSH)
- We need varying types of housing within the system. PSH cannot solve the needs for everyone in this system. We need access to PSH, Board and Care, Assisted Living, and purely affordable housing when folks no longer need robust services that come with PSH. (PSH)
- Expand housing inventory/do not over-rely on problem-solving for the majority of the homeless population. (AP)
- We need more PSH for all. (RRH)
- Could we have two CE systems -- one for housing and one for supportive services? To do it all is too much for the client and leaves them jaded. (PSH)
- Add a mechanism to transfer from one intervention to another (other than case review, which is not good). For example, if RRH isn't working, transfer to PSH. (RRH)
- RRH should be a step-up housing program from TLP or Shelter when individuals have the opportunity to stabilize and then move into independent housing, that will allow them to be successful. (RRH)
- Most people go to PSH, and that money can't be used for problem solving. Eliminating the homeless response system as a parameter for problem solving would be a huge help. Money for people who get prioritized for housing can't be used for problem solving, and that's a big barrier for organizations; they need flexibility and discretion. Basically, everyone agrees that problem solving and RRH need better/more access to services. (AP)

2. Improve Access, Assessment, and Prioritization

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- Needs to be more streamlined and not create so many barriers for clients that need services the most. (RRH)
- Outreach directly to community. Many folks still do not know unless they are referred to by the agency they work with. (RRH)
- There is no consistency of knowledge: CE staff lacking knowledge of subsidy structure, CE not preparing families of what RRH does, lack of programmatic understanding of services provided and delivery and the impact on families via miscommunication on delivery of services. Suggestion: better training of CE staff, better assessment of family circumstances to better capture a picture of family. (RRH)
- We should be looking at how to make the system more responsive so that we can meet the needs of those who need services for everyone. Don't leave anyone behind because they're less homeless or seen as experiencing less trauma and waiting for them to experience more trauma to be worthy of housing. (PSH)
- Access points can assess people pretty efficiently, but they lack flexibility and discretion, and that impacts how quickly access points can get people help and relief. It is helpful to have a standardized assessment, but we should not be relying on a single score generated by an algorithm; access points should have some discretion to make qualitative assessments. (AP)
- The best approach for working with people in "housing referral" status is simple, clear communications about process and requirements for the household and for the case manager they're working with. (AP)
- CE staff ensuring that families are submitting documentation BEFORE any referral to RRH is made and uploading those files onto ONE System so there is no delays in services for collecting basic vital documents. CE staff working with shelters/ transitional housing to ensure documentation is readily available and updated. Case manage those requests for vital documents, disperse funds for those documents, ensure family has them in hand and THEN refer to RRH program. (RRH)
- Do an equity assessment of the scoring tool which may (for example) be capturing the vulnerabilities of older male populations more effectively than for younger female populations, especially in communities of color. (AP)

3. Improve Communication/Transparency/Collaboration

- We need substantive changes within CE as well as a change management process to ensure clarity and efficient functioning of the system. Good communication and project management are often lacking when changes are made and rolled out. There needs to be a focus on the changes AND the implementation of them. (AP)
- Needs to be better communication with providers and users. (PSH)

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- Communication of CE referral applicants can be clearer and more defined, so that there can be more follow up and follow through for both CE and housing providers. (PSH)
- I think that allowing for the housing providers to meet with members of CE and discuss current referrals allows for real time answers and status updates that we aren't able to obtain via email. (PSH)
- Operational Leadership should have more regular interface with community referral partner sites. Suggestion: RRH providers recurrently go in person to CE sites to discuss issues and strengths and general updates to show a collaborative spirit among HSH providers. Host monthly meetings as a group and facilitated by CE and/or HSH leadership. (RRH)
- We need to clearly communicate/manage expectations; need project management between HSH and providers. (AP)
- There needs to be education for providers - need consistent, accurate messaging about what CE and access points do, what they don't do, and what the process/system of CE is. (AP)
- Need regular touch points from community and providers so CE is aware of issues. Need to have strong contact relationships with CE and access to CE leadership in order to address any issues or concerns. (RRH)
- We need to be marketing CE system to general public vs. being kept siloed among social providers so everyone knows CE exists. (RRH)
- We would love to have a warm handoff after the assessment is completed. (PSH)

Appendix I: City Department Stakeholder Responses

Interviews with City Department Stakeholders

From February through April 2022, Homebase conducted 5 individual or group interviews with key HSH partners from the following departments:

- Human Services Agency (2 interviews)
- Department of Public Health (1 interview)
- Mayor's Office of Community Development (1 interview)
- Criminal Justice partners from Sheriff's Office and District Attorney's Office (1 group interview)

Partners were asked to articulate their understanding of how Coordinated Entry (CE) operates, for what purpose, and whether current operations helped achieve that purpose. In addition, partners were asked about issues related to messaging to their departments about CE, barriers to accessing CE for individuals they serve, understanding of how vulnerability of those seeking housing is assessed, challenges with or limitations of the system, and components of CE that were functioning well.

Articulated Purpose of CE
- Provide a single database that synthesizes myriad databases into one
- Triage for placement into housing
- Prioritize those who needs housing with limited supply
- Assess who is most vulnerable considering how much housing there is, or isn't
- Centralize point of contact where individuals that are homeless can go to be assessed for placement into housing, get support to remain stably housed, and to be connected to healthcare, employment, etc.
- Concern raised with triage analogy: "When you're waiting on a gurney in the ER, you're not given paperwork and asked to advocate for yourself"

Benefits/Strengths of CE
- Previous system of side doors, myriad housing waiting lists, first come first serve prioritization created many problems related to coordination, fairness, efficiency
- Better to have one main entry point for housing than previous system
- Access Points are a good idea; having different points of access where the same thing happens (assessment, problem solving, path to housing) makes sense
- The clinical review component helps to ensure vulnerability of an individual is properly understood
- The work in the Shelter-in-Place (SIP) hotels was really effective – most people got housed – "Never experienced that! love that data was used to consider people's needs for PSH vs flex pool."

Key Challenges Identified

1. Lack of communication and transparency about the CE process
- Staff at other departments do not understand how CE works – unclear how to get individuals into housing
- Really would want more communication from HSH to the providers who are working with most vulnerable about what is going, how things work, what they should be doing to get people ready
- It does not feel like HSH has been doing lots of outreach/education (during COVID) about CE so it's likely that many front line staff/social workers are unclear about the process and how best to connect their clients

- "I'm constantly telling staff about the need to direct clients to CE but also constantly surprised that people still don't do it or push their people through – It's probably because staff think it's futile, especially because those placed in housing are from SIP hotels rather than those who have been assessed through CE"
- Is the City trying to assess as many people as possible? Who is the City trying to assess?
- Is the system really helping the most vulnerable? Then, why does it take so long to house someone?
- Is everyone in shelter, navigation centers, and safe sleeping sites being assessed?
- What happens after someone gets assessed and given Housing Referral Status?
  - Are people batch referred to certain providers that can say yes or no to the referral? Are there limits on denials, referrals?
  - Which client goes to what type of program?
- What is needed to move through CE, such as having people complete updated Releases of Information (ROIs)? In the past you had to check in with ECS every like 3 -6 months but now don't know if that's even a requirement.
- How does a provider know who has been given Housing Referral Status so that the provider can help get a client ready?
- How do individuals accessing CE now that they are being assessed for vulnerability, so they know they need to share a lot about their past experiences?
- What is the relationship between the supply of housing and how people are prioritized?
- No in-person staff to manage grievances about process – grievance form is wholly insufficient – people go to other department's to complain because they have no access otherwise

2. **Failure to prioritize those who are the most vulnerable (i.e. high system utilizers)**
   - Prioritization related to COVID took over; those who should have been on the top of the list based on the previous prioritization criteria have not been served, even when there are legislative mandates (conservatorship)
     - Community is frustrated because there are a lot of people waiting for housing that have been prioritized but all the housing is going to those in SIP hotels/shelters
     - Feeling in community from those in shelters was they were ignored during COVID and focus was on the SIP hotels and not those at congregate sites
   - Individuals who are known across systems (shared priorities) and should be atop the list do not appear to be getting housed (e.g., across DPH, HSH, HSA, etc.)
   - Unclear if the same people that are atop the housing queue those that Shelter Health has identified as being a priority for housing
   - If the highest assessments scores were awarded to the top 5% of those in jails, hospitals, then would know the tool is serving the most vulnerable - need to have a way so that those known to jail, DPH are constantly being considered for housing placement as this does not seem to be happening
   - Definition of homelessness is prohibitive to ensuring high utilizers/high needs clients get housed (those who are incarcerated or hospitalized for more than 90 days)
     - It's too late for those exiting jail to be told to go to an Access Point rather than be assessed while in custody
   - High utilizers of services are not prioritized for services because they have often not been assessed through CE or are not scoring high enough

- Providers think that the more that a client answers questions about the bad stuff in their life, the easier you will get housed versus - but people are just coming in for services and not ready to open up to invasive questions
- Perception is that only people who have been homeless a long time are given housing referral status with little regard for those in jail and the accompanying vulnerabilities - and that those on the street for 20 years do not want to go into housing, or at least the housing that is offered, so wasting time on folks who do not intend to go inside with current options
- Reality right now is that there could be 800 people in jail but just trying to get 20 high needs individuals assessed and housed but there's no way to do that now

3. Vulnerability assessment is incomplete
- Inadequate access to complete picture of vulnerability for an individual because databases/information are not shared between systems and self-reporting is often insufficient (e.g., need to use DPH jail data)
- Big issue is that everything is self-reported - there's stigma - people don't want to talk about their substance abuse, criminal history, background
- Process is not trauma informed – people don't remember things or don't want to share when they are asked questions by a stranger the first time they meet
- Don't think that people know they need to share so really advocate to staff and clients to share it all
- While there is a clinical review, it usually requires someone advocating for you and you being connected to a provider vs. being able to see jail, hospitalizations visits
- There is resistance from clients served by departments outside of HSH to engage with another system (i.e. CE) as already challenging to engage with current department
- Critical that vulnerability assessment takes into account jail stays specifically and the number of times going in and out
- Assessment needs to consider the place a person was housed immediately prior to jail - jail shouldn't count as being housed if the person was on the street/unstably housed prior to jail and when it's known that if they leave jail they will go back to street/shelter

4. Referrals and placements are often not appropriate or timely
- CE is not matching people to housing that is appropriate for them -- housing is not created equal (housing quality, staffing, services)
  - Shelter-in-Place (SIP) process really exposed levels of care needed and looked at putting people into places with nursing care rather than just SROs
  - The quality of housing offered as PSH does not compare to what was being offered through SIP placements (prevents people from moving on successfully to a permanent placement)
- The time it takes to get someone placed into housing seems like it is taking way too long - especially when working with people on benefits who must have housing
- The lack of interim housing while people wait is a critical issue because placements take so long
- Providers are still putting up barriers to entry into their programs, which is exacerbated by a lack of uniform referral/acceptance procedures, which creates delays in placement
- It's wrong to assume that everyone wants inside – CE is based on notion that everyone will always do better there but there needs to be an assessment of what other services might be most appropriate

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5. Access point staff are not sufficiently trained
- CE staff at access points require much more time invested into training and self-care—e.g., you've met with someone (intensive process, vicarious trauma) and staff do not have the space to decompress, process, and create action plan before moving to the next person –the entire system is crisis-focused, and the assessor never recovers
- Everyone needs to have trauma informed background and training baked into everything
- **"I cringe when I send people to an access point"**

6. Problem Solving is not appropriate or effective
- 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
- The rate of success for those going through Problem Solving is like 10% and yet this is supposed to be the main tool for resolving homelessness – many people have already burned bridges or exhausted their personal connections so the model is not effective – it also assumes that people can find their own affordable housing and just need a security deposit, which is not the case
- Problem Solving staff are often unaware of the challenges faced by those in the criminal justice system (e.g., staff are calling up family members to see if someone can stay with them and it's that family member who had them arrested)
- "Most clients served are not going to resolve their housing crisis through Problem Solving given their needs"
- "It means nothing to me for a client to get Problem Solving - just need housing"
- "Problems Solving has never panned out for anyone I've worked with"

7. System is inflexible
- Inflexibility/lack of nimbleness of CE to respond quickly to changing circumstances, new funding – Funding cannot be spent timely and effectively
- New resources become available to secure interim housing and provide services for high utilizers of system when those system users are assured placement into PSH, however placements into PSH cannot be guaranteed because the system user is not in the CE queue, hasn't been assessed, didn't score high enough, or is not "housing ready"
- Funding that must be awarded to the City's benefits provider cannot be used effectively or quickly enough because HSH was removed from HSA and HSA doesn't coordinate housing and homeless services anymore
- The discretion and expertise of providers to help determine who needs to be housed first has been removed and has rendered them ineffective. **"I feel powerless to actually get people housed."**

8. Additional context for the justice-involved community
- Judges are literally not letting people out pre-trial because of concern going back to the community unhoused - civil liberties at stake - 98% of people in jail are pre-trial, never convicted, yet are not let out because of lack of housing
- 70% of jail population would say they are transient (not stably housed)
- Those who have been in jail for more than 90 days are not more stably housed than someone in shelter, and because they're in jail, it's clear they are a person who is vulnerable and may create risk for community by putting them on street

Suggestions to Improve the System

1. **Access**
   - Bring CE staff/assessors into the hospitals, jails
   - Need to identify/contract with providers who are comfortable going into jail, hospital settings
   - 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)
   - Jail is such a great place to capture people and get them assessed - can do zoom interviews with people in the jails really easily - and we know where people are and have access to them
   - Meet people literally where they are: Places in city (food pantries, needle exchange and safe injection sites, natural congregants) should have pop-up access points to enter information for individual and consistently shows up and people establish a connection
   - Go to encampments to do build relationships, conduct meaningful assessments – allow people to select what they need as being in an encampment provides community that is lost when leave it

2. **Prioritization**
   - Identify the most challenging/complex individuals staying in shelter and move them into housing first to free space, lower burden on shelter staff, and provide the necessary housing and services to the individual faster
     - Most challenging would include those with physical disabilities and cognitive impairment, severe mental illness (SMI), psychosis, histories of violence
   - Need to have a data component where those who are working with providers can help indicate who is very vulnerable - some sort of chart review where can see how many visits to jails, hospital - DPH could do this

3. **Appropriate Placements/Services**
   - Need a process to make decision on what's best for client by talking with providers who know the client to figure how they do sharing space, need for bathrooms, kitchen
   - Needs to be place where assessment is determining what the most immediate need is without looking at it from the perspective that housing is ALWAYS the most immediate need
   - Stop assuming people are safer when they move indoors – there are many different ways people feel safe
   - Create multi-tiered system that works with individual and each other and allows individuals to take back steps b/c there's still someone there to catch you

4. **Interim Housing**
   - Need to provide more interim/bridge housing while people wait for permanent placement after being assessed
   - Bridge housing while people wait after assessment
   - Need even more shelter in order to keep people on the radar, to locate people more easily

5. **Coordination**
   - Create a point of contact at HSH to coordinate housing for vulnerable individuals known to multiple systems (high utilizers of hospital, jail, etc.)
   - Conduct additional interviews of those working in social medicine at San Francisco General Hospital
   - Should have to tell your story one time and have a single individual who can walk you through process and get you the support you need

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6. Communication
- Need to ensure individuals and providers understand where people are in the process
- It would be great if within the ONE System, there was a data report for folks to be alerted on who is in the queue for all the provider working with them so people could be supported to be ready

7. Uniform procedures
- Closing of SIP sites has really highlighted the need for uniform referral/acceptance procedures (some housing sites make a prospective tenant go through a lot of process to get into the site)