

San Francisco CE Evaluation Documents Reviewed

Communications

Document	Date
Background on San Francisco's Coordinated Entry Assessment Tool	Undated
Brief Introduction to Coordinated Entry (PPT)	September 2021
Director's Report to LHCB (PPT)	May 2, 2022
Housing Referral Status Threshold Adjustment	February 9, 2021
HSH Coordinated Entry (PPT)	May 2019
Local Homeless Coordinating Board Coordinated Entry Committee (PPT)	November 2021
Shelter in Place Hotels Rehousing Plan Update (PPT)	May 17, 2021

Data and ONE System documents

Document	Date
HSH CE Dashboards	Undated
ONE System Family Eligibility Assessment and Family Shelter (Individual Room) Placement Criteria form	Undated
ONE System forms for new user, CE enrollments, primary assessments and exits for Adults, Youth and Families	Undated
ONE System Problem Solving Screening Questions	Undated
SIP Dashboard	May 30, 2022

Policies, Guidance and Training

Document	Date
Adult and Youth Coordinated Entry Primary Assessment Training and Practice Guide	Undated
All Access Point Training Outline	June 2020



Appendix A for Adult Access Point	July 1, 2021
Appendix A for Family Access Point	January 1, 2021
Appendix A for Youth Access Point	January 1, 2021
Coordinated Entry Standards	February 1, 2021
Guide - Inside or Outside of the Homelessness Response System (Problem Solving)	Undated
Housing Problem Solving Guide	July 2021
HSH CE Clinical Review Overview and Form	Undated
ONE-Continuous-Data-Quality-Improvement-Process-v2.0	January 2020
Participant Grievance Policy	August 2019
Problem Solving Conversation Guide	Undated

Reports and Other

Document	Date
Advancing Equity within the San Francisco Homeless Response System, <i>NIS</i>	2021
A New Coordinated Entry: Shifting From a System of Scarcity to Addressing Real Need, <i>Coalition</i>	2022
CE Policies and Procedures Crosswalk	Undated
Coordinated Entry Design Rules	September 2018
HUD Coordinated Entry Core Elements	June 2017
HUD's New Coordinated Entry Data Elements	April 2020
San Francisco Adult Coordinated Entry Design Summary (Draft)	October 2017
San Francisco Adult System Coordinated Entry Planning and Implementation Phase I: Feedback and Preliminary Recommendations	July 2017
San Francisco Family Homeless System and Coordinated Entry Project Phase One Report	April 2016



San Francisco Family Homeless System and Coordinated Entry Project Phase Two: Initial System Design	July 2016
San Francisco Youth Homeless System and Coordinated Entry Project Framing Report	November 2018



HSH CE Evaluation Questions for HSH Interviews

All Staff

1. How do you/your staff interact with Coordinated Entry?
2. Do you interact with Family, TAY, Adult CE?
3. How familiar with the design and implementation of CE in San Francisco would you say you are?

Share with Respondent a schematic of the overall CE design

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 greatest strengths of the CE approach used in SF?
6. What do you think are the greatest challenges of the current CE approach?

CE Staff

7. HUD talks about CE in terms of Access, Assessment, Prioritization and Referral. I am going to ask you about each of these for the CE system(s) you work with
 - a. What do you think is working for "Access" - what is not working or needs improving?
 - i. Include Housing Problem Solving if not mentioned
 - b. What do you think is working for "Assessment and Prioritization" - what is not working or needs improving?
 - c. What do you think is working for "Referral" - what is not working or needs improving?
8. How do Access Points currently work together with each other and with HSH?
9. How do Access Points receive training and support for their work?



10. Do you use data to do your work? Do you use it to assess the quality or impact of your work? What other ways do you use data?
11. What do you think are the most important things to change to make CE more effective, more fair or more equitable?
12. Were you involved in the SIP Rehousing effort? How was the SIP process different? What things about the SIP process should be preserved? What about the SIP process was challenging?

Other HSH Staff

13. What would you say are the biggest changes to your work since CE was implemented?
14. Has the population served in HSH programs changed as a result of CE? In what ways?
15. What do you think is working about CE - what is not working or needs improving?
16. Were you involved in the SIP Rehousing effort? How was the SIP process different? What things about the SIP process should be preserved? What about the SIP process was challenging?



San Francisco CE Evaluation Staff Interviewed

Name	Department, Role
Elisabet Avalos	HSH, Program Manager, Coordinated Entry for Survivors of Violence
Josh Bamberger, MD	DPH, FACTS Physician Team Lead
Julieta Barcaglioni	HSH, Manager for Homelessness Prevention & Problem Solving
Leslie Bilbro	HSH, Manager Coordinated Entry Family System
Michelle Charles	HSH, Program Manager for Adult Coordinated Entry System
Jocelyn Everroad	HSH, Deputy Lead of Rehousing
Megan Owens Faught	HSH, Manager of Coordinated Entry
Alan Guttirez	HSH, Manager Supportive Housing Program Subsidies Team
Hali Hammer, MD	DPH, Director Ambulatory Care, Health Network
Elizabeth Hewson	HSH, Manager Supportive Housing Programs Team
Laura Jessup	HSH, Organizational Change Manager for the One System
Jamie Moore	DPH, Supervisor for Nurse Services in PSH
Dara Papo	DPH, Director of Whole Person Integrated Care
Lisa Rachowicz	HSH, Interim Manager for Shelter System
Ali Schlageter	HSH, Supportive Housing Team Supervisor
Noelle Simmons	HSH, Chief Deputy Director



San Francisco CE Evaluation List of Access Points and Access Partners

Agency	Access Point or Access Partner	Primary Population
3rd Street Youth Center and Clinic	Access Point	Youth
Adult Outreach (Homelink Replacement)	Access Point	Adult
Bayview	Access Point	Family
Central City	Access Point	Family
Episcopal Community Services: 440 Turk	Access Point	Adult
Episcopal Community Services: Mobile	Access Point	Adult
Episcopal Community Services: SOMA	Access Point	Adult
Homeless Youth Alliance	Access Point	Youth
Huckleberry Youth	Access Point	Youth
Larkin Street	Access Point	Youth
LYRIC	Access Point	Youth
Mission	Access Point	Family
SVDP	Access Point	Adult
Swords to Plowshares	Access Point	Adult- Veterans
Transgender, Gender Variant, and Intersex Justice Project (TGIJP)	Access Point	Adult
The SF LGBT Center	Access Point	Youth
UCHS: Bayview	Access Point	Adult
Veteran Outreach (Homelink Replacement)	Access Point	Veterans
Citywide Stabilization	Access Partner	
Psychiatric Emergency Services	Access Partner	
SFHOT	Access Partner	
University of California San Francisco	Access Partner	
Veterans Affairs (VA)	Access Partner	
Zuckerberg San Francisco General Hospital	Access Partner	



SAN FRANCISCO

COORDINATED ENTRY

QUANTITATIVE DATA EVALUATION

INTRODUCTION

Focus Strategies conducted a quantitative assessment as part of a broader evaluation of Coordinated Entry (CE) at the request of San Francisco's Department of Homelessness and Supportive Housing (HSH). Below is a summary of the quantitative findings.

METHOD

This analysis relied on five datasets from the ONE System which cover the period January 1, 2019, through December 31, 2021. The sets contained information about: CE enrollments, primary assessments, Problem-Solving services, housing navigation services, and housing referrals. Most analyses in this report compare data from 2019 and 2021, to examine how Coordinated Entry was functioning before and after the COVID-19 pandemic; the pandemic influenced both the context and some processes of CE Data from all three years and was also used to evaluate longitudinal trends where possible (e.g., the number of days between enrollment in CE and primary assessment or referral).

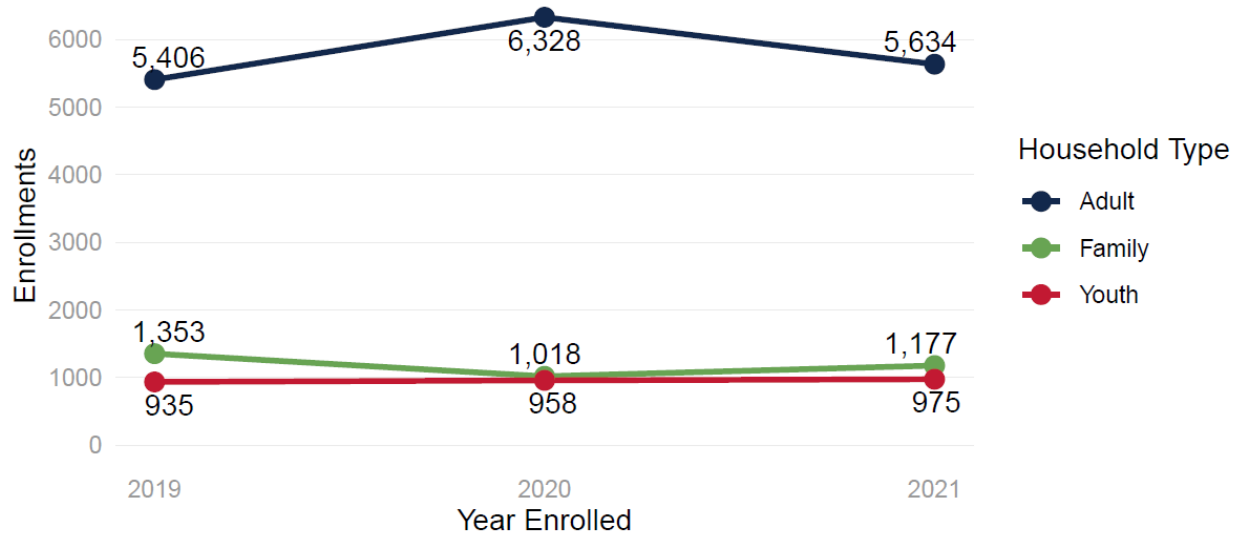
The analysis evaluated three household types: adults aged 25 and older, families with minor children, and youth, including both unaccompanied minors and young adults aged 18 to 24. The analysis focused on the four components of CE (Access, Assessment, Prioritization, and Referral) as well as Problem-Solving services. Because data tying all assessed people to a status determination is not available, for the purposes of this analysis, prioritization status (i.e., Housing Referral Status and Problem-Solving Status) was defined based on a person's presence on or absence from either of the qualifying community queues.

ACCESS

Enrollments in CE remained relatively consistent from 2019 to 2021, with a total of 7,694 households enrolling in 2019 and 7,786 households enrolling in 2021. In 2021, 72% of enrollments were adult households, 15% were families with children, and 13% were youth households. Figure 1 illustrates household enrollments by household type for 2019 through 2021.



Figure 1: Household Enrollments in Coordinated Entry



Enrollment and Equity

The demographics of households who enrolled in CE differ somewhat from the demographics captured for those experiencing unsheltered and sheltered homelessness in the 2022 Point In Time (PIT) Count (Table 1). Among all household types, we observed differences in race, ethnicity, and sexual orientation. The proportion of Black households enrolled in CE was equal to or higher than the proportion in the PIT Count while the proportion of Hispanic/Latinx households enrolled in CE was lower than the proportion in the PIT Count. Lower percentages of heads of household in CE reported being LGBTQQ+ compared to those in the PIT Count. We also observed differences in gender, which differed by household type. Among adults, a lower proportion of females enrolled in CE compared to the PIT Count. Among youth, a higher proportion of females enrolled in CE compared to the PIT Count. However, due to differences in data collection and reporting, comparisons between all data presented for CE and the PIT are not possible. This is especially true for families, as the demographics of heads of household from CE are not directly comparable to all household members from the PIT Count.



Table 1: Demographic Comparison of 2021 Coordinated Entry Enrollments and 2022 PIT Count

Characteristic	Adults		Families		Youth	
	CE N = 5,634	PIT 2022 N = 7,063	CE N = 1,171	PIT 2022 N = 605	CE N = 975	PIT 2022 N = 1,073
Race						
American Indian or Alaska Native	4%	4%	4%	3%	4%	4%
Asian	5%	5%	3%	9%	3%	3%
Black or African American	38%	38%	47%	41%	51%	40%
Native Hawaiian or Pacific Islander	2%	3%	5%	5%	2%	6%
White	40%	44%	16%	26%	20%	39%
Multiple Races	5%	6%	7%	16%	9%	8%
Missing	6%	-	18%	-	12%	-
Ethnicity						
Hispanic/Latinx	20%	30%	35%	46%	26%	31%
Non-Hispanic/Latinx	78%	70%	64%	54%	73%	69%
Missing	2%	-	1%	-	1%	-
Sexual Orientation						
LGBQQ+	12%	28%	4%	-	27%	38%
Straight	80%	72%	92%	-	70%	62%
Missing	8%	-	4%	-	3%	-
Gender						
Female	28%	32%	90%	60%	49%	33%
Male	69%	64%	9%	40%	43%	61%
Transgender or gender other than singularly female or male	3%	4%	1%	0%	7%	6%
Missing	<1%	-	<1%	-	<1%	-

CE data includes heads of household, while PIT data includes all household members

The majority of adults and nearly all families and youth enrolled in CE at designated Access Points (Table 2). Less than a quarter of adults enrolled in CE through other Access Partners. The number of adults enrolling at designated Access Points decreased from 2019 to 2021, but overall enrollments increased slightly based on increases with Access Partners.



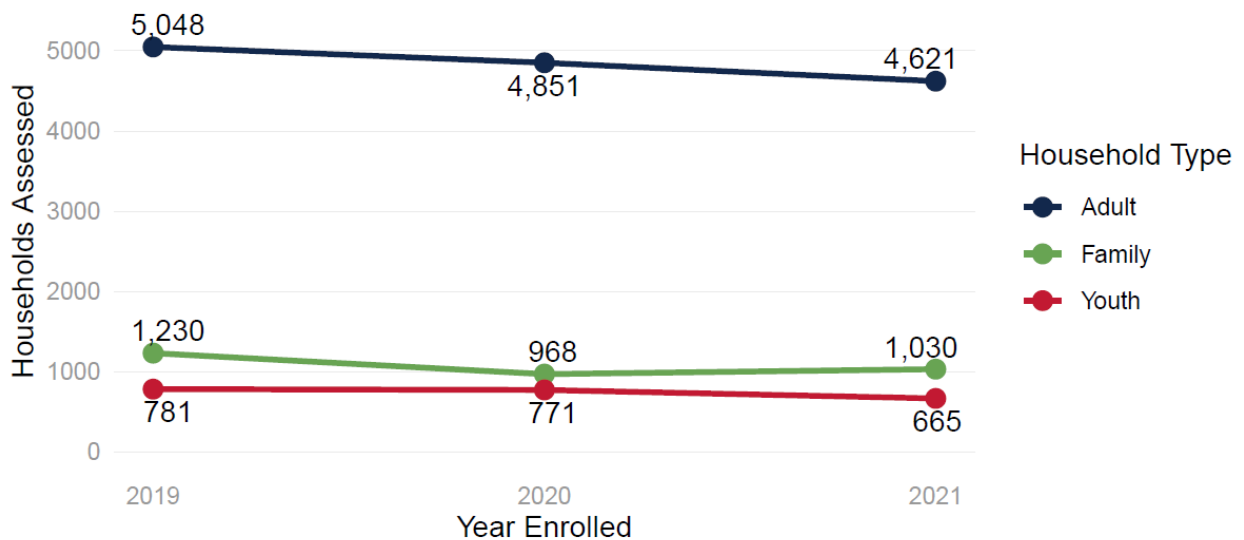
Table 2: Coordinated Entry Enrollments at Access Points and Access Partners

Access Location Type	2019		2021	
	Count	Percent	Count	Percent
Adults				
Access Point	4,827	89%	4,400	78%
Access Partner	579	11%	1,234	22%
Families				
Access Point	1,353	100%	1,177	100%
Access Partner	0	0%	0	0%
Youth				
Access Point	927	99%	9,60	98%
Access Partner	8	<1%	15	2%

ASSESSMENT

The number of households who received primary assessments decreased slightly from 2019 to 2021 across all household types (Figure 2). In 2021, about 82% of adults, 88% of families, and 68% of youth who enrolled in CE were assessed.

Figure 2: Households with Primary Assessments



In 2021, nearly all primary assessments were completed on the same day as the CE enrollment (94% for adults, 96% for families, and 95% for youth). The number of days from



enrollment to the first primary assessment varied by household type and year. We present a summary of days between enrollment and assessment in Table 3.

Table 3: Days Between CE Enrollment and First Primary Assessment

Assessment Year	Households Assessed	Mean	Median	Min.	Max.	Standard Deviation	Kruskal Wallis Test
Adults							
2019	5,048	80.5	84	0	153	28.7	H(1) = 124.8 p < 0.01
2021	4,621	87.5	90	0	153	29.6	
Families							
2019	1,230	50.3	48	1	117	25.7	H(1) = 54.0 p < 0.01
2021	1,030	58.0	59	3	108	25.0	
Youth							
2019	781	72.1	72	6	156	30.9	H(1) = 214.7 p < 0.01
2021	665	97.4	105	12	156	31.1	

Primary assessment scores were significantly higher in 2021 than in 2019 for all household types (Table 4). In that period, the average primary assessment scores increased 7.0 points for adults, 7.7 points for families, and 25.3 points for youth.

Table 4: Summary of Primary Assessment Scores

Assessment Year	Mean	Median	Minimum	Maximum	Standard Deviation	Kruskal Wallis Test
Adults						
2019	80.5	84	0	153	28.7	H(1) = 124.8 p < 0.01
2021	87.5	90	0	153	29.6	
Families						
2019	50.3	48	1	117	25.7	H(1) = 54.0 p < 0.01
2021	58.0	59	3	108	25.0	
Youth						
2019	72.1	72	6	156	30.9	H(1) = 214.7 p < 0.01
2021	97.4	105	12	156	31.1	



Assessment and Equity

We evaluated assessment equity by comparing average primary assessment scores by race, ethnicity, sexual orientation, and gender, for each household type. We found statistically significant disparities that differed somewhat among adults, families, and youth. In 2021, Asian adults scored an average of 7.1 points lower on the primary assessment than white adults. Adults who identified as LGBTQ+ scored 4.5 points higher than straight adults. Cis-gender female adults scored 3.1 points higher and transgender adults scored 7.7 higher than male adults. Transgender adults scored 6.8 points higher than all cis-gender adults combined.

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

Among youth we observed two disparities: Black youth scored 7.2 points lower than white youth, and cis-gender female youth scored 7.1 points lower than cis-gender male youth. We present primary assessment scores by race, ethnicity, sexual orientation, and gender in Table 5.

Table 5: Average Primary Assessment Score by Demographic Characteristic

Characteristic	Households Assessed	Mean Score	Difference in Means	Standard Error	p value
Adults	4,621	87.5			
Race					
American Indian or Alaska Native	194	89.6	1.1	2.2	ns
Asian	206	81.4	-7.1	2.2	<0.01
Black or African American	1,723	87.2	-1.3	1.0	ns
Native Hawaiian or Pacific Islander	71	86.9	-1.5	3.6	ns
White	1,915	88.4	ref	-	-
Multiple Races	231	86.7	-1.7	2.1	ns
Missing	281	87.0	-1.4	1.9	ns



Characteristic	Households Assessed	Mean Score	Difference in Means	Standard Error	p value
Ethnicity					
Hispanic/Latinx	963	87.6	0.0	1.1	ns
Non-Hispanic/Latinx	3,590	87.6	ref	-	-
Missing	68	83.4	-4.2	3.6	ns
Sexual Orientation					
LGBQQ+	573	92.1	4.5	1.3	<0.01
Straight	3,710	87.6	ref	-	-
Missing	338	78.6	-9.0	1.7	<0.01
Gender Identity					
Female	1,252	89.6	3.1	1.0	<0.01
Male	3,242	86.5	ref	-	-
Transgender or gender other than singularly female or male	109	94.2	7.7	2.9	<0.01
Missing	18	81.8	-4.7	7.0	ns
Families	1,030	58.0			
Race					
American Indian or Alaska Native	42	50.9	-2.9	4.3	ns
Asian	33	57.5	3.7	4.7	ns
Black or African American	472	59.2	5.4	2.2	<0.05
Native Hawaiian or Pacific Islander	55	61.6	7.8	3.8	<0.05
White	173	53.8	ref	-	-
Multiple Races	71	67.1	13.4	3.5	<0.01
Missing	184	56.1	2.3	2.6	ns
Ethnicity					
Hispanic/Latinx	367	54.8	-5.1	1.6	<0.01
Non-Hispanic/Latinx	650	59.9	ref	-	-
Missing	13	54.5	-5.4	7.0	ns
Sexual Orientation					
LGBQQ+	46	63.4	5.6	3.8	ns
Straight	946	57.8	ref	-	-
Missing	38	57.1	-0.7	4.1	ns
Gender Identity					
Female	929	57.8	-1.9	2.7	ns
Male	91	59.7	ref	-	-
Transgender or gender other than singularly female or male	5	56.4	-3.3	11.5	ns
Missing	5	59.2	-0.5	11.5	ns



Characteristic	Households Assessed	Mean Score	Difference in Means	Standard Error	p value
Youth	665	97.4			
Race					
American Indian or Alaska Native	27	98.2	-3.4	6.6	ns
Asian	15	101.8	0.2	8.5	ns
Black or African American	342	94.4	-7.2	3.3	<0.05
Native Hawaiian or Pacific Islander	17	91.8	-9.8	8.0	ns
White	121	101.6	ref	-	-
Multiple Races	52	104.1	2.4	5.1	ns
Missing	91	99.1	-2.5	4.3	ns
Ethnicity					
Hispanic/Latinx	187	99.1	2.3	2.7	ns
Non-Hispanic/Latinx	470	96.7	ref	-	-
Missing	8	95.3	-1.5	11.1	ns
Sexual Orientation					
LGBQQ+	168	100.0	3.7	2.8	ns
Straight	481	96.4	ref	-	-
Missing	16	98.8	2.4	7.9	ns
Gender Identity					
Female	316	93.5	-7.1	2.5	<0.01
Male	309	100.6	ref	-	-
Transgender or gender other than singularly female or male	38	102.2	1.6	5.3	ns
Missing	2	121.5	20.9	21.9	ns

Problem-Solving

We assessed Problem-Solving services delivered both before and after the primary assessment. Because Problem-Solving services were not tracked in the ONE System in 2019, we report data only for services provided in 2021.



Before the primary assessment¹, the majority of households who were enrolled in CE received at least one Problem-Solving service, with 69% of adults, 63% of families, and 54% of youth receiving services. Across all household types, the median number of services delivered was one. Tables 6 and 7 summarize Problem-Solving services provided to CE enrolled households prior to the primary assessment.

Table 6: Households with Problem-Solving Services Before the Primary Assessment

Population	PS Services	Households with PS Services	Households Enrolled	% Households with PS Services
Adults	4,478	3,898	5,634	69%
Families	832	732	1,171	63%
Youth	764	524	975	54%

Table 7: Problem-Solving Services per Household Before the Primary Assessment

Population	Mean	Median	Minimum	Maximum	Standard Deviation
Adults	0.8	1	0	14	0.8
Families	0.7	1	0	8	0.7
Youth	0.8	1	0	22	1.3

Small proportions of Problem-Solving services result in resolutions for all household types. While large numbers of services do not have a recorded resolution status, these are interpreted by HSH as “no resolution”. Table 8 displays the outcome of the most recent Problem-Solving service prior to primary assessment per household.

¹ The data set does not include time stamps for services. Based on the system policies for service delivery, any Problem-Solving service recorded on the same day as the primary assessment is treated as having occurred before the primary assessment.



Table 8: Resolution of Most Recent Problem-Solving Service Before the Primary Assessment

Resolution	Count	Percent
Adults		
Resolution	172	4%
No Resolution	3157	79%
Missing data	650	16%
Families		
Resolution	10	1%
No Resolution	503	69%
Missing data	221	30%
Youth		
Resolution	52	10%
No Resolution	158	29%
Missing data	329	61%

Next, we assessed Problem-Solving services delivered to households in Problem-Solving Status after the primary assessment. Because Problem-Solving Status is not recorded as a discrete field in the ONE System, we derived the status by identifying households with an assessment but without a record on the qualifying community queues. Of the 3,711 households estimated to be in Problem-Solving Status after an assessment, only 324 households received at least one Problem-Solving service, with 8% of adults, 14% of families, and 18% of youth receiving services. Tables 9 and 10 summarize Problem-Solving services provided to households not placed on a community queue after the primary assessment.

Table 9: Households Not Placed on a Community Queue with Problem-Solving Services After the Primary Assessment

Population	PS Services	Households with PS Services	Households Not on Queue (Derived PS Status)	% Households with PS Services
Adults	385	245	3,125	8%
Families	89	49	364	13%
Youth	176	62	319	19%



Table 10: Problem-Solving Services per Household Not Placed on a Community Queue After the Primary Assessment

Population	Mean	Median	Minimum	Maximum	Standard Deviation
Adults	0.1	0	0	10	0.6
Families	0.2	0	0	7	0.8
Youth	0.6	0	0	13	1.6

The proportion of households estimated to be in Problem-Solving Status with Problem-Solving services resulting in a resolution varies among household types, with youth having the highest proportion. We summarize the outcomes in Table 11.

Table 11: Resolution of Most Recent Problem-Solving Service After the Primary Assessment Among Households Not Placed on a Community Queue

Resolution	Count	Percent
Adults		
Resolution	30	13%
No Resolution	185	82%
Missing data	10	4%
Families		
Resolution	2	4%
No Resolution	28	60%
Missing data	17	36%
Youth		
Resolution	13	25%
No Resolution	17	32%
Missing data	23	43%

Finally, we assessed Problem-Solving services delivered to households in Housing Referral Status after the primary assessment. We derived the status by identifying households placed on the qualifying community queues. Of the 2,508 households placed on a qualifying community queue, only 244 households received at least one Problem-Solving service, with 10% of adults, 9% of families, and 8% of youth receiving services. Tables 12 and 13 summarize Problem-Solving services provided to households placed on a community queue after the primary assessment.



Table 12: Households Placed on a Community Queue with Problem-Solving Services After the Primary Assessment

Population	PS Services	Households with PS Services	Households On Queue	% Households with PS Services
Adults	205	155	1,496	10%
Families	108	60	666	9%
Youth	51	29	346	8%

Table 13: Problem-Solving Services per Household Placed on a Community Queue After the Primary Assessment

Population	Mean	Median	Minimum	Maximum	Standard Deviation
Adults	0.1	0	0	7	0.5
Families	0.2	0	0	11	0.7
Youth	0.1	0	0	4	0.6

Small numbers of households on a community queue have Problem-Solving services after the primary assessment that result in a resolution. Of the households who received Problem-Solving services, only 19 had a resolution. We summarize the outcomes in Table 14.

Table 14: Resolution of Most Recent Problem-Solving Service After the Primary Assessment Among Households Placed on a Community Queue

Resolution	Count	Percent
Adults		
Resolution	5	3%
No Resolution	149	91%
Missing data	9	6%
Families		
Resolution	7	12%
No Resolution	39	66%
Missing data	13	22%



Resolution	Count	Percent
Youth		
Resolution	7	15%
No Resolution	21	44%
Missing data	20	42%

PRIORITIZATION

CE statuses (both Housing Referral Status and Problem-Solving status) are complex calculations that are challenging for HSH staff to derive using the ONE System data. Based on guidance from HSH, we estimated the number of households in Housing Referral Status by identifying households who were assessed and placed on a qualifying community queue. Conversely, we considered households who were assessed but not placed on a qualifying community queue to be in Problem-Solving Status.

Both the numbers and proportions of adults and families placed on community queues decreased from 2019 to 2021, while the number and proportion increased for youth (Table 15).

Table 15: Households Placed on Community Queues (Housing Referral Status)

Queue Status	2019		2021		Chi Square Test
	Count	Percent	Count	Percent	
Adults					
On Queue	1,700	34%	1,496	32%	ns
Not on Queue	3,347	66%	3,125	68%	
Families					
On Queue	988	81%	666	65%	$\chi^2(1) = 71.1$ $p < 0.01$
Not on Queue	239	19%	364	35%	
Youth					
On Queue	321	41%	346	52%	$\chi^2(1) = 16.8$ $p < 0.01$
Not on Queue	460	59%	319	48%	

For adults who are not prioritized after the primary assessment, there is an optional Administrative Review process for appealing the prioritization decision. Table 16 summarizes the outcomes of the Administrative Reviews for adult households who had an Administrative Review.



Table 16: Outcomes of Administrative Review for Adult Households

Outcome of Administrative Review	2019		2021	
	Count	Percent	Count	Percent
Prioritized	114	48%	173	71%
Not Prioritized	63	26%	23	9%
Missing data	61	26%	47	19%

Housing Navigation Services

Housing Navigation services provided to households on community queues within a year of assessment followed the same trend, showing decreases among adults and families and a small increase for youth. All households on community queues received at least one Housing Navigation service, with 80% of the documented services being outreach attempts. Tables 17, 18, and 19 provide summaries of Housing Navigation services provided to households on community queues.

Table 17: Households on Community Queues with Housing Navigation Services

Population	Housing Navigation Services	Households with Services	Households on CQ	Percent
Adults				
2019	8,851	1,700	1,700	100%
2021	7,171	1,496	1,496	100%
Families				
2019	1,050	988	988	100%
2021	585	666	666	100%
Youth				
2019	707	321	321	100%
2021	720	346	346	100%



Table 18: Housing Navigation Services per Household on a Community Queue

Population	Mean	Median	Minimum	Maximum	Standard Deviation	Kruskal Wallis Test
Adults						
2019	5.2	2	1	60	6.5	ns
2021	4.8	2	1	52	5.8	
Families						
2019	1.1	1	1	19	0.8	H(1) = 4.8 p < 0.05
2021	1.0	1	1	14	0.5	
Youth						
2019	2.2	1	1	22	2.7	ns
2021	2.1	1	1	16	2.1	

Table 19: Housing Navigation Services by Type

Service Type	2019		2021	
	Count	Percent	Count	Percent
Adults				
Successful Housing Outreach Attempt	10,963	52%	4,522	33%
Other Outreach Attempt	6,133	29%	7,041	52%
Housing Application	1,467	7%	709	5%
Document Ready	1,086	5%	513	4%
Unique Circumstances	1,038	5%	739	5%
Refused Housing Referral	333	2%	117	1%
Background Check Complete	96	0%	20	0%
Emergency Housing Voucher	0	0%	6	0%
Prioritized by AP for Outreach	0	0%	2	0%
Families				
Successful Housing Outreach Attempt	90	41%	18	21%
Other Outreach Attempt	78	35%	51	61%
Housing Application	18	8%	6	7%
Document Ready	17	8%	4	5%
Unique Circumstances	15	7%	2	2%
Refused Housing Referral	2	1%	1	1%
Emergency Housing Voucher	1	0%	2	2%
Youth				
Successful Housing Outreach Attempt	420	35%	136	15%
Other Outreach Attempt	339	28%	582	65%
Document Ready	227	19%	47	5%



Service Type	2019		2021	
	Count	Percent	Count	Percent
Housing Application	80	7%	38	4%
Unique Circumstances	63	5%	45	5%
Emergency Housing Voucher	40	3%	28	3%
Refused Housing Referral	17	1%	14	2%
Prioritized by AP for Outreach	5	0%	2	0%
Background Check Complete	1	0%	0	0%

Prioritization and Equity

We evaluated the equity of the CE prioritization process by comparing the percentage of households placed on qualifying community queues by race, ethnicity, sexual orientation, and gender (Table 20). Two of the negative disparities observed in primary assessment scores persisted into prioritization: Asian adults were only 0.8 times as likely to be placed on a community queue compared to white adults, and families with a Hispanic/Latinx head of household were only 0.9 times as likely to be placed on a community queue compared to families with non-Hispanic/Latinx heads of household. These statistically significant disparities suggest that lower average primary assessment scores may prevent these populations from being prioritized for housing at rates similar to their presence in the population experiencing homelessness.

Table 20: Community Queue Status by Demographic Characteristic

Characteristic	On CQ	Not on CQ	% on CQ	Outcome Ratio	p value
Adults	1,496	3,125	32%		
Race					
American Indian or Alaska Native	64	130	33%	1.0	ns
Asian	55	151	27%	0.8	<0.05
Black or African American	545	1,178	32%	0.9	ns
Native Hawaiian or Pacific Islander	26	45	37%	1.0	ns
White	643	1,272	34%	ref	-
Multiple Races	70	161	30%	0.9	ns
Missing	93	188	33%	1.0	ns
Ethnicity					
Hispanic/Latinx	311	652	32%	1.0	ns
Non-Hispanic/Latinx	1,167	2,423	33%	ref	-
Missing	18	50	26%	0.8	ns



Characteristic	On CQ	Not on CQ	% on CQ	Outcome Ratio	p value
Sexual Orientation					
LGBQQ+	203	370	35%	1.1	ns
Straight	1,207	2,503	33%	ref	-
Missing	86	252	25%	0.8	<0.01
Gender Identity					
Female	421	831	34%	1.1	ns
Male	1,033	2,209	32%	ref	-
Transgender or gender other than singularly female or male	40	69	37%	1.2	ns
Missing	2	16	11%	0.3	ns
Families	666	364	65%		
Race					
American Indian or Alaska Native	22	20	52%	0.9	ns
Asian	22	11	67%	1.2	ns
Black or African American	319	153	68%	1.2	<0.05
Native Hawaiian or Pacific Islander	36	19	65%	1.1	ns
White	100	73	58%	ref	-
Multiple Races	47	24	66%	1.1	ns
Missing	120	64	65%	1.1	ns
Ethnicity					
Hispanic/Latinx	214	153	58%	0.9	<0.01
Non-Hispanic/Latinx	445	205	68%	ref	-
Missing	7	6	54%	0.8	ns
Sexual Orientation					
LGBQQ+	31	15	67%	1.0	ns
Straight	610	336	64%	ref	-
Missing	25	13	66%	1.0	ns
Gender Identity					
Female	592	337	64%	0.9	ns
Male	68	23	75%	ref	-
Transgender or gender other than singularly female or male	3	2	60%	0.8	ns
Missing	3	2	60%	0.8	ns
Youth	346	319	52%		
Race					
American Indian or Alaska Native	13	14	48%	0.9	ns
Asian	7	8	47%	0.8	ns
Black or African American	169	173	49%	0.9	ns
Native Hawaiian or Pacific Islander	11	6	65%	1.2	ns



Characteristic	On CQ	Not on CQ	% on CQ	Outcome Ratio	p value
White	68	53	56%	ref	-
Multiple Races	34	18	65%	1.2	ns
Missing	44	47	48%	0.9	ns
Ethnicity					
Hispanic/Latinx	98	89	52%	1.0	ns
Non-Hispanic/Latinx	244	226	52%	ref	-
Missing	4	4	50%	1.0	ns
Sexual Orientation					
LGBQQ+	89	79	53%	1.0	ns
Straight	249	232	52%	ref	-
Missing	8	8	50%	1.0	ns
Gender Identity					
Female	162	154	51%	1.0	ns
Male	460	149	76%	ref	-
Transgender or gender other than singularly female or male	22	16	58%	1.1	ns
Missing	2	0	100%	1.9	ns

REFERRAL

All household types were referred to multiple types of programs, including Temporary Shelter, Transitional Housing, Rapid Rehousing, Permanent Housing with services, and Permanent Supportive Housing. Among adults, 96% of referrals were either to Permanent Housing with services or Permanent Supportive Housing. Among families, 96% of referrals were to Rapid Rehousing. Youth were split among Rapid Rehousing (55%) and either Permanent Housing with services or Permanent Supportive Housing (44%). Table 21 displays the number of households referred to each type of service.

Table 21: Households Referred by Service Type

Service Type	2019		2021		Chi Square Test
	Count	Percent	Count	Percent	
Adults					
Emergency Shelter	27	8%	2	0%	χ ² (4) = 116.0 p < 0.01
Transitional Housing	2	1%	0	0%	
RRH	18	5%	51	4%	



Service Type	2019		2021		Chi Square Test
	Count	Percent	Count	Percent	
PH with Services	194	57%	788	57%	$\chi^2(4) = 267.5$ $p < 0.01$
PSH	97	29%	534	39%	
Families					
Emergency Shelter	142	38%	6	1%	
Transitional Housing	12	3%	0	0%	
RRH	178	47%	450	96%	$\chi^2(4) = 29.6$ $p < 0.01$
PH with Services	38	10%	11	2%	
PSH	7	2%	1	0%	
Youth					
Emergency Shelter	8	9%	2	1%	
Transitional Housing	0	0%	2	1%	
RRH	65	70%	130	55%	
PH with Services	10	11%	80	34%	
PSH	10	11%	24	10%	

The number of households referred from community queues to all types of permanent housing increased substantially from 2019 to 2021 (Figure 3). We summarize the number and percent of households on the community queues referred to permanent housing in Table 22.

Figure 3: Households Referred to Housing

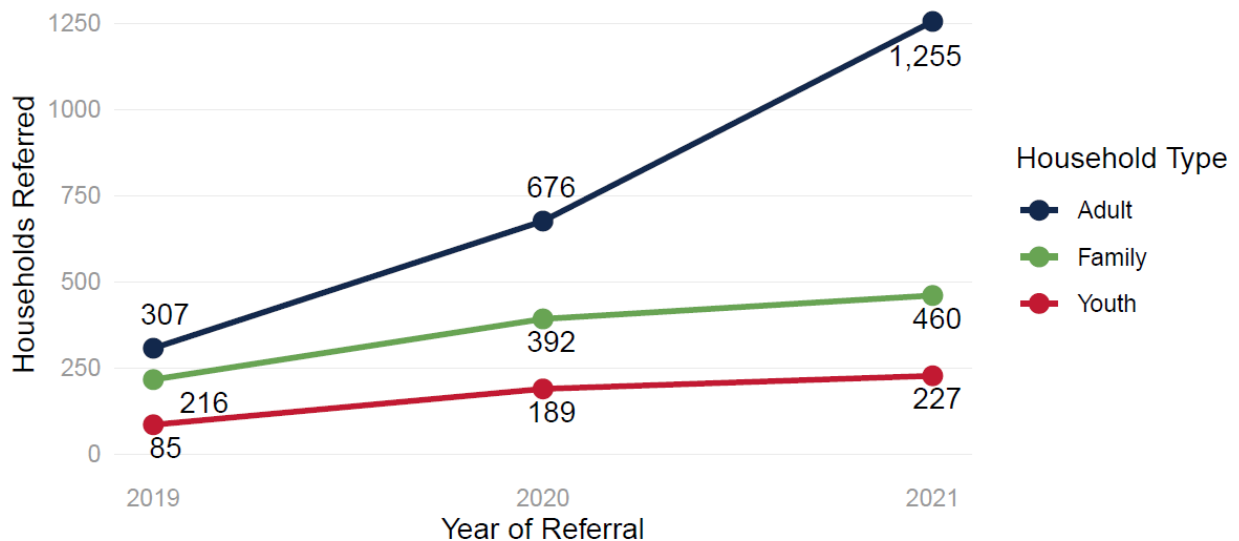


Table 22: Households on Community Queues Referred to Housing

Population	Households with 1+ referrals	Households on CQ	% Referred	Chi Square Test
Adults				
2019	307	1,615	19%	$\chi^2(1) = 294.1$ $p < 0.01$
2021	1,255	2,811	45%	
Families				
2019	216	1,125	19%	$\chi^2(1) = 59.7$ $p < 0.01$
2021	460	1,394	33%	
Youth				
2019	85	253	34%	ns
2021	227	765	30%	

A household may receive more than one referral before becoming housed. For the purposes of analyzing the results, the analysis considers the results of the most recent referral recorded. When looking at adult households' most recent referral, the percent that resulted in a housing program enrollment declined from 74% in 2019 to 58% in 2021. Nonetheless, the total number of referrals resulting in housing program enrollments more than doubled in the period (Table 23). For families and youth, referral outcomes improved slightly, with 89% and 88% resulting in housing program enrollments in 2021, respectively.²

Table 23: Outcomes of Most Recent Housing Referrals³

Referral Outcome	2019		2021		Chi Square Test
	Count	Percent	Count	Percent	
Adults					
Enrolled	226	74%	714	58%	$\chi^2(5) = 110.5$ $p < 0.01$
Denied by Client	11	4%	119	10%	
Denied by Provider	31	10%	74	6%	

² The data presented in this section shows that the number of referrals significantly increased for all household types between 2019 and 2021. A primary reason for the increase is that over the two-year period, permanent housing projects significantly increased their participation in the ONE System. Increased project participation allowed referrals to permanent housing to also be captured in the ONE System.

³ In the ONE System, most expired referrals have "Denied by Provider" listed as the type of denial. Here we categorize expired referrals separately from other referrals denied by providers. Pending referrals are excluded from the table.



Referral Outcome	2019		2021		Chi Square Test
	Count	Percent	Count	Percent	
Expired	24	8%	313	26%	
Housed in Community	14	5%	2	<1%	
Other	1	<1%	0	0%	
Families					
Enrolled	171	79%	394	89%	$\chi^2(5) = 24.5$ $p < 0.01$
Denied by Client	3	1%	5	1%	
Denied by Provider	33	15%	32	7%	
Expired	2	1%	10	2%	
Housed in Community	2	1%	1	<1%	
Other	5	2%	0	0%	
Youth					
Enrolled	75	88%	199	88%	$\chi^2(4) = 6.0$ $p < 0.01$
Denied by Client	0	0%	9	4%	
Denied by Provider	8	9%	6	3%	
Expired	1	1%	11	5%	
Housed in Community	0	0%	0	0%	
Other	1	1%	0	0%	

There was a large variance in the number of days from CE enrollment to a first housing referral and to having a housing referral accepted. The number of days from CE enrollment to a first housing referral ranged from zero days to over three years. The number of days from CE enrollment to having a housing referral accepted ranged from 1 day to over three years. There were substantial differences by household type and by year. Among adults and youth, housing referrals and referral acceptances took longer on average in 2021 compared to 2019. However, among families, the times for both decreased. Tables 24 and 25 summarize the results.

Table 24: Days from CE Enrollment to First Housing Referral

Population	Count	Mean	Median	Minimum	Maximum	Standard Deviation	Kruskal-Wallis Test
Adults							
2019	307	115.4	92	0	468	98.9	$H(1) = 139.9$ $p < 0.01$
2021	1,254	258.0	194.5	0	1,213	222.0	
Families							
2019	215	59.8	46	0	454	61.0	ns
2021	458	59.7	43	0	756	72.3	



Population	Count	Mean	Median	Minimum	Maximum	Standard Deviation	Kruskal-Wallis Test
Youth							
2019	84	119.2	115	0	270	75.8	H(1) = 13.1 p < 0.01
2021	226	206.8	164	0	931	174.7	

Table 25: Days from CE Enrollment to Accepted Housing Referral

Population	Count	Mean	Median	Minimum	Maximum	Standard Deviation	Kruskal-Wallis Test
Adults							
2019	176	134.5	119.5	3	609	110.5	H(1) = 19.5 p < 0.01
2021	502	299.4	258.5	4	1,172	220.0	
Families							
2019	175	109.5	89	1	468	77.2	H(1) = 23.6 p < 0.01
2021	396	84.0	64	3	792	81.6	
Youth							
2019	41	102.3	93	21	299	62.4	H(1) = 96.9 p < 0.01
2021	178	224.5	184.5	8	725	171.1	

Referrals and Equity

We evaluated the equity of housing referrals using three measures: the percent of households with at least one housing referral, the outcome of each household’s most recent referral, and the percent of households with at least one housing referral denied by a housing provider. We assessed each of these measures by race, ethnicity, sexual orientation, and gender. We found no negative disparities with either of the first two measures. However, we found statistically significant negative disparities in referral denials for adults and youth (Table 26). Black adults were 1.3 times and adults identifying as multiple races were 2.4 times as likely to have a housing referral denied compared to white adults. Among youth, no white youth had a housing referral denied, while 7% of Black youth, 11% of Native Hawaiian or Pacific Islander youth, and 25% of youth identifying as multiple races had at least one housing referral denied. Although the total number of referred youth is small, the results are statistically significant for Native Hawaiian and Pacific Islander youth and youth identifying as multiple races. Additionally, families with Hispanic/Latinx heads of household were 0.8 times as likely to have a housing referral denied compared to families with non-Hispanic/Latinx heads of household.



Table 26: Households with Provider-Denied Housing Referrals by Demographic Characteristic

Characteristic	1+ Denials	No Denial	% with Denials	Outcome Ratio	p value
Adults	204	1,018	17%		
Race					
American Indian or Alaska Native	11	40	22%	1.5	ns
Asian	3	45	6%	0.4	ns
Black or African American	94	405	19%	1.3	<0.05
Native Hawaiian or Pacific Islander	2	12	14%	1.0	ns
White	70	423	14%	ref	-
Multiple Races	18	34	35%	2.4	<0.01
Missing	6	59	9%	0.7	ns
Ethnicity					
Hispanic/Latinx	44	187	19%	1.1	ns
Non-Hispanic/Latinx	159	820	16%	ref	-
Missing	1	11	8%	0.5	ns
Sexual Orientation					
LGBQQ+	25	136	16%	0.9	ns
Straight	173	831	17%	ref	-
Missing	6	51	11%	0.6	ns
Gender Identity					
Female	61	279	18%	1.1	ns
Male	141	706	17%	ref	-
Transgender or gender other than singularly female or male	2	30	6%	0.4	ns
Missing	0	3	0%	0.0	ns
Families	51	391	12%		
Race					
American Indian or Alaska Native	1	14	7%	0.5	ns
Asian	2	12	14%	1.0	ns
Black or African American	22	181	11%	0.8	ns
Native Hawaiian or Pacific Islander	2	21	9%	0.6	ns
White	10	63	14%	ref	-
Multiple Races	6	28	18%	1.3	ns
Missing	8	72	10%	0.7	ns
Ethnicity					
Hispanic/Latinx	15	143	9%	0.8	<0.05
Non-Hispanic/Latinx	35	243	13%	ref	-
Missing	1	5	17%	1.3	ns



Characteristic	1+ Denials	No Denial	% with Denials	Outcome Ratio	p value
Sexual Orientation					
LGBQQ+	2	15	12%	1.0	ns
Straight	46	363	11%	ref	-
Missing	3	13	19%	1.7	ns
Gender Identity					
Female	43	354	11%	0.6	ns
Male	7	34	17%	ref	-
Transgender or gender other than singularly female or male	0	2	0%	0.0	ns
Missing	1	1	50%	2.9	ns
Youth	15	210	7%		
Race					
American Indian or Alaska Native	0	3	0%	-	ns
Asian	0	5	0%	-	ns
Black or African American	9	118	7%	-	ns
Native Hawaiian or Pacific Islander	1	8	11%	-	<0.05
White	0	43	0%	ref	-
Multiple Races	3	9	25%	-	<0.01
Missing	2	24	8%	-	ns
Ethnicity					
Hispanic/Latinx	5	52	9%	1.5	ns
Non-Hispanic/Latinx	10	157	6%	1.0	-
Missing	0	1	0%	0.0	ns
Sexual Orientation					
LGBQQ+	2	65	3%	0.4	ns
Straight	13	143	8%	1.0	-
Missing	0	2	0%	0.0	ns
Gender Identity					
Female	8	99	7%	1.5	ns
Male	5	95	5%	ref	-
Transgender or gender other than singularly female or male	2	13	13%	2.7	ns
Missing	0	0	-	-	-

FINDINGS ABOUT THE DATA

While conducting these quantitative analyses, Focus Strategies encountered multiple issues related to population and process definitions and how data is recorded in and retrieved from



the ONE System. The issues noted below posed challenges for the analyses and likely hinder HSH's ability to successfully monitor CE processes and use data to inform decision making.

CE referrals available to youth may be different, depending upon the Access Point young people use. They may or may not be considered for referral to youth-targeted services and programs. For example, youth aged 18-24 who enter the CE system at an Adult Access Point are generally not referred to youth programs. However, eligible young people up to the age of 29 enrolling at a Youth Access Point may be referred to youth-targeted housing or services if the program has specific funding. While this does not reflect a problem with the data, per se, it underscores how policy for youth access to homeless system resources becomes intertwined with data reporting and interpretation. Participants between aged 25 and 29 who enroll in CE at a youth access point may opt to engage in youth services (a subset of youth programs have funding that allow this). Conversely, participants aged 24 and younger may enroll in CE at adult access points, but these access points do not have the ability to refer to most youth services. In practice, the CE Access Point where participants enter services determines whether they are served as youth.

The tracking of Housing Referral Status also poses challenges. In concept, households are considered Housing Referral Status if they are eligible to receive referrals to housing through the Homelessness Response System. Eligibility is predominantly based on the primary assessment score and the current score threshold, which is driven by the availability of housing. Although Housing Referral Status is a critical feature of CE, it is not tracked in a discrete field in the ONE System. Instead, the quantitative identification of Housing Referral Status requires complex calculations that are challenging for HSH staff to derive using the ONE System data.

The challenge with tracking Housing Referral Status also has consequences for Problem-Solving Status. Although Problem-Solving Status is a critical feature of CE, it is also not tracked in a discrete field in the ONE System. Being in Problem-Solving Status must be determined by *not* being in Housing Referral Status, which must also be derived as described above. Knowing which households are in Problem-Solving Status is important for delivering timely services and for evaluating effectiveness.

The Administrative Review process, the appeals process through which adult households in Problem-Solving Status can be reconsidered for Housing Referral Status, also lacks adequate tracking. Of the 758 households referred for Administrative Review, 22% have no data in the



corresponding outcome field. Even for households who were deemed as prioritized after the Administrative Review, not all households have an updated Prioritization Status field or Community Queue placement to reflect the fact that they were prioritized.

The primary assessment score thresholds used for determining prioritization status have changed over time, and the details of those changes were not clearly documented and communicated to all providers. We understand that the scoring threshold changes were communicated to the service providers impacted by those changes, but the changes were not otherwise documented. This presents challenges for assessing how the primary assessment score was used for prioritization. For example, we could not fully assess whether the scoring thresholds changed during the time covered by the analysis nor whether they were properly adhered to for determining whether participants were placed on community queues.

The outcomes of housing referrals also presented challenges. Several referral-related fields were provided in the dataset Focus Strategies received, and they did not always provide consistent information (that is, a person could appear to be in two contradictory outcome statuses such as pending and denied or enrolled at the same time). These inconsistencies make it challenging to know the outcome of a referral accurately and easily and likely hinders HSH's ability to effectively monitor outcomes. For the purposes of this evaluation, we prioritized statuses in the following order when there were discrepancies: enrolled, housed in community, pending, expired, denied by client, and denied by provider.

Finally, the data reporting tool used by HSH may not fully support their reporting and analysis needs. In the ONE System, households can have multiple enrollments, assessments, services, and referrals, and not all of these data elements have direct relationships with each other. While this complexity is necessary to reflect how households engage with the Homelessness Response System, data reporting tools should allow users to pull accurate data simply. In the data provided by HSH, there were duplicates in the assessments (103 duplicates, <1% of records) and referrals datasets (1,707 duplicates, 11% of records). The fact that data pulled by HSH's expert staff contained duplicates suggests that the ONE System's data reporting tool may not meet their needs. In addition to the issue of duplicate data, it appears that the data reporting tool does not readily support the analysis of households' progress through CE over time or the reporting of the current status of households in the CE process. These reporting limitations hinder timely reporting and the transparency of CE.



Summary of Equity Impacts Found in CE Process Evaluation

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



SAN FRANCISCO CE EVALUATION

CONSIDERATIONS FOR PHASE TWO REDESIGN WORK

The findings of this report are intended to inform discussions and planning for a redesign of the CE process. It is suggested that HSH and its community partners consider several areas of both process and content redesign as the work gets underway.¹

A. PROCESS AND OVERSIGHT

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

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

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

¹ This section is informed by requirements described in HUD's Coordinated Entry Core Elements and HUD's New Coordinated Entry Data Elements.



B. DESIGN CONSIDERATIONS

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

1. Access

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

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

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



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

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

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

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



2. Assessment and Prioritization

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

While most communities respond to this requirement with a scored assessment tool there is a great deal of latitude in terms of both what such a tool or process contains and how much the tool influences prioritization. Considerations of equity should be central to determining what types of questions or information is used, how it is weighted, and what other factors are considered. San Francisco uses a locally designed, scored questionnaire as its primary assessment tool. The tool includes answer choices which are weighted depending on the extent to which a condition is present or long lasting.² This report reveals significant community concerns about the current primary assessment tool(s) with the level of personal information required, how the information is used and whether the information requested of participants accurately reflects their need. The equity analysis indicates underrepresentation of Asian and Latinx people among those with higher assessment scores.

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

² While some critics have called the process an *algorithm* it is not technically algorithmic; the score used is the simply the sum of each scored response and the determination for prioritization is based on a comparison of the score to the threshold in use for the population. There is no computer-based calculus or factor-dependent decision making occurring other than the simple sum of question responses.



Before making a determination about whether to revise the current tools, adopt others, or create something new from either self-report and/or administrative data, the process should focus on delineating shared values/criteria for how to allocate available resources as well as what information to collect that can illuminate where there are gaps and inform planning for new resources. Once criteria are established, HSH and community partners can use those to assess needed changes to the current tool or to evaluate other options. The assessment process should be continuously monitored to assess if the outcomes align with this locally decided shared criteria.

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

3. Referral

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



In addition, despite new policies and innovations of the SIP process, there is a persistent lack of clarity around roles and data to assess why delays are occurring related to referrals, documentation, and the process of accepting and completing referrals. The planning process will need to look at how to speed up the process and how to ensure clients are matched to resources that offer choice and are appropriate to their level of need. This might include centralizing the referral process (which currently differs by Access Point and population), leveraging administrative data to support appropriate referrals, and ensuring accountability of both HSH and/or referral partners and receiving providers for rapidly processing referrals and reducing disparities in denial rates.

C. DATA AND DOCUMENTATION

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

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

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



- Monitor system and program performance regularly, comparing measurable goals for each of the four core components of CE to performance on the goals

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

