

# San Francisco Family Homeless System and Coordinated Entry Project

## Phase Two Initial System Design

Commissioned by the City and County of San Francisco



July 2016

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## Executive Summary

The City and County of San Francisco (the City) is leading an effort to create a new system model for serving homeless families that includes coordinated entry and assessment as well as the targeted delivery of shelter and housing. Focus Strategies has been engaged to assist with design and development of the new system.

This Initial System Design report is the culmination of the second phase of design work. In Phase One, Focus Strategies collected information from a variety of local and national sources, assessed the current system's strengths and weaknesses, and made recommendations for key system changes. In this second phase, Focus and the City engaged with groups of stakeholders, including a work group of providers and local government representatives, to explore and develop further the ideas and strategies laid out in the first report. In addition to the input of the work group, public meetings and focus groups with families experiencing homelessness were held to present the draft design and gather feedback.

To inform the design process, the City and consultant team drafted, and the work group modified and adopted, system goals and guiding principles. These principles outline key features of the new system, such as a housing first orientation, prioritization of resources, and client choice. The workgroup then discussed and made recommendations about key features of the design and critical components of the preparation work that will be needed to successfully launch the new system.

The initial design includes a small number of access points, located in key neighborhoods in the City, that are able to take referrals from a variety of sources, as well as conduct direct outreach to families in need. These access points will be responsible for initial triage/screening and referrals of those who are not homeless or imminently losing housing to more appropriate services. The access points will also have problem solving/shelter diversion capacity and resources to help families that can prevent families from entering emergency shelter by identifying temporary or permanent housing solutions. The access points will conduct deeper assessments for families requiring assistance, which will be used to prioritize housing resources. Each access point will use a standard tool that weighs family vulnerability and level of housing barriers in making the determination of the level of assistance (such as rapid rehousing, transitional housing or supportive housing) to be offered. The City or another party will then use the information from the assessments to match families to the available resources, with an emphasis on ensuring that the highest-need families are matched to resources whenever possible. All family system providers will enter data into the City's Homeless Management Information System/Coordinated Entry Data System (HMIS/CES data system) and data will be shared among agencies (with client consent).

Specific details about each feature of the system as it is currently envisioned, as well as next steps needed to take the design to the implementation stage, are laid out in detail in this report and summarized in the table below. A visual diagram of the initial design is also included with this report.

Feature	Phase Two Recommendations	Next Steps/Phase III
1. Access Points	<ul style="list-style-type: none"><li>▪ Approx. 3 access points in key neighborhoods (esp. Tenderloin/ SoMa, Bayview and Mission)</li><li>▪ Links to Eviction Prevention and other services in community</li><li>▪ Outreach and walk in capacity</li><li>▪ Comfortable spaces/crisis support</li></ul>	<ul style="list-style-type: none"><li>▪ Develop preliminary budget</li><li>▪ Identify funding</li><li>▪ RFP or other method to select access point operator(s)</li><li>▪ Provide training to ensure a similar experience at each access point</li></ul>

Feature	Phase Two Recommendations	Next Steps/Phase III
2. Triage and Diversion	<ul style="list-style-type: none"> <li>▪ Set of initial questions to identify immediate needs</li> <li>▪ Temporary and permanent diversion both possible</li> <li>▪ Smooth flow and experience for clients</li> <li>▪ Resources available to help with diversion/problem solving</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finalize questions and decision tree</li> <li>▪ Design DV/safety protocol</li> <li>▪ Identify diversion funding from existing prevention and rapid rehousing resources and/or new sources</li> <li>▪ Training in Diversion</li> <li>▪ Establish links to prevention programs</li> </ul>
3. Assessment	<ul style="list-style-type: none"> <li>▪ Prioritization based on mixture of vulnerability and housing barriers</li> <li>▪ Assessment tool built into HMIS/CES data system</li> <li>▪ Minimal repetition of information by clients</li> <li>▪ Support client choice and self-determination</li> </ul>	<ul style="list-style-type: none"> <li>▪ Select or adapt Assessment tool, taking into consideration new HMIS/CES data system capacity</li> <li>▪ Test tool and train access points in usage</li> <li>▪ Program into new HMIS/CES data system if needed</li> </ul>
4. Shelter	<ul style="list-style-type: none"> <li>▪ Use specific prioritization criteria for immediate placement into shelter</li> <li>▪ Work to ensure basic parity among shelters</li> <li>▪ Eliminate pre-determined lengths of stay</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finalize prioritization criteria for shelter and build into triage step</li> <li>▪ Create or update operating procedures for shelters, linking them to coordinated entry and to rapid rehousing resources</li> <li>▪ Form Shelter Working Group or other process for addressing shelter transitions</li> </ul>
5. Housing Programs	<ul style="list-style-type: none"> <li>▪ Program entry barriers should be reduced through changes to rules, policies, culture shifts and training</li> <li>▪ Matching capacity should be built into HMIS/CES data system</li> <li>▪ Referrals and acceptances should be timely and streamlined</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish permitted eligibility requirements and referral procedures</li> <li>▪ Identify matcher (City staff or third party)</li> <li>▪ Develop or implement HMIS/CES data system matching capacity</li> <li>▪ Expand CoC “Written Standards” to reflect program type expectations</li> <li>▪ Establish expectations for all programs in contracts re: accepting referrals and reducing program entry requirements</li> </ul>
6. Data System	<ul style="list-style-type: none"> <li>▪ Information in real time</li> <li>▪ System should provide document storage</li> <li>▪ Information sharing should be implemented throughout the system, with client consent.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Configure system to support CES activities</li> <li>▪ Create policies to support “open system” data sharing</li> <li>▪ Upload historic data from providers with own databases</li> <li>▪ Train users</li> </ul>

The next steps can be undertaken in the next 6 to 18 months to develop and begin implementation of the new system. Much of the work outlined is already contemplated in a Phase Three scope. The City and Focus Strategies will need to work together to refine the envisioned scope and define the timeline, including establishing a targeted implementation date and transition plan.

## **I. Background/Purpose of Report**

The City and County of San Francisco (the City) hired Focus Strategies to conduct an assessment of the existing system for assisting homeless families and to develop a proposed model for serving families that includes coordinated entry and assessment as well as targeted delivery of shelter and housing. The goal of this engagement is to provide recommendations and design assistance to improve the system's ability to respond effectively to families who are experiencing homelessness. Developing a plan for coordinated entry is a key element of this work, but the scope also includes developing strategies to streamline and speed the flow of families from the "front door" into permanent housing, which has implications for all elements of the family system.

This project is divided into three phases:

- Phase One: An investigation of the existing system and services, resulting in a report and initial recommendations (completed March 2016)
- Phase Two: Community input process convened by the City and Focus Strategies to develop and further refine the recommended approach.
- Phase Three: Development of the detailed guidelines, tools, and timeframe for system rollout.

This Initial System Design is the end result of Phase Two. It includes a description of the components of the envisioned system as now informed by a multi-faceted stakeholder process carried out between April and June 2016, and recommendations for next steps and key issues to address in the final design phase before implementation.

## **II. Phase Two Methodology**

For this phase of work, we drew primarily on input and information gathered from community stakeholders in a number of ways:

- Most design development work was done with a seated Work Group made up of staff from family homeless system providers, housing developers/providers, advocates, and City agencies. This group met four times between April 19 and June 7, 2016 and also reviewed and commented on draft information and other materials between meetings. A list of participants is provided in Appendix 1.
- An analysis of family homeless system data, begun as part of the first phase of work, was completed during this time. Information from the analysis, including data about the prior living situations of families entering SF programs, and a preliminary summary of family program outcomes, were used in the working group meetings. The complete data report, "Analysis of San Francisco Family Homeless System Data" has been completed and distributed to City staff and will be distributed to work group members.
- Two general community meetings were held to secure input into the design process: (1) a meeting on June 8<sup>th</sup> with four community organizations in the Bay View neighborhood of the City, and a public meeting of the Local Homeless Coordinating Board's Coordinated Entry Committee, held on June 14<sup>th</sup> at the San Francisco Public Library and attended by approximately 75 people, including a number of individuals experiencing homelessness.

- Four focus groups were held with 44 adults in families who have experienced homelessness or are at high risk of homelessness. The groups were held between June 27 and July 13 and were facilitated by Homebase, using a question framework developed by Focus Strategies and Homebase. During these groups, participants were asked to provide input on the draft system design, using excerpts from the system diagram. They were also asked to provide input on the questions included in sample assessment/prioritization tools. Specific Focus Group feedback is cited below in the report and a summary is provided in Appendix 2.

We also continued to hold regular meetings with key staff from H.S.A. over the course of Phase Two to discuss the system design process.

### **III. Summary of Phase One Recommendations**

The Phase Two work built upon the analysis and recommendations from Phase One, as presented in the Phase One Report. The Phase One report describes in detail the current family homeless system in San Francisco, including an assessment of its strengths and weaknesses and the current approach to coordinated entry for shelter; the requirements for a Federally-approved Coordinated Entry System; and key findings from other communities that have implemented comprehensive CES. Readers interested in reviewing the previous set of findings may refer to the [San Francisco Family Homeless System and Coordinated Entry Project Phase One Report](#).

The Phase One report concluded with seven system level recommendations that provided the framework for the Phase Two Design process:

1. Set clear objectives for the family homeless crisis response system
2. Require City-funded providers within the family homeless system to use a single, shared, HMIS/CES data system
3. Define new roles and functions for family system entry point(s); develop RFP to select and fund re-configured entry point(s)
4. Fund shelter diversion as an activity distinct from “homelessness prevention”
5. Define and fund new roles for emergency and longer-term shelter in the family system
6. Adopt standardized prioritization tool and matching process
7. Adopt policies and process for targeting and ensuring speedy entry to programs and housing

### **IV. Phase Two Results: Initial System Design**

During Phase Two, Focus Strategies worked with H.S.A. staff and the Family CES Work Group to develop a preliminary system design using the Phase One recommendations as the guiding framework. This section presents the results of the design work conducted in Phase Two.

#### **A. System Goals and Guiding Principles**

To have a strong, effective homeless crisis response system, the goals and purpose of the system must be clear. The Phase One report recommended that the City adopt specific goals and objectives for the Family Homeless Crisis Response System.

During Phase Two, the following set of goals and objectives were developed and refined:

## Goal

San Francisco's homeless crisis response system for families is designed to respond to the immediate crisis of unsheltered homelessness and assist unsheltered families to obtain shelter as needed and move to housing as quickly as possible. This includes families currently unsheltered (living outdoors or in vehicles) and those who will have nowhere to sleep indoors the next night.

## Objectives

There are three main system objectives and the City will track progress in achieving these results:

1. There are no unsheltered families in San Francisco.
2. There is no waiting time for emergency shelter for families that are unsheltered.
3. Homeless families obtain permanent housing within an average of 90 days

During discussions with the Work Group, it was recommended that the City also establish objectives relating to at-risk and doubled up families, not just families who are unsheltered. It was also suggested to add to objective #2 that there is no waiting time for diversion, prevention and rapid re-housing. These are considerations to address in Phase 3.

## Guiding Principles

A draft set of guiding principles for the system was also presented to the Working Group for feedback and adoption and discussed in two meetings. The group approved a final set of principles, which are provided in Appendix 3. We have also excerpted specific principles in the sections below as they relate to the specific aspects of the design.

## Reflections on a New System

The City and the Work Group both acknowledge that in designing and changing the system it is important to preserve system elements that are working well and continue to hold important values that are shared by the City, providers and advocates. The Work Group identified the following system elements that should be changed or improved and those that should be retained in the change process.

Key elements that were identified as needing to change or improve included:

- Remove program barriers and streamline the system
- Collect good data and analyze it on an ongoing basis
- Increase housing options and alternatives to shelter
- Have clear targeting and ensure the system serves the most vulnerable
- Break down stereotypes about San Francisco neighborhoods and communities in the greater Bay Area
- Put in place a standardized assessment process
- Reduce the time families spend on wait lists while in crisis
- Reduce the time families spend being homeless
- Reduce returns to homelessness

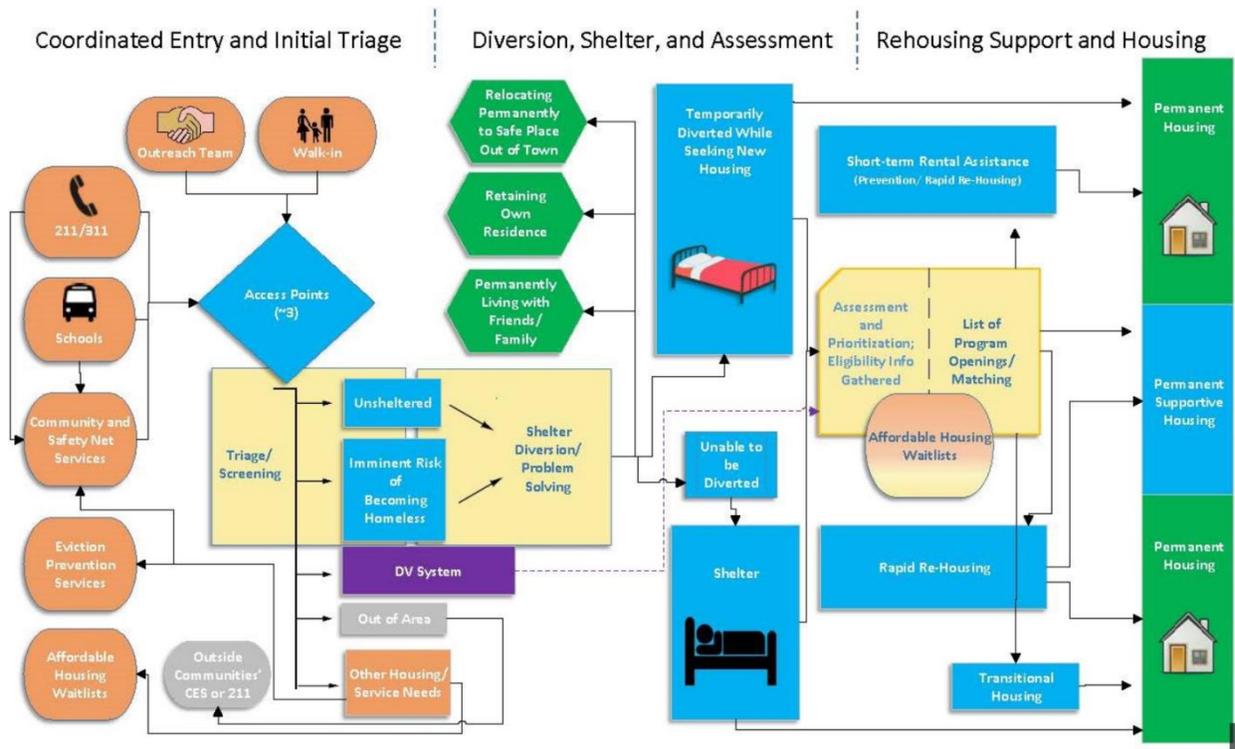
Key elements that were identified as critical to retain or ensure included:

- Ability to respond to families with a housing crisis

- Retain a client-focus, including having front line staff that are supportive and empathetic
- Continue strong partnerships among providers and the City
- Recognize the unique contributions of each agency and differences among them
- Provide services to families beyond housing so that they can continue to progress and thrive

## B. System Design and Features

The sections below describe the specific features of the system design. The diagram below shows a schematic of the approach, beginning from where families facing housing crises may first encounter the crisis response system and showing the steps they may take to either be referred more appropriately to other services, or be assessed and assisted within the homeless crisis response system. A larger format version is provided at the end of this document.



A summary table of the recommended features for each component discussed below and potential next steps is provided in Appendix 4.

### 1. Access Points

Coordinated Entry Systems require access points that are well publicized and easily accessible. In Phase One Focus Strategies recommended multiple, coordinated entry points all using standardized tools and processes. This was based on our assessment of the City's size, diversity and number of households served in the system, as well as feedback from client focus groups. We recommended limiting these to a relatively small number, but enough to meet geographic and demographic needs.



## Guiding Principle Relating to Access Points

In the design process, the following guiding principle was adopted that applies to the development of access points:

***Streamlined Access:*** *The family homeless crisis response system will be easily accessible. Access points will be clearly identified and well-advertised to clients, and located to maximize accessibility and minimize barriers to system entry for those families with the greatest challenges to navigating service systems.*

## Recommendations on Access Points:

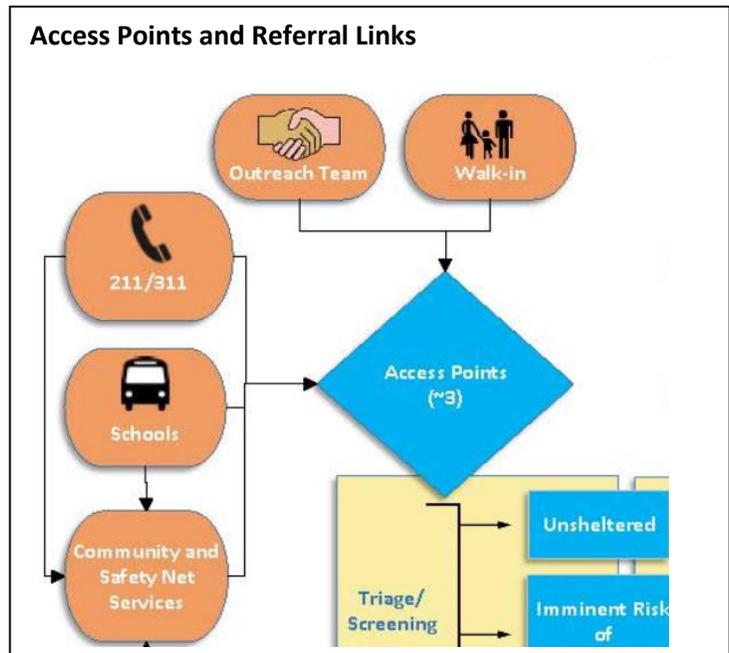
The Work Group developed the following recommendations relating to the access points:

- **Approximately three access points with geographic coverage:** The three locations that the majority of the group agreed should be considered for dedicated access point were Tenderloin/SOMA, Mission and Bayview. It was recommended specifically that the access point is not a single, publicly known place due to Domestic Violence concerns.
- **Links to other places homeless families frequent:** It is important that the access points work closely with and can be readily referred to by other sites that serve families, such as schools, other community sites, and the 211 and 311 referral lines. These places will need to be well informed about the system and given initial guidance on how to decide which families to refer.
- **Common features and capacity:** Each access point should have common sets of services available and provide a standard experience to families. This includes:
  1. All sites do screening/triage, diversion, and assessment.
  2. Every site should have direct links to Eviction Prevention services and have potential for co-location of other services that can benefit families (e.g. mainstream benefits).
  3. Access points should have ability to meet concrete immediate needs (storage, transportation, food, diapers, on-site child care).
  4. The space should be aesthetically warm, comfortable and non-bureaucratic
  5. Sites should either have dedicated outreach capacity or be linked to existing outreach teams or workers that can meet families who are unable or unwilling to come to the Access Point for screening and assessment.
  6. Access points must have key language and cultural capacity (including African American culture) and be trained in trauma-informed services, cultural humility, and assessment skills.
  7. The access points should make the connection to Domestic Violence services.
  8. The system should provide weekend/evening coverage for crisis entry to shelter, which could be done through one of the access points, 211/311 or a shelter provider
  9. Access points will be responsible for initial HMIS/CES data system data entry.

Feedback from family focus groups echoed many of these points, and underscored the need for both mobile and walk-in capacity, adequate advertising to ensure families in need are aware of the access points, and broad geographic coverage.

The system design diagram shows the flow of families to the Access points from places in the community including phone/referral lines and mainstream and community services. It also shows each Access Point having capacity to handle walk-ins and linked to or operating mobile outreach to families.

Families in the focus groups suggested additional referral points could include churches, hospitals, libraries, jails and clinics.



### Next Steps for Design/Implementation of Access Points

In order to select Access Point providers and locations, next steps will include developing an estimated budget for these activities, identifying a funding source or sources, and issuing a Request for Proposals that integrates the recommendations described above. The City will also need to determine a method for 24/7 coverage.

In addition to selecting a provider or providers, providers will need support and training to ensure that the experience of clients is similar in each access point and that. Areas of training identified by the Work Group included:

- Shifting agency culture to align with principles of homeless crisis response, e.g. the objective of the system is to help families secure housing rather than shelter; families are matched to shelter and housing using standardized criteria and processes; higher need families receive higher intensity interventions.
- Training to ensure standardized experience at all access points, including knowledge of the resources and programs throughout the system and standardize messaging and customer service to clients;
- Staff training to ensure a consistent and appropriate skill set, including training in motivational interviewing; cultural humility and implicit bias; trauma-informed care; harm reduction principles and working with families with substance abuse issues and de-escalation techniques.
- Training in HMIS/CES data system

In addition to specific skills and knowledge training, the system will benefit from Team building, both across Access Points and throughout the family system to ensure the pieces of the system fit together and work cohesively. There must also be appropriate supervision and support from professionals and peers, including possibly social worker intervention/insight.

## **2. Screening, Triage and Diversion**

Coordinated Entry Systems are created to screen, assess and connect clients to the services in the community. The federal requirements for CES include that there must be a standardized screening, intake, and assessment process for all homeless families.

The Phase One report recommended use of a standardized screening and triage tool that is designed to identify acuity of the family's housing crisis and need for assistance from the homeless crisis response system (i.e. identifying which households are unsheltered or will be imminently unsheltered if not assisted). We also recommended funding shelter diversion as a specific strategy that is distinct from homelessness prevention and is specifically targeted to those families who are seeking access to shelter beds, to prevent them from entering shelter and free up bed capacity for those who are unsheltered and or who will become unsheltered without assistance. The diversion function should be integrated into the work of the entry points so that all places where families touch the homeless crisis response system are working in a consistent manner to prevent entry into shelter whenever possible.

### **Guiding Principles Relating to Screening and Diversion:**

Guiding principles adopted that apply specifically to this part of the process include:

***Shared, Consistent Process and Tools:*** *The CES will screen, prioritize and match clients to programs in the system using standardized policies, processes and tools that are used fairly and consistently across the system.*

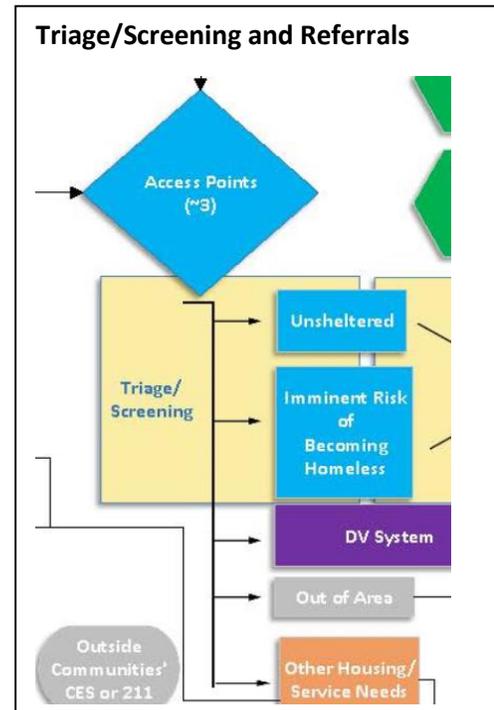
***Diversion (Housing Problem Solving) for Families Who Are Not Unsheltered:*** *No one should have to sleep outside first to become eligible for services. Families that are not unsheltered will be linked to other services and/or provided support and problem solving services and resources to avoid an entry into the homeless system whenever safe.*

***Respect for Clients:*** *Information from clients will be collected in a respectful, strengths- based manner that is trauma- informed and based in cultural humility. CES and program intake processes will require only as much information as is needed to assist or refer clients at that point. With client consent, information will be shared within the system. The number of times people have to repeat their stories will be limited as much as possible.*

## Recommendations on Screening, Triage and Shelter Diversion

The purpose of the initial screening or “triage” portion of the assessment is to use a consistent and standardized method for directing families either to the homeless crisis response system or to other system that can better meet their needs. Those who are unsheltered or at imminent risk of becoming unsheltered will receive a deeper shelter diversion conversation that explores their housing options (both temporary and permanent ones) and support to retain or secure housing without entering shelter, if possible. Families who have other needs will be referred to other systems: those who are who are out of county and will be referred to the CES in their area; those immediately fleeing domestic violence to domestic violence services, and those seeking housing assistance who are not imminently homeless to the other services in the City, such as Eviction Prevention, affordable housing waitlists, and community based services.

The working group strongly recommended that the experience of screening, triage and diversion steps should be a seamless set of questions that flow together, not “stop and start.”



We also note that some Work Group members felt strongly that homeless families currently staying outside San Francisco but with connections to the community should continue to have access to the shelter and services in the system. This feedback was also shared at the Community Meeting. Focus Strategies recommends addressing this question during the next phase of system design. The City will need to develop policies that address the complexities how families move from County to County. In particular, there will need to be policies relating to families currently outside San Francisco but who were placed there by a rapid re-housing program; families with inter-generational ties to the City; and unsheltered families who move around a lot but spend significant time in San Francisco. We would further recommend collaborative planning with neighboring counties as they develop their own CES to develop a consistent approach to assisting households with ties to multiple communities.

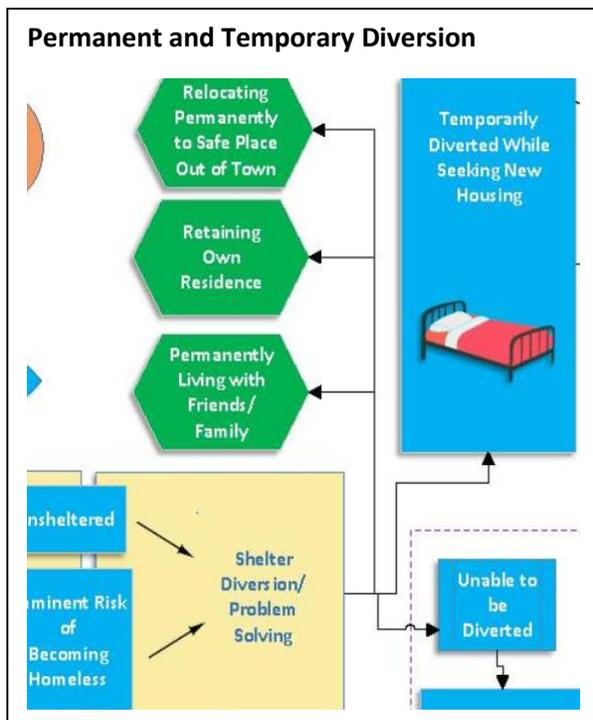
Recommended screening/triage/diversion questions:

- Basic demographics and family size/composition (including family members who are not staying with the family in the moment and their custody status)
- Current location (SF or outside)
- Where staying now or in past couple of days (outside, car, with family/friends, own unit, etc.)
- Why do you have to leave/how soon?
- Is it safe for you to remain where you are?
- Is anyone in the household pregnant?
- What is your relationship with the person you are staying with?
- Do you pay anything?
- If we can't find you somewhere to sleep tonight, where will you stay?
- Could you stay a little longer if we assisted you?

- Can you find a place for a few nights? Where do you usually stay in emergencies?
- Where do you have your belongings?
- How much income do you have?

Based on the responses to these questions, the access point will either refer the family to other systems and services or engage in a shelter diversion conversation and provide assistance to implement the diversion plan (e.g. mediation with a family member). For families that cannot be diverted from shelter, the access points will proceed to shelter placement and assessment (see next section).

The Work Group identified two different types of diversion:



- Temporary or “shelter in place,” where the family is assisted to remain temporarily with family or friends while receiving assistance to move to alternative housing which could include receiving rapid re-housing assistance. (Shown in Blue)
- Permanently diverted – where the family is assisted to remain in their current housing situation on a permanent basis (e.g. a temporary shared situation becomes formalized into a long term arrangement) or move back in permanently with family or friends. (Shown in green.)

The working group identified the following features that will be important to ensuring that shelter diversion works well in San Francisco:

- The process needs to involve families in their own problem solving.
- Staff will need training to support this culture shift and also to ensure that diversion services are provided consistently at each access point. Organizational capacity will need to be developed in the area of housing problem-solving.
- Diversion should be delivered with a progressive engagement approach, in which a light touch may be enough but more support can be offered if needed; there will need to be a shared understanding of what this means.
- Shelter diversion should respect family self-determination – if after a diversion conversation a family insists they need shelter that choice should be respected, even if the family does not want to disclose what is going on.
- Diversion resources will need to include intensive mediation, legal services, problem solving, and flexible financial assistance

Families represented in focus groups underscored that it was important for families that are temporarily diverted to be connected to permanent housing assistance.

### Next Steps for Design/Implementation of Screening, Triage and Shelter Diversion:

In the next phase, the suggested questions and decision-tree for the Initial Screening and Diversion conversation should be finalized so that it can be operationalized. This will include identifying a set of criteria for deciding whether families are at imminent risk of becoming unsheltered and therefore eligible for shelter diversion or shelter placement. There also must be decision-steps for families who are not identified as being at imminent risk, ensuring that all receive the same set of mainstream system referrals. A safety/DV protocol must be developed and implemented.

The shelter diversion component must be fully designed, including a decision about whether and how much flexible financial assistance will be offered, whether diversion will include case management and if so how light or intensive, and how long/how many times a family may continue to receive support through shelter diversion. A protocol and training for diversion will be needed. The City is also strongly encouraged to identify specific resources that can be used for diversion activities at the access points. This is different from a referral to an eviction prevention provider, as the type of support may need to be much more flexible and often happens for families that are staying with family or friends.

Finally, the City will need to determine how the crisis response will effectively link families to the current array of existing eviction prevention services and ensure that they are served, and if needed, prioritized. Consideration should be given to whether all prevention services should eventually become part of the crisis response and coordinated entry system, which would likely mean both changing some of the targeting and expanding the allowable uses of funds, or whether prevention programs should have a standard prioritization that works to ensure that prevention resources are also well targeted to those that need them most (i.e. those most likely to become homeless without assistance.) Predicting homelessness for families who are facing eviction is difficult but there is some promising work in this area.

### **3. Assessment and Prioritization**

An assessment tool and process is an important part of a coordinated entry system. Federal Coordinated requirements include:

- A standardized assessment tool that determines eligibility and specific needs
- Prioritization based on homeless status, vulnerability and need (not “first come first served”)

The Phase One Report recommended the City adopt or adapt a standardized prioritization tool to assess unsheltered families and those who are on the brink of becoming unsheltered, and match all who are not diverted to available long-term shelter and housing interventions – transitional housing, rent subsidy/rapid re-housing, permanent supportive housing. We recommended inviting stakeholders to consider the pros and cons of existing tools and provide feedback to inform tool selection or development.

### Guiding Principles Relating to Assessment and Prioritization:

Guiding principles adopted that apply specifically to this part of the process include:

***Respect for Clients:*** (See Section 2)

***Prioritization for Highest Need Families:*** Access to housing programs will be prioritized for those

*families identified through the Coordinated Entry assessment process as having the highest need from the homeless crisis response system. Families that are unsheltered, living in shelter, doubled-up or housed but at immediate risk of homelessness will be eligible for assistance.*<sup>1</sup>

**Client Choice:** *Client choice and the client's service and personal network will inform options for services, housing, and referrals. Clients will have choice as to whether to accept an offer of shelter or housing assistance. The range of options and the potential consequences of refusing any offer will be made clear.*

#### Recommendations on Assessment and Prioritization

- **Eligibility for Assessment:** The Work Group strongly recommends a system in which families can be assessed and prioritized for housing assistance even if they are diverted from shelter. As the diagram shows, all families placed in shelter and those who are temporarily diverted (“shelter in place”) will receive a full assessment and prioritization for housing assistance.
- **Assessment Tool:** The working group reviewed and discussed three different assessment/prioritization tools: the Family VI-SPDAT; NAEH Coordinated Assessment Tool, and Focus Strategies Prioritization Tool. When asked if there was consensus to pick one of these three, the group did not feel strongly that one tool was preferred over another. A show of hands revealed that about 6 preferred the Family VI-SPDAT and 11 preferred something more customizable.

The group did develop the following recommendations for what a tool for San Francisco families should do and some suggestions for how a tool should be selected:

- The tool should include criteria relating to general family vulnerability (parents and children) and specific housing barriers faced by the family
- The tool results should help with system planning, by helping to identify needed interventions and estimate gaps
- The tool should use data in the HMIS/CES data system as much as possible;
- Clients should not be asked questions over and over again
- The assessment process should also support client choice and self-determination

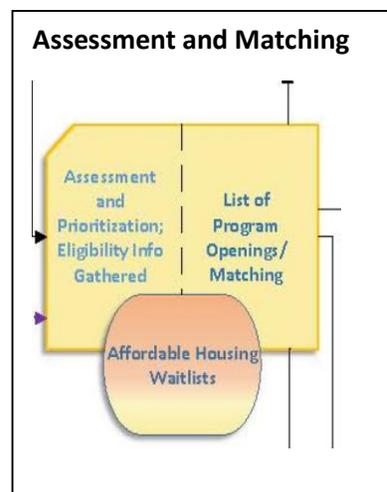
Given that clients tend to move from one county to another, and other communities are currently developing their CES, San Francisco may wish to consider a regional approach to prioritization, and possibly develop a tool that is shared or standardized across several Bay Area counties.

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<sup>1</sup> *Note: There was some disagreement in the group about this principle; however prioritization based on need is a required element of CES.*

The group recommended that the tool to match families to what they need, but also to what is available. The tool may result in a recommendation for a specific intervention as potentially the most appropriate but should not prevent families from being matched with other programs if the first one is not available. In other words, the tool should not create waiting lists of families waiting for a specific intervention if there are other options available.

The flow diagram indicates that the assessment process is closely tied to making the connection to program openings and gathers the information needed to determine eligibility at the same time as for prioritization. This process should also connect families to appropriate waitlists for affordable housing not controlled by the homeless crisis response system but for which they are eligible and interested.



### Focus Group Feedback on Assessment Tools

The Work Group recommended that homeless families be asked to provide feedback on two tools/methods for assessment and prioritization (the F-VI-SPDAT and the Focus Strategies Prioritization Tool). As part of the focus groups held with families experiencing homelessness, some participating adults were asked for their opinion about the content and wording of questions in the two tools. Focus group participants did not express a preference for either of the assessment tools. Many indicated that too many questions would be discouraging, intrusive, and unnecessary, but others felt that the more information given, the better the housing placement would be. Many also said that well-trained service providers would be needed to overcome barriers that would otherwise prevent families from providing full answers during the assessment process, and that there should be a link between asking the questions and receiving help. Some were concerned with not having enough rapport with the case manager to feel comfortable answering invasive and personal questions. However, many stated that they would answer whatever questions were asked in order to find housing for their families.

### Next Steps for Design/Implementation of Assessment and Prioritization:

In selecting or adapting a tool, the City will need to weigh the Work Group and Focus Group input, as well as additional considerations, including:

- The features and capacity of the new HMIS/CES data system
- The CES approach for other populations and whether these are likely to be integrated;
- Potential one-time and ongoing costs of developing a custom tool; and
- Flexibility to make changes with a custom versus standard tool.

More information that may impact this decision may also be forthcoming from HUD in an anticipated Notice about CES prioritization requirements. Additional review of the specific feedback from families in the focus groups should also be considered when selecting questions to include – both in terms of the total number of questions and length of the interaction as well as the topics and wording.

Focus Strategies recommends that if the F-VI-SPDAT is selected, the City hire the developer of the tool to train staff and provide guidance on its use. Although the tool and online training on how to use it is

free, securing training on its use will yield greater reliability of results. If the City decides to move forward with a customized tool from Focus Strategies, a period of field testing and decision making about the weighting would be required. The tool is weighted specifically with the community in mind. The Focus Strategies tool would also need to be configured within the HMIS/CES data system. While it uses many existing HMIS questions, additional questions on specific housing barriers and any additional vulnerability questions will need to be added.

#### **4. Shelter Referral and Placement**

The Phase One report recommended the City adopt a goal that family homeless crisis response system has capacity to provide immediate (no waiting list) emergency shelter to all unsheltered families and families with no other safe place to go (i.e. those who have been already gone through standardized screening and triage and attempted shelter diversion). It also recommended that the length of time a family may occupy a shelter bed be based on the complexity of their housing situation, not predetermined at shelter entry, and that all shelters have as their primary objective helping families to exit to permanent housing as quickly as possible. This new approach to family shelter would mean that, over time, the system would no longer include “overnight” shelter or “6-month shelter” but just family shelter. This will be a significant shift and will require additional work that is not covered in the CES design process and would benefit from a separate workgroup.

#### **Guiding Principles Relating to Shelter:**

The CES Work Group adopted specific guiding principles that relate to shelter including:

***Immediate Access for Unsheltered Families:*** *Unsheltered families will be prioritized for access to shelter, including those who will otherwise have no safe indoor place to stay that night. No family sleeps outside.*

***Client Choice:*** *(See Section 3)*

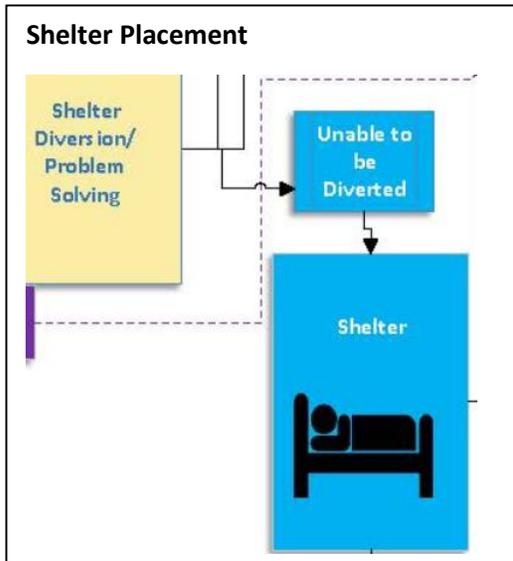
***Matching to Shelter and Housing Programs:*** *Matching of clients to all system resources (shelter, housing and service programs) will be as simple as possible for both providers and homeless individuals. Matching will be based on meeting the clients’ housing and service needs, rather than on filling the beds or slots of programs. Programs participating in CES will only accept families matched through the CES except in specific, defined circumstances.*

#### **Recommendations Relating to Shelter:**

**Prioritization Criteria for Shelter:** The workgroup strongly supports the goal of same day shelter for those who need it, but recognized that this cannot happen immediately. If there is not enough shelter for all households, even after shelter diversion is implemented, there was general agreement to prioritize using the following criteria:

- Unsheltered
- Mental health/physical health needs
- Pregnancy
- Infants in household
- Very young children in household

- Safety issues in living environment
- Very young parents
- Parents in the foster care system



Note that these would be criteria only for prioritization for shelter placement, not for placement in a housing program. Criteria relating to prioritization for housing are discussed above in Section 3. Since shelter is an immediate crisis response, the criteria for prioritization are mainly related to immediate vulnerability and not based on housing barriers. If shelters beds will be prioritized, information to apply these criteria would be captured in the screening and diversion step.

**Topics for a Shelter Design Process.** The Work group also provide following feedback and raised additional questions for consideration by a future shelter work group or other shelter redesign process:

- Ensure there is basic parity among shelters; all should be similar and offer the same services
- There should be a goal that all shelter meets some minimum physical standards – for example, no mats on floor
- There should be no minimum or maximum lengths of stay
- The City may want to explore possibility of having some sites specialized for certain populations

Next Steps for Design/Implementation of Shelter and Shelter Placement in Coordinated Entry:

When implementing coordinated entry, the City will need to create or update operating procedures for family shelters that include clarity about taking referrals from the coordinated entry process, and expectations and goals that the purpose of shelter is to provide temporary places for families to stay while they are focused on exiting to housing as soon as possible. This will also require linking most families in shelter to resources that can help them leave shelter, most frequently rapid rehousing. The assessment process described above will match the highest need families to resources first, and if resources are insufficient, lower scoring families may not receive immediate access to rapid rehousing until resources are sufficient. The role of shelter case managers and their interaction with rapid rehousing case managers/housing specialists will likely need to be explored and defined.

Further decisions to re-design and re-configure the existing shelter inventory will need to occur through a separate process, possibly with a work group focused specifically on shelter.

## 5. Match to Housing Program Resources

A key feature of coordinated entry is that the assessment and prioritization process is used to match families to available housing programs, and families are accepted into programs with no or limited additional screening or other delays. The Phase One report recommended that the City adopt policies and processes to ensure a standardized and consistent system-wide approach to matching families to available City and CoC-funded transitional housing, rent subsidies/rapid re-housing and permanent supportive housing. The report also recommended that the central list and referral process be managed by the City or a third party that does not deliver homeless services for fairness and avoidance of conflicts of interest. If the City assumes this role it will need to have a dedicated staff person.

To ensure efficient movement of families from the central list into housing programs, the report recommends requiring all housing programs that receive City funding to accept referrals **only** from the central list, and that program providers lower barriers to entry to ensure they are serving the highest need households that can be served by that intervention type.

### Guiding Principles Relating to Matching and Referral to Housing Programs

The Work Group adopted guiding principles that apply to this part of the system, including:

***Housing First:*** *The family homeless crisis response system and all programs within it will use a housing first, low barrier approach focused on ending homelessness for each household as quickly as possible. While services are made available, participation in services is not required as a condition of obtaining shelter or housing.<sup>2</sup>*

***Client Choice:*** *(See Section 3)*

***Matching to Shelter and Housing Programs:*** *(See Section 4)*

***Progressive Engagement :*** *Programs will follow a progressive approach to service delivery, matching the level of service intervention to the level of client need to resolve their housing crisis. Assistance begins with the lightest possible touch. Assessment is ongoing and more intensive services will be offered as needed. Clients can opt for less intensive support than what is offered.*

### Recommendations Relating to Matching and Referral to Housing Programs:

**Reducing barriers to program entry:** Ensuring that coordinated entry will be effective requires reducing program barriers to entry that screen out families with high needs and challenges, and standardizing any remaining eligibility criteria. Currently, family housing programs in San Francisco all have their own separate and different entry requirements. The work group identified the following entry requirements that are prevalent in the system and tend to be barriers to participation for higher need households:

- Requirement to participate in case management/other services;

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<sup>2</sup> Although requiring participation in services should not present barriers to entry, programs may still impose realistic expectations about required services. For example, participants in rapid re-housing program must engage in housing search and some level of housing stabilization activities in order to successfully secure and sustain permanent housing.

- Income requirements or requirements to increase income during duration of program (particularly in transitional housing and rapid re-housing programs);
- Drug testing (particularly in transitional housing);
- Sobriety requirements (some noted this was a system-wide trend, others felt it was more limited); some also noted sobriety can be a condition of ongoing participation that also poses a barrier
- Credit and eviction history checks (transitional and permanent supportive housing);
- Criminal records for those programs where funding sources restrict people with particular types of felonies.

It was also noted that some programs have limitations related to physical configuration of the units (e.g. some don't have 24-hour staff coverage, some cannot accommodate larger families.)

Policy and programmatic changes identified by stakeholders that will be needed if entry requirements are lowered and standardized, including:

- Changes to program rules (including drafting new forms, policies, documentation requirements);
- Messaging to clients and staff as this may pose a significant shift in culture for many agencies
- Need for additional training, particularly on working with people with substance use issues, dealing with trauma, de-escalation techniques
- Concerns were expressed that lengths of stay and housing outcomes may need to change. For example, if programs are serving more families with higher barriers, it may take them longer to secure housing and this would need to be reflected in performance expectations.
- Programs will have to more fully implement the Housing First approach – addressing a household's income and employment needs after housing them
- Program changes to ensure high need families receive enough services support, particularly those who have to re-locate outside of SF
- Ensuring programs have training and ability to work with domestic violence survivors
- It may be more challenging to recruit and maintain landlord partnerships; programs will need to adopt more innovative approaches to working with landlords (incentives, etc.)

One provider noted that if all family providers were required to make changes at the same time, as some Permanent Supportive Housing providers are doing now, the playing field would be level and there might be less resistance to changing.

**Referral and Acceptance Process for Housing Programs:** The CES system needs to have processes in place for making referrals and ensuring that programs accept the referrals or provide a specific reason for denial. Work group member feedback included:

- Support for the approach currently used in the single adult Coordinated Entry System (CES) – the household with the highest priority on the list receives the next available unit; households can turn down three offers; once the third one it turned down, the client is placed on a 30-day hold, but is not removed from the priority list.
- Due to concerns about families choosing to stay in shelter rather than accept an offer of rapid rehousing, there will need to be some standardized reasons that families can turn down rapid rehousing; as well as an appropriate, limited, shelter extension period for individuals who chose not to accept an offer of rapid re-housing or permanent housing.
- Stakeholders generally agreed that there should not be any reason to refuse families referred from the central list, if otherwise eligible.

- There was some discussion about how to manage families or individuals who had previously been asked to leave a program as a result of violence. Some suggested creating an appeal process for such situations.
- There was also discussion of the need to ensure that the matching process takes into consideration whether programs have the ability to meet specialized client needs (i.e. language)

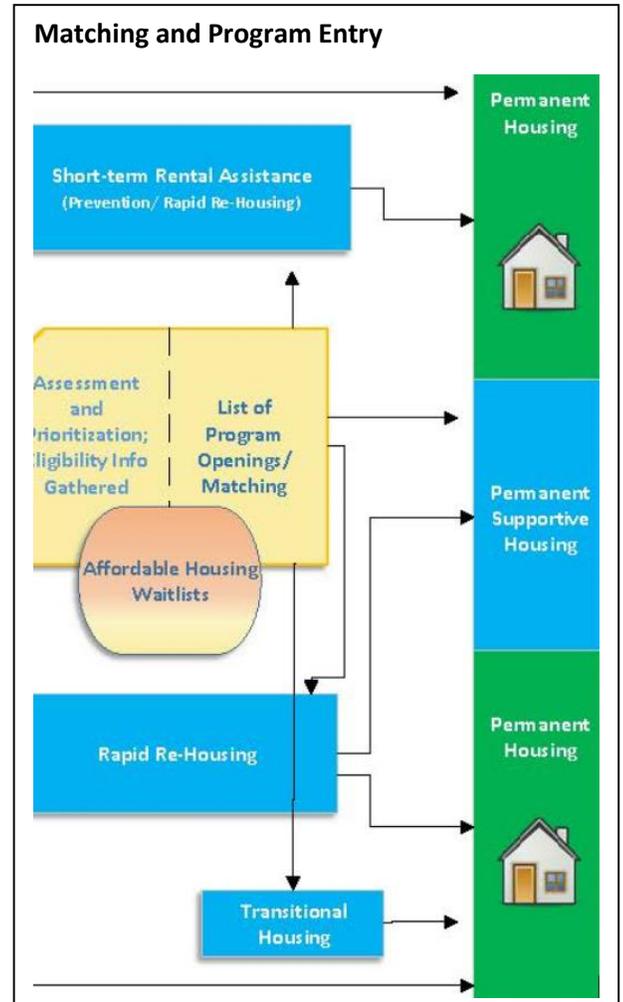
Finally, the process by which openings are tracked and filled is a significant part of the CES process.

- Work Group members agreed unanimously about the need for a shared HMIS/CES data system with capacity to store “real time” information on available program vacancies;
- The process for matching should be automated as much as possible – meaning using the HMIS/CES data system software to generate matches between the families on the list and available program vacancies. However, there was concern that the different program requirements and nuances of eligibility, as well as client choice, could make full automation impractical.
- Initial time frame goals would include providers notifying the central list 30 days before an expected vacancy and the period between match/referral and program entry would be no longer than 7 days.
- Consultation between the central list manager and the provider or program as needed to ensure appropriate matches, but a regular meeting of the players to discuss matching is not needed or desired.

Next Steps for Design/Implementation of Matching and Referral to Housing Programs:

This area will require significant additional work in the next phase before implementation, including:

1. Establishing the permitted eligibility requirements for programs, by program type and funding source if at all possible. Design the assessment and prioritization tool and process to capture the required eligibility information so that the right documentation and information can be gathered from clients to ensure only those eligible are referred to program vacancies.
2. Developing and adopting policies and procedures for the referral process/hand off between the central matcher and programs, including policies about whether and when a referral can be rejected, documentation of the reason, and a problem-solving/troubleshooting process for addressing rejected referrals.
3. The new HMIS/CES data system implementation will need to be designed with the CES matching process in mind, not only for families but for all populations (see next item). Once selected, the HMIS/CES data system will need to be configured and rolled out, including training for both the matcher(s) and the accepting programs.



4. The City will need to define the position and hire or assign staff to the central matching role, or include this function in an RFP seeking a third party to perform this role.
5. The CoC and City will need to work together to develop or expand written standards for all program types, especially for rapid rehousing where the HUD requirements include a greater level of detail and standardization. This process should also lead to the adoption or updating of performance expectations and a method to measure and report on them
6. Finally, the City will need to modify current contracts or make changes to next round of contracts with all housing programs (transitional, rapid re-housing, permanent supportive housing) including eligibility criteria, requirements to take referrals, and performance expectations for each program type.

## **6. Data System**

The backbone of the coordinated entry system, and the family crisis response system as a whole, is an effective data system that supports “real time” collection and tracking of data on families and program openings; automates the matching and referral process, and supports system-level and program-level performance measurement and evaluation. The Phase One Report recommended that as a condition of receiving funding from the City and/or the CoC, providers must enter data into a single HMIS/CES data system-compatible database with records shared across agencies (with client consent). The Family Homeless System Data Analysis conducted by Focus Strategies as part of this project confirmed that without such a system the City is unable to understand who is being served by the system, what interventions they receive, and what the results are.

### Guiding Principles Relating to Data Systems:

Guiding Principles adopted by the Work Group related to this area of work include:

***Respect for Clients:*** *With client consent, information will be shared within the system. The number of times people have to repeat their stories will be limited as much as possible.*

***Data for Continuous Quality Improvement:*** *Data will be used by all providers and the system as a whole to assess the impacts and outcomes of the family homeless crisis response system to inform changes.*

### Recommendations Relating to Data Systems:

The Work Group identified several desired features of a new HMIS/CES data system that will be needed to support the implementation of homeless crisis response and coordinated entry for families, including:

- Real time data sharing to support automated matching and referral to available vacancies.
- The system should have the ability to produce a ranked prioritized list of families who need homeless housing interventions.
- Because many agencies already maintain systems that could potentially capture the same data, to avoid double data entry the system should allow two-way communication with agency databases.
- The system should provide secure document storage ability for client documents such as income and disability verification and ID.

There was agreement that all providers should be able to see and share the following types of information in the HMIS/CES data system (with client consent):

- Initial screening and triage data
- Demographic data
- Eligibility factors
- Assessment/prioritization tool questions/results
- Program level assessment information

There is also interest in allowing people in certain roles to see and share client case notes (e.g. case management, not property management) – and only with an access approval process. All providers should have training on case noting to ensure consistency and ensure information recorded is relevant and useful.

#### Next Steps for Design/Implementation of Data System:

The City is already engaged in new procurement process for an HMIS/CES data system that will result in the selection of a new vendor. This process is in progress but should take into consideration the CES requirements identified to date, listed above. Work group members who currently have their own agency databases requested that during the HMIS/CES data system implementation that there be a process to upload/convert existing data, so as not to lose the history available in the system currently.

Once a new vendor is procured, the HMIS/CES data system will need to be configured to support CES activities, including:

- Configuring the system to support the desired initial screening, diversion and assessment/prioritization questions;
- Generating a priority score for each family;
- Management of the central list of households that need housing referrals
- Supporting “real time” entry of housing program vacancies
- Automated matching of families on the list to available vacancies
- Collecting data needed to support performance measurement and generating regular performance reports

#### **IV. Conclusion**

Phase Two of the Family Homeless System and Coordinated Entry project has further developed the vision, structure and design for a homeless crisis response system in which there is a streamlined and standardized process for assessing families and connecting them to shelter and housing as rapidly as possible. A proposed system flow chart has been developed and the system components, and initial design of the decision steps, client flow, tools and policies has been completed.

In the next phase there is a great deal of additional work needed to pin down specifics, such as selection or development of tools, selection and implementation of the HMIS/CES data system, identifying access point providers, training, and developing a transition plan. This report identifies next steps that can be undertaken in the next 6-18 months to develop and begin implementation of the new system. Much of the work outlined is already contemplated in a Phase Three scope with Focus Strategies. The City and Focus will need to work together to refine the scope and define the timeline, including establishing a targeted implementation date and transition plan.

### Appendix 1: Work Group Membership

Organization	Staff
Catholic Charities	Tere Brown, Nella Goncalves
Chinatown CDC	Milena Elperin
Community Housing Partnership (CHP)	Kathleen Cheatham
Compass Community Services	Erica Kisch, Carla Praglin, Kristin Keller, Juan Ochoa
Hamilton Family Center	Jeff Kositsky (first two meetings), Beth Hewson, Devra Edelman
Homeless Prenatal Program	Dan Bowersox
Providence Foundation	Patricia Nelson Doyle
Raphael House	Ralph Payton, Cecilia Ferber
San Francisco Coalition on Homelessness	Jennifer Friedenbach, Julia D'Antonio
San Francisco Mayor's Office of Housing Opportunity, Partnerships and Engagement (HOPE)	Sam Dodge, Emily Cohen
San Francisco Mayor's Office of Housing and Community Development (MOHCD)	Hugo Ramirez, Barry Roeder, Anne Romero
San Francisco Human Services Agency (HSA)	Joyce Crum, Cindy Ward, Megan Owens Faight, Jemari Foulis, Briana Moore, Gloria Ramirez
San Francisco Unified School District (SFUSD)	Jan Walker
San Francisco Housing Authority (SFHA)	Nicole McCray-Dickerson
San Francisco Department of Public Health (DPH)	Manjot Multani
Lennar Urban	La Shon Walker
Homebase, the Center for Common Concerns	Jean Waldine Field

## Appendix 2: Focus Group Summary

Homebase, the Center for Common Concerns, conducted four focus groups with 44 adults from San Francisco families experiencing homelessness in June and July 2016. The question framework for the groups was developed by Homebase and Focus Strategies. The primary goals of the focus groups were to: (1) provide information to families about proposed changes to the family coordinated entry system and, (2) gather consumer feedback to improve the coordinated entry, assessment, and placement system for homeless families.

Homebase has prepared a complete report of the focus group feedback. An excerpt of the Homebase report is provided below.

### Focus Group Locations and Process

The focus groups were held at four sites, whose program managers invited clients and program participants via flyers and word-of-mouth.<sup>3</sup>

Location	Date	Number of Participants
St. Joseph's Family Center 899 Guerrero St., SF <sup>4</sup>	June 27, 2016	4
Providence First Friendship <sup>5</sup> 501 Steiner St., SF	July 6, 2016	7
Compass Family Center 995 Market St., SF	July 7, 2016	9
Family Center 1101 Fairfax Ave., SF. Organized by the Bayview YMCA	July 13, 2016	24

The focus groups were divided into two parts. Part One featured a presentation of the family coordinated entry system that has been proposed by the Department of Homelessness and Supportive Housing (DHS). Facilitators engaged participants in discussion of the phases of the coordinated assessment and referral system, and elicited feedback about how the proposed entry points and strategies would work for families experiencing homelessness.

Part Two featured a presentation of two types of assessment tools used to gather information to assess family needs and prioritize families for housing placement—the Family VI-SPDAT and the Focus Strategies Housing Prioritization Tool. Participants reviewed the assessment tools and discussed how these questions and approaches might work for families experiencing homelessness, and how to best assess family needs.

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<sup>3</sup>At some sites, one to two shelter or program employees sat in for parts of the discussion so they could learn about the new system. Participants agreed to their presence, and there were explicit agreements around confidentiality of the discussion and the need to encourage uncensored and uninhibited engagement.

<sup>4</sup>The following programs were encouraged to invite their clients to participate: Hamilton Family Shelter; Compass Family Services.

<sup>5</sup>Clients of Hamilton Family 60-day Shelter were also invited to participate in this focus group.

Participants' responses were recorded by a note taker at each session. In addition, participants filled out a short form that gathered demographic information about their families, and an evaluation form for the session. Participants were provided gift cards as an acknowledgement for their time and service.

### Summary of Relevant Themes

1. The new system and its access points should be widely available and advertised. One participant suggested creating stickers indicating where information about access points was available, others recommended advertising on buses and billboards. Additional locations suggested as access points included libraries, jails, hospitals, churches, and clinics; participants recommended access points be spread throughout the city based on access to transportation. Some participants were concerned about services only being provided downtown or in high-risk neighborhoods due to their children's safety. Another participant suggested having a mobile screening and/or assessment center that traveled to shelters and other locations.
2. Participants stated that they first encountered housing services in shelters, churches, and at other nonprofit service provider locations. Many did not know other locations to gain access to housing and services and were not sure how the new system would help people find alternative entry points.
3. Participants stated that, for this system model to work, there needs to be more case workers with higher levels of training. Many stated that well-trained service providers can break down barriers that would otherwise prevent families from providing full answers during the assessment process. Some were concerned with not having enough rapport with the case manager to feel comfortable answering invasive and personal questions. However, many stated that they would answer whatever questions were asked in order to find housing for their families.
4. In-person and walk-in assessment points were preferred, but reliable access to appointments by phone or text would work in some situations. It was important that families continue to be connected to permanent-housing caseworkers and other services once they were temporarily diverted or placed in shelter, and that updates occur weekly or monthly, depending on whether people were in longer-term shelters or on their own.
5. Participants questioned how the assessment questions and tools would get them immediate help – the more closely the questions are linked to available housing or other resources, the more relevant and less intrusive they would seem.
6. Participants did not demonstrate a preference for either of the assessment tools. Many expressed that too many questions would be discouraging, intrusive, and unnecessary, but others felt that the more information given, the better the housing placement would be.
7. Participants expressed that certain areas of questioning made them uncomfortable, but their level of discomfort would depend on the skill and empathy of the person asking the questions, as well as whether there was an ongoing relationship between the case manager and the client.

### Sample Feedback

“Making people jump through more hoops will anger and frustrate them – asking them questions that can't immediately help them just adds stress to their already stressful day/situation.” - Participant at St. Joseph's Family Center focus group, talking about whether people will feel comfortable answering the

questions on the Family VI-SPDAT.

“They should design a program structure on what the family really needs – people will wonder why they are being asked these questions and would interpret these questions as ‘these are the way they interpret you’ and you don’t feel human - you don’t want to be tormented at the places you’re supposed to be getting help.” - Participant at St. Joseph’s Family Center focus group, talking about whether people will feel comfortable answering the questions on the Family VI-SPDAT.

“A lot of it has to do with training service providers on what to say/how to say it/how to be sensitive – this population has a lot of barriers so it comes down to the person asking the questions and their delivery/manner.” - Participant at 1101 Fairfax Avenue, discussing the assessment tools.

“Just seems like they take so much information, so many times, and it is not consistent between case managers [or programs]. Housing and counseling are two different things.” - Participant at First Friendship, discussing the assessment questions.

“They need someone to hold their hand throughout the entire way through the system (providing check-ins every couple of weeks). This is important for people that are experiencing homelessness.” - Participant at Compass Family Services, discussing the proposed redesign of the entry system.

## Appendix 3: Guiding Principles

San Francisco's homeless crisis response system for families is designed to respond to the immediate crisis of unsheltered homelessness and assist unsheltered families to obtain shelter as needed and move to housing as quickly as possible. This includes families currently unsheltered (living outdoors or in vehicles) and those who will have nowhere to sleep indoors the next night.

### System Objectives

The City has established three key system objectives and will track progress in achieving these goals:

4. There are no unsheltered families in San Francisco
5. There is no waiting time for emergency shelter for families that are unsheltered.
6. Homeless families obtain permanent housing within an average of 90 days

Additional measurable objectives and sub-objectives may be established during the process of family system design and refinement.

### Guiding Principles

Design of the family homeless crisis response system, including the Coordinated Entry System (CES) component, will align with the following guiding principles:

#### **1. Housing First**

The family homeless crisis response system and all programs within it will use a housing first, low barrier approach focused on ending homelessness for each household as quickly as possible. While services are made available, participation in services is not required as a condition of obtaining shelter or housing.

#### **2. Streamlined Access**

The family homeless crisis response system will be easily accessible. Access points will be clearly identified and well-advertised to clients, and located to maximize accessibility and minimize barriers to system entry for those families with the greatest challenges to navigating service systems.

#### **3. Shared, Consistent Process and Tools**

The CES will screen, prioritize and match clients to programs in the system using standardized policies, processes and tools that are used fairly and consistently across the system.

#### **4. Immediate Access for Unsheltered Families**

Unsheltered families will be prioritized for access to shelter, including those who will otherwise have no safe indoor place to stay that night. No family sleeps outside.

*Note: There was some disagreement in the group about this principle; however prioritization based on need is a required element of CES.*

#### **5. Prioritization for Highest Need Families**

Access to housing programs will be prioritized for those families identified through the Coordinated Entry assessment process as having the highest need from the homeless crisis response system. Families that are unsheltered, living in shelter, doubled-up or housed but at immediate risk of homelessness will be eligible for assistance.

*Note: There was some disagreement in the group about this principle; however prioritization based on need is a required element of CES.*

## **6. Diversion (Housing Problem Solving) for Families Who Are Not Unsheltered**

No one should have to sleep outside first to become eligible for services. Families that are not unsheltered will be linked to other services and/or provided support and problem solving services and resources to avoid an entry into the homeless system whenever safe.

## **7. Respect for Clients**

Information from clients will be collected in a respectful, strengths- based manner that is trauma-informed and based in cultural humility. CES and program intake processes will require only as much information as is needed to assist or refer clients at that point. With client consent, information will be shared within the system. The number of times people have to repeat their stories will be limited as much as possible.

## **8. Client Choice**

Client choice and the client's service and personal network will inform options for services, housing, and referrals. Clients will have choice as to whether to accept an offer of shelter or housing assistance. The range of options and the potential consequences of refusing any offer will be made clear.

## **9. Matching to Shelter and Housing Programs**

Matching of clients to all system resources (shelter, housing and service programs) will be as simple as possible for both providers and homeless individuals. Matching will be based on meeting the clients' housing and service needs, rather than on filling the beds or slots of programs. Programs participating in CES will only accept families matched through the CES except in specific, defined circumstances.

## **10. Progressive Engagement**

Programs will follow a progressive approach to service delivery, matching the level of service intervention to the level of client need to resolve their housing crisis. Assistance begins with the lightest possible touch. Assessment is ongoing and more intensive services will be offered as needed. Clients can opt for less intensive support than what is offered.

## **11. Data for Continuous Quality Improvement**

Data will be used by all providers and the system as a whole to assess the impacts and outcomes of the family homeless crisis response system to inform changes.

## **12. Oversight and Refinement**

Stakeholders — including service providers, funders, and people with lived experience of homelessness — will have an ongoing role in the development oversight and refinement of the whole system, including data systems. The system will be periodically evaluated.

#### Appendix 4: Summary Table of Initial Design and Next Steps

Feature	Phase Two Recommendations	Next Steps/Phase III
1. Access Points	<ul style="list-style-type: none"> <li>▪ Approx. 3 access points in key neighborhoods (esp. Tenderloin/SoMa, Bayview and Mission)</li> <li>▪ Links to Eviction Prevention and other services in community</li> <li>▪ Outreach and walk in capacity</li> <li>▪ Comfortable spaces/crisis support</li> </ul>	<ul style="list-style-type: none"> <li>▪ Develop preliminary budget</li> <li>▪ Identify funding</li> <li>▪ RFP or other method to select access point operator(s)</li> <li>▪ Provide training to ensure a similar experience at each access point</li> </ul>
2. Triage and Diversion	<ul style="list-style-type: none"> <li>▪ Set of initial questions to identify immediate needs</li> <li>▪ Temporary and permanent diversion both possible</li> <li>▪ Smooth flow and experience for clients</li> <li>▪ Resources available to help with diversion/problem solving</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finalize questions and decision tree</li> <li>▪ Design DV/safety protocol</li> <li>▪ Identify diversion funding from existing prevention and rapid rehousing resources and/or new sources</li> <li>▪ Training in Diversion</li> <li>▪ Establish links to prevention programs</li> </ul>
3. Assessment	<ul style="list-style-type: none"> <li>▪ Prioritization based on mixture of vulnerability and housing barriers</li> <li>▪ Assessment tool built into HMIS/CES data system</li> <li>▪ Minimal repetition of data by clients</li> <li>▪ Support client choice and self-determination</li> </ul>	<ul style="list-style-type: none"> <li>▪ Select or adapt Assessment tool, taking into consideration new HMIS/CES data system capacity</li> <li>▪ Test tool and train access points in usage</li> <li>▪ Program into new HMIS/CES data system if needed</li> </ul>
4. Shelter	<ul style="list-style-type: none"> <li>▪ Use specific prioritization criteria for immediate placement into shelter</li> <li>▪ Work to ensure basic parity among shelters</li> <li>▪ Eliminate pre-determined lengths of stay</li> </ul>	<ul style="list-style-type: none"> <li>▪ Finalize prioritization criteria for shelter and build into triage step</li> <li>▪ Create or update operating procedures for shelters, linking them to coordinated entry and to rapid rehousing resources</li> <li>▪ Form Shelter Working Group or other process for addressing shelter transitions</li> </ul>
5. Housing Programs	<ul style="list-style-type: none"> <li>▪ Program entry barriers should be reduced through changes to rules, policies, culture shifts and training</li> <li>▪ Matching capacity should be built into HMIS/CES data system</li> <li>▪ Referrals and acceptances should be timely and streamlined</li> </ul>	<ul style="list-style-type: none"> <li>▪ Establish permitted eligibility requirements and referral procedures</li> <li>▪ Identify matcher (City staff or third party)</li> <li>▪ Develop or implement HMIS/CES data system matching capacity</li> <li>▪ Expand CoC “Written Standards” to reflect program type expectations</li> <li>▪ Establish expectations for all programs in contracts re: accepting referrals and reducing program entry requirements</li> </ul>
6. Data System	<ul style="list-style-type: none"> <li>▪ Information in real time</li> <li>▪ System should provide document storage</li> <li>▪ Information sharing should be implemented throughout the system, with client consent.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Configure system to support CES activities</li> <li>▪ Create policies to support “open system” data sharing</li> <li>▪ Upload historic data from providers with own databases</li> <li>▪ Train users</li> </ul>

# Coordinated Entry and Initial Triage

# Diversion, Shelter, and Assessment

# Rehousing Support and Housing

