

Laura Jessup: So this is on policy regarding population definition and the matrix looks kind of heavy, but we will get into it. It's actually quite clear. So San Francisco has adopted definitions for each of the three primary populations that experienced homelessness and for whom San Francisco has created dedicated access points in system resources, adults, families, and TAY. Each definition includes three elements and description of what constitutes the household type. They're required connection to San Francisco and if that definition of applicable housing or homelessness status much as possible, these definitions will line with one another so that the same concepts, like we buy them certified in the same way it has similar documentation. All people experiencing homelessness are covered by adding one of these household types. So that's actually really important. Someone could technically fall into all three categories depending on our situation.

It really depends on the resources they're looking for and what their current presentation is to determine which path they could take or which definition that you would choose for them to meet with more than one household type definition. For example, a parenting transitional age, could access services across the systems. maybe these are not the same as eligibility requirements for these specific programs. So this is the, this is the broadest definition of eligibility for a services. Specific programs might have narrower eligibility wants a person gets into the system. And this is also important. Transfer policies allow households who are housed within the on system to be transferred to another to more suitable system. HSH may consider extenuating circumstances that by an access point or by a household and determined to serve a household of one type of, within a different system in order to accommodate specific needs. This process must include a write up of circumstances to wave the applicable population definition in order to better serve the household so that we don't know what that looks like yet. That's basically if someone, would like to access services in different systems and it is not clear that they meet the eligibility requirements, they're essentially asking for a waiver. I can get more information about that later too.

This has gone through multiple stages. I'm not sure what the community process aspect of it was, but I can find out to get back to you once my colleagues are here, they might have a better idea of that as well. I know that this has gone through different stages of input from, from various people and I'm not sure, I'm not sure what the community process was.

That conversation should be happening. In the context of the eligibility conversation and problem solving. In general, if a person has a minor in or custody, the family system is going to have more appropriate resources for them. So that's something that is definitely, that should be discussed. If a person has a child that isn't in our custody, then that, that changes things a little bit too. In terms of TAY versus adult systems, if a person's eligible for both, it's really where they feel most comfortable. The goal is to have a conversation about what resources are available so that a person can make an informed decision before they get too involved in down particular path. A person could change, like a person can switch between systems at any time and just depends on the circumstance.

So that is one thing that's visible and ONE is if a person has, gone to the family system and completed an assessment completed or enrolled in that system and then, and then comes into an adult access points, the staff of your adult access point, you can see that the person has touched the family system. What

we were just talking about in a person who loses custody of their child or regains custody or if they could move between the adult or TAY and family system, if a person is, is engaged with the adult system and they decide that they would prefer to work with the TAY provider and they're eligible to work with the TAY provider based on their age and circumstances, they can, they can switch systems basically.

This is just about eligibility for services within the homelessness response system and basically determining what we mean when someone is defined as experiencing homelessness for San Francisco. That assessment itself is one component of the prioritization. The score is, I think that just speaks a little candidly, the score was kind of pumped up as this defining thing when we were first launching coordinated entry. And at this point it's actually just one factor of how someone could be prioritized. The assessment questions themselves are available, but the scoring isn't available too. The actual breakdown and the scoring aren't available even to the people who are, administering the assessment. That's something that I can continue to take back as, as a thing that people are asking for. I will take it back to the department, but at this point it's still, it's still about internal, just to HSH.

Public Comment: I have the same issue with a woman who has been on the streets for 15 years and of course anyone who's them be homeless cause he being in the street, all that trauma. So I don't know understand what that means. What makes the points? I don't understand. How did this woman already with disability and as living in the chair, you and she does not qualify for housing, so it's ridiculous. When she went to do the assessment for housing she basically walked out empty and the assessment failed.

Laura Jessup: So many issues, so many problems. With families. So the reason that I asked about community process is because the community does care and would support and improved process cause now the process is not working.

Laura Jessup: I'm not sure if there was a community process, most of the work that was done on this was done before I joined this team and was working on this project. So it could be that there was a community process that I'm not aware of. I'm just not sure that if there was a community process, what it looked like. To speak to what happened at the Access Point is disturbing on multiple levels, right. This person wasn't prioritized. And that's concerning. It's also, this person wasn't prioritized and they left and became good feeling like there was absolutely nothing available for them, which is not how those interactions are supposed to go. So that's the feedback that I'll take back as well. But in general, if a person is not prioritized that she'd be the end of the conversation and they shouldn't be leaving feeling like there's nothing available for them. Even though the problem solving resources we have and the other resources we have in this system don't work for everyone. They are still available. So it should never, there's nothing you're done in this conversation is over.

I'm sorry that happened. And also the other thing that you said about how the score was to mostly be assessed, people can be reassessed every six months where if their situation changes. So that's always available. And in general, we're working on a couple of pilot programs to really take a look at who isn't being prioritized and why. The thing that we've heard consistently throughout the community is that there are a lot of people, like you're the person you're describing who is chronically homeless and experiencing a high level of vulnerability and trauma and other barriers and they're not being, they're

not being prioritized in part because we don't have the resources to actually house everyone who meets the criteria, but also because the, the assessment as it's working now isn't really capturing and prioritizing all the people who are having that experience. So the department is, is looking at that from a couple of different directions. I'm hoping that in the next few months we can share more information about how it's going. But as of right now, it's in the very earliest stages. So it's, it's moving in that direction.

Public Comment: The other thing, a mom loses her baby when she was pregnant and she was living in the streets. She's only six months pregnant. So for whatever the reason she went to the paramedics, they get out there from the hospital and a couple hours later, the baby died and it is making me worried and thinking a lot so many times. But in this question is because all people, people whose homeless with children are dying in the streets. It is ridiculous that we can help these people because there are people dying on the streets. We have to do something.

Laura Jessup: And that's part of the problem is that there aren't enough resources to actually help everyone. So are there any other questions or comments about the initial introduction? So on the second page each definition has three components, household composition, San Francisco connection and housing or homelessness status, the household and must be all three components to qualify for services and the homelessness response system. So these are broken up. The first one is household composition. And or characteristics that determines which system you're eligible to receive services in. The way that this is set up, each row that's broken across the chart shouldn't be exactly the same across the entire row. So for example, individual age work or not exactly the same, like covering the same, the same situation. So in the adult system, an individual age 18 or over who is living in a house full of one, one more people without minor children or individual under 18 and has been legally emancipated is the definition of the household composition for adults.

For families it's one or more adults with physical and legal custody of one or more minor children or one or more adults in a household which includes a person who's in the third trimester of pregnancy or who is five or more months pregnant. And the pregnancy is medically determined to be high risk or one or more adults with one or more minor children, not currently in their custody who are expected to reunify it in less than 90 days. And have a letter from child protective services stating that the only barrier to reunification is their lack of shelter or housing.

And for TAY is an unaccompanied individual between ages of 18 and 24 or unaccompanied individual under 18, who was initially emancipated or unaccompanied individual between the ages of 25 and 27 who first entered center youth targeted services in San Francisco when in an H category above. So who first entered youth targeted services in San Francisco when between the ages of 18 and 24 or less than 18 and legally emancipated any questions about household composition.

Elizabeth is going to speak more about pregnancy policy after we're done with this, so she can definitely answer more questions about that. But it's uh, an adult who in the third trimester of pregnancy or who are five or more months pregnant and the pregnancy is high risk.

Laura Jessup: The second eligibility component is San Francisco connection and for all three populations- the definition is staying in San Francisco at least one of the last seven months for the family system. And it also includes having one or more children enrolled in school, preschool or childcare in San Francisco. So that's the case, the family does not actually need to be staying in San Francisco over the last seven nights or has a head of household who is currently or formerly a ward of San Francisco who currently resides in another County. That also applies to the TAY system, for the TAY system the client needs to have either stayed in San Francisco at least one of the last seven nights or currently or formerly be a ward of San Francisco who is currently residing in another County

The 25 to 27 range comes into play with certain programs. If a person is between 25 and 27 and they were previously engaged in services with a TAY provider, they can still access services through the TAY system. They might not be eligible for all of the TAY specific programs that exist. But, there are some that will, will accept people who were previously engaged with TAY, with the TAY system who have aged up, not necessarily add but are not yet 27 other than the 24 cutoff.

Are there programs that are serving as TAY specific population up to 27 that are taking new participants after the age of 24. Okay. I don't know if any of them. So if you guys do, by all means, let me know and I can follow up on.

Laura Jessup: The third component is the homelessness definition and this includes categories of literally currently literally experiencing homelessness. And then there are some additional categories that apply to the family and TAY system for the imminent, at an imminent risk of homelessness or at risk of chronic homelessness. So the first category is, has a primary nighttime residence going as a public or private place, not meant for human habitation. So that would be outdoors. In this case, one thing that's been brought up to me multiple times is that an RV is actually a place that's meant for people to live, but it would still count for us outdoors in a car and a garage. All of the, all of the things that we think of when that would fall under this, the second category is living in a publicly or privately operated shelter does designate you to provide temporary living arrangements, including congregate shelters, transitional housing and hotels and motels paid for by charitable organizations or by federal state, and local government programs. So for persons of the stabilization room, if they're saying a shelter, if they're staying in transitional housing, it would count in this second category. And then the third has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility for fewer than 90 days. And it was homeless and shelter a place not meant for human habitation or clean or attempting to flee domestic violence before entry. So for this category, it is very similar to the federal definition where the person had to be homeless upon entry and be in the institution for less than 90 days

This is also the same across all three populations. Fleeing or is attempting complete domestic violence, dating violence, sexual assault, stalking or other dangerous or life threatening conditions that relate to violence against the individual or a family member in the primary nighttime residence or has made the individual afraid to return their primary enough to return to their primary nighttime residence. And A, has no other residents. And B lacks the support of support, lacks the resources of support networks such as family, friends or faith-based or other social networks to obtain other permanent housing. And then

for families and transitional aged youth, individual or family will imminently lose their primary nighttime residence, provided that one, residence will be lost within 14 days of the date of application for homeless assistance two no subsequent residents has been identified. And three, the individual or family lacks the resources or support networks needed to obtain other permanent housing. So the imminent risk of homelessness definition will that will cover families and TAY.

The last is at risk of chronic homelessness. This is from the no place like home initiative. This is the same across all three, so this applies to all three systems and it would apply to individual who is at high risk of long-term increment in homelessness, diagnosed with serious mental illness and or chronic substance abuse, exiting institutionalized settings including but not limited to mental health facilities that are homeless prior to admission. And A, he has no other residents and B lacks the resources of support networks such as family, friends and faith based or other social, other social networks to obtain permanent housing. So this is actually very similar to the one that Miguel was just asking about the difference with this one is there's no time limit attached. So this category would apply to someone who was homeless at the point of admission to an institution, but has been there for 90 days and then fits A and B has no other residents and lacks the resources of something.

Yeah, so right now the DV is systemic. Those outside of HSH, we're working on hiring a posting in hiring a DV, coordinator position. The system itself will still remain separate. So the staff working at the access point should be able to refer people to the DV networks

Elisabet Medina: To chime in a little bit about how DV is also treated for families. At the Access Points DV is one of the things that is prioritized. They should definitely go through coordinated entry especially if they are seeking shelter. Cause you never know, depending on the day, that's all and we want people to continue to seek services and get all of the resources that are available to them. Additionally they're two separate information systems because we want to keep client's information confidential resources. San Francisco was awarded projects towards resolving some of these issues and that people should always continue to use and reference the Access Points.

Elisabet Medina I am one of the people that's been working on updating our protocol as it relates to working with folks that are pregnant. so the definition that you had in the handout in front of you is the definition as it is right now, whether that's going to be the destination forever, there's, there's still a lot of conversation, and community engagement around it. And so I want us to keep an open mind in terms of how we, we see the definition around target people. Our work around, updating our pregnancy policy has been around folks that are unsheltered and pregnant.

If for folks that have custody of other children, they already go through the family system and are able to access shelter, problem solving and other housing opportunities that they're the folks that don't have custody of other kids and are unsheltered and are pregnant, it's really the work that we're trying to do. And so what we're trying to do for the folks who don't currently meet the family definition is to seek to accommodate them within our existing portfolio. So what that looks like and what is actually being implemented right now is, for example, is that at SF HOT or homeless outreach team or if the police

encounter and unsheltered pregnant person, they will bring them into the first available shelter placement. And oftentimes the first available shelter placement is within our adult portfolio. So it's within the nav centers. It's within, the hot team has its own beds within adult shelter.

And so it's really seeking to accommodate people in the first available placement. That's basically looking at our entire portfolio, including the adult portfolio. So what happens once a person is in their shelter placement? Basically, if they're at the nav center, most of the NASA centers have clinics on site. And so we seek to connect people immediately to the clinic in order to get, proof of pregnancy and other another health care that they need. And so with that proof of pregnancy, they can actually extend her stay. And so what we're seeking to do is to have that person be sheltered, first of all, that's our primary goal. And then second, connect them to services, both the clinics onsite and then also to be access points. And one of the things that we really want to keep in mind is that folks have choices, right?

If folks are choosing to engage in the adult system, we also want to respect that they can engage the adult access point and if they get prioritized within the adult system, we're seeking to house them, , as soon as, as possible. Really and so if the person is the person that is assessed in the adult system and prioritizing how's great, we accomplished our goal, , is there, so, uh, in the shelter placement, one of the things that we're seeking to do is to have them connect with the family system as soon as they meet that family definition. That's what we're doing right now. Again, this is still in the very early stages of implementation and we're still learning and we still haven't released a final protocol. This is a way of, trying to serve the people that are right in front of us, while we're developing the process

So once the person meets the family definition, they're connected to the family coordinated entry system, they're engaging in services through the access points. Another key component that we're already implementing. And that is it not a part of the, pregnancy protocol but is very central to this work is transfers. And so we're already implementing transfers within, for shelter placement. So when someone, for example, if they're a TAY in their intake and in transitional housing, but now they're 23 and they're pregnant and they need the family definition, we want to be able to transition to the family system without them having to start over from zero. So that's also what we're seeking to do in terms of shelter placement. So we want to make, smooth transitions for people when their family composition changes or there's a change in eligibility, especially if we know that these are folks that are prioritized and they're folks that we're trying to house.

So transfers is going to be a critical piece of our response to our shelter. the other thing that I want to say regarding the definition is that each of stage is currently in conversation with the coalition on homelessness and their leadership as well as, as well as leadership from other providers to get their feedback on how things are going and ways that we can better support by shelter, pregnant people. Ultimately our, our goals are really aligned and that we don't want pregnant people to be unsheltered and we don't want pregnant people to be unconnected to services. So our goal is to get people inside and get them connected to services.

So I want to issue a slight correction. So we have about 214 people that are awaiting individual rooms, sheltered. While folks are waiting individual room shelter, they are able to access, congregate beds in

the family system, whether they choose to go to those get beds or not. That's you know, up to personal choice. But the 200 ish, you know, fluctuate from any given date. That's her individual room shelter. So I wanna offer that as a correction to the data that you've presented. And then I've been personally looking at the data in terms of adults, youth and families that report having a pregnant person within their household. At least for the family system we see about on average, five to seven new pregnant people every given month that show up at the access points.

And so that's the data that we're seeing and we're very closely tracking this data. We're also making changes to the one system in order to better, match people to the services that they need as they become eligible. To give you an example for TAY in the one system, it's that kind of a live marker or the person, it'll calculate it based on their mind today or calculate their age... We can calculate due date rather than having static data that doesn't really help us in terms of supporting that person.

I know we don't have enough beds for them and we have to lose something along that you don't have enough. And oftentimes will be, have is less than ideal. But we are seeking to accommodate people in what is first available. And uh, right now we're doing is most often using the navigation centers because they are 24 seven access. They have access to a clinic and they also have access to storage and their partners can stay with that. So for most of the clients that we're serving, the navigation center is actually, one of the better options and the options that are available.

Claire Genise I wanted to talk about coordinated entry for youth, and provide you all with an update. We opened up six coordinated entry for you to accept points with six community partners, Larkin streets, huckleberry, Third Street youth center , and LGBTQ center, Lyric and Homeless Youth Alliance. That was kind of a decision from the youth community planning process that they really want to get services where they are already receiving services and not have to go to different points of entry to be able to access the system.

Youth are very unique perspective in our system, because they are both adults and can be parenting or families, so they really can as be served in any system depending on their household composition. The Access Points are all over the city. So we're represented very well at central city, also in the Haight area as well as in the Bayview. So the eligibility, which is kind of part of the homeless definition, which I'm sure or wanted to break down. so the person, , needs to be either an unaccompanied minor, that is emancipated, or under the age of 25, so 18 to 24 , must have stayed in San Francisco one as the last seven nights. And then, so we adopted a lot of the YHDP demonstration project definitions on, the homelessness. So literal homelessness, at or imminent risk of violence are also all the criteria that you eligible to go into adult coordinated. There are three different housing options TAY have currently so they can go into permanent supportive housing, care on cash and rising up rapid rehousing.

So permanent supportive housing is the housing that we all know is primarily in district six SRO, all have case managers and services are youth specific, permanent supportive housing units that you can go to

or they can also go into the adult system. Under Care not Cash. We're now calling priority status two and is housing for folks who are active on CAAP and experiencing homelessness. Also this is an SRO type of situation, but the rent is fixed. And if they, once they are housed and get a job or go on SSI, they get, they have to pay a small percentage of their rent. Rising up is our exciting new initiative. So that is a \$30 million public private partnership.

We are creating 500 rapid rehousing slots in partnership with four other community agencies plus Brilliant corners. We're doing housing locators, so it's going to be a scattered site program all throughout the city. Each person is going to be assigned a case manager from one of the rising up partners. And so, focus on once someone is housed and stable to do, professional workforce development with them. It's a really exciting program and we just started the referral process last month and so we made a 20 enrollment in September and hope to make another 20.

When we started coordinated entry, , we wanted to do a blitz type assessment, much like the adult system. We wanted to assess the 300 youth and to open up all the six access points. It was a very long process and so we wanted to assess 300 youth, , 60 being LGBTQ and 25 of those TGNC.

We achieved those goals on July 31st. We reached 312. That number has just been steadily climbing as the access points are getting more familiar with the role and doing outreach and things of that nature. And as we have 718 youth assessed since last November. I really want to talk about the data. What we found based on the demographic composition of youth that we have served, through coordinated entry. I also just want to do a big shout out were the 10% reduction in youth homelessness, , during the 2019 PIT count. So that was due to the hard work of the providers and HSH.

There are interesting data about race and there are 47 black slash African American folks that are enrolled in coordinated entry compared to 29% of those represented in the PIT Count. I attribute that distinction to having a presence and Bayview, to really serving that community and how homelessness looks different there. My goal was to have these representations be proportional but also to be able to tell a story of like, what does youth homelessness in SF actually look like? And so for the rest of the statistic of pretty much on par, 25% white, at coordinated entry, 23% white during PIT count, 3% Asian in both, 3% native American at coordinated entry and 2% in the PIT. And so we do have 15% of data, not report it, which is a little frustrating for me, but that is people's personal choice and they're allowed to report whatever they feel comfortable with half the time.

The next thing is ethnicity and LatinX. 75% of the youth that were assessed are not LatinX, whereas in the pit count it was 60%. And so there are 20% Latin X folks that are represented in coordinated entry as of right no., and the pick count is slightly higher. So we are doing concerted outreach to those communities. And so again, low recommendations at the end, I would truly appreciate it. The next one, the interesting thing is gender. So while we do reach our goals for serving 25 transgender gender nonconforming folks, it really did not match up to what the paint was., so there are about eight trends, 8% of youth experiencing homelessness in San Francisco, , are gender nonconforming or transgender, whereas the only got about 3.5%, represented and coordinated. And so we are piloting a program with

the SF LGBTQ center and using a peer to peer base model of problem solvers that will specifically help serve transgender gender nonconforming youth experiencing homelessness.

The next one is sexual orientation. Again, we had a huge gap in representation in the coordinated entry vs PIT 41% of youth in the PIT count identified as LGBT, whereas we only got about 12% at the access points data who identify as LGBTQ. So again, a really huge gap in services, but we do have two LGBTQ serving organizations represented in the access points.

Change to the Adult Meeting

Leslie Bilbro: So instead of going through them again, are there questions? Typically what happens is who the CE committee, this is a global community and hopefully all the population TAY, adults and families can come and participate in these conversations is that we typically have meetings that of nine to 10 for adults and 10-11 for families while we talk about what's going on in our various systems for populations. But since I'm just going to repeat what was stated earlier rather than entertaining questions around CE in general.

Leslie Bilbro: So it's high level leadership and very active community representations with speaking to these issues for a period of time or participating in these conversations in order to come to a resolution on what is a family. And again, I think folks are anxious closure to what are the definition is. I'm sure that after the 18th, at the November LHC meeting, the Monday meeting, it will probably be more discussion about that.

And it was a variety of conversations. But the other part of the conversation surround people who are doubled up and whether they are serviced through CE and to what extent folks who are living maybe an up an SRO to maybe living in a garage someplace that's not legally a home or who were staying with others who may have a lease with another person but they're not staying in own place. So folks who are doubled up, will they have access to prioritization with shelter or will it just be access to the other services? That is part of the larger conversation that we are having with the community.

So there's a number of heavy conversations going on that have been going on since I've been involved with this is 2017 and I think we're closer than we have been and I'd love to get some feedback. Like those of you are participating in those conversations. The Malea has been a strong and respected advocate for this and she has a very powerful voice around the families that her organization is serving. but these conversations have, because when we're talking about defining who gets service, we're talking about who accesses the system through coordinated entry, what doors they flow through, which doors that can't as it pertains to housing as it pertains to a RRH, permanent housing program like promising rapidly housing or as it pertains to shelter.

So when it comes to communications, when it comes to understanding, which varies, program managers meet and we talk about, this is what we're doing and this is how this stuff we do intersect. So quite often we will participate in each other's meetings. I have a call with the Access Point Meeting Friday, I will invite program asking questions. So at base level program managers are working together.

There is also what implementation teams and includes the director and managers and talk about the hot topics that are going on and their goal is work with the mayor's office to ask questions and the get feedback and to use that to have conversations with the executive team.

There are also meetings with providers, advocates, and the mayor's office where providers are able to provide more detailed feedback. But I cannot speak to them cause I am not in those meetings.

I think the department has done a lot better how we engage with the community. An initially with coordinated entry we did not do the best at facilitating the process but have improved and having conversation much earlier so they can hear firsthand what the plans may be and asking for feedback and incorporate it to the policy.

And I think that the, the work that needs to be done that has to be better is pushing down that information in organizations or the case managers because it does, it does that even, I just think it does tend to sit at the top level and sometimes does not reach those who work and the boots on the ground.

We are trying to create the opportunities were we may not all agree but the opportunities for feedback to be presented and received.

Claire Genise- We are reserving a portion of the rising up RRH slots to serve TAY parenting household and will go through the Family CE Access Point. It may be approximately 90 slots and will check and get back to you. The slots will be for documented 5 month high risk pregnancy or third trimester. Since RRH will be for 36 month RRH subsidies. Case managers would be able to make transfers if needs and accommodations failed and something that we are working on within the transfer policy. The transfer policy has not been finalized but in the process of finalizing processes.