



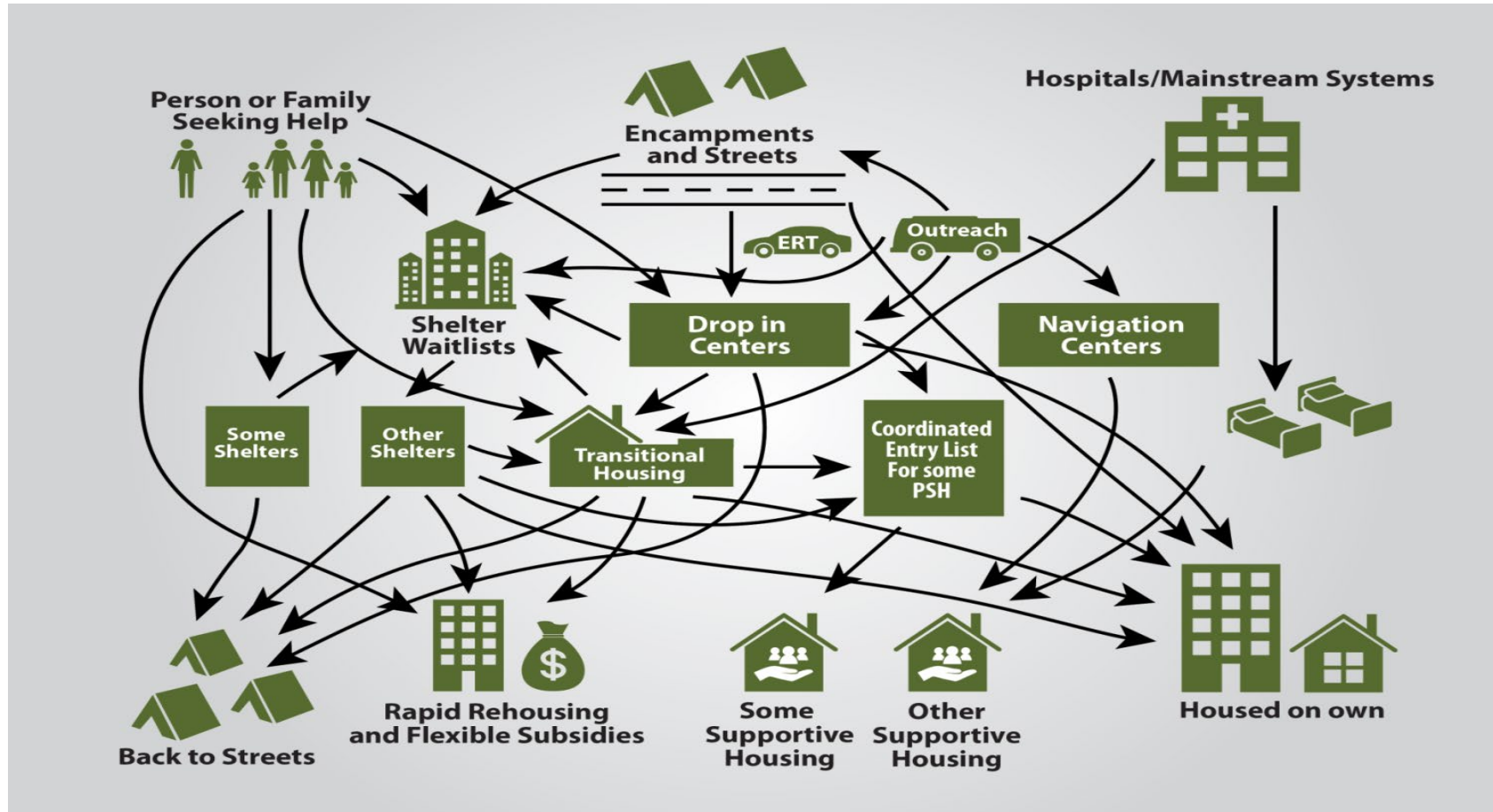
# Coordinated Entry & The Pandemic Housing Prioritization Process

January 2020



# Model Programs with No System

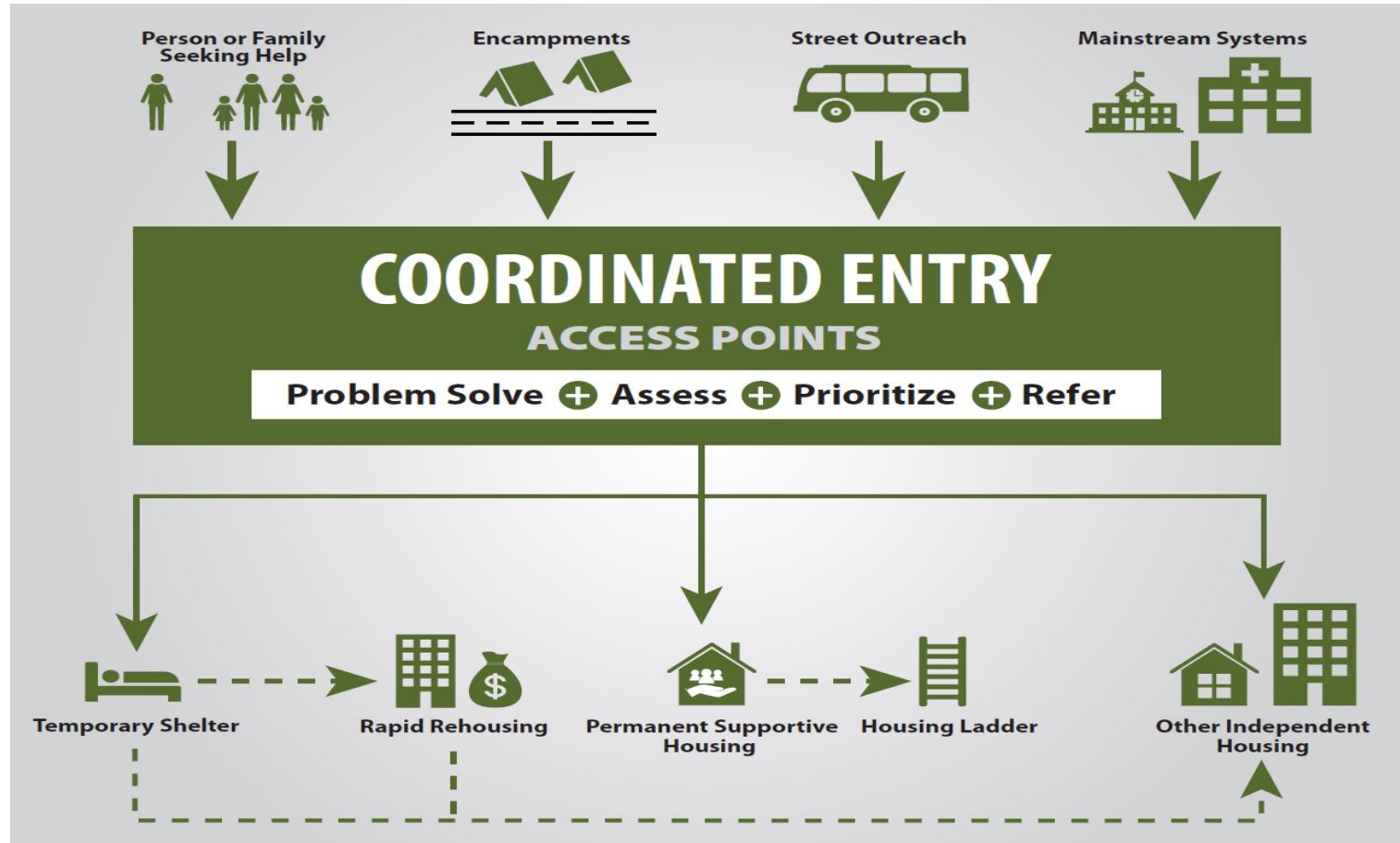
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# Goal State: Model System

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# Problem Solving

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- Prevent people from entering the Homelessness Response System and to redirect people who can resolve their homelessness without the need for shelter or ongoing support
  - Eviction Prevention
  - Relocation assistance (e.g., Homeward Bound)
  - Family reunification
  - Move-in assistance
  - Flexible Grants



# Housing Assessment

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- HSH Housing Primary Assessment determines whether the household is Housing Referral Status or Problem Solving Status
  - Vulnerability
    - Physical and behavioral health
    - Experience of trauma and violence
    - Use of crisis services
  - Homelessness history: duration and frequency of homelessness
  - Barriers to housing, including legal issues, income and other resources



# Housing Referral Status

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- **Housing Referral Status:** people experiencing homelessness who are prioritized for housing based on their health ***vulnerability, housing barriers, and chronicity of homelessness***
  - Housing status is determined by the Assessment Process
  - These households are assigned a housing navigator who will match the household with available housing
- **Problem Solving is a continuous resource**
  - Problem solving status households will not be referred to HSH-funded permanent housing, but are offered problem solving resources (as listed on an earlier slide)



# Coordinated Entry Clinical Review

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- Provides an administrative review process for clients who cannot adequately self-report their own history with homelessness, barriers to housing, or vulnerability
- Clients complete a Housing Primary Assessment prior to clinical review
- Available to any provider with a relationship with the client, ideally a case manager
- Contact [hshclinicalreview@sfgov.org](mailto:hshclinicalreview@sfgov.org)



# Homeless Recovery Plan

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## **1. Expand Permanent Supportive Housing through 4,500 placements over 2 years**

- Purchase & lease 1,000 new PSH units in FY2020-21
- Acquire additional 500 PSH units in FY2021-22
- Place 1,500 individuals into existing turnover or pipeline PSH units each year (3,000 total)
- Expand Prevention, Diversion, Rapid Rehousing, and other housing interventions





# Homeless Recovery Plan

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## **2.SIP Rehousing**

- Rehouse 2,200 individuals in SIP hotels through Homeless Response System, problem-solving, rapid rehousing and other interventions as planned

## **3.Shelter Reactivation and Recovery**

- Reactivate adult congregate shelter system up to 1,000 beds at COVID-safe capacity by August 2020
- Continue shelter expansion projects 1925 Evans and 888 Post
- Fully reinflate the shelter system to approx. 2,100 beds when safe to do so
- Permanently sustain RV capacity
- Maintain Safe Sleep program as funded



# SIP Rehousing Plan

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## In order to Rehouse

- 1,500 new units of Permanent Supportive Housing (PSH)
- 1,500 placements into existing PSH pipeline
- 1,500 placements into existing PSH units where turnover occurs
- Expand Problem Solving
- Create medium-term housing solutions for Adults

## In order to take care of those still on the streets or becoming homeless

- Expand Homelessness Prevention
- Reactive Congregate Shelter to the COVID informed capacity of ~1,000 beds in the adult system (~2,000 beds pre-COVID)
- Expand Congregate Shelter: Open Bayview SAFE Navigation Center and Lower Polk TAY Navigation Center in early 2021
- Maintain Safe Sleep



# Pandemic Prioritization

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- In response to the COVID-19 Pandemic the City opened 25 Shelter in Place hotels to provide non-congregate shelter to COVID vulnerable people experiencing homelessness.
- **The City is dedicated to ensuring people in SIP hotels as of November 15, 2020 exit to housing.**
- Therefore, a new housing placement prioritization system is temporarily needed.
- HSH is building off the existing Coordinated Entry System to guide the housing assessment and placement of people in the SIP hotels.



# Pandemic Prioritization

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- The Pandemic Prioritization is a temporary process that will:
  - Keep people who are COVID vulnerable safe during the pandemic
  - Prioritize SIP guests with COVID vulnerabilities, who would regularly be Problem Solving Status, for scattered site subsidized housing or rapid rehousing.
  - Prioritizes SIP guests over 60 for the Flexible Housing Subsidy Pool
- Criteria is based on age and COVID vulnerability, not the HSH Housing Primary Assessment



# SIP Rehousing Plan Pandemic Prioritization

Prioritization Category	Description of Population	Exit Strategies	Estimated Population
<b>A. Housing Referral Status</b>	People in SIP sites who are assessed as Housing Referral Status, including those with COVID vulnerabilities and those who are not COVID vulnerable but are prioritized through the Coordinated Entry assessment	<ul style="list-style-type: none"> <li>• Adult PSH, including scattered site PSH</li> <li>• TAY PSH or RRH</li> <li>• Family PSH or RRH</li> <li>• Senior PSH, including scattered site PSH</li> </ul>	40%
<b>B. Pandemic Prioritization: 60+ COVID Vulnerable</b>	People in SIP sites who are not Housing Referral Status but are COVID vulnerable due to age (age 60+)	<ul style="list-style-type: none"> <li>• Senior scattered site PSH</li> </ul>	25%
<b>C. Pandemic Prioritization: COVID Vulnerable &lt;60</b>	People in SIP sites who are not Housing Referral Status but have a medical condition making them COVID vulnerable and are under the age of 60.	<ul style="list-style-type: none"> <li>• Adult RRH</li> <li>• TAY RRH</li> <li>• Family RRH</li> </ul>	25%
<b>D. Problem Solving Status, Non-COVID Vulnerable &lt;60</b>	People in SIP sites who are not Housing Referral Status and not COVID vulnerable	<ul style="list-style-type: none"> <li>• Problem Solving rental assistance grant (Diversion Plus)</li> </ul>	10%



# COVID Vulnerable Criteria: Pandemic Prioritization

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- Cancer
- Chronic kidney disease
- Obesity (body mass index [BMI] of 30 or higher)
- Pregnancy
- Serious heart conditions, such as heart failure, arrhythmia, pulmonary hypertension, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Solid organ transplant
- Type 2 diabetes mellitus
- Blood and bone marrow transplant
- COPD (chronic obstructive pulmonary disease) and people who are oxygen-dependent
- Cystic fibrosis
- End stage liver disease
- Immune deficiencies
- Type 1 diabetes
- Uncontrol HIV (with CD4<200/14%, detectable VL)



# Pandemic Prioritization Timeline

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## 🔑 **December and January 2020-2021:**

- HSH communicated with all SIP guests encouraging them to connect with care coordinators to begin the rehousing process.
- HSH and DPH work in partnership to identify all SIP guests by their age and COVID vulnerability

## 🔑 **January 2021:**

- Outreach to guests, providers and public

## 🔑 **February & March 2021:**

- Pandemic Prioritization-informed housing match begins
  - Seniors over 60 (Category B) Senior scattered site PSH
  - People under 60 who are vulnerable to COVID (Category C) to Rapid Rehousing\*

- HSH will use dashboards to monitor race and ethnicity data and sexual orientation and gender identity (SOGI) data about SIP guests in the rehousing process.
- Improving data collection going forward and updating existing data records via assessments.
- HSH is developing plans for addressing any disparities seen in the data.





# Impact on Housing Referral Status

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- Housing Referral Status adults who are not in a SIP Hotel will face a delay in housing placements.
- The youth system will be impacted minimally.
- The family system will be impacted minimally.



# Conclusion

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- Pandemic Prioritization will help ensure that people who are in SIP hotels (by Nov 15<sup>th</sup>) do not exit to the streets (SIP Rehousing Cohort)
- Ensure that COVID vulnerable people within SIP hotels are prioritized for housing placement
- Centers the vision that housing is healthcare which is more critical than ever during the COVID-19 Pandemic