

SAN FRANCISCO CE EVALUATION

CONSIDERATIONS FOR PHASE TWO REDESIGN WORK

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

A. PROCESS AND OVERSIGHT

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

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

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

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



B. DESIGN CONSIDERATIONS

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

1. Access

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

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

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



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

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

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

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



2. Assessment and Prioritization

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

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

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

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



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

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

3. Referral

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



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

C. DATA AND DOCUMENTATION

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

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

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



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

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

