



SAN FRANCISCO LOCAL HOMELESS COORDINATING BOARD

SAN FRANCISCO COORDINATED ENTRY (CE) REDESIGN WORKGROUP RECOMMENDATIONS

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The following document outlines the recommendations from the Coordinated Entry Redesign Workgroup (CERW). This ad-hoc workgroup is part of a three-phase process of the Department of Homelessness and Supportive Housing's (HSH's) and the Local Homeless Coordinating Board's (LHCB's) redesigning of San Francisco's federally mandated Coordinated Entry System (CE). This workgroup is a new collaborative effort of the LHCB, HSH, service providers, and people with lived experience of homelessness. The workgroup consisted of 21 members from diverse backgrounds that are representative of the homelessness response system with unique knowledge and expertise. (More information about the makeup of the workgroup can be found [here](#).)

Those selected for the workgroup were tasked with the following responsibilities:

- Make recommendations about certain components of program design highlighted in the recent 2022 CE Evaluation Report, key performance indicators, and service models for San Francisco Coordinated Entry in the future.
- Participate in meetings, review and contribute to written materials, and offer edits and suggestions on written materials in a timely manner.
- Participate consistently in approximately 2 hours per week of workgroup meetings, as well as review materials, prepare for meetings, and read.
- Share updates and host discussions to get feedback on topics the workgroup is working on with other planning, CE Access Point, and CE implementation groups in the San Francisco Homelessness Response System, with the support of HSH staff and the technical assistance team.

The recommendations presented here are a culmination of this work. They outline actions to achieve the values that the workgroup believes should guide CE and their vision for what an ideal Coordinated Entry System looks like. The workgroup agreed to finalize and move forward with these recommendations on January 25, 2023 to be submitted to the LHCB for approval in March.

Following approval of these recommendations by the LHCB, HSH will work collaboratively with the LHCB CE Committee and any designated workgroup members, people with lived experience of homelessness, providers, and other City and community partners to review the recommendations and develop and execute an implementation plan and timeline that will operationalize the workgroup's recommendations.



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ABOUT THE CE REDESIGN WORKGROUP

In early 2022, the Department of Homelessness and Supportive Housing (HSH) began the first phase of improving Coordinated Entry (CE). The primary goals are implementing more equitable CE processes and increasing access to housing and services for people who have been historically marginalized and most disparately impacted by homelessness in San Francisco. During the first phase, HSH engaged in a third party evaluation that gathered broad community input and data on the current system. HSH released the findings of the 2022 Coordinated Entry Evaluation Report in July.

In September 2022, the Local Homeless Coordinating Board (LHCB) and HSH announced an opportunity for a new, voluntary, multi-stakeholder workgroup to work collaboratively to develop recommendations for redesigning key parts of CE. This workgroup, referred to as the CE Redesign Workgroup, prioritized the inclusion of people who represent groups most disparately impacted by homelessness in San Francisco. This includes people who are Black/African American, Latinx/e, Asian, LGBTQ, Transgender and Gender Nonconforming and are interacting with or seeking access to CE. The Coordinated Entry Redesign Workgroup met weekly beginning in October 2022 and finished their recommendations in January 2023. Meeting materials are posted here.

CE VALUES AND A SYSTEM THAT WORKS FOR EVERYONE

CE Redesign Workgroup Values

- Accessibility and Equity
 - Accessibility for people with disabilities and non/limited-English speakers
 - Anti-racist, gender inclusive, and equitable for all marginalized populations
- Accountability and Transparency
 - Oversight by diverse stakeholders
 - Shared responsibility
- Authentic Collaboration
 - Act as one tribe
 - Transparency, honesty, trust, and safe spaces
- Continuous Learning, Evaluation, & Improvement
 - Be a learning system and use data to learn
 - Develop ongoing competency and have humility
- Personal Commitments
 - Self-empowerment and belief in one's ability to make change
 - Thoughtfulness and empathy

A System that Works for Everyone

- Collaboration within and outside of San Francisco
 - Collaborate regionally
 - Direct referrals and warm handoffs
 - Engage diverse partners, including funders and other systems
- Communication
 - Ensure the community understands CE and how to connect to resources
 - Improve methods of communication with clients
- Capacity Building
 - Assessment training



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- Consistency in practice across the system
- Increase providers who have lived expertise of homelessness
- Give People What They Need, When They Need It
 - Open Access Points
 - Client choice
 - Have enough resources and efficient ways to connect people to them
 - Tailored approach
- Understanding People's Story and Situations
 - Prioritize safety concerns
 - This is personal work; trust-building is essential
 - Understand people's housing preferences to ensure access to resources and community

CE REDESIGN WORKGROUP RECOMMENDATIONS

A. Recommendations on CE Governance

1. Establish a new CE committee with clear responsibilities to support the implementation of CE Redesign recommendations. The committee will work in partnership with HSH and the LHCB and be staffed by HSH but community-led.
 - Develop charter to include terms and sunset period, who appoints the people, and what demographics and geographic areas of representation are needed for the committee.
 - Should include diverse representation from people with lived experience; CE, housing, and supportive service providers; HSH staff; and other key partners.
 - Ensure PWLE are compensated.
 - Consider the role of the ONE system in implementation, including compliance requirements and provider guidance. (The participation of data management staff may be necessary within this committee and in other planning and implementation spaces.)
2. Establish a lived experience committee that can be a partner to this and other efforts.
3. Clearly outline decision-making authority in a way that empowers us to work collaboratively on CE:
 - CE committee authority: changing assessment questions, changing prioritization criteria, and approving the Client Bill of Rights
 - LHCB authority: approving CE written standards
 - HSH authority: approving CE communications plan
4. Establish a bill of rights monitoring committee to hear grievances.

B. Redesigning How People Connect to CE

Ideal System Description

- **Immediate and Easy Access**: Meet people where they are; no wrong door; transportation; Access Points in key locations (including programs and shelters) and extended hours of operation; remote options with live responses
- **Affirming and Inclusive**: Humanized experience; culturally specific with language preferences; trans and GNC inclusive; staff who are like clients; accommodating and respectful of people with disabilities (visible and invisible); safe
- **Clear Information and Communication**: Consistent, clear, and updated info available online, by phone, and in person; honest and non-placating; clear expectations at each step



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- **Strong Partnerships:** Access Points in partner systems; warm handoffs/referrals; shared data; navigator roles; regional collaboration; client included as part of their care team; trauma-informed training and pipeline for clients to become staff
- **Addresses Immediate Needs:** Focus on listening to households

Key Partners for Redesigning How People Connect to CE: HSH, people with lived experience of homelessness, service providers (including Access Point staff), external trainers, community ambassadors/liasons that support connections to CE, communication planners, and staff to support inclusion of people with lived experience

Recommendations for Redesigning how People Connect to CE

Priority Action Area 1 – CE Access Staff Hiring, Training, Culture Change, and Capacity Building:

Enhance investments in staff through increased compensation, training, wellness resources, and other support. *[Staff capacity-building was prioritized in “Connecting to CE” and “Understanding People”.* This is a combined summary of actions prioritized in both areas.] Action steps include:

1. Establish standardized training requirements, job shadowing, curriculum, technical assistance, and professional development opportunities for all CE staff providers, organized and provided by HSH, to include orientation and onboarding for new staff, core competencies, and skills so all staff understand CE process and resources and use trauma-informed and consistent approaches to correctly assess client needs. Trainings should be standardized and required, but also responsive to emerging needs and should include topics such as cultural competence, motivational interviewing, harm reduction, etc.
2. Utilize monitoring, corrective action plans, and technical assistance to promote accountability in meeting contract requirements and performance expectations.
3. Establish hiring practices that promote the inclusion of staff with similar demographics, identities, and experiences to those impacted by homelessness; specifically, require staff representation that are Black, Latinx/e, trans, people with lived experience, immigrants, and people who are family with and/or live in the community where they are working.
4. Establish a peer training program for people with lived experience to work at Access Points, train Access Point staff, and ensure staff are representative of people served.
5. Increase staffing, support strategies, and salaries, and set baseline expectations to prevent burnout and compassion fatigue. Ensure equitable and livable wages, employee assistance benefits, and workforce housing to staff to ensure they are not experiencing homelessness.
6. Assess and establish clear staff roles and responsibilities with realistic scopes of work.

Priority Action Area 2 - Diverse Access Points: Create diverse staff and Access Point options that promote cultural and geographic diversity and include people representative of the population served, trusted agencies, and remote options. Action steps include:

1. Establish a centralized call center with a clear scope of work and messaging that can answer questions, complete initial intake, and directly and immediately connect people at risk of and experiencing homelessness to available homelessness response system resources (eviction prevention, shelter, Access Points, etc.) and make referrals to other system resources.
2. Establish clear roles and pathways for faith groups, hospitals and other health care settings (medical respite, urgent care, etc.), jails, and others who have established trusted relationships with people experiencing homelessness to easily connect people to CE Access Points and staff.



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3. Establish clear collaboration expectations for Access Points and outreach teams to complete CE assessments in places that are not Access Points.
4. Establish additional and diverse Access Points located where unhoused people feel safe with longer, extended hours:
 - a. Open an Access Point in Bayview/Hunters Point.
 - b. Design Access Points to also function more broadly as accessible drop-in centers where people can access an array of resources.
 - c. Provide prenatal services centers with access to CE.
 - d. Embed CE access with shelters.
 - e. Create dedicated CE access and discharge planning resources for people who are incarcerated and returning citizens, as well as their families.

Priority Action Area 3 - CE Messaging: Establish a clear and unified vision, mission, values, and explanations so that everyone understands what CE is and how to use it as the entry point to housing resources. All actions should be completed collaboratively with people with lived experience of homelessness. *[This is a combined summary of actions prioritized in all three areas of CE.]* Action steps include:

1. Develop the vision, mission, and values statement for CE in a collaborative manner with key partners.
2. Develop an ongoing communications plan and CE marketing capacity at HSH to widely disburse website updates, presentations, town halls, communication toolkits (including public campaign materials), and trainings that explain what CE is, what it provides, and what it does not provide in plain and accessible language to key audiences.
3. Provide clear explanations and expectations to people experiencing homelessness on the process to connect to CE, shelter, and housing resources, including clear descriptions of CE Access Points, what they provide, and their hours of operation.
4. Develop a client Bill of Rights based on the values unifying the redesigned CE and ensure that it is connected to a grievance policy so people may report any inconsistencies or violations of those rights.
5. Hold collective CE meetings with providers, community partners, and HSH to disseminate information.

Priority Action Area 4 - Quality Experience: Create connection points that are welcoming, ensure privacy, and provide person-centered and whole person care. Action steps include:

1. Establish clear and standard system-wide and organization-specific policies and procedures for all publicly-funded Access Point operations and performance outcomes that promote person-centered care, harm reduction principles, etc.
2. Assess and improve spaces to be welcoming and increase privacy, include access to basic needs, and provide accessible bathrooms.
3. Ensure that people know and are encouraged to bring an advocate and or support person with them to Access Points.
4. Incorporate visual indicators that Access Points are LGBTQ+ friendly and are welcoming spaces (in alignment with appropriate training and hiring practices).

Additional Action Areas

- **CE Accessibility:** Ensure that CE sites are well known, accessible, and able to support all people and populations experiencing and at risk of homelessness to access available resources.



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- Expanded Access: Expand Access Point schedule and staffing so that people can be supported and get immediate CE access and real-time responses, including after-hour and 24-hour service availability.
- Increased Locations: Increase the number of locations to include points across the city that are safe, available at all times, and include mobile options and co-location with other services.
- Evaluation and Improvement: Use a scheduled CE evaluation and improvement process with clear performance measures to provide transparency and make data-informed decisions.
- Accountability: Use an oversight body to ensure accountability and reduce politics.

C. Redesigning How We Understand People

Ideal System Description

- Personal Connections: Individualized, trauma-informed and safe; trust and relationship-building; motivational interviewing and active listening; use a “life story” interview modality
- Consistent Approach: Client-driven; case management and follow up; consistent; explains purpose, what will be asked, why, and how information is used; confidential; conversational; culturally informed; LBGTQ+ informed; clear communication about available CE services
- Collects Information Effectively: Non-invasive and based on relevance; assesses immediate needs, next steps, preferences, and barriers; flexible; ability to reassess/update info; uses other sources of data; addresses safety concerns
- Staffing: Well-trained with adequate skills; representative of the population served; empathetic and committed to the population and their success; sufficient staff capacity

Key Partners for Redesigning How We Understand People: HSH, Access Points, health system providers, victim services providers, ONE system staff, peer advocates, partners from other systems, language line partners, a representative group to work on the language plan, and LHCB

Recommendations for Redesigning How We Understand People

Priority Action Area 1 - Better Understanding People: Develop a trauma-informed, client-tailored conversation that gathers medical vulnerability, housing history, and other information and prioritizes what people say they need. Utilize cross-system data in culturally sensitive and protective ways, allowing people to opt in/out, ensure protection against misuse and retaliation, and enhance data-sharing across providers to increase warm handoffs. Action steps include:

1. Ensure people with lived expertise of homelessness and other relevant experiences (e.g., criminal justice involvement, immigrants, etc.) are integral in the development, implementation, and evaluation of changes to the assessment.
2. Develop an on-going community communication plan.
3. Expand staff capacity and training to do assessments, debriefs, and follow-ups.
4. Create a small working group to research and develop a proposal for specific changes to the assessment. The working group would focus on:
 - a. Creating a universal initial assessment that includes questions that all households would answer, including asking the household what their needs are, household type, and length of time they've lived in San Francisco, to prioritize San Francisco residents. The overall assessment process should also include conditional questions that will lead to specific questions related to household type and other housing-related topic areas based on how the questions in the initial assessment are answered.
 - b. Developing a call center and self-help kiosks where households can begin the initial assessment. Kiosks can be set up in various public locations, such as libraries.



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- c. Reevaluating which questions in existing assessments are necessary (e.g., tied to funding) for different populations and which can be eliminated.
 - d. Developing a script/talking points that all assessors utilize in the beginning of the assessment to communicate the nature of the conversation, certain topics/information that will be discussed and why, and significant highlights from the Client Bill of Rights, including people's options, additional resources, and alternatives available.
 - e. Reevaluating the assessment expiration timeframe and policies for reassessing households.
 - f. Partnering with health system partners to support the development of questions that more accurately gather medical vulnerability.
5. Allow households who are assessed to opt-in/out of pre-screening, which will provide only pertinent information from various intersecting systems (e.g., victim service providers, healthcare system, etc.). The cross-system information should be integrated into the ONE system and can be as simple as a checkbox to indicate, for example, whether a person has a mental health diagnosis, has received services from a particular system, and what their medical acuity is.
- a. Households who are concerned about sharing or discussing medically sensitive information (e.g., HIV/AIDS status) can be offered an advocate who is a medical professional, an immigration specialist, or support for vulnerable populations. This advocate can be provided by the Access Point, or households have the option of bringing their own advocate who can join the conversation and provide additional support.
 - b. A community-wide agreement must be developed, all providers who have access to cross-system information must sign it, and revisions must be made to the household release of information to include access and sharing of cross-system information.
 - c. A small, representative and inclusive workgroup will work with system partners to determine which cross-system information is housing-related and necessary to be accessible via the ONE system and to evaluate the capacity of the ONE system to import and house cross-system data.
6. Coordinate and align with the forthcoming Community Needs Assessment report prepared by the Safe Housing Alliance to adequately assess and respond to the safety and rehousing needs of households.

Priority Action Area 2 - Remove Barriers: Remove barriers to clients engaging in assessment conversation by increasing communication methods, allowing clients to bring belongings, and enhancing care around sensitive questions. Action steps include:

1. Develop communication resources for non-verbal communication.
2. Ensure the formal integration of a language line.
3. Develop an overall CE Language Plan/policies.
4. Increase bilingual staffing.
5. Ensure assessment staff undergo training on CE policies and procedures, including the Client Bill of Rights, before they engage with households.
6. Ensure accountability for Access Point staff, including:
 - a. Quantitative and qualitative data collection and analysis with an equity focus
 - b. Development of CE-wide success measures for Access Points
 - c. Undercover boss/secret shoppers at Access Points
 - d. Criteria/scoring within the Continuum of Care (CoC) competitive application/HSH contracts (potentially undergoing a re-procurement process to include enhanced equity criteria in contracts)
7. Reevaluate verification requirements (e.g., homeless verification, pregnancy verification, etc.)



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- a. Ensure support is provided to assist households in retrieving verification in a timely manner.
- b. Remove verification to get into shelter and other requirements that insinuate distrust of people experiencing homelessness.
- c. Standardize verification requirements across all homeless populations.
- d. Provide CE-wide training on how verification is done, resources to support verification, the time period in which households must provide verification, and which situations call for verification.
- e. Reevaluate requirements that incentivize shelter in order to gain access to housing resources.

Additional Priority Areas

- **Diversity**: Increase diversity of who conducts and is present for assessments to include diverse cultural representation, peer advocates, and various linguistic capabilities.
- **Expansion**: Increase “assessment” locations and capacity to include outside sites, self-assessment kiosks, and on-demand mobile Access Points, and expand staffing.
- **Standardization**: Shift governance over CE to one entity responsible for standardizing processes and delivery of services.
- **Data-Driven**: Conduct ongoing qualitative and quantitative data collection and analysis centered on consistent performance metrics.

D. Redesigning How We Identify and Match Resources to Meet People’s Needs

Ideal System Description

- **Quality Outcomes**: Promotes beloved community and equity, holistic, and long-term; builds a sense of home; rapid access and immediate housing; clients feel respected and understood; intentionality – not rushed, but with recognized urgency
- **Housing Options that People Need**: Effective matching to people’s needs and preferences with limited need for Administrative Review; real-time, full inventory, including resources across agencies; low-barrier housing with a variety of supports, flexible models, and creative options; higher level medical care; variety of neighborhoods; cultural flexibility; safe, clean, and pest-free; choice
- **Access to Support**: Immediate shelter options; storage of belongings; peer supports; health services; goal setting and long-term support; support for moving; non-punitive; centralized resource library for all service needs; warm handoffs
- **Clear Expectations**: Community collaboration; transparency; clear timelines and next steps; standardized checkpoints to verify policies and procedures are working

Key Partners for Redesigning How We Identify and Match Resources: HSH, Access Points (formal and informal), LHCB, behavioral health providers, and housing and supportive service providers. (Note: The HSH team that builds and monitors the Housing Inventory needs to convey the eligibility for each type of housing, its location, and amenities to the Access Points. Each housing funding stream typically has eligibility requirements.)

Recommendations for Redesigning How We Identify and Match Resources

Priority Action Area 1 - Clearly Communicate Expectations: Provide households with a clear explanation of what they can expect to receive and make housing inventory and client status easy to access and understand. Action steps include:



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1. Create a script (which is updated as needed) that states exactly what clients will receive and not receive and be sure that all Access Point staff has the script.
2. Provide clients with all of the housing options at the same time.
3. Develop a call-in system so that clients can call in and get updates on their status for accessing needed resources.
 - a. This would require a 211-like system (similar to the United Way Call In). Implementation of this recommendation would require discussion of whether this system would be helpful if clients aren't able to receive services when they call in. Implementation would also require an on-call staff and shelters or hotel rooms that are open and available 24/7.

Priority Action Area 2 - Making Referrals Based on Need: Eliminate prioritization based on housing inventory and refer all unhoused people to the housing queue for the resource that they need. Action steps include:

1. Develop more inclusive eligibility criteria to reduce screening people out of the housing queue. All unhoused people should be considered eligible for housing. Use the assessment process to identify what type of housing the individual or family needs. Match people by need, not what's available, which would require enough resources so that clients can be matched to the program/housing they choose based on their specific needs. [*Note: The Housing Inventory is outside of the control of CE.*]
 - a. Review and modify/delete any questions that don't specifically help move an individual or family to stable housing.
 - i. For Prioritization, include questions about discrimination, length of time in San Francisco, evictions (dates and the "why" of evictions and an expanded definition of eviction that includes being kicked out by family or friends).
 - ii. Place Behavior Health Specialists at the Access Points.
 - iii. Capture reasonable accommodation needs at the Access Points, not just when clients get to the navigator.
2. Eliminate flex scoring for housing referral threshold.
3. Create and regularly update a resource manual of community services and resources other than housing (e.g., benefits, healthcare, free & quality childcare, nutrition, etc.). [*Note: This kind of electronic resource manual was started some years ago but could not be kept up. This recommendation may also be outside of the purview of CE.*]

Priority Action Area 3 - Promote Client Choice: Allow households to define family and create options that promote safety, provide accommodations, and allow households to choose housing options and locations that meet their needs. Action steps include:

1. Use the designation of family that the client uses (i.e., two adults, intergenerational, people with caregiving responsibilities, parents with shared custody, and other family compositions) so that everyone is treated with dignity and respect, the housing option fits their needs, all adults are able to be on the list. Address gaps in what resources people can access and align policy and implementation around eligibility at the program level.
2. Include a safety assessment as part of the matching process.
3. Provide space for clients to ask for neighborhood choice so they can stay in their neighborhood with the community connections they already have.
4. Reduce the amount of documentation needed to get into housing and eliminate the bias of some clients and their case managers being able to complete the documentation quickly so they receive their first choice and others receive whatever is left available.



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5. Show everyone the options that they have but formally revisit that along the way so that if the household took something that wasn't what they wanted, they can move when their preferred place opens.

Additional Priority Areas

- Equitable Access to Housing Resources: Use standard referral and acceptance criteria for housing providers that promote equity; remove requirements that are not necessary or required by law, as some of these questions are too intrusive and personal to obtain housing, are unclear why they are being asked (e.g., to access specific funding streams), and are difficult to convey to clients in a non-traumatizing manner. In addition to refining and testing new questions, ensure every intake/Access Point person is trained on the questions and knows how to ask them to make the absolute best, most culturally appropriate match.
- Shelter Availability: Increase shelters and provide real-time options.
 - Complete the analysis of how many shelter beds are needed for each demographic every day on average and determine how to open that many shelter spaces and be able to be flexible as the need arises.
- Data Analysis and Evaluation: Use metrics and ongoing evaluation schedule to track performance and make improvements.
 - Develop an online accountability dashboard to monitor performance so that improvements can be made quickly, and contract with the lived experience committee to send them out to Access Points, service providers, and housing providers to get feedback from those receiving the services and housing.