



DEPARTMENT OF
HOMELESSNESS AND
SUPPORTIVE HOUSING

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San Francisco Coordinated Entry Standards

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Table of Contents

- I. Introduction 1
- II. Guiding Principles 2
- III. Key Terms and Definitions 3
- IV. Planning and Governance 4
- V. Provider Participation Requirement..... 4
- VI. CoC and ESG Coordination..... 4
- VII. General CE Policies 5
 - A. Equal Access and Non-Discrimination 5
 - B. Accessibility..... 6
 - C. Cultural and Linguistic Barriers 7
 - D. People with Disabilities 8
 - E. Other Special Populations..... 9
 - F. Grievance Process 10
- VIII. Access to the Homelessness Response System (HRS)..... 11
 - A. Access Point Operating Standards..... 11
 - B. Access Point Operating Functions 12
 - C. Eligibility 13
 - D. Assessment and Prioritization 13
 - E. Access Point Accessibility..... 13
- IV. Assessment..... 14
 - A. Low Barrier 14
 - B. Updating the Assessment 15
- V. Referral 16
 - A. Responsible Parties for Communicating the Housing Referral 17
 - B. Vacancy Postings for Housing Programs..... 17
 - C. Household Right to Accept or Reject Referrals 17
 - D. Accepting/Rejecting Referrals by Providers 18
 - E. Expectations Regarding Program Entry Requirements/Barriers 18





VII. Data Management 19

- A. Data Management for Survivors of Domestic Violence 19
- B. Staff Access and the “Minimum Necessary” Rule 19
- C. Exceptions to the Minimum Necessary Rule 19
- D. ONE System Notice of Data Sharing and Privacy Policies 20

VIII. Evaluation 21

- A. Role of Participating Agencies in CE Evaluation 21
- B. Continuous Data Quality Improvement..... 22





I. Introduction

In August 2016, Mayor Edwin M. Lee launched the Department of Homelessness and Supportive Housing (HSH) to fundamentally change the way the City and County of San Francisco addresses homelessness. HSH—relying on guidance from people experiencing homelessness, service providers, and other stakeholders in San Francisco—developed a **Five-Year Strategic Framework** outlining specific goals for HSH’s vision to make homelessness a *rare, brief, and one-time* event with the overall aim of *significant, sustained reductions* in homelessness. To accomplish this goal, HSH will coordinate alignment of all programs into a **Homelessness Response System (HRS)** that treats homelessness as an *emergency* to be responded to *quickly and effectively*. Please note that the HRS covers the entire geographic region defined as the San Francisco Continuum of Care (CoC).

Coordinated Entry (CE) is a key component of this response system. CE is a consistent, communitywide process to match people experiencing homelessness to available community resources that are the best fit for their situation. This CE process covers the CoC’s entire geographic area. CE constitutes physical access points, a standardized method to assess and prioritize persons needing assistance, and a streamlined process to rapidly connect people to a housing solution. All people experiencing homelessness in San Francisco complete a standardized assessment that considers the household’s situation, and prioritizes its HRS placement based on vulnerability, barriers to housing, and chronicity. The most intensive housing interventions are provided to those people in highest need. Permanent housing programs—including permanent supportive housing (PSH) and rapid rehousing (RRH) fill all vacancies from a community pool of Housing Referral Status households generated from the standard assessment process. The Coordinated Entry System of Record is the Online Navigation and Entry System (ONE), San Francisco’s implementation of the Homeless Management and Information System (HMIS). The assessment is entered directly into ONE and referrals to transitional and permanent housing are made through ONE. This coordinated process drastically reduces the burden on people experiencing homelessness; sparing the rigor of seeking assistance from every individual provider and instead streamlining access to all resources in the HRS.

These standards will be made available to the public, the United States Department of Housing and Urban Development (HUD), the State of California, and any other funder organizations seeking information about the design, functions, and policies for Coordinated Entry. These standards are posted publicly on the HSH website.



II. Guiding Principles

- A. Housing-focused:** The 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.
- B. People-focused:** People drive their own solutions, and the programs focus on meeting their needs. Through shared assessment and a common front door, clients should have a clear understanding of how to access services and what to expect from the system; clients should not be required to sign up for numerous waiting lists or approach multiple programs to receive help. Client choice, strengths, and personal networks will be considered as part of finding the right solution.
- C. Stakeholder-informed:** Decisions about design, implementation, and review of results will be carried out with collaboration and input from a broad range of homeless and housed stakeholders.
- D. Respectful:** It is imperative that services be delivered in a respectful, appropriate manner. Best practices, such as strengths-based interviewing, trauma informed care, and harm reduction, should be incorporated into all programs.
- E. Data-driven:** Data will be used by all providers and the system as a whole to best serve each individual, assess the outcomes of programs, evaluate impact, inform changes, and guide investment to ensure we achieve maximum impact.
- F. Accountable:** The system will be held accountable for results, using data to track to the goals and performance measures for each component and to ensure each client is being well-served. HSH will evaluate progress and report to the community on a regular basis.
- G. Targeted:** The system will match people to the right level of assistance to end their homelessness. Not all people experiencing homelessness require the deepest level of intervention. HSH will focus on making the most efficient use of its resources by matching the right person to the right resource at the right time, using Prevention, Problem Solving, flexible subsidies, and Permanent Supportive Housing, depending on need.
- H. Innovative:** With the systems goals in mind, opportunities to adapt practices and innovate new strategies and approaches are encouraged and will be supported and evaluated.



- I. **Equitable:** With mindfulness about the racism and bias that has disproportionately created homelessness among people of color and LGBTQ people, HSH is committed to equity in our Department, systems, and programs.
- J. **Urgent:** Each household's homelessness should be treated as an emergency and the system will respond accordingly

III. Key Terms and Definitions

- **Coordinated Entry** is a way to organize the Homelessness Response System and a tool for matching people experiencing homelessness to the most appropriate housing resource. Coordinated Entry is the backbone of a highly functional Housing First system, as it helps expedite housing placement and ensures that the most vulnerable people in our community are linked to robust housing interventions.
- **Homelessness Response System (HRS)** describes the overall system of services to address homelessness managed by HSH. The goal of this system is to prevent homelessness when possible and to make it rare, brief, and one-time. The system helps people exit homelessness by getting a house key into their hands as quickly as possible. Core components of the HRS include Coordinated Entry, Problem Solving, Street Outreach, Temporary Shelter, Housing, and Housing Ladder.
- **Housing Ladder** is a rent subsidy that offers opportunities for residents of PSH who no longer need services to move on to other types of housing, making their unit available for people experiencing homelessness
- **Local Homeless Coordinating Board (LHCB)** is the lead entity for the San Francisco Continuum of Care. The Local Board works to ensure a unified homeless strategy that is supported by the Mayor, the Board of Supervisors, City departments, nonprofit agencies, people who are homeless or formerly homeless and the community at large. The LHCB serves as an advisory body to the Department of Homelessness and Supportive Housing. All efforts are aimed at permanent solutions, and the range of services is designed to meet the unique and complex needs of individuals who are threatened with or currently experiencing homelessness.
- **Permanent Supportive Housing (PSH)** is affordable housing designed for people experiencing homelessness with chronic illnesses, disabilities, mental health issues, and/or substance use disorders who have experienced long-term or repeated homelessness. PSH provides subsidized housing, and supportive services.



- **Problem Solving** is a strategy that prevents or diverts people from homelessness by helping identify immediate alternate housing arrangements and, if necessary, connecting them with services and short-term financial assistance to help them quickly return to housing. Problem Solving programs can reduce the number of people or families becoming homeless and reduce demand for shelter or other emergency services.
- **Rapid Rehousing (RRH)** is designed for a wide variety of individuals and families. It provides time limited rental assistance and services for people leaving homelessness. The goals of Rapid Rehousing are to help people obtain housing quickly, increase self-sufficiency, and remain housed. Rapid Rehousing includes housing identification, temporary rent and assistance, and case management.
- **Temporary Shelter** provides temporary places for people to stay while accessing other services and seeking housing solutions. This may include shelters, Navigation Centers, Stabilization Beds, and Transitional Housing.

Additional Definitions of Key Terms in the San Francisco Homeless Response System are available in the [San Francisco Department of Homelessness and Supportive Housing Strategic Framework](#).

IV. Planning and Governance

HSH is responsible for the governance, design, and management of Coordinated Entry. The Local Homeless Coordinating Board (**Error! Reference source not found.**), lead entity for the San Francisco Continuum of Care, advises HSH regarding planning, implementation, and evaluation of Coordinated Entry processes, including convening the Coordinated Entry Committee for regular public input.

V. Provider Participation Requirement

All projects funded by CoC, ESG and/or other HSH funding sources are required to participate in Coordinated Entry.

VI. CoC and ESG Coordination

The CoC coordinates CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for CoC and ESG Program fund administration. CoC and ESG operating standards are available online.

The San Francisco LHCB (CoC) will include at least one representative with extensive experience with ESG. Formal coordination between ESG and CoC will be conducted at least annually.

VII. General CE Policies

A. Equal Access and Non-Discrimination

HSH requires that all housing providers that receive funding from San Francisco and participate in Coordinated Entry must affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability and who are least likely to apply without targeted outreach. Housing providers must maintain records of those marketing activities. Housing assisted with Continuum of Care (CoC) funds must also be made available to people and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2).

1. Programs

All Provider Programs that receive referrals from Coordinated Entry are expected to comply with all applicable state and Federal civil rights and fair housing laws and requirements, including, but not limited to:

- Fair Housing Act: prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status
- Title VI of the Civil Rights Act: prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance
- HUD's Equal Access Rule at 24 CFR 5.105(a)(2): prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.
- Section 504 of the Rehabilitation Act: prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance
- Title II of the Americans with Disabilities Act: prohibits public entities, which include state and local governments, and special purpose districts, from discriminating against people with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act: prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social



service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

HSH has established a process, entitled [Program Participant Grievance Policy](#) by which anyone who believes that they were discriminated against or otherwise treated unfairly can file a non-discrimination complaint or an appeal, as appropriate. The *Program Participant Grievance Policy* will be displayed at Access Points and other sites identified as possible referral sites for Coordinated Entry participants.

HSH recognizes that some programs may be required to limit enrollment based on requirements imposed by their funding sources. For instance, a Runaway & Homeless Youth Act (RHYA)-funded program may only serve youth. Notwithstanding, HSH expects programs to be inclusive to the greatest extent possible and promote **Error! Reference source not found.** principles in design of enrollment requirements. All programs are required to share any limitations on enrollment due to the funding source.

2. Housing Prioritization Policy and Process

Prioritization for housing is designed to ensure equal access and non-discrimination, as follows:

- Data collected during the assessment and prioritization processes are not used to discriminate or prioritize households for housing and services on a protected basis. However, this information will be used to ensure households are matched to appropriate interventions,
- HSH has tested the results of the assessment tools used for CE to ensure that they do not result in disparate treatment of protected classes of people (race, ethnicity, age, gender, sexual orientation), and
- The providers selected through the City and County of San Francisco's competitive bid process for Access Points demonstrate full adherence to all applicable non-discrimination laws.

B. Accessibility

HRS ensures that households who are included in more than one subpopulation can be served at all Access Points for which they qualify as a target population. For example, a parenting youth can be served at a Youth Access Point or a Family Access Point. Households presenting at an Access Point that does not serve their household type (e.g., a single adult presenting to a Family Access Point) shall receive an immediate and streamlined referral to an Access Point that can assist them. Further, all Access Points provide the same assessment approach, including standardized decision-making based on the unique needs of the subpopulation they are designed



to serve. Additionally, Coordinated Entry services are affirmatively marketed and prioritized for people who are vulnerable or otherwise disconnected from the HRS, and the following measures are intended to help ensure accessibility:

- Participants do not need to navigate a complex process to receive assistance, and they can access assistance, without preconditions, by:
 - Calling 311 or an Access Point,
 - Visiting an Access Point, and
 - Engaging with an outreach worker or the **Error! Reference source not found.** team.
- Participants with the greatest barriers to housing, the longest histories of homelessness, and the highest level of vulnerability are prioritized for services. As such, prospective clients are not screened out or de-prioritized based upon perceived housing or services barriers such as:
 - Little or no income,
 - History of or active substance use,
 - History of domestic violence,
 - History of eviction,
 - Perceived resistance or unwillingness to receive services,
 - Extent of a household's mental or physical disability-related services needed,
 - Criminal record, and
 - Other similar circumstances.
- Coordinated Entry ensures participants may not be denied access to the Coordinated Entry process on the basis that the participant is or has been a victim of intimate partner violence, dating violence, sexual assault or stalking. The Coordinated Entry process relies upon trauma-informed techniques to ensure that participants are not re-traumatized as part of seeking assistance. Access Points' staff receives thorough and ongoing training regarding trauma-informed care, domestic violence, stigmas, and other topics that ensure that they can effectively serve vulnerable populations.
- All Access Points must be easily accessible to individuals with disabilities (see below in "Access for People with Disabilities").
- Some Access Points will be mobile to ensure they are accessible to people in San Francisco who are least likely to access homelessness assistance.

C. Cultural and Linguistic Barriers

1. **Cultural Excellence:** Access Point and HSH staff will receive cultural humility training as part of their larger training curriculum to cultivate greater sensitivity to and awareness of the diversity of life experiences presented by the people seeking services.



- 2. Language:** Interpretation services and translations of key written materials, including marketing materials, consent forms, releases of information, and other documents are available in the four primary languages utilized in San Francisco: English, Spanish, Chinese and Filipino.

Access Points and HSH actively recruit multi-lingual staff—including staff with knowledge of American Sign Language—when hiring for Access Point and Coordinated Entry positions. Access Points will update each other on in-house interpretation capability so clients can be referred to an Access Point that can directly communicate with them.

Access Points utilize the services of a phone-based translation line to ensure that people with limited English proficiency are not denied services due to a linguistic barrier when no staff person is available to communicate with the household.

D. People with Disabilities

Many households seeking homeless services assistance from the Coordinated Entry process are living with physical and/or mental health disabilities. The following policies have been implemented to ensure those with disabilities have full access to the shelter, housing, and services offered through Coordinated Entry:

- 1. ADA Compliance:** Coordinated Entry service sites are fully ADA-compliant and accessible to people with mobility impairments.
- 2. Aids and Services:** People with disabilities seeking services are connected with auxiliary aids and services, as needed, to ensure clear and effective communication including, but not limited to, materials available in Braille, large-type printed materials, assistive listening devices, sign language interpreters, and other tools.
- 3. Disclosure:** People with disabilities are not required to disclose a specific disability or the diagnosis of a disability to be assessed for a housing opportunity. Throughout the assessment process, participants must not be pressured or forced to provide CE staff with information that they do not wish to disclose, including specific disability or medical diagnosis information. Such information is only obtained for the purposes of making referrals and matches to Provider Programs.
- 4. Training:** Access Points' staff are trained to (1) support people with behavioral health disabilities, (2) ensure that behaviors associated with their disabilities do not lead to unnecessary or inappropriate termination from services, and (3) provide reasonable



accommodations to better serve people with disabilities. Various reasonable accommodations could allow:

- Head of Household with a mobility impairment to complete an assessment at a location that is easier to access than the Access Point.
- Head of Household with a mental health disability to be assessed in multiple phases if the process is too stressful.
- Scheduled appointments with extended wait periods, multiple appointment times, and extra appointment reminders.
- Head of Household to bring someone with them to an appointment for support.
- Head of Household with extra time to complete paperwork.

E. Other Special Populations

Some San Francisco's homeless residents have unique needs concerning accessing housing assistance. Some elements of the Coordinated Entry process have been modified to ensure that participants have equitable, including:

- **Veterans:** Community Providers link veterans to the services available to them within the HRS and other community organizations.
- **Families:** Specific Access Points are dedicated to addressing the specialized needs of families experiencing homelessness, including providing childcare.
- **Youth:** Specialized providers with expertise serving people under 25, and neighborhood based services in areas where youth homelessness is most prevalent as identified in the
- **Survivors of Domestic Violence (DV):** Individuals and families who are fleeing or attempting to flee intimate partner violence, sexual assault, or stalking or human trafficking have equitable access to the services offered through Coordinated Entry.
 - If Access Points identify a household who may be fleeing or experiencing active domestic violence at any point during the Coordinated Entry process, Access Points' staff will follow the established domestic violence protocols when engaging the household.
 - Domestic Violence Providers will not utilize the ONE System as to protect their clients' anonymity. However, the Coordinated Entry team will collaborate closely with Domestic Violence Providers to ensure their clients have equal access to Coordinated Entry services. Domestic Violence Providers may also refer any household seeking homeless services—including housing placement—to the Access Points.
 - Emergency Transfer Plan: Providers will establish an emergency transfer plan in compliance with requirements outlined in both 24 CFR 5.2005 and 24 CFR 578.99(j)(6). A client qualifies for an emergency transfer if:



- The client is a victim of domestic violence, dating violence, sexual assault or stalking;
- The client expressly requests the transfer; and
- Either:
 - The tenant reasonably believes there is a threat of imminent harm from further violence if the tenant remains in the same dwelling unit; or
 - If the tenant is a victim of sexual assault, the sexual assault occurred on the premises during the 90-calendar-day period preceding the date of the request for transfer.

F. Grievance Process

The Coordinated Entry process seeks to provide a fair and transparent process for connecting individuals and families to housing and services. If a program participant is dissatisfied with the Coordinated Entry process, s/he has the right to file a Grievance. All participants are informed of their right to file a grievance during the intake process, and receive a written copy of the [Program Participant Grievance Policy](#). Highlights of the grievance process include:

- Service providers are required to have an internal Grievance Procedure through which the complaint is handled. People experiencing homelessness should attempt to resolve the issue by raising the grievance directly with the provider responsible.
- If an individual does not feel that the responsible provider appropriately resolved the Grievance, HSH Program managers are available to investigate and respond to any grievances submitted directly to HSH.

Coordinated Entry processes are widely marketed and advertised to ensure all San Francisco households have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the system. Marketing materials clearly convey that Access Points are accessible to all sub-populations. Marketing materials also specifically target individuals and families who are least likely to apply in the absence of special outreach, including:

- Chronically Homeless households, veterans, parenting youth, and survivors of domestic violence, and
- Eligible persons who experience barriers due to race, ethnicity, color, national origin, religion, sex, age, familial status, disability, sexual orientation, gender identity, marital status or Limited English Proficiency (LEP).



Affirmative Marketing Methodologies: The Department of Homelessness and Supportive Housing (HSH) and Access Points follow the steps below to market and advertise Coordinated Entry:

- At least quarterly email updates to the general community, Program Providers, City and County of San Francisco departments, and other key stakeholder organizations,
- Annually create flyers on coordinated entry,
- Provide announcements at monthly LHCB meetings, Coordinated Entry/ONE System Committee Meetings
- Regularly post updates on HSH websites and social media accounts.

VIII. Access to the Homelessness Response System (HRS)

Access Points offer direct services or provide warm hand-offs to services that assist eligible San Francisco households in resolving their homelessness or housing crisis. Separate Access Points have been established for adults, families, and youth. Locations can be found online [here](#). The population specific Access Points are designed to facilitate access and improve the quality of information gathered in the assessment process. The same general assessment approach is utilized at all Access Points.

A. Access Point Operating Standards

- **Flexibility:** The Access Points are expected to be flexible and adaptive as CE undergoes continuous quality improvement refinement.
- **Collaborative Approach:** Access Points build and maintain strong and effective working partnerships with street outreach, shelters and housing partners, neighborhoods, community services partners, and clients utilizing Coordinated Entry.
- **Communication:** Access Points clearly and effectively communicate with clients, households experiencing homelessness, Program Providers, and the public on how Coordinated Entry works, including policies, processes, goals and the ONE System.
- **Continuous Quality Improvement and Peer Learning:** Access Points collaboratively work with other Coordinated Entry grantees (as applicable) and the larger San Francisco Homelessness Response System on continuous quality improvement.
- **Data Informed:** Coordinated Entry is a critical source of information about who enters the HRS. CE will have strong data management capacity and will continuously use data to inform and improve practices and the HRS.
- **Data Quality:** Coordinated Entry and each Access Point will exceed the completeness, accuracy and timeliness Standards in the [ONE System Data Quality Plan](#).
- **Objectivity:** Access Points demonstrate consistency, transparency, and fairness when applying the Coordinated Entry policies, procedures, and tools to successfully achieve client acceptance, standardized utilization, and garner community support.



- **Racial Equity:** Access Points are expected to be culturally diverse, inclusive, relevant and competent in order to be able to serve the client community and must combat racism and integrate racial equity in staffing, including staff development and training; programming; and designing methodologies for evaluating data and performance outcomes to prevent and remove barriers to housing.
- **Systems Thinking:** Coordinated Entry is an essential component of the HRS. The Access Point operators will embrace a systems-thinking approach with the understanding that the main purpose of the Coordinated Entry process is to provide accessibility and streamline access to housing for households experiencing homelessness with the greatest needs.
- **Youth Informed:** Youth are welcome at all Access Points; all Access Points will develop strategies to meet the special developmental needs of the Transitional Age Youth household.

B. Access Point Operating Functions

While the Access Points perform a variety of activities that assist people experiencing homelessness who are experiencing homelessness, there are four primary operating functions centered around access to services provided via the Access Points:

- (1) **Problem Solving:** [Problem Solving is an approach that empowers households facing a housing crisis to explore and identify possible solutions outside of the HRS.](#) It provides opportunities to prevent people from entering the HRS and to redirect people who can resolve their homelessness without the need for ongoing support. It may offer a range of one-time assistance, including eviction prevention, legal services, relocation programs (Homeward Bound), family reunification, mediation, move in assistance, and flexible grants to address issues related to housing and employment. Problem Solving is a continuous resource for all people experiencing homelessness in San Francisco. Access to Problem Solving, including financial assistance for resolutions is not limited by other prioritization factors.
- (2) **Assessment:** Conduct Housing Primary Assessment—standard housing assessment. All CoC providers shall incorporate a safety risk assessment as part of initial CE triage and intake procedures, evaluating, to the greatest extent possible, the physical safety and well-being of participants and prospective participants. All CoC-defined access points shall conduct an initial screening of risk or potential harm perpetrated on participants as a result of domestic violence, sexual assault, stalking, or dating violence. In the event defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance, using a trauma-informed approach designed to address the particular service needs of survivors of abuse, neglect, and violence.



- (3) Prioritize:** Advise whether the family or individual is Housing Referral Status or Problem Solving Status.
- (4) Matching and Referral:** determine eligibility for available housing opportunities and referral to housing opportunity based eligibility and assessment results.

C. Eligibility

[People experiencing homelessness in San Francisco](#) are eligible for Coordinated Entry. People who are not experiencing homelessness will be redirected to other services, and people who are not living in San Francisco will be redirected to services in the community where they live.

D. Assessment and Prioritization

Access Points conduct an interview with each household to collect all responses to assessment questions into the ONE System. Based on those responses, the ONE System generates a prioritization score. If a prioritization score meets or exceeds the predefined housing prioritization threshold as established by HSH, then the household is Housing Referral Status: prioritized to be matched and referred to available opportunities in Rapid Rehousing, or Permanent Supportive Housing programs. Households whose score is lower than the Housing Referral Status threshold will be advised that they are Problem Solving Status and will be re-engaged in Problem Solving Status. Features of the assessment tool include:

- Objective and minimally-intrusive questions,
- Greater scoring for the most vulnerable, highest barrier and highest chronicity of homelessness
- Score generated by the ONE System (based on the established methodology),

E. Access Point Accessibility

All San Franciscans experiencing homelessness can use Access Points, which are designed to provide maximum accessibility to Coordinated Entry through the following operating activities:

- Comfortable, supportive settings for persons experiencing homelessness seeking assistance
- Regular hours of operation—and extended hours outside of regular business hours targeting the needs of those least likely to apply in the absence of special outreach
- Mobile staff who can travel to locations where persons experiencing homelessness are located, in the event the household is physically unable to go to Access Points.
- Partnerships with hospitals, behavioral health institutions, and public benefits programs to imbed Access Point services in locations people experiencing homelessness frequent

Publicity targets households experiencing homelessness and affirms the provision of services to all eligible San Francisco households regardless of race, color, national origin, religion, sex, disability or familial status, and those who are least likely to apply in the absence of special outreach.

IV. Assessment

The Primary Housing Assessment Tools were developed and tested in partnership with the community. The tools were designed to gather only enough participant information to determine the program participant's severity of need and eligibility for housing and related services.

All assessments will be conducted in a safe and private space to ensure all participants' sensitive information is protected.

Case Review: Some households prioritized for Rapid Rehousing may be matched to PSH if PSH is available. This match will be conducted by case review hosted by HSH.

Clinical Review: Provides an administrative review process for clients who cannot adequately self-report their own chronicity of homelessness, barriers to housing, or vulnerability. Medical records are reviewed to determine chronicity, vulnerability and barriers to housing level of Problem Solving Status person identified for re-evaluation. Outcome is an affirmation of Problem Solving Status or Reassignment to Housing Referral Status.

A. Low Barrier

The Coordinated Entry process welcomes all potential program participants regardless of perceived barriers to housing or services, including, but not limited to, too little or no income, active or history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or of poor credit, lease violations or history of not being a leaseholder, or criminal record.

The Coordinated Entry process allows program participants to decide what information they provide during the assessment process. All program participants may refuse to answer any assessment question at any time. A participant's refusal to answer questions will not be used as a reason to deny the participant from referral to programs for which the participant appears to be eligible. That being said, potential participants may not be determined to be eligible for programs without the requisite information. This will be clearly articulated to participants as needed.



B. Updating the Assessment

San Francisco Coordinated Entry Assessments are active for 6 months from date of assessment. People experiencing homelessness are not expected to conduct a new assessment simply due to a new symptom or a change in their household status. Problem Solving status people who believe their status does not reflect their current needs can pursue a Clinical Review.

San Francisco Coordinated Entry uses a unique Housing Primary Assessment for Households with children. In the event a household experiences a change in household type (e.g., the addition of a new child, or departure of an adult) that household may be immediately re-assessed.

Family Primary Housing Assessments for households with children can be re-conducted every three months.

Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. San Francisco continuously works to improve participant engagement strategies to achieve completion rates of required HMIS data elements that are as high as possible.

X. Prioritization

A. Emergency Services

While the primary goal of Coordinated Entry is housing placement through either Problem Solving or Housing Placement, Coordinated Entry may conduct limited prioritization and placement for the HRS' temporary shelter resources.

Shelter prioritization is based on immediate need and living situation. A household with children in need of immediate shelter is referred to congregate shelter beds or an individual room, according to availability, length of time in congregate shelter, and overall length of time unsheltered.

When available, bridge housing placements in temporary shelter will be provided for those persons with Housing Referral Status, who might otherwise remain unsheltered pending housing placement.



B. Permanent Housing Interventions and Housing Referral Status

The CoC will use data collected through the CE process to prioritize homeless persons within the CoC's geography and assign them a Housing Referral Status designation as outlined below. Participant data is initially collected through a Housing Primary Assessment. All agencies are required to provide a Housing Primary Assessment for each participant.

The Housing Referral Status list is managed in the ONE System. As new participants are added, the dynamic list will adjust the ranked order of existing participants based on community priorities related to participant vulnerability. The relative date upon which participants are entered into the ONE System is not a controlling factor in ranking. In addition, Clinical Review and Case Review outcomes are considered during prioritization.

A Housing Referral Status designation is calculated based on the number of housing opportunities expected to become available within a 90-day period. Once a person experiencing homelessness is given this status, the designation will be valid for the duration of their engagement with CE until exited to housing. If a Housing Referral Status person experiences a 90 day period of no contact with CE, they will be exited from CE, exited from Housing Referral Status and will need to start again with Problem Solving to re-engage.

While many housing providers may prefer or require people to be documents-ready before housing placement, Coordinated Entry does not prioritize clients by their willingness or ability to provide documents or complete forms. Housing Referral Status clients who cannot complete documents will be accommodated.

Note on Households with Mixed Housing Referral Status: Households with two or more adults and without children, and with differing Housing Referral Status designations may be placed in available units without occupancy maximums according to the highest Housing Referral Status score within the household. That individual with the highest Housing Referral Status retains sole discretion to determine additional household members.

XI. Referral

Access Points are the sole portal for program participants' referrals to vacancies in housing within the HRS. Potential program participants are not screened out for housing opportunities due to perceived low barriers but are matched and referred based on the participant's Housing Referral Status.

Each housing program will establish and make publicly-available the specific eligibility criteria the project uses to make enrollment determinations. Determining program eligibility is a different process than establishing housing or shelter prioritization. Program eligibility limits admittance into a program based on the funding sources; housing prioritization ranks eligible persons—based on factors such as living situation and vulnerability—in order to ensure the individuals with the highest needs are rapidly referred to open program slots.

When a household is prioritized for Permanent Supportive Housing (PSH) but no PSH resources are available, the household is offered another available resource that could provide a housing solution.

A. Responsible Parties for Communicating the Housing Referral

When a participant is matched to an available housing intervention, Access Point staff will contact, inform, and offer the intervention to the participant who will have the opportunity to accept or decline the referral. Access Point staff will maintain contact with the household until such time as a shelter and/or housing referral is made.

- Housing Referral Status households on the prioritized housing opportunity list are matched to available housing based on the needs of the person experiencing homelessness, provided the household meets the eligibility criteria for the housing program and expresses interest in being matched to such a program.

B. Vacancy Postings for Housing Programs

- Program Vacancy Postings will be managed through the ONE System
- Housing programs are encouraged to post expected vacancies in advance.
- Access Points are expected to match an eligible person to each housing vacancy within 2 business days of availability.
- Housing providers are expected to enroll referred households and conduct move in within 60 days of receipt of the referral.

C. Household Right to Accept or Reject Referrals

In the event a household turns down a housing opportunity referral, Access Points or Shelter Providers are responsible for communicating with the household about its likelihood of receiving another referral or a specific type of referral. Households may reject two housing referrals, but after the third rejection, the household will be removed from the prioritized housing placement list for 30 days.

People experiencing homelessness who decline one or two housing referrals retain their current Housing Referral Status and remain on the prioritized housing placement list, but is not guaranteed another referral immediately

D. Accepting/Rejecting Referrals by Providers

Providers are expected to be “Housing First” in their approach to accepting clients and will accept any referred adult and/or family who meet the program’s eligibility criteria. However, programs may reject a program participant referred by Coordinated Entry if they are ineligible to participate in the program. People experiencing homelessness must be offered a written appeal process if a program denies their admission. Whenever a program rejects a referral, the program will document the reason for the rejection within the ONE System.

If during the course of program enrollment, a Housing Provider determines that a referred adult or family is ineligible for its program, then the Access Points will continue to assist the household with the housing navigation process, as needed, and clearly convey the following:

- A household is encouraged to appeal a Housing Provider’s ineligibility decision following the appeal channels the provider has developed.
- An adult or family retains its current Housing Referral Status and remains on the prioritized housing placement list;
- Housing program denials do not count against the maximum number of times (3) that an adult or family can reject a referral; and
- If at any time during the course of the referral process, it is determined that the adult or family is not eligible for services from the HRS their Housing Referral Status will be removed.

E. Expectations Regarding Program Entry Requirements/Barriers

To ensure that all programs are available to serve highest-need households to the maximum extent possible, all San Francisco funded homeless programs are required to remove eligibility requirements and entry barriers unless specifically required by a funding source or permitted expressly by HSH.

Specific procedures related to eligibility requirements for each program will be documented by the Program Provider, in consultation with HSH. Programs are responsible for communicating to HSH any funder-required eligibility criteria that limit the characteristics of households that may be referred to fill each vacancy.



XII. Data Management

A. Data Management for Survivors of Domestic Violence

Data associated with anyone who is fleeing or suffering from any form of domestic violence—including dating violence, stalking, trafficking, sexual assault, or youth with a perceived threat of violence due to their gender or sexual orientation—must receive additional safeguards. The ONE System **cannot** be used to collect data from survivors of domestic violence because the Violence Against Women Act (VAWA) restricts HMIS Systems ability to track this information to protect this subpopulation’s privacy and to ensure safety. Instead, a parallel database maintained by trained users control these data. Coordinated Entry Staff works closely with a survivor of domestic violence service providers to ensure all clients have equal access to the Coordinated Entry programs and services.

B. Staff Access and the “Minimum Necessary” Rule

Only individuals who have completed ONE System-training and signed a ONE System end-user agreement may directly access coordinated entry data. All such persons are informed of and understand the privacy rules associated with the collection, management, and reporting of client data. Namely, staff shall make reasonable efforts to limit the protected health information (PHI) requested, used, or disclosed to the “minimum necessary” to accomplish the program participants’ care.

The "minimum necessary" requirement mandates that when using or disclosing protected health information (PHI), or when requesting PHI from external providers or entities, providers will make reasonable efforts to limit PHI to the minimum necessary to accomplish the intended purpose. While recognizing that providers may need to use all of an individual’s health information in the provision of program participant care, access to PHI by the workforce must be limited based on job scope and the intended purpose of the use, disclosure or request.

C. Exceptions to the Minimum Necessary Rule

Exceptions to the Minimum Necessary Rule include:

- Disclosures for, or uses related to, treatment, payment, and operations;
- Disclosures to the program participant or program participant’s authorized representative under patient access rights;
- Uses or disclosures made under a valid HIPAA authorization which describes the PHI;
- Disclosures made to the Secretary of the United States Department of Health and Human Services under an investigation or compliance review; and



- Other uses or disclosures that are required by law and that commonly prescribe what information must be disclosed (e.g., requesting through a subpoena or court order, reporting child abuse or any other disclosure of PHI that is required by law).

Additionally, sharing de-identified data should clear all requirements outlined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the California Confidentiality of Medical Information Act, and any other federal, state, or local statutes providing additional protection for medical, mental health, and substance abuse information.

D. ONE System Notice of Data Sharing and Privacy Policies

The Online Navigation and Entry ("ONE") System will store all data associated with the Coordinated Entry system. The ONE System protects all data entered as required by:

- HMIS Data and Technical Standards as announced by the CoC Interim Rule at 24 CFR 578.7(a)(8),
- Health Insurance Portability and Accountability Act of 1996 ("HIPAA"),
- California Confidentiality of Medical Information Act, and
- Any other federal, state, or local statutes providing additional protection for medical, mental health, and substance abuse information.

Before collecting any information as part of the Coordinated Entry system, all staff and volunteers must complete a release of information with each participant. Coordinated Entry staff will, in good-faith, attempt to receive written confirmation that each program participant has reviewed a release of information. Staff will confirm that a client has received the release of information before editing or entering more information into the ONE System.

Program participants have the right to ask HSH not to share information with certain individuals or for certain purposes. HSH does not always have to agree to the request. HSH will not deny services to any participant based on that program participant's request to restrict how their data is to be stored or shared. However, some projects' funding sources require collection and reporting of a project participant's personally identifiable information as a condition of program participation. These projects will not be able to serve clients who do not share their data.

All participants in the coordinated entry process are free to decide what information they provide during all phases of the process and to refuse to answer any questions. A program participant's refusal to answer any questions at any stage of the coordinated entry process is not a valid reason to terminate the participant's assessment(s) or to refuse to refer the participant to programs for which the program participant appears to be eligible. However, program participants may not be eligible for some programs based on lack of information.



XIII. Evaluation

The Department of Homelessness and Supportive Housing is committed to the ongoing evaluation of Coordinated Entry and its continuous quality improvement. The HRS consults with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with Coordinated Entry. Solicitations for feedback address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households. Measures will be pulled using information collected from the ONE System. HSH will include questions about Coordinated Entry in their annual client feedback processes. Measures that will be used to assess the effectiveness of Coordinated Entry include:

- Length of time between assessment and placement
- Client exits from housing interventions
- Client referral acceptance rate
- Length of time units remain vacant
- Number of interactions client has with providers before matching
- Number of clients receiving housing problem solving that are successfully diverted from entering the HRS

As part of an ongoing commitment to advancing equitable housing solutions for Black individuals and other people of color, LGBTQ+, and Transgender and Gender Non-Conforming people, these measures will be evaluated to identify whether and how any disparities exist for these different subpopulations. Evaluation of these measures will be used to implement updates to existing coordinated entry policies and procedures, practices, funded partnerships and staff training and development practices.

HSH is committed to the strategies described in the: [Advancing Racial Equity Through Assessments and Prioritization Notice](#).

A. Role of Participating Agencies in CE Evaluation

Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

At least one representative from each participating agency will be sent the draft results of the CE System evaluation, prior to its distribution to the LHCB. Representatives will have at least 5 business days to review and provide feedback on the results. While reviewing the data, agency



representatives are encouraged to communicate directly with the CE coordinating entity about any concerns or questions that they have, and to be detailed in their suggestions to the CE coordinating entity about how best to interpret and use the evaluation results.

B. Continuous Data Quality Improvement

Data quality is a term that refers to the reliability and validity of client-level data in the ONE System. It is measured by the extent to which data in the system reflect actual information in the real world. With good data quality, a community can accurately tell its story of people experiencing homelessness in San Francisco. All Coordinated Entry Data will exceed the [San Francisco Continuous Data Quality Improvement Standards](#).