

San Francisco Family Homeless System and Coordinated Entry Project

Phase One Report

Commissioned by the San Francisco Human Services Agency



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Executive Summary

The San Francisco Human Services Agency (HSA) hired Focus Strategies to conduct an assessment of the existing system for assisting homeless families and to develop a model for serving families that includes coordinated entry as well as targeted delivery of shelter and housing. Developing a plan for coordinated entry is a key element of this work, but the scope also includes developing strategies to streamline and speed the flow of families from the “front door” into permanent housing.

This report is the end result of the project’s first phase, and includes our assessment of the existing family homeless system and a suggested framework for re-design, including an approach to expanded coordinated entry for families. To prepare this report we collected and analyzed information from a variety of sources including interviews with a range of key stakeholders; focus groups with homeless and formerly homeless families; a review of practices and approaches in other communities; and a review of policies, reports, and other documents related to the current family homelessness system.

A key factor driving the need for a more comprehensive coordinated entry system for families in San Francisco is a shift in federal requirements and expectations. A Coordinated Entry System (CES) is a required component to allocate access to programs and housing interventions in a homeless crisis response system. San Francisco already has a coordinated entry approach for a portion of family shelters. However, to meet national requirements it must expand or replace that system with one that includes a pathway to all system resources, a greater level of prioritization, a standardized way of matching households to programs, and improvements in data collection and data sharing.

Our assessment of the current family system identified a number of strengths and a solid foundation to build upon. These strengths include a high level of commitment and resources from the City; good collaboration and strong working relationships reported among most providers; a number of agencies with capacity and interest in using data; and a system of shelters that are already generally low-barrier.

We also identified several challenges. At the most general level, we find that the local homeless definition covers a wide range of housing problems and needs; this definition enjoys broad support but, without more explicit prioritization and targeting, makes impacting unsheltered homelessness nearly impossible. In addition, the community’s separate programs are not viewed as or acting as a system and decisions are still made at a program by program level. The lack of a single shared data system means there is little ability for the City or its providers to understand need or the results of City investments at a system level.

At the program level, a set of focus groups found some homeless and formerly homeless families were unaware of, or did not use Connecting Point, and that families experiencing homelessness access services and housing through many pathways. This results in inconsistent treatment and access to assistance, and does not ensure that unsheltered or higher need families receive priority. Families that did use Connecting Point report high satisfaction with the material support the program provides and a range of experiences accessing shelter and other programs. While Connecting Point provides some diversion support, there is no widely understood system-level effort to “divert” families that are not unsheltered from entering or remaining in the homeless system. Clients also report having to repeatedly give the same information to each program they contact, and we found that each program has its own admission criteria and process which often involved multiple steps. Some programs have requirements or barriers to entry that would screen out many families.

To develop the new coordinated entry system and implement strategies to increase the flow of families out of homelessness, we recommend that the City:

1. Set Clear Objectives for the Family Homeless Crisis Response System: Adopt objective(s) that makes clear the primary purpose is to respond to the immediate needs of unsheltered homeless families and those who will be immediately unsheltered without assistance.
2. Require City-Funded Providers within the Family Homeless System to Use a Single, Shared, HMIS-Compatible Database: Without access to high quality system-level data, it will be very difficult for the City to make progress on ending family homelessness. We strongly recommend that as a condition of receiving funding from the City and/or the CoC, providers must enter data into a single HMIS-compatible database with records shared across agencies (with client consent).
3. Define New Roles and Functions for Family System Entry Point(s); Develop RFP to Select and Fund Re-Configured Entry Point(s): Clearly identified and easily accessible system entry points are needed to conduct screening and triage to identify those families that are unsheltered (or who will become unsheltered without assistance) and ensure they have streamlined access to shelter and housing interventions. Given the City's size, diversity, and the number of households served in the system, we recommend that there be multiple (but limited) entry points all using standardized tools and processes.
4. Fund Shelter Diversion as an Activity Distinct from "Homelessness Prevention": Fund shelter diversion as a specific strategy that is distinct from homelessness prevention and is specifically targeted to those families who are seeking access to shelter beds. The diversion function should be integrated into the work of the entry points so that all places where families touch the homeless crisis response system are working in a consistent manner to prevent entry into shelter whenever possible.
5. Define and Fund New Roles for Emergency and Longer-Term Shelter in the Family System: Over time, with greater diversion and targeting, shelter demand should be reduced. A new approach to family shelter might mean that the system would no longer include "overnight" shelter and "6 month shelter" but just family shelter, with lengths of stay determined by complexity of housing need, not predetermined at shelter entry. This will be a significant shift. We advise adopting this goal now, but convening a separate family shelter workgroup at a later date to develop a phased transition plan.
6. Adopt Standardized Prioritization Tool and Matching Process: We advise the City to work with stakeholders to adopt or adapt a standardized prioritization tool to match families to available long-term shelter and housing interventions. Require all system entry points to use the standardized assessment tool and enter the results into HMIS. Establish a central list and referral process managed by the City, or a third party that does not deliver homeless services.
7. Adopt Policies and Process for Targeting and Ensuring Speedy Entry to Programs and Housing: Require all housing programs that receive City funding to accept referrals only from the centralized list. Work with stakeholders to create system level guidelines for admission into transitional housing, rent subsidy/RRH programs and permanent supportive housing and standardized policies and procedures for all City and CoC-funded transitional and rapid re-housing aligned with best practices.

These recommendations provide a framework that will be further developed with input from a wide range of stakeholders. The new system design and a more detailed set of decisions for adoption and implementation will conclude the second phase of this project in June 2016.

I. Background/Purpose of Report

The San Francisco Human Services Agency (HSA) has hired Focus Strategies to conduct an assessment of the existing system for assisting homeless families and to develop a proposed model for serving families that includes coordinated entry and assessment as well as targeted delivery of shelter and housing. The goal of this engagement is for Focus Strategies to provide recommendations and design assistance to HSA to improve the system's ability to respond effectively to families who are experiencing homelessness. Developing a plan for coordinated entry is a key element of this work, but the scope also includes developing strategies to streamline and speed the flow of families from the "front door" into permanent housing, which has implications for all elements of the family system.

This project is divided into three phases:

- Phase One: An investigation of the existing system and services, resulting in these initial recommendations.
- Phase Two: Community input process convened by HSA and Focus Strategies to develop and further refine the recommended approach. Phase Two is expected to begin in April 2016.
- Phase Three: Development of the detailed guidelines, tools, and timeframe for system rollout.

This draft report is the end result of Phase One. It includes our assessment of the existing family homeless system and suggested framework for re-design, including an approach to expanded coordinated entry for families.

II. Methodology

For this phase of work, we have collected and analyzed information from the following sources:

- Interviews with key stakeholders from 13 different agencies and departments, including City staff, providers of shelter and housing, and representatives of other organizations and systems serving families (list of stakeholders provided in Appendix 1).
- Six focus groups with heads of families who have experienced homelessness, with the question framework developed by Focus Strategies and groups conducted by Homebase (summary provided in Appendix 2).
- A structured data analysis to understand who is being served by the existing system, what assistance they are receiving, and the results. This data analysis is in progress. To date, we have conducted a scan of available data sources, including data in the City's HMIS system as well as the databases maintained by provider agencies. To understand the availability, usability, and compatibility of the data, we held in person and phone discussions with HSA HMIS staff and staff from five primary providers of family shelter and services. Based upon these discussions, we have constructed and issued a data extraction request for HMIS and provider data. Data analysis will be completed in April 2016.
- Review of coordinated entry practices and approaches from other communities.
- Review of documents collected by HSA, including existing program policies, reports, and other information regarding the current San Francisco system (document list provided in Appendix 3).

We have also held regular meetings with key staff from SFHSA and MOHCD over the course of Phase One to discuss the information we have gathered to date.

III. Context: Family Homelessness in San Francisco

A. Number of Homeless Families

San Francisco's 2015 Homeless Point in Time Count and Survey found that there were 630 homeless people in households with children on January 29, 2015, of whom 95% were living in shelters or other homeless facilities and 5% were unsheltered. This translates to approximately 210 families, using a rough estimate of three people per household. A survey of homeless people conducted in the weeks following the Count collected additional information on homeless families with children. The survey found that 82% of survey respondents in families were female, much higher than survey respondents not in families (32% female). Twenty-seven percent (27%) of those surveyed identified as Hispanic or Latino. Sixty-four percent (64%) of survey respondents in families reported they were experiencing homelessness for the first time, compared to 30% of single individuals. About two-thirds (64%) had been without housing for more than 6 months. Nearly half of respondents reported they were living with a friend or family member when they became homeless (48%).

The data from the Point in Time Count includes only families who were living in places not meant for human habitation (outdoors, in encampments, in vehicles, etc.), emergency shelter or transitional housing on the night of the count. San Francisco has an expanded definition of homelessness that includes families who are "doubled-up" in the homes of family or friends, living in Single Room Occupancy (SRO) units, and in substandard or inadequate living conditions including overcrowded spaces. Data is not available on the numbers of households in these categories at a point in time but it is estimated to be significantly higher than the numbers reported in the Point in Time Count. The San Francisco Unified School District reports seeing approximately 2,000 homeless children over the course of a year. Many of these families are living in doubled up situations.

Focus Strategies is in the process of analyzing data from the City's HMIS system as well as data from family shelter providers to develop an estimate of the numbers of family households served in the system on an annual basis. This analysis will provide additional information on the size of the population as well as the locations where families were living prior to entering homeless programs.

B. Existing Inventory of Programs

San Francisco has put in place a wide array of programs and services for homeless families and those with housing needs. For the purpose of this assessment, we have focused primarily on those interventions and programs that receive funding from the City through the Human Services Agency (general fund dollars, CalWORKs/HSP funds, federal CoC funds for which HSA serves as Collaborative Applicant) and the Mayor's Office of Housing and Community Development (ESG funds). Programs funded by other departments or that receive only private funding were included in this analysis only if they appeared on the CoC's Housing Inventory Count (HIC), the HUD-required listing of beds dedicated to homeless households.

The chart below summarizes the intervention types that comprise the family homeless system in San Francisco and the main providers of each intervention, but is not intended to be comprehensive.

Intervention Type	Description/Providers
Resource Centers/Drop Ins	Compass Family Services and Homeless Prenatal Program are the City's two resource centers for homeless families. Both provide an array of programs and services. Compass operates a drop-in center as well as the Connecting Point waiting list.
Overnight Shelter/Emergency Shelter	Emergency shelters with beds filled on a nightly basis, including First Friendship Shelter (Providence Foundation) and Hamilton Family Center (providing up to 60 day stays).
Family Emergency Shelter	Emergency shelters with up to six month stays, with City-funded beds accessed through Connecting Point: Compass Family Center, PATH/Medical beds, Hamilton Family Residence, St. Joseph's Family Center (Catholic Charities). Another longer-term shelter program, Raphael House, also accepts referrals but does not exclusively serve families coming through Connecting Point.
Domestic Violence Shelter	Shelters for DV Survivors, including Asian Women's Shelter, Casa de las Madres, Rosalie House.
Transitional Housing	Several programs and providers operating programs with stays of six to 24 months, including Cameo House, Clara House (Compass Family Services), Harbor House (Salvation Army), Brennan House (St. Vincent DePaul), Raphael House, Hamilton Transitional Housing Program. Some of the CoC-funded inventory of transitional housing has been re-allocated in recent years to create rapid re-housing and permanent supportive housing.
Rent Subsidy Programs (Rapid Re-Housing)	Rapid re-housing and short-term rent subsidy programs, including SF Home (Compass and Catholic Charities), First Avenues (Hamilton Family Center), Raphael House Rapid Re-Housing, CalWORKs HSP and HPP's Needs Based Subsidy program.
Permanent Supportive Housing	Tenant based S+C rental assistance; dedicated PSH units in non-profit housing developments, including units funded with CoC grants (S+C and SHP) and LOSP funding.
Homelessness Prevention and Eviction Prevention	Both HSA and MOHCD fund programs designed to prevent homelessness and eviction. These include eviction defense services (Eviction Defense Collaborative) and rental assistance programs (HPP, Compass, Hamilton, Catholic Charities).

C. Federal Requirements and Expectations

1. Creation of Homeless Crisis Response Systems

A key factor driving the need for a more comprehensive coordinated entry system for families in San Francisco is a shift in federal requirements and expectations. With the passage of the HEARTH Act in 2009 and publication of the *Opening Doors* Plan in 2010, the federal government has developed a set of regulations and incentives for communities to ensure their homeless-serving programs function together as a system. These expectations relate not only to the way that those experiencing homelessness are connected to housing and services (coordinated entry), but also the programmatic practices and performance expectations of the entire system.

Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness, calls for communities to “transform homeless services into crisis response systems”¹ that prevent homelessness where possible, and quickly respond to homelessness when it occurs. HUD’s newly established system performance measures call for each community to monitor the performance of their entire homeless crisis response system (and thus the programs that comprise it) on factors including:

- New entries to homelessness
- Rates at which people leave the system for permanent housing
- Time that people spend being homeless
- Frequency of subsequent returns to homeless

New expectations also include requirements and incentives for how the programs within the system should function, including that they be low-barrier, reduce program eligibility requirements, and operate on a Housing First model in which moving persons served into permanent housing as quickly as possible is emphasized and other programming and non-related services are deemphasized or delivered through linkages with mainstream services.

2. Required Elements of a Coordinated Entry System (CES)

Within this shifting federal framework for effective crisis response, a Coordinated Entry System (CES) is a required system component designed to allocate access to programs and housing interventions (housing units and subsidy slots) in the homeless crisis response system. Features that are required of a CES include:

- One entry point or a coordinated set of entry points that is well publicized and easily accessible;
- A standardized screening, intake, and assessment process for all homeless families;
- A standardized assessment tool that determines eligibility and specific needs and captures client choice;
- A standardized referral process that matches families to the “best fit” intervention, or options, to resolve their homelessness;
- Prioritization based on homeless status, vulnerability and need (not “first come first served”)

At a minimum, all federally-funded homeless programs must be accessed through the CES, but HUD has made clear that the more comprehensive the system is, the more effective it can be. The system must also include considerations for persons fleeing domestic violence in its design and connections to DV programs.

D. Learnings from Other Communities

Like San Francisco, many communities across the country have already established coordinated entry systems, some prior to the recent federal mandate and others in the past five years. Focus Strategies has gathered information from other communities (and in some cases is providing technical support in the design or re-design of CES systems) to understand what is working and not working well. We have found that CES systems face numerous challenges, especially when first beginning their operations, and often expose gaps and weaknesses in the connection between the system entry and assessment process, the population(s) in need, and the array of programs offered.

¹ Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, 2010, page 49

Many communities have found that establishing a CES merely results in a long wait list that does not appear to improve the system's outcomes or speed the path to housing for people experiencing homelessness. Strong systems do more than meet the basic requirements of coordinated entry; they closely link the goals of the homeless crisis response system to the design of their CES, and make ongoing modifications to align resources with need.

In looking at what other communities have learned, we have identified several key factors that make CES systems more effective.

1. Strong and Consistent Prioritization

Without strong prioritization, CES systems typically create long wait lists and sometimes end up serving those with the greatest ability to be persistent and stay in regular contact with the organization or entity managing the waiting list.

Tacoma, Washington (Pierce County) adopted its first all-population CES system in 2011 and is in the midst of relaunching it now. The previous system included a single point of entry, three to five day waits from initial contact to assessment appointment, long screening conversations, and resulted in a Placement Roster with anywhere from 600 to 1,000 households, many of whom waited an average of six months for entry to a program, and many of whom never received a referral. Prioritization was based largely on time on the wait list. Assessors found that by the time an opening was available many of the people on the "roster" were unable to be found, or no longer qualified.

The new tool and process, developed in collaboration between Pierce County and Focus Strategies, reduces the time spent on an in-depth assessment conversation and heavily weights current homelessness and rehousing barriers, targeting the system's resources (primarily rapid re-housing) to those households expected to be least likely to exit homelessness on their own. Those with lower barriers are assisted with problem solving to self-resolve their homelessness. This new tool is just being launched in spring 2016 but staff already report that the amount of time spent collecting assessment data is significantly reduced.

Charlotte, North Carolina uses a similar assessment and prioritization tool and process designed by the National Alliance to End Homelessness. A four-level rubric prioritizes those with the greatest barriers to regaining housing to receive assistance. Higher priority households are always moved ahead and no wait list is kept. Lower scoring households are encouraged to work to identify their own housing solution and given mainstream referrals.

2. Reduction of Program Screening Criteria

Related to the need for significant prioritization is the need to reduce, simplify, and standardize eligibility and screening criteria for shelter and housing programs. Communities that have not taken this step have found that even if they prioritize households with the highest needs, without reductions in program barriers those high-need households often cannot access the programs that exist.

Seattle/King County, Washington initiated its first family CES in 2012. Every program in the system provided their screening and eligibility criteria to the central assessment agency, but no effort was made at that time to reduce or standardize the eligibility or screening used by each program. An evaluation in 2014 found that approximately half of all referrals resulted in either a denial by the program or a refusal by the family, and that some families on the roster had never received a referral to any program. Through a combination of incentives to providers, such as creating a risk mitigation fund, and

requirements by system funders, King County is now removing all but the funding-required eligibility criteria for its homeless programs.

The Maricopa County, Arizona family CES is designed and operated collaboratively by the system's family program providers with a single point of entry and assessment. Referrals to transitional, rapid rehousing and permanent supportive housing are made with a single page form and are expected to be responded to within approximately 24 hours. The CES goal is to ensure 85% acceptance rates. In Massachusetts, the State handles the referral process and providers must accept all referrals without exceptions.

3. Streamlining Access/Timely Access

Many communities have found that scheduling individual appointments to conduct lengthy assessments leads to long delays for clients to be seen and less efficient use of staff time when appointments are no-shows. To provide timely access to assistance, Houston, TX has developed access points or *Hubs* that are located throughout the county geography but in the locations most frequently accessed by households seeking homeless services. Households in need can initiate requests through any of the designated Assessment hubs, through a call center (in development) or through community outreach teams. Some assessors are staff of local agencies who are out-stationed to a Hub to conduct assessments.

Los Angeles has also developed a network of Family Solution Centers (FSCs). While the centers do make assessment appointments for those referred by the 211 call center, all have same-day capacity for assessing and serving unsheltered families and most accept walk-ins. King County, mentioned above, is moving from a single CES operator to a network of Regional Access Points (RAPs) that will be located throughout the County and will be co-located with other services.

4. Focusing on System Diversion/Housing Counseling

In order to direct the limited resources of the homeless crisis response system to those with highest barriers, households that have a safe place to stay and are not in immediate need of assistance must be assisted to avoid an entry into the homeless system if at all possible. This practice is known as "shelter diversion," "housing counseling," or "problem solving."

A number of communities across the country have recently built diversion in at their system access points. Cleveland, OH co-locates diversion services and mediation with its entry and assessment point. King County, WA has light-touch diversion integrated with its assessment function and deeper-level diversion support available by referral. Montgomery County, PA includes three levels of "housing counseling" support – first through its call center, then by the network of housing resource centers that provide diversion and rapid rehousing assistance to all who are not currently unsheltered, and again at shelters prior to intake. Los Angeles has also built in diversion-style problem solving. FSCs have dedicated assessors that conduct an initial conversation with the family to see if they can be "diverted." Diversion is sometimes the final resolution of the situation, but may also be a temporary move, so that the family can "shelter in place" and still be eligible for rehousing support through DPSS/TANF funds. Strong diversion practices are proving important in many places to ensuring wait lists do not build up.

IV. Family Homeless System Assessment

This section summarizes Focus Strategies' assessment of the existing system in San Francisco for homeless families, including both strengths/assets and gaps/challenges. The purpose of this analysis is to identify what elements of coordinated entry and homeless crisis response are in place, what needs refining, and what still needs to be developed.

A. Family Homeless System Goals

Strengths/Assets

The City of San Francisco has made a high level political commitment to address family homelessness, housing instability, inadequate housing, eviction and displacement. Significant local resources are invested in an array of interventions for homeless families, including general fund and other local dollars. As the broader national conversation on homelessness has shifted towards the creation of homeless crisis resolution systems, the City leadership and the provider community is growing more collaborative and recognizing the benefit of adopting a more systemic approach.

Gaps/Challenges

While some movement has begun towards system-level planning, current efforts to address homelessness among families in San Francisco remain somewhat fragmented. The City is still mostly using a program-by-program approach to program design and funding, rather than marshalling resources to support a systemic response.

One significant challenge to the creation of a more systematic response is that the existing set of homeless programs are built upon a very broad understanding of homelessness that considers any family that does not have a healthy, stable and permanent place to live, as being "homeless," including:

- Families that are unsheltered (living outdoors, in cars or other places not meant for human habitation);
- Families who may become unsheltered imminently without assistance from a homeless program;
- Families who are living temporarily with family and/or friends (doubled up, couch surfing) and have been asked to leave, are concerned they will be asked to leave, and/or who want to find their own housing;
- Families with their own lease who are behind in rent and facing eviction; including families who cannot leave San Francisco due to their immigration status or other factors, and also families who do not wish to be displaced from San Francisco;
- Families living in SROs or other overcrowded or substandard living conditions

While this broad definition of homelessness was noted as a system strength by many of those we interviewed, our assessment is that it presents significant obstacles to developing an effective response to family homelessness. To make best use of system resources requires making distinctions between different types of housing crises and housing needs and matching households to the appropriate and least intensive intervention. Families living in cars are not experiencing the same type of housing crisis as families who are rent burdened and facing eviction. Families who are living temporarily with friends in informal shared living situations might be concerned about where they will move if asked to leave, but not all are at-risk of homelessness and few will actually become unsheltered without assistance.

Much of the assistance provided to families in San Francisco under the rubric of addressing “homelessness” is actually designed to address the impacts of poverty, housing unaffordability and gentrification. All are important goals but the homeless system cannot solve these problems. Meanwhile, families who are unsheltered can go without any assistance because system resources are not being effectively targeted. Put in another way, San Francisco currently defines “homelessness” in such a way that it can never effectively be ended.

B. Use of Data to Understand System Results

Strengths/Assets

While the lack of strong data systems has been recognized for several years as a significant system problem, SFHSA and providers are beginning a process to expand and update data available in HMIS. HMIS staff report that data quality and completeness is improving. At the same time, many family providers have developed their own strong data systems and a data-oriented culture.

Gaps/Challenges

While some improvements have been made, limited participation by family shelter and housing providers in HMIS, and lack of a central data system shared among all family providers means that the City has limited ability to understand which families are being served, what their housing issues are, what interventions they receive, and their outcomes.

There is no system level data available on the numbers of homeless families who exit from a homeless program into permanent housing or the rate at which they return to the homeless system, which is crucial to understanding whether interventions are having their intended effect. Stakeholders consistently expressed fears that investing more resources in rapid re-housing would be futile in the current expensive rental market and simply a way of “setting families up to fail.” Yet there is no system-level data available with which to test this proposition, since the lack of shared data means there is no way to track whether a family housed through one provider’s rapid re-housing program subsequently enters another provider’s program or shelter. Without a shared data system, there is no way for the City as the main funder of these programs to know whether the funds invested are having the intended result.

From the client’s perspective, lack of a single system means each family repeatedly “telling their story” and providers are unable to share data to best address client needs. One of the strongest recurring themes in the client focus groups was the number of times each household had to repeat their story or complete new forms and questionnaires to receive assistance, and the feeling that the information clients provide is not used, shared, or carried over to the next appointment.

C. Number and Accessibility of Access Points to Family System

Strengths/Assets

For many years San Francisco has had coordinated entry into long-term family shelter beds. There is a single access point for long-term shelter that is widely known and well understood by providers and, to a lesser extent, potential clients – Connecting Point (CP), operated by Compass Family Services. The CP program is accessible by phone and drop in, and Compass conducts outreach to provide information about how to access their services. There are also clear referral networks and procedures for some of the permanent supportive housing units that serve families: Shelter Plus Care and Local Operating

Subsidy Program (LOSP) units each are accessed using a standardized referral process that identifies the most vulnerable families. The recently-launched DAHLIA system will simplify access to information about affordable housing and is expected to streamline the application process within the City.

Gaps/Challenges

Although Connecting Point provides coordinated access to long-term family shelter, the majority of programs in the family homeless system are not accessed systemically:

- Overnight shelter is accessed on a night to night basis
- Transitional housing and most rapid re-housing is access through informal referral networks, and a family's access to these resources is greatly determined by which of the family shelters a household happens to enter. Some program also have dedicated access through other systems, such as DV, SFUSD, Probation, etc.
- S+C and LOSP units are accessed through formalized referral networks; other permanent supportive housing units have project-specific access processes.

Access to non-shelter programs depends in large part on which initial long-term shelter a family enters. Once a family enters one of these shelters (operated by Compass, Hamilton Family Center or Catholic Charities), these provide entry into the other programs operated by that same agency. In the case of Compass, the Connecting Point list/program also acts as a front door to others of its programs. If clients do not enter the system through Compass (and many do not), they are less likely to have access to these programs. Focus group participants generally reported they were made aware of resources based on who they happened to have assigned as a case manager, and that they did not experience a consistent method of ensuring access to housing programs. Many clients in the focus groups and some key stakeholders we interviewed were either unaware of or dissatisfied with the Connecting Point system.

D. Triage and Screening to Identify and Prioritize Highest Need Families

Strengths/Assets

All stakeholders we interviewed indicated they understood the benefit of conducting screening and triage to identify highest need families. The Connecting Point waiting list uses a prioritization system for families based on specified health or behavioral health issues and the length of time a household has been on the list. HSA has developed an assessment tool used to prioritize S+C and LOSP units based on family vulnerability.

Gaps/Challenges

While there seem to be some broadly shared goals among family providers about a desire to serve highest need families, there is currently no triage or prioritization of access to overnight/emergency shelter beds and no prioritization for transitional housing beds and subsidy/RRH slots. The prioritization criteria for the Connecting Point list tends to focus mostly on health and behavioral health issues, rather than acuity of housing need. Across the system, there is no priority access to shelter or housing for families who are unsheltered or who will become unsheltered imminently without assistance.

To stay on the CP waiting list, clients have to check in weekly and participate in case management. This likely means the most organized and persistent families are served, rather than the most vulnerable.² One-night shelter and many transitional housing, rapid re-housing and permanent supportive housing

² Families that have lost their place on the wait list due to a failure to remain connected can get reinstated through an appeals process. However, this is still likely to favor families that are more organized and persistent.

programs are accessed on a first-come first-served basis which also gives preference to the most persistent.

Providers we interviewed generally did not appear to have given much consideration to the question of whether the CP waiting list process might have the unintended consequence of prioritizing families who were more persistent and had less complex needs. One shelter provider we interviewed indicated that it was not a problem that the list tends to select for the most organized families, since the more persistent households are more likely to be successful in housing.

While shelters participating in the Connecting Point system are generally low barrier, our review of admission and eligibility documents for other programs suggest that many have screening criteria that screen out families with high housing barriers. These can include requirements to participate in a variety of services, sobriety requirements, income or employment requirements, and others.

E. Role of Shelter and Access to Shelter

Strengths/Assets

San Francisco has some key strengths to build upon in the shelter system for families. Currently, the Hamilton Family Center and First Friendship shelters have the ability to provide shelter on demand on a night-by-night basis for some families with acute housing crises. The longer-term family shelters are high-quality, service-rich facilities that provide case management and an array of other services. The data analysis Focus Strategies is conducting will include an assessment of the outcomes currently being achieved by the shelter system (for example, rate of exit to permanent housing).

Gaps/Challenges

The relatively long lengths of stay for family shelters (up to 180 days) means these facilities are somewhat of a hybrid between shelter and transitional housing and their purpose in the system is not entirely clear. Generally speaking, shelter should provide an immediate and safe temporary option for families in crisis, from which they can then develop a plan to move to permanent housing. In San Francisco, long-term shelter is consistently viewed by providers and clients as a highly desirable housing placement in and of itself, rather than an emergency stop that is only offered as a last resort on the way to housing. This means that shelter is sought after by families with a wide range of housing issues, and beds cannot be made available as needed to meet immediate crises.

There is reportedly a three to six month wait to access long-term shelter. Many families go into nightly shelter first and then into long-term shelter, effectively lengthening the time they spend homeless. Entry into long term shelter is determined at a weekly consortium meeting where the shelter providers review available vacancies and match them to people on the list. While there is a single collaborative process, each shelter has its own program design and entry criteria, and there are duplicative admission processes for clients who come off the CP list into shelter.

The night-to-night shelters are cumbersome to access, requiring a bed reservation for some beds on a daily basis. At First Friendship, clients have to leave during the day and come back each night, creating a high level of stress and anxiety about where they will be each night.

F. Availability of Shelter Diversion and Prevention Assistance

Strengths/Assets

The City invests significant resources in homelessness prevention and there is a strong commitment to preventing eviction and displacement through a range of rental assistance and legal assistance programs.

Gaps/Challenges

Currently there is no systematic approach to targeted prevention or shelter diversion, which is a different activity than “upstream” homelessness prevention. Traditional prevention programs target families facing eviction or housing loss who are at-risk of leaving their current housing but who likely will not become unsheltered or enter shelter without assistance. To make prevention efforts effective at actually preventing families from becoming unsheltered or entering shelter, they have to be much more specifically targeted. Shelter diversion targets households at the point at which they are seeking access to shelter, with the goal of preventing entry into homelessness by helping the household remain in place while developing a plan to move directly to alternative housing.

Currently when families seek out shelter through Connecting Point, efforts are made to help them stay in place or move directly to other housing, but this does not appear to be a primary goal of the case management process. Policies for how families remain on the CP list and services offered to help them while they remain on the list incentivize households to stay in the queue and get into shelter rather than identify other solutions. There does not appear to be any formal shelter diversion practiced at any of the other shelter entry points.

G. Access to Housing Interventions

Strengths/Assets

Families who enter shelter in San Francisco have a range of opportunities to enter housing programs (including transitional housing, rapid re-housing and permanent supportive housing). Shelter providers have developed good collaborative relationships with housing providers and/or developed their own rapid re-housing programs, creating pathways for some clients to move from shelter to housing. For example, Hamilton Family Center has created an innovative partnership with SFUSD to identify homeless families in the school system and provide rapid re-housing assistance. Some analyses conducted by Hamilton appear to indicate that increases in rapid re-housing assistance have been correlated with decreases in the shelter waitlist.

Gaps/Challenges

While there are many potential pathways from homelessness into housing, decisions about what households receive what interventions are made at the program level rather than the system level. There are no consistent or systemic policies about what families should be prioritized for what types of housing programs to ensure most effective use of resources available, and all admittance policies are program-specific.

The lack of a systemic approach to matching households to interventions means that many programs are probably not being targeted to their highest and best use. Based on our review of eligibility criteria, some of the rapid re-housing programs seem to have very restrictive eligibility criteria and could probably serve more families and families with greater needs. Many of the transitional housing

programs also have high barriers to entry. Some of the units in the permanent supportive housing inventory are targeted to families with long histories of homelessness and highest vulnerability, particularly the S+C and LOSP units. Many of the other permanent supportive housing units are accessed on a project by project basis using a variety of different access criteria that likely do not prioritize those households with the highest needs. As part of the structured data analysis, Focus Strategies is exploring whether data from HMIS and other sources can tell us more about the families who are, and who are not, able to access assistance.

V. Recommended Framework for Family Coordinated Entry and Homeless Crisis Response

Effective system change generally only happens when funders of the system take a strong leadership role, setting a course that identifies what needs to change and why. Providers and other stakeholders have an important role to play in determining how best to implement the identified changes.

This section summarizes Focus Strategies' recommendations about the key changes we are advising the City³ to make to transition to a more effective systemic response to family homelessness.

1. Set Clear Objectives for the Family Homeless Crisis Response System

The most important shift needed and the one that will set up the rest of the process of transformation is to transform the existing set of programs into a family homeless crisis response system that has a clearly identified set of objectives. Focus Strategies strongly recommends that the City adopt objectives for the Family Homeless Crisis Response System articulating that its primary purpose is to respond to the immediate crisis of unsheltered homelessness⁴ and assist unsheltered families to obtain shelter as needed and return to housing as quickly as possible. At a minimum, these objectives should include the following:

- No family sleeps outside in San Francisco
- There is no waiting time for emergency shelter for families that are unsheltered.

As part of this process, the City should also develop and articulate a position about how it will prioritize its homeless-dedicated resources for families who are unsheltered, yet also continue responding to the needs of families who are facing challenges due to not having healthy and stable permanent housing. We would suggest making it clear that San Francisco will continue to fund a broad system of support for very low income families that includes help to address gentrification, rent burden and overcrowding, but that these interventions are distinct from the more narrowly focused programs which make up a Homeless Crisis Response system, targeted specifically to unsheltered families. The crisis response portion of the broader housing system must prioritize its available housing assistance to ensure these families can access emergency shelter and housing programs and return to stable housing as quickly as possible.

³ For the purposes of this section, we use the language "The City" to refer to the department or set of departments that oversee the majority of local homelessness funding for families. At the present time this is HSA and MOHCD, but that will likely shift later this year with the creation of the new City department to oversee the work of ending homelessness.

⁴ We would include in this category families who are doubled up or in their own housing but who are going to become unsheltered immediately if they do not receive a shelter bed and/or housing assistance.

2. Require City-Funded Providers within the Family Homeless System to Use a Single, Shared, HMIS-Compatible Database

Without access to high quality system-level data, it will be very difficult for the City to make progress on ending family homelessness. We strongly recommend that as a condition of receiving funding from the City and/or the CoC, providers must enter data into a single HMIS-compatible database with records shared across agencies (with client consent). This will ensure that there is a consistent set of data elements collected at each stage of a family's interaction with the system and allow for data on the flow of clients to be analyzed across the entire system. While we recognize that some providers have invested significant resources in their own data systems, the benefits of having shared, "real-time" data on the families in the system over the long term will far outweigh the challenges of transitioning the existing databases:

- Families will no longer have to repeat their stories each time they contact a homeless system program or provider;
- Providers will be able to easily access data on what services and programs families are currently accessing or have accessed in the past;
- The City will have access to the data needed to understand at a system level and a program level who is being served, what interventions they are receiving (including where there may be service duplication), and what results are being achieved. This data can then be used to support a process of continuous improvement, an evaluation of costs, and to develop and refine strategies to functionally end family homelessness in San Francisco.
- Such a system is the only way to do any form of automated matching to program openings.

3. Define New Roles and Functions for Family System Entry Point(s); Develop RFP to Select and Fund Re-Configured Entry Point(s)

To have a more effective family homeless crisis response system, there have to be clearly identified and easily accessible system entry points whose role is to conduct screening and triage to identify those families that are unsheltered (or who will become unsheltered without assistance) and ensure they have streamlined access to shelter and housing interventions. Given the City's size, diversity, and the number of households currently served in the system, Focus Strategies recommends that there be multiple, coordinated entry points all using standardized tools and processes. We recommend limiting these to a relatively small number, but enough to meet geographic and demographic needs.

Once designated, the City should ensure that other potential information access points, such as the City's 311 line and the DAHLIA system, appropriately point potential clients and other stakeholders to the new set of entry points, while making clear the intentional targeting of these resources specifically to unsheltered families and those on the verge of becoming unsheltered.

We suggest that the entry points be selected and funded using an RFP process that requires the following key functions:

- Use of a standardized screening and triage tool that is designed to identify acuity of the family's housing crisis and need for assistance from the homeless crisis response system (i.e. identifying which households are unsheltered or will be imminently unsheltered if not assisted);
- Opening an HMIS record for all households identified as needing assistance from the homeless crisis response system;
- For families who are screened/triaged as needing homeless crisis response:

- Refer to shelter diversion or provide shelter diversion directly (see Recommendation 4, below)
- Collect information using a standardized assessment and prioritization tool for shelter entry and entry into housing programs;
- For households with other types of housing needs, provide connections and linkages to other systems and programs (e.g. “upstream” prevention, employment and training services, public benefits, etc.)

4. Fund Shelter Diversion as an Activity Distinct from “Homelessness Prevention”

In an effective homeless crisis response system, emergency shelter is an option of last resort. Many families who are in unstable shared housing situations (doubled up) and seeking shelter can remain in place temporarily and then move directly to more stable housing with some support services (e.g. mediation, problem solving, housing search) and flexible financial assistance (e.g. rental deposits, payment of utility arrears). Focus Strategies highly recommends funding shelter diversion as a specific strategy that is distinct from homelessness prevention and is specifically targeted to those families who are seeking access to shelter beds, to prevent them from entering shelter and free up bed capacity for those who are unsheltered and or who will become unsheltered without assistance. The diversion function should be integrated into the work of the entry points (see Recommendation 3) so that all places where families touch the homeless crisis response system are working in a consistent manner to prevent entry into shelter whenever possible.

5. Define and Fund New Roles for Emergency and Longer-Term Shelter in the Family System

In a system with strong screening/triage and shelter diversion policies, many fewer families should need to enter shelter. Based on this new approach, we recommend that the City adopt new goals for family shelters and then work towards reconfiguring the shelter system through the RFP and contracting processes with shelter providers. These new goals and roles should include:

- The system has capacity to provide immediate (no waiting list) emergency shelter to all unsheltered families and families with no place to go (i.e. those who have been already gone through standardized screening and triage and attempted shelter diversion).
- All shelter beds funded by the City are accessed only through identified family system entry points (see recommendation 3).
- Length of time a family may occupy a shelter bed is based on the complexity of their housing situation, not predetermined at shelter entry.
- Families in shelters are prioritized for entry to transitional housing, permanent housing and rapid re-housing. (Also see Recommendation 7 on targeting of rapid re-housing for higher need families).⁵
- All shelters have as their primary objective helping families to exit to permanent housing as quickly as possible.

This new approach to family shelter means that the system would no longer include “overnight” shelter or “6 month shelter” but just family shelter. This will be a significant shift and we advise adopting this goal and conveying this intent to stakeholders in the upcoming CES community input process, but

⁵ This should not mean that shelter entry is the only way to gain access to other resources. When no shelter is available, and for families that are temporarily staying in locations other than shelter but are generally unsheltered or will become unsheltered, access may be offered without a shelter stay.

convening a separate family shelter workgroup at a later date that can develop a 2-3 year plan for a phased transition.

6. Adopt Standardized Prioritization Tool and Matching Process for Access to City and CoC-Funded Programs

Entry to City and CoC-funded programs should be based on meeting the highest priority needs with the range of available resources, as reflected by a standard assessment tool and a consistent and timely matching process. Focus Strategies recommends:

- The City adopt or adapt a standardized prioritization tool to assess all unsheltered families (including those who are on the brink of becoming unsheltered) and match all who are not diverted to available long-term shelter⁶ and housing interventions – transitional housing, rent subsidy/rapid re-housing, permanent supportive housing. As an initial step, we recommend inviting stakeholders to consider the pros and cons of existing tools and provide feedback to inform tool selection or development during the Phase Two input process.
- Only prioritize and offer homeless crisis response interventions to families who have gone through system entry points, have been screened and triaged, and for whom shelter diversion has been attempted.
- Require all system entry points to use the standardized assessment tool and enter the results into HMIS to create a centralized list or priority pool of households who have been screened, triaged and prioritized for assistance.
- Having the central list and referral process managed by the City (or a 3rd party that does not deliver homeless services) is preferable for fairness and avoidance of conflicts of interest. If the City assumes this role it will need to have a dedicated staff person. This approach will also allow the City to better understand how its resources are being allocated and to address bottlenecks in a timely fashion.

7. Adopt Policies and Process for Targeting and Ensuring Speedy Entry to City and CoC-Funded Transitional Housing, Rent Subsidies/Rapid Re-Housing and Permanent Supportive Housing

Reconfiguring system entry policies and practices to prioritize those families who are unsheltered or having the most acute housing crises means that system exits (transitional and permanent housing programs) will also have to be re-oriented to serve these households. Focus Strategies recommends:

- Require all housing programs that receive City funding to accept referrals only from the centralized list. This would include at a minimum the transitional housing beds and rapid re-housing slots receiving City general funds, ESG and CoC dollars. Permanent supportive housing (S+C and LOSP units) could also be accessed through the family entry points or could fold into the single adult CES system.
- Create system level guidelines for admission into transitional housing, rent subsidy/RRH programs and permanent supportive housing to ensure they are serving the highest need households that can be served by that intervention type. Work with these providers to remove all entry requirements that are not funder-required.
- Create standardized policies and procedures for all City and CoC-funded transitional and rapid re-housing that are aligned with best practices such as progressive engagement (NAEH recently

⁶ The method and tools for access to shelter may change if the role of emergency shelters is refined as framed in Recommendation 5. Currently, some shelter is accessed directly and this may continue in the first phase of the expanded CES system.

published RRH standards). Seek to serve as many households as possible while achieving reasonable outcomes, and do not screen out higher needs households from assistance.

VI. Conclusion

The City of San Francisco and its provider network have many strengths from which to build a strong homeless crisis response system for families. The decisions recommended in this report frame a new systemic approach, including ensuring that the current resources are more closely targeted to the scope of the problem, interventions are more easily accessible to those with the greatest need for assistance, and the system is supported by the data and staffing needed to manage, trouble shoot and adjust in real time.

A second phase of work is scheduled to begin shortly after this report is finalized that will involve a wide range of stakeholders providing feedback to help develop the specifics of the expanded family coordinated entry system. The second phase report including the new system design and a more detailed set of decisions for adoption and implementation will conclude the second phase in June 2016.

Appendix 1: Stakeholder Interviews

The following individuals participated in key stakeholder interviews either in person or by phone. Some of the individuals listed were interviewed as part of the structured data analysis work. Staff from HSA and MOHCD also participated in a regular project management group that provided input throughout the course of Phase One.

Organization	Staff
Catholic Charities	Tere Brown
Compass Community Services	Erica Kisch, Juan Ochoa, Carla Praglin, Kristin Keller, Natalie Sherman
Hamilton Family Center	Jeff Kositsky, Beth Hewson, Christopher Constantine
Homeless Prenatal Program	Martha Ryan, Dan Bowersox
La Raza Community Resource Center	Mabel Aguilar
Providence Foundation	Patricia Nelson Doyle
Raphael House	Ralph Payton
San Francisco Coalition on Homelessness	Jennifer Friedenbach
San Francisco Mayor's Office of Housing Opportunity, Partnerships and Engagement (HOPE)	Sam Dodge, Emily Cohen
San Francisco Mayor's Office of Housing and Community Development (MOHCD)	Hugo Ramirez, Barry Roeder
San Francisco Human Services Agency (HSA)	Trent Rohrer, Joyce Crum, Cindy Ward, Megan Owens Faight, Jemari Foulis, Briana Moore, Gloria Ramirez, Candace Thomsen, Stephen Adviento
San Francisco Unified School District (SFUSD)	Jan Walker
San Francisco Housing Authority (SFHA)	Dariush Kayhan

Appendix 2: Focus Groups

Homebase, the Center for Common Concerns, conducted six focus groups with 59 adults from San Francisco families experiencing homelessness over a two week period in January and February 2016. The question framework for the groups was developed by Focus Strategies. The purpose of this work was to gather feedback on the families' experience of trying to access shelter and housing. Homebase has prepared a complete report of the focus group feedback. An excerpt of the Homebase report is provided below.

Summary of Relevant Themes:

1. Participants reported finding their current shelter and/or housing through a wide range of avenues. In the process, many went to multiple service providers and programs, and often received different information from different providers or case workers. Word of mouth was a primary means of gaining information.
2. Intake procedures for shelter, services, and housing were cumbersome and repetitive – several participants had to provide the same information multiple times (typically ranging from two to five times), sometimes even with the same provider, and keep many appointments at different sites in order to access programs. Many forms were not provided in languages other than English.
3. Participants were most appreciative of Compass's ability to provide services (food, diapers, transit passes) and had inconsistent experiences with accessing housing or shelter once they made contact with Connecting Point.
4. There was little name recognition of "Connecting Point" as an access point for shelter – in general the program was referred to as Compass. While many participants found shelter through Connecting Point, others found spots directly through shelters or referral by other programs. Several participants were not referred to Connecting Point by shelter or other program staff members, and instead learned about it through word of mouth.
5. Once sheltered, most participants said there was little consistent, up-to-date information about next steps and avenues for housing post-discharge.
6. Participants expressed a strong desire for better coordination among services and housing providers.
7. Participants who were not in permanent housing expressed a great deal of anxiety about the search for permanent housing. With the exception of those in intensive transitional programs, participants felt they were on their own to find and fill out applications with insufficient information and support.
8. Many participants felt the system – from shelter to housing to services – did not offer equal treatment. Most felt (or had observed from personal experience) that support varied depending on the experience and energy of the assigned case worker or the favoritism of shelter staff. They observed that when starting over with a new case worker, much information had to be re-shared.

Appendix 3: List of Documents Reviewed

A. Reports and Studies

- *Doubled-Up CalWORKs Families: A Qualitative Study*. Prepared for the San Francisco Human Services Agency. Khalia Parish. School of Social Welfare & Goldman School of Public Policy, UC Berkeley. November 2015.
- *Evaluation of San Francisco's Homelessness Prevention and Rapid Re-Housing Program*. A Report for the San Francisco Human Services Agency. Prepared by Anne Paprocki. Goldman School of Public Policy, UC Berkeley. August 2012.
- *Exploring Pay for Success in San Francisco for Homeless Families*. PFS Feasibility Report. Third Sector Capital Partners. September 2015.
- *PFS Feasibility Study* data files and presentation materials
- *San Francisco Homelessness Prevention and Rental Assistance Programs*. Workgroup Summary Report. Prepared by Kerry Abbott. December 2012.

B. Continuum of Care Documents

- 2015 San Francisco Continuum of Care Application
- 2015 San Francisco Homeless Point in Time Count & Survey. Comprehensive Report. Produced by ASR.
- 2015 San Francisco Housing Inventory Count (HIC)
- HMIS Desk Guide. City and County of San Francisco. July 2015

C. Family Homelessness Provider Materials: Policies, Procedures and Forms

Policy manuals, procedures, intake and assessment forms, and other program materials from:

- Cameo House
- Catholic Charities St. Joseph's Family Center
- Compass Connecting Point
- Compass Family Shelter
- Compass Clara House
- Hamilton Emergency Center
- Hamilton Family Residence
- Hamilton Family Transitional Housing
- Hamilton First Avenues
- Homeless Prenatal Program
- Raphael House
- SF Home
- SFHSA HSP Program (CalWORKs)

- SFHSA Family LOSP Units
- SFHSA Shelter Plus Care Units
- SFUSD FYIT Program

D. Contracts and Budgets

- Scopes of Work from SFHSA Contracts with family homeless system providers
- SFHSA Housing and Homeless Budget for family system (FY10-FY17)
- MOHCD FY15 Grants for Homeless Programs

E. San Francisco Single Adult CES Documents

- Draft Policies and Procedures Manual
- Frequently Asked Questions
- Forms, tools, presentations