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San Francisco Coordinated Entry Evaluation

PRESENTERS:

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AGENDA



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1. Purpose of the Evaluation
 2. Report Contents
 3. Overarching Findings
 4. Access
 5. Assessment
 6. Prioritization
 7. Referral
 8. Conclusions and Next Steps



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PURPOSE OF THE EVALUATION

PURPOSE OF COORDINATED ENTRY



-
- Provide a consistent, streamlined process for households experiencing homelessness to access available housing and community resources to resolve their housing crisis (*Problem Solving resources, some Temporary Shelter, Rapid Rehousing, Permanent Supportive Housing, and Other Housing*)
 - Prioritize and match available resources because there has not been enough housing to match the need
 - Provide more standardized and centralized data on who is interacting with the homelessness response system
 - Required by HUD

PURPOSE OF THE EVALUATION



- San Francisco Homelessness and Supportive Housing Department (HSH) began a two-phased process to evaluate and redesign the San Francisco Coordinated Entry (CE) System
 - First Phase: CE Evaluation
 - Second Phase: Strategic Planning Process and CE Redesign
- The evaluation is intended to provide information about:
 - Are CE processes equitable?
 - What is working well?
 - What is not working well?



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REPORT CONTENTS

CONTENTS OF REPORT



-
- Evaluation Methodology
 - CE Requirements
 - History and Description of CE in San Francisco
 - ***Evaluation***
 - ***Overarching findings***
 - ***Access***
 - ***Problem Solving***
 - ***Assessment***
 - ***Prioritization***
 - ***Referral***



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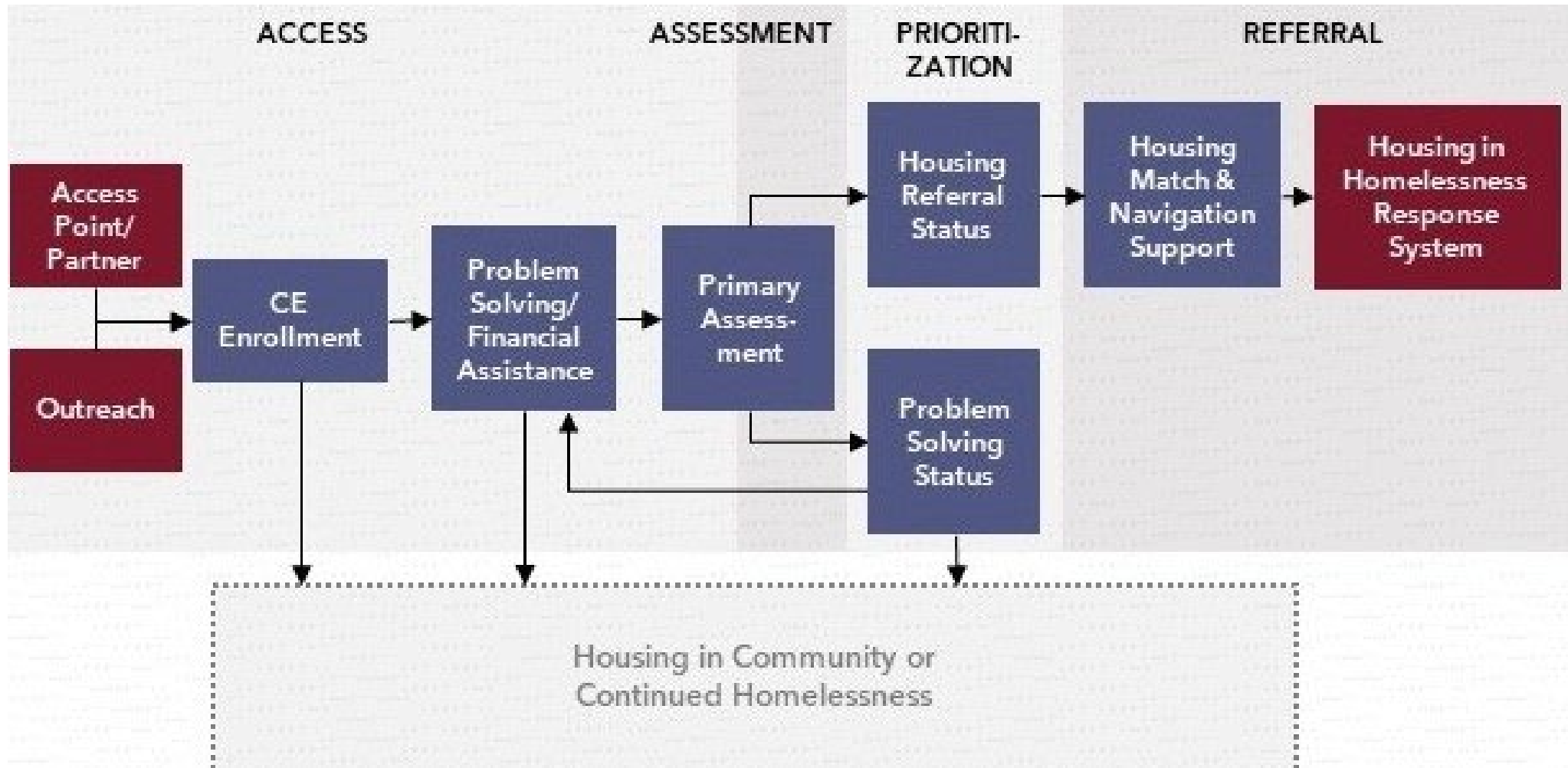
EVALUATION METHODOLOGY

EVALUATION METHODOLOGY



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- Mixed methods design
 - Qualitative Information
 - Document review
 - HSH Staff and City Department Interviews
 - Participant and Provider Surveys, Interviews, and Focus Groups (conducted by Homebase)
 - Quantitative Information
 - ONE System data (Coordinated Entry enrollments, primary assessments, problem solving services, housing navigation services, and housing referrals)

CE SCHEMATIC: COMMON TO ALL POPULATIONS



CE DIFFERENCES ACROSS POPULATIONS



-
- Access Partners in Adult and TAY system
 - Shelter resources included in Family system
 - Different uses of prioritization in Family system (not direct to PSH)
 - Clinical Review in Adult and TAY system
 - Housing Case Review in Family System
 - Now Administrative Review for all systems



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OVERARCHING FINDINGS

KEY THEMES ACROSS COMPONENTS

- Need for greater transparency, clearer policies and communication
- Complexity and lack of standardization
- Challenges in both data collection and utilization
- Limited and inconsistent training
- Lack of regular involvement of community in oversight and quality assurance
- Equity impacts in all components of CE

EQUITY IMPACTS ACROSS COMPONENTS



CE Processes: Equity Impact	Household Type		
	Adult	Family	TAY
Access (relative to 2022 PIT)			
Race		Black over- and Asian underrepresented	Black overrepresented
Ethnicity	Latinx underrepresented	Latinx underrepresented	Latinx underrepresented
Sexual Orientation	LGBQQ+ underrepresented		LGBQQ+ underrepresented
Gender			Female overrepresented
Assessment			
Race	Asian score lower than white	All POC score higher than white	Black score lower than white
Ethnicity		Latinx score lower than non-Latinx	
Sexual Orientation	LGBQQ+ score higher than straight		
Gender	Trans score higher than cis gender		Females score lower than males
Prioritization			
Race	Asian less likely to be prioritized	Latinx less likely to be prioritized	
Referral			
Race	Black and Multiple Race more likely be experience provider denial		All POC more likely be experience provider denial
Ethnicity		Latinx less likely be experience provider denial	

BROADER SYSTEM FINDINGS

Stakeholders also expressed concerns related to the overall homelessness response system

- Shortage of inventory, especially housing, for all who need it
- Need for more services within the PSH portfolio and new types of inventory that can serve very high-needs person
- High vacancies have CE implications but also impacted by maintenance and staffing issues, paperwork and process steps and perceived desirability of the housing
- Dissatisfaction with coordinated entry is tightly related to these broader system concerns and perceptions, but changes to CE alone will not address these factors.



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ACCESS

Access Findings



- Similar levels of enrollment for adults and youth in 2019 and 2021, lower for families

Access Location Type	2019		2021		% Change
	Count	Percent	Count	Percent	
Total Adult Enrollments	5,406		5,634		+4.2%
Access Point	4,827	89%	4,400	78%	-8.9%
Access Partner	579	11%	1,234	22%	+122%
Total Family Enrollments	1,353		1,177		-13.5%
Access Point	1,353	89%	1,177	78%	-13.5%
Access Partner	NA		NA		
Total Youth Enrollments	935		975		+4.3%
Access Point	927	99%	960	98%	+3.6%
Access Partner	8	<1%	15	2%	+88%

Access Findings



- Equity findings indicate Latinx and LGBTQQ+ households are underrepresented among those accessing the CE system

Characteristics of Adult Households	Adults	
	Enrollment N = 5,634	PIT 2022 N = 7,063
Race		
American Indian or Alaska Native	4%	4%
Asian	5%	5%
Black or African American	38%	38%
Native Hawaiian or Pacific Islander	2%	3%
White	40%	44%
Ethnicity		
Hispanic/Latinx	20%	30%
Sexual Orientation		
LGBQQ+	12%	28%

Access Findings

- Qualitative findings indicating that people experiencing homelessness do not know where to receive help and are frustrated by lack of help received from Access Points
- Homebase survey of system users:
 - 77% of people did not know where to get help when they lost housing
 - 52% said it took 6 months or more to access help after they had lost their housing
- In general, housed people more satisfied
- In general, people in marginalized communities less satisfied with access services

Access Findings

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- Homebase focus group recommendations for improving Access:
 - Bring CE staff/assessors into the hospitals, jails
 - Create a roving, mobile “Access Point” that goes shelter to shelter
 - Use a multidisciplinary team of eligibility workers/CE staff to support assessments for those most vulnerable
 - Meet people where they are: Places in city (food pantries, needle exchange and safe injection sites, natural congregants) should have pop-up access points
 - Go to encampments to build relationships, conduct meaningful assessments



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PROBLEM SOLVING

PROBLEM SOLVING FINDINGS



-
- Problem Solving Status is derived from other fields; there is no data element to indicate that someone is in Housing Referral or Problem Solving Status
 - Problem Solving Status is determined by not being in Housing Referral Status
 - Problem Solving services were aggregated into three different sets of data
 - ***Prior to a primary assessment***
 - ***After the primary assessment for those assumed to be in Problem Solving Status***
 - After the primary assessment for those assumed to be in Housing Referral Status

PROBLEM SOLVING BEFORE PRIMARY ASSESSMENT



- Low rate of PS services delivered before the assessment

Household Type	PS Services Before Primary Assessment	Households with PS Services Before Primary Assessment	Households Enrolled	% Households with PS Services Before Primary Assessment
Adults	4478	3898	5634	69%
Families	832	732	1171	63%
Youth	764	524	975	54%

PROBLEM SOLVING BEFORE PRIMARY ASSESSMENT



- Low rate of PS resolutions before the assessment, especially for families

Resolution	Count	Percent
Adults		
Resolution	172	4%
Families		
Resolution	10	1%
Youth		
Resolution	52	10%

PROBLEM SOLVING IN PROBLEM SOLVING STATUS

- Low rate of PS services delivered after assessment for participants in Problem Solving Status

Household Type	PS Services in Problem Solving Status	Households with PS Services in Problem Solving Status	Households in Problem Solving Status	% Households with PS Services in Problem Solving Status
Adults	385	245	3125	8%
Families	89	49	364	13%
Youth	176	62	319	19%

PROBLEM SOLVING IN PROBLEM SOLVING STATUS

- Low rate of reported PS resolutions, especially for families

Resolution	Count	Percent
Adults		
Resolution	30	13%
Families		
Resolution	2	4%
Youth		
Resolution	13	25%

PROBLEM SOLVING IN HOUSING REFERRAL STATUS



- Problem Solving Services also delivered to people in Housing Referral Status

Household Type	PS Services in Housing Referral Status	Households with PS Services in Housing Referral Status	Households in Housing Referral Status	% Households with PS Services in Housing Referral Status
Adults	205	155	1496	10%
Families	108	60	666	9%
Youth	51	29	346	8%

PROBLEM SOLVING IN HOUSING REFERRAL STATUS



- Higher resolution rate for families in Housing Referral Status than PS Status

Resolution	Count	Percent
Adults		
Resolution	5	3%
Families		
Resolution	7	12%
Youth		
Resolution	7	15%

PROBLEM SOLVING



- Homebase participant survey found that of those who had experienced Problem Solving:
 - 29% found it useful; 31% did not find it useful; 14% were not sure if it was useful
- Staff and community stakeholder concern that Problem Solving is not an appropriate intervention and perceived as second-best outcome



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ASSESSMENT

ASSESSMENT FINDINGS

- Increases in the average assessment score over time for all populations

Household Type	2019	2021	% Change
Adult			
Average Score	80.5	87.5	+8.7%
Median Score	84	90	+7.1%
Family			
Average Score	50.3	58.0	+15.3%
Median Score	48	59	+22.9%
Youth			
Average Score	72.1	97.4	+35.1%
Median Score	72	105	+45.8%

ASSESSMENT FINDINGS FOR EQUITY



- **Adult Households**

- Asian households scored lower than white households
- LGBTQQ+ households scored higher than straight households
- Transgender households scored higher than cis-gender males or females

- **Family Households**

- Latinx headed households scored lower than non-Latinx headed households
- Families headed by Black, Native Hawaiian or Pacific Islander and those identifying as multiple races scored higher than white heads of households

- **Youth Households**

- Black youth scored lower than white youth
- Female youth scored lower than male youth

ASSESSMENT FINDINGS

- **Staff:** the assessment is intentional about assessing who is most vulnerable and therefore most in need of the resources
- **Providers and Advocates:** the assessment process is unclear, unhelpful, and sometimes even harmful
- **Access Point Providers:** the assessment is “unnecessarily invasive” and does not get to the issues most relevant to determining what people need to address their homelessness
- Respondents in Homebase’s surveys, the HSH listening session, and the Coalition’s report all call for simplifying the assessment process and focusing more on participants’ needs rather than vulnerability



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PRIORITIZATION

PRIORITIZATION FINDINGS



- Equity findings in prioritization
 - Asian adults were less likely to be placed on a community queue compared to white adults
 - Families with a Hispanic/Latinx head of household less likely to be placed on a community queue compared to families with non-Hispanic/Latinx heads of household.
 - Families with a Black head of household were more likely to be placed on a community queue compared to families with white heads of household
 - Youth households had no equity findings

PRIORITIZATION FINDINGS

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- Strong community objections to the use of thresholds and to the establishment of statuses, especially Problem Solving status and that prioritization is done based on inventory and not on need
 - Major community concerns regarding equity (not necessarily on same populations as the data supports)
 - Concern prioritization does not target for specific interventions, especially for ones that people can be successful in



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REFERRAL

REFERRAL FINDINGS



- All populations showed
 - Increased number of households referred to Permanent Housing, including Rapid Rehousing
 - Increase in the rate of expired referrals
- Adult and Youth populations showed
 - Increase in the rate of participants refusing a referral
- No disparities in referral rates but equity findings in denial rates by providers
 - Adults & youth identifying as Black or multiple races were more likely to have provider denied housing referral
 - Latinx-headed families were less likely to have at least one housing referral denied by a provider

REFERRAL FINDINGS

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- Adult and youth populations showed significant increases in the number of days between enrollment in CE and referral to housing
 - Lack of clarity from the data around what accounts for those lags
 - Families showed slight decreases in the number of days between enrollment in CE and referral to housing

REFERRAL FINDINGS



Data

- Challenges with data in terms of referral findings
 - Five different potential referral outcome fields and ability to have conflicting data
 - Difficulty tracking steps in the process to see where delays occur

Stakeholder Input

- Concerns regarding inappropriate referrals both in terms of serving most vulnerable relative to service needs and lack of information needed to match those with specific needs (such as medical needs) to buildings with specific services such as nursing
- Concerns about length of time it takes to get into housing



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IMPLICATIONS FOR PHASE TWO CE REDESIGN

IMPLICATIONS FOR PHASE TWO REDESIGN

- Process and Oversight (stakeholder participation, equity, governance, performance metrics)
- Design Considerations
 - Access (number of Access Points, role of Problem Solving, relationship to shelter)
 - Assessment and Prioritization (equity, values driven prioritization, use of thresholds)
 - Referral (speed of referral process, partner roles, provider denials)
- Data and Documentation (clear documentation, regularly published data, performance metrics, quality assurance, annual evaluation)

CONCLUSIONS

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- San Francisco CE meets most Federal requirements and mostly aligns with design intent
 - Many challenges have been surfaced about the CE process through this evaluation, including in CE implementation and in the perception and understanding of it
 - Communities across the country have had to revisit or redesign their CE system once it has operated for a while. Concerns regarding complexity, equity, prioritization, timeliness and appropriate matching to resources are common factors driving CE redesign.



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THANK YOU!



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