San Francisco Coordinated Entry Standards

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Approved on January 8, 2018

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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 Homelessness Response System 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, community wide intake process to match people experiencing homelessness to available community resources that are the best fit for their situation. CE includes a clear set of entry points, a standardized method to assess and prioritize people needing assistance, and a streamlined process for rapidly connecting people to a housing solution. All homeless individuals and families in San Francisco will complete a standardized assessment process that considers the household’s situation and identifies the best type of housing intervention to address their needs. Permanent housing programs—including permanent supportive housing (PSH) and rapid rehousing (RRH)—and Transitional Housing (TH) programs will fill vacancies from a community pool of eligible households generated from the standard assessment process. CE will also fully integrate into the Online Navigation and Entry (ONE) System—San Francisco’s implementation of the Homeless Management and Information System (HMIS). The assessment will build upon the standard intake and be entered directly into ONE and referrals to transitional and permanent housing will be made through the ONE System. This coordinated process will dramatically reduce the burden placed on people experiencing homelessness by removing the necessity to seek assistance from every provider separately and instead streamline access to all the resources in our Homelessness Response System.

For more information on the Homeless Response System Design and the Five-Year Strategic Framework, please visit the Department of Homelessness and Supportive Housing’s website, here: [http://hsh.sfgov.org/research-reports/framework/](http://hsh.sfgov.org/research-reports/framework/)
II. Coordinated Entry Standards' Purpose

The standards outlined in this document support the Homelessness Response System (HRS) as designed by the San Francisco Department of Homelessness and Supportive Housing (HSH) and as outlined in the Five-Year Strategic Framework under the authority of the City and County of San Francisco.

These standards target a variety of audiences—Program Providers, the general public, city agencies, and people who utilize or receive referrals to San Francisco’s HRS—who are encouraged to refer to these standards to review the rules and policies governing Coordinated Entry and key components of the HRS. The Coordinated Entry Standards provide:

1. Policies that govern how Coordinated Entry works and what key stakeholders and participants should expect from the process, and

2. A framework for program providers, city agencies, and city partners to align their operational processes and procedures for conducting Coordinated Entry activities.

HSH will provide guidance to ensure the standardization of key system processes and alignment with applicable policies and departmental goals. However, the operating procedures and processes will be developed in partnership with program providers who have been contracted to operationalize Coordinated Entry by the San Francisco Department of Homelessness and Supportive Housing with feedback from community stakeholders and people with lived experiences of homelessness.

These standards will be made available to the Federal 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 will be posted publically on the HSH website.

III. Coordinated Entry Standards' Planning and Governance

The Department of Homelessness and Supportive Housing is responsible for the governance, design, and management of Coordinated Entry. The Local Homeless Coordinating Board (LHCB), the lead entity for the San Francisco Continuum of Care, advises HSH regarding the planning, implementation, and evaluation of Coordinated Entry processes through the work of its Coordinated Entry (CE) and Online Navigation and Entry (ONE) System Committee.

Recognizing that the SF system is designed to serve specific subpopulations primarily through targeted programs for each, HSH has determined to have separate Access Points and variations
in CE processes for Families, Adults, and Youth. The population specific Access Points are designed to facilitate access and improve the quality of information gathered in the assessment process.

As these subpopulations also have significantly different stakeholders, the LHCB CE/ONE System Committee convenes monthly meetings based on the following topics:

Adult Coordinated Entry  Family Coordinated Entry  Youth Coordinated Entry

Note about Youth Coordinated Entry. San Francisco was selected by the Department of Housing and Urban Development (HUD) as one of ten communities to pilot a Youth Homelessness Demonstration Program. San Francisco went through an intensive community planning process to outline the goals and objectives for this additional resource. This work will determine how any new project(s) will come online and interact with Coordinated Entry moving forward in 2018.

IV. 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).

i. 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” (see appendix), 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, shelters, navigation centers, 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 target youth. However, HSH expects programs to be as inclusive as possible and to utilize a “Housing First” approach when designing their enrollment requirements. As such, all programs are required to share any limitations on enrollment due to the funding source.

**ii. Housing Prioritization Policy and Process:** Policies and processes relating to prioritization for housing are designed to ensure equal access and non-discrimination. Specific features relating to equal access are:

• Clients are not required to disclose the presence of disability in order to be prioritized, and presence of a disability by itself is not a prioritization factor,

• 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

i. General Accessibility Policy: The Homelessness Response System 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 Mobile Access Point 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

i. Cultural Excellence: Access Point and HSH staff will receive cultural and linguistic 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.

ii. Language: Interpretation services and translations of key written materials, including marketing materials, consent forms, releases of information, and other documents are available in the six main languages utilized in San Francisco: English, Spanish, Chinese, Russian, Tagalog, and Vietnamese.

- 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:

i. ADA Compliance: Coordinated Entry service sites are fully ADA-compliant and accessible to people with mobility impairments.

ii. 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.

iii. 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. Such information is only obtained for the purposes of making referrals and matches to Provider Programs.

iv. 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 Homelessness Response System and other community organizations.
- **Families:** Specific Access Points are dedicated to addressing the specialized needs of families experiencing homelessness, including providing childcare.
- **Youth:** Specialists are available to work with young people to build trust and allow young people to feel more comfortable when utilizing services from the Homelessness Response System.
- **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. To ensure their safety and connect them to DV-related emergency services, adults and families can select to go through the entire Coordinated Entry process with a DV-specific provider and network of services.
  - 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.
- See appendix for more information on emergency transfer plans.

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 Grievance Process (see appendix). Highlights of the grievance process include:

- Service providers are required to have an internal Grievance Procedure through which the complaint is handled. Adults and families 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, a further Grievance can be filed with the HSH Coordinated Entry Program Manager who will seek to mediate and resolve the conflict.

G. Affirmative Marketing and Advertising Strategy

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 the 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).

i. **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, and other meetings routinely attended by Program Provider staff, and
• Regularly post updates on HSH websites and social media accounts.

V. Access to the Homelessness Response System

Access Points serve as the community connector to Coordinated Entry and the Homelessness Response System. Access Points offer direct services or provide warm hand-offs through referrals 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 with some variations in the CE process for each population. The population specific Access Points are designed to facilitate access and improve the quality of information gathered in the assessment process. Families, adults, and youth are asked slightly modified questions based on their housing composition. Initial screening at each Access Point allows for immediate linkage to the appropriate subpopulation Access Point. However, the same general assessment approach is utilized at all Access Points, and all Access Points are available to all people who may be experiencing homelessness or at-risk of homelessness.

A. Access Point Operating Standards

Access Points will operate according to the following standards and guidelines:

• **Flexibility:** Coordinated Entry (CE) is a work in progress. 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 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 Homelessness Response System (HRS). The Access Point operators will have strong data management capacity and will continuously use data to inform and improve practices and the HRS.

• **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 Homelessness Response System. 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:** Access Points serve youth and families headed by transitional age youth (TAY), and 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 adults and families who are experiencing homelessness, there are four primary operating functions centered around access to services provided via the Access Points: (1) eligibility assessment to verify qualification for services; (2) Problem-Solving to help San Francisco adults and families avoid entering the public shelter system; (3) housing assessment to prioritize clients based on living situation and vulnerabilities; and (4) matching to determine eligibility for available housing opportunities and referral to a potential housing opportunity based eligibility and assessment results.

Within these four primary functions, there are subcategories of services like housing navigation, shelter placement, referrals to community-based services, and mobile outreach, which are equally crucial to the Coordinated Entry process.

Below are the policies on the four functions of the Coordinated Entry process:
i. **Eligibility Assessment:** Access Points determine a household's eligibility for all Homelessness Response System (HRS) services by verifying that an adult or family meets the criteria for services.

   a. **Current Living Situation:** People experiencing homelessness, as defined by one of the following living situations:
      - Living in a housing unit (with or without their own lease) but experiencing domestic violence, sexual, or physical abuse,
      - Living in an unsheltered location (outdoors, in a vehicle, another place not meant for human habitation),
      - Living in an emergency shelter in San Francisco,
      - Living in a housing unit (with or without their own lease) but must leave immediately or been asked to leave (within the next 14 days) and has nowhere else to go,
      - Living in a variety of locations, not consistently staying in one place.

   b. **Additional Requirements for Eligible Adults:** All eligible adults, including TAY, must be experiencing homelessness in San Francisco.

   c. **Additional Requirements for Eligible Families:** In San Francisco, there are several definitions for family homelessness, but unfortunately, there are not enough resources in San Francisco to offer housing opportunities to all families that meet the criteria for each definition of homelessness. Therefore, HSH has developed eligibility criteria to determine who gains access to HRS interventions (Rapid-Rehousing, Transitional Housing, and Permanent Supportive Housing), based on family composition and geographic location:
      - **Family Composition:** Family is comprised of an adult with physical and legal custody of at least one minor child, or family is comprised of one or more adults in the household who is in the third trimester of pregnancy or experiencing a high-risk pregnancy of 5+ months.
      - **Geographic Requirements:** (1) Family is currently staying in San Francisco or has stayed some nights in San Francisco in the past 7 days, OR (2) Family is not staying in San Francisco but has a child/children enrolled in the San Francisco Unified School District or attends pre-school or child care in San Francisco.

ii. **Problem-Solving (PS):** Access Points offer Problem-Solving to all San Francisco adults and families deemed eligible for HRS services through the Eligibility Assessment, and no further eligibility criteria are applied. The overarching goal of Problem-Solving is to prevent people from entering the Homelessness Response System. Consequently, this collaborative process helps an adult or family to identify potential solutions, including personal social networks that can aid the adult or families with remaining in their current living situation or quickly securing

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alternative housing. Ultimately, Problem-Solving ensures that scarce resources—especially the most intensive housing supports—are available for households with the greatest needs.

- Problem-Solving helps adults and families avoid entering a public shelter or experiencing street homelessness by securing an immediate housing solution. Problem-Solving also links clients with available prevention services within the Homelessness Response System. For instance, Access Points work with households to implement their plan with a range of Problem-Solving assistance, including:
  - Reunification with support networks,
  - Connection to mainstream and community-based benefits or services,
  - Eviction Prevention,
  - Move-in assistance,
  - Safety planning,
  - Problem-Solving funds, and
  - Mediation.

- If a Problem-Solving plan is not successful and the adult or family becomes homeless again, the household can return to the Access Point to re-enter Coordinated Entry for Problem-Solving services and if needed, shelter or housing intervention assessments.

iii. Assessment Process: Access Points utilize the assessment process to assess an adult or family’s need for assistance from the Homelessness Response System and then match the most vulnerable adults and families to the “best fit” housing solution that provides the appropriate intervention to exit from homelessness. It is offered to homeless adults and families for whom a Problem-Solving plan was not successfully identified. Access Points conduct housing opportunity assessments using a customized, HSH developed assessment and prioritization tool that is programmed into the ONE System.

a. Family Assessment Tool: The family assessment contains approximately 16 questions relating to a family’s homelessness history, housing barriers, and vulnerability, including:

- Household size and composition
- Current living situation and rental history
- Length of homelessness/episodes of homelessness and history of shelter use
- Disability and functional impairment (need help with daily living activities)
- Use of crisis services and experience of trauma
- Household income

b. Adult Assessment Tool: The adult assessment mirrors the family assessment’s approximately 16 questions relating to a household’s homelessness history, housing barriers, and vulnerability. Adults that rank high on this assessment called the Primary Assessment are further assessed using a Secondary Assessment modeled on the Vulnerability Assessment Tool (VAT). The Vulnerability Assessment Tool further assesses client acuity related to:
- Living situation history and experience of homelessness
- Use of crisis services and experience of trauma
- Household income
- Social support networks
- Legal issues

The secondary assessment is client-driven and asks client's to identify the goals they want assistance with accomplishing. This secondary assessment is required in the adult system because the housing needs of this population greatly exceed the available inventory of housing interventions and therefore a more nuanced assessment of vulnerability is required to ensure the most vulnerable population is matched with available permanent supportive housing or rapid re-housing.

c. **Youth Assessment Tool**: The Youth Assessment Tool will be developed and tested with youth providers and stakeholders and will based off the general questions included in the Family Assessment Tool and the Adult Primary Assessment Tool. In the interim, youth will access services though the adult and family access points based on their household composition.

iv. **Assessment Tool Score 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 score that establishes Priority Status for a housing opportunity. If a prioritization score meets or exceeds the predefined housing prioritization threshold as established by HSH, the adult or family is now prioritized to be matched and referred to available opportunities in Rapid-Rehousing, Transitional Housing, or Permanent Supportive Housing programs. There will be instances when a household's score does not exceed the predefined housing prioritization threshold, and therefore, the household will not be prioritized for a housing opportunity. Features of the assessment tool include:

- Objective and minimally-intrusive questions,
- Greater scoring for the most vulnerable households,
- Score generated by the ONE System (based on the established methodology),
- The score does not dictate what intervention a household is offered but rather is used to determine which households have priority status.
- HSH manages the priority status list within the ONE System.

After the ONE System generates a score, Access Points inform the adult or family whether or not they have Priority Status and next steps in the Coordinated Entry process. Priority Status designation ensures that adults and families with the highest needs are prioritized for the most intensive assistance, and minimizes their wait for referrals to housing opportunities. This assigned Priority Status results in placement on a dynamic housing opportunity list, which continuously ranks adults and families for housing opportunities as new households are
assessed and prioritized for housing. Households that do not receive Priority Status are offered the opportunity to continue with Problem Solving.

C. Access Point Accessibility

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

- Services that minimize scheduled appointments and maximize walk-in or drop-in availability
- Comfortable, supportive settings for adults and families seeking assistance
  - Family Access Points include space and oversight for children
- Regular hours of operation—Monday-Friday from 9:00 AM to 5:00 PM—and extended hours outside of regular business times
- Mobile staff who can travel to locations where adults and families are located, in the event the household is physically unable to go to Access Points
- Linkage to San Francisco’s 311 system

Access Points are responsible for creating community awareness about Coordinated Entry. Through community outreach, which is coordinated between HSH and Access Points, Access Points publicize their locations, services, and the objectives. 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.

D. Access Point Staff Roles and Responsibilities

- **Childcare Workers (Family Access Points Only):** Provides care for children whose parents participate in various Coordinated Entry services at the Access Point.
- **Data and Evaluation Coordinator:** Leads data-related initiatives and manage cross-functional efforts to evaluate programmatic outcomes, build or improve systems and create protocols for a range of activities, in order to improve program workflow and performance, and foster data-driven decision-making within the organization.
- **Leadership:** Oversees daily operations of the Access Point, including staff supervision, program and process development and implementation, and direct client support.
- **Mobile Access Outreach Specialist:** Conducts street outreach and engagement, and various Coordinated Entry functions designed to identify, document and refer to Access Point those households who are experiencing homelessness but are unable to physically present or are unlikely to present due to other barriers.
• **Problem-Solving Specialist**: Conducts eligibility, Problem-Solving, housing opportunity placement assessments, and housing navigation services guided by the Strengths-based, Client Choice principles. Consistently applies the Coordinated Entry processes and standards to ensure transparency across the Homelessness Response System for households seeking to transition from homelessness to housing.

• **Receptionist**: Greets and refers households to the appropriate staff and services.

• **Clinical Social Workers (Bilingual)**: Provides clinical or health consultations, including participation in case conferences with Access Point staff, in order to support the provision of services to adults and families with extreme mental health needs.

E. Staff Training

All Access Point staff receive training on Coordinated Entry and the Homelessness Response System. Training ensures that policies and procedures are fairly and consistently applied and high-quality services are delivered to households seeking homelessness assistance from Access Points. Training opportunities are provided at least once annually to organizations and staff that serve as Access Points. The training provides Access Point staff with clear direction on how assessments are to be conducted in-line the Coordinated Entry written policies and procedures, to ensure uniform decision-making and referrals. All staff conducting assessments are required to participate in training on the assessment tool and process at least once annually.

All Access Point staff must be trained at least once on how to utilize trauma-informed interview techniques with participants. During this training, special consideration is outlined for survivors of domestic violence and/or sexual assault to reduce the risk of re-traumatization. Further, all Access Point staff must be trained at least once on safety planning and other next-step procedures to be followed in the event that safety issues are identified in the process of conducting an assessment.

All staff and volunteers who enter data into the ONE System or access data from ONE System must be trained in current Coordinated Entry policy and procedures including Data Sharing and Privacy Procedures.

Additionally, during the first month of employment, Access Point staff receive detailed training on the five key components of the Coordinated Entry process and policies:

- Eligibility Assessment
- Problem-Solving
- Prioritization and Assessment, including the Assessment Tools
- Matching and Referral (housing placement)
- Shelter Placement, including Verified Unsheltered policy
Note on the Role of the Department of Homelessness and Supportive Housing (HSH): HSH staff does not work at the Access Points; however, they perform the crucial Coordinated Entry process of matching and referring housing Priority Status adults and families to available housing interventions. Throughout the Coordinated Entry design and planning phases, households experiencing homelessness repeatedly conveyed to HSH a concern that many families who were being placed in housing were the recipients of favoritism and strong advocacy by provider agency staff rather than based on need and vulnerability. As a result, HSH has adopted this policy to ensure that the most vulnerable households fairly receive access to available services and housing placements. HSH also collaborates with Access Points to ensure the Coordinated Entry process is functioning as designed, including regularly scheduled work sessions to identify and remove obstacles to services for adults and families experiencing homelessness.

F. Family Access Point Locations

Family Access Points are the gateway to the Homelessness Response System (HRS) for San Francisco families experiencing homelessness. They are located in communities with the greatest need for HRS services and were selected by HSH through a public procurement process. For the City and County of San Francisco 2017-2018 fiscal years, the Access Points are:

**Central City Homeless Family Access Point** (District 6)
995 Market Street, San Francisco, CA 94103
415-644-0504 | website: https://www.compass-sf.org
Operated by Compass Family Services

**Bayview Homeless Family Access Point** (District 10)
1641 LaSalle Avenue, San Francisco, CA 94124
415-430-6320 | Website: https://catholiccharitiessf.org/our-programs/accesspoint/
Operated by Catholic Charities

Additional Access Point locations will be added to the HRS, based on community needs and available resources, in order to ensure adequate geographic coverage for families seeking homeless service.

G. Adult and Youth Access Point Locations

Adult and Youth Access Points will be located in communities with the greatest need for HRS services and will be selected by HSH through a public procurement process. For the City and County of San Francisco 2017-2018 fiscal years, the Access Points are:

- **TBD**
VI. Assessment

San Francisco’s Coordinated Entry process utilizes the following standardized assessment tools based on the subpopulation to which the household belongs:

- **Family Assessments**
  - Family Eligibility Assessment
  - Family Assessment Tool
- **Adult Assessments**
  - Adult Eligibility Assessment
  - Adult Primary Assessment Tool
  - Adult Secondary Assessment Tool
- **Youth Assessments**
  - Youth Eligibility Assessment Tool
  - Youth Assessment Tool

The Family and Adult Eligibility Assessment and the Family Assessment and Adult Primary Assessment Tools were developed and tested in partnership with the community (see appendix). The Adult Secondary Assessment Tool is an evidence-based assessment tool developed for assessing vulnerability and chosen because of its client-centered approach based on the participants’ identified goals (see appendix). 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. The Youth Eligibility and Assessment Tool will be developed in 2018 as part of planning for Coordinated Entry for youth through the Youth Homelessness Demonstration Project (YHDP).

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

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.

The assessment process does not require a program participant to disclose specific disabilities or diagnoses. All assessment questions related to a participant’s disabilities or diagnoses are only used to determine program eligibility, to make appropriate referrals, or establish the need for a reasonable accommodation.

B. Mobile Access Points

By utilizing the same assessment process found in the ONE System and described in this section, individuals encountered by street outreach workers are offered the same standardized process as individuals who access Coordinated Entry through site-based Access Points.

VII. Prioritization

A. Emergency Services

When Access Points are closed, adults and families have access to the emergency shelter since some emergency services are not prioritized through coordinated entry and participants can access those services on a first-come, first-serve basis. However, via direct communications or marketing materials staff at emergency shelters actively connect participants to the Access Points. The Homelessness Response System’s emergency crisis response programs that do not utilize Coordinated Entry prioritization include:

- Adult Emergency Shelters
- Family Congregate Living Emergency Shelters
- Domestic Violence Emergency Shelters

Long-term family shelters do include minimal prioritization. Access Points manage the placement of families into vacancies at the following six (6) family long-term emergency shelters that are only available through Family Coordinated Entry:

- Compass Family Shelter (Compass Family Services)
- Hamilton Family Residence (Hamilton Families)
- Harbor House (Salvation Army)
- Raphael House (Raphael House)
- St. Joseph’s (Catholic Charities)
- Star (Catholic Charities)

Additionally, Navigation Centers reserve a designated percentage of beds for people who have been prioritized for housing through a Coordinated Entry assessment.
Additional Information on Family Access Points and Emergency Shelter: Family Access Points utilize the ONE system to confirm the daily inventory of available beds, in order to efficiently match and refer families to vacancies, based on the verified unsheltered family’s prioritization process. Program providers are responsible for posting available vacant units in the ONE system, including providers who are funded via an Emergency Solutions Grant (local or State programs) and are required to accept placements only through Family Coordinated Entry. The design of the ONE system ensures that only one family is referred to each vacant bed.

Although the goal of the Family Coordinated Entry process is to problem-solve with families and prioritize unsheltered San Francisco homeless families for housing as needed, there will be occasions when families will need immediate assistance. Coordinated Entry for families shall strive to avoid having shelter waiting lists. However, when demand does exceed capacity, Access Points will refer families to shelter vacancies based on the prioritized list of families waiting for shelter, which is generated and maintained within the ONE System. It should be noted that families are offered Problem-Solving at each engagement with the Access Points, including while waiting for shelter.

Access Points are responsible for placing families in available shelter individual rooms. Individual rooms are filled on a rolling basis, per the identified needs of homeless families, and shelters must maintain in the ONE system accurate information regarding vacancies. They must ensure shelter entries and exits are current, which enables Coordinated Entry to most effectively and rapidly refer families to available individual rooms.

Most families will go directly from short-term shelter to housing. Those with higher barriers and needs may be referred from short-term to longer-term shelter.

As individual shelter rooms become available, families are prioritized for vacancies using the following criteria:

- Families staying in a place where they are being physically or sexually abused and are unable to access a Domestic Violence Shelter
- “Verified unsheltered” as confirmed by SFHOT and Access Points:
  - Unsheltered families: families to present as “unsheltered” to Access Points, or who engaged by SFHOT or the mobile Access Points teams and deemed not living in a place meant for human habitation
  - Long-term Length of Stay in Congregate Shelter: Families whose length of stay is 60+ days in congregate shelters with mats on the floor. Given the challenges of congregate with mats stays, stays of 60+ days are multiplied by a 1.5 factor, and this adjusted length of stay determines placement prioritization.
  - Families whose length of stay is 100+ days in congregate shelter with 60-day beds
- Pregnant People in Adult Shelters and Navigation Centers: Adults who are in the 3rd trimester or experiencing a high-risk pregnancy of at least five months or more as verified lengths of homelessness
- Adults who will be reunited with child(ren) for whom the adult has documented 50% custody and reunification will occur within seven (7) days of shelter placement

B. Housing Interventions

Adults and Families are matched and referred to housing resources according to the following Priority Status designations:

- **Priority Status**: Offered either Rapid-Rehousing, Transitional Housing or Permanent Supportive Housing

- **Non-Priority Status**: Not offered a housing opportunity intervention, but encouraged to reconsider Problem-Solving

i. **Family Priority Status**. Once a family receives a Priority Status designation, the designation will be valid for a 90-day period. The premise of the 90-day validation period is that the number of families given a Priority Status designation is equivalent to the number of housing opportunities expected to become available within a 90-day period.

ii. **Adult Priority Status**. Once an adult receives a Priority Status designation, the designation will be valid for six months. The premise of the six month validation period is that the number of adults given a Priority Status designation is equivalent to the number of housing opportunities expected to become available within the next six months.

iii. **Youth Priority Status**. Youth principles will be developed in 2018 as part of a community-wide planning process for youth coordinated entry. In the interim, youth can access the Homelessness Response System through the adult and family channels based on their housing composition.

**Note on Couples with Mixed Priority Status**: Adult couples without children that have different priority status designations may be placed in available units without occupancy maximums based on the higher ranking priority status of the two adults. However, these units are limited and may lengthen the amount of time the household will wait for a housing opportunity.

iii. **Permanent Supportive Housing**. Coordinated Entry will prioritize potential program participants for all Permanent Supportive Housing (“PSH”) in the Homelessness Response System. Prioritization is based on a specific and definable set of criteria that are documented,
made publicly available, and applied consistently throughout the Homelessness Response System.

Criteria used to determine a households’ priority status include the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual’s or family’s service needs.

iv. Other Housing Interventions. All homeless housing and services within the Homelessness Response System, with the exception of emergency crisis responses, will be prioritized by HSH. This includes Rapid Re-Housing, Transitional Housing, Permanent Supportive Housing, prevention, diversion, and most supportive services. HSH will be responsible for determining and updating participant prioritization for available housing and supportive services, using the following criteria:
   • Living Situation and Housing History
   • Health Status and History
   • Income
   • Chronic Homelessness Status

HSH manages the process of determining and updating participant prioritization for available housing and supportive services in the Homelessness Response System. If the Homelessness Response System cannot offer a housing resource to every prioritized household within 60 days or less, then the Coordinated Entry team will adjust prioritization standards in order to more precisely differentiate and identify resources for those households with the most needs and the highest vulnerabilities.

HSH will be responsible for determining and publishing the exact criteria to be used for prioritization. All criteria used are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4. Further, the Homelessness Response System will ensure that the Coordinated Entry process allows for coordinated screening, assessment, and referrals for ESG projects consistent with the written standards for administering ESG assistance.

C. Nondiscrimination

The Homelessness Response System does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status.

In certain circumstances, some projects may use disability status or other protected class information to limit enrollment, but only if Federal, State, or Local statute explicitly mandates the limitation (e.g., HOPWA-funded projects may only serve participants who are HIV+/AIDS).
VIII. Referral

Access Points are the only responsible parties for referring program participants to vacancies in housing within the Homelessness Response System. 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 Priority Status. HSH will maintain and annually update a list of all resources that are accessed through referrals from the coordinated entry process.

Each program will establish and make publically 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. Transitional Housing

The Department of Homelessness and Supportive Housing is responsible for matching eligible adults and families to Transitional Housing programs based on the highest scoring client that fits the eligibility criteria of the project and the specified subpopulation served by the Transitional Housing program. Populations served by transitional housing units include parenting youth, transitional age youth, people experiencing a substance use disorder, and people fleeing a domestic violence situation.

B. Rapid Rehousing

**Families:** Access Points will offer available Rapid-Rehousing to all families whose assessment scores exceed the HSH pre-established prioritization threshold. The prioritization threshold will be dynamic based on the availability of the housing stock.

**Adults:** Adults with the highest needs as determined by the primary and secondary assessment tools may access either RRH or PSH. RRH will be considered for Chronically Homeless clients if a PSH unit is not available and the client wishes to access this intervention. The Department of Homelessness and Supportive Housing is responsible for matching eligible adults to Rapid Rehousing programs based on the highest scoring client that fits the eligibility criteria of the program.
C. Permanent Supportive Housing

The Department of Homelessness and Supportive Housing is responsible for matching eligible adults and families to Permanent Support Housing programs based on the highest scoring client that fits the eligibility criteria of the project.

D. 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.

Additionally, Access Points will collaboratively coordinate with HSH regarding adults and families who have been matched for referrals to Rapid-Rehousing, Transitional Housing, and Permanent Support Housing. Given the current lack of housing availability, the limited capacity in housing programs, and the high demand for housing in San Francisco, housing resources must be reserved for those with the highest need. HSH matches Priority Status households on the prioritized housing opportunity list to available Transitional and Permanent Supportive Housing vacancies using the following general approach:

- Priority Status households on the prioritized housing opportunity list are matched to available housing based on an adult’s or the family’s need, provided the household meets the eligibility criteria for the housing program and expresses interest in being matched to such a program.

- Once an adult or family is matched to housing, HSH confirms the match with the Access Point who then directly contacts the household, or contacts the Shelter Providers who then outreaches to the household if the household members are staying in a shelter.

E. Vacancy Postings for Housing Programs

Program Vacancy Postings will be managed through the ONE System and supported by additional communication between housing program providers, the Access Points, and HSH. All housing programs receiving referrals through Coordinated Entry are required to enter their program entries and exits on a daily basis so that the ONE System has current program enrollment information. Reporting generated from the ONE System enables housing program providers, the Access Points, and HSH to remain informed on program openings, placements, exits and other key metrics.

- HSH will maintain regular communication with all participating programs to troubleshoot any problems.
• HSH will make any needed technical fixes to the ONE system to ensure vacancies can be entered.

F. Accepting or Rejecting Referrals by Clients

If an adult or family accepts a referral for either a Rapid-Rehousing, Transitional Housing or Permanent Support Housing program, the Access Points or Shelter Providers will help the adults or families navigate the process for submitting completed applications that comply with the housing program’s eligibility requirements, and facilitate a “warm” introduction between the household and the housing program provider. For participants who accept a referral while in the shelter, shelter staff will also assist the adult or family with housing navigation.

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 up to three housing referrals, but after the third rejection, the household will be removed from the prioritized housing placement list for six months. After six months, the adult or family may be reassessed at an Access Point and placed back on the list.

Because the adult or family is the ultimate decision-maker when accepting or rejecting offered housing, Access Points must thoughtfully convey to the household the consequences of rejecting housing referrals. If the adult or family declines the referral, the adult or family:

• Retain their current Priority Status and remain on the prioritized housing placement list, but is not guaranteed another referral because the list is dynamic and changes daily as new adults and families are assessed; and

• Remain entitled to another referral if an eligible opening becomes available, and the adult or family is at the top of the prioritized housing placement list.

Note on Expired assessments:

• Families: Assessments are valid only for 90-days, so any families with expired assessments will be removed from the Priority Status list until they are reassessed. Access Points will notify families when their assessments expire.
  o If a family who is eligible for Permanent Supportive Housing is offered Rapid Rehousing and declines a Rapid Rehousing referral, the family remains eligible for Permanent Supportive Housing and will be offered the next available Permanent Supportive Housing opportunity.
  o If a family declines a Rapid Rehousing referral with the hope of obtaining Permanent Supportive Housing, the family is informed that housing matches and
referrals are based on its prioritization score and eligibility for obtaining Permanent Supportive Housing.

- **Adults:** Assessments are valid for six months, so any adults with expired assessments will be removed from the Priority Status list until they are reassessed. Access Points will notify individuals when their assessments expire.

**G. Accepting/Rejecting Client 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 or accepting the client would pose a safety concern. 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. The adult or family may initiate an appeal process with the HSH Coordinated Entry team after exhausting the provider channels;
- An adult or family retains its current Priority 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 Priority Status will be removed.

**H. 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. HSH will maintain a master list of allowed eligibility criteria and a matrix listing the criteria for each participating program. 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.

IX. Data Management

HSH’s vision is to achieve efficient, effective, consistent, secure and appropriate data sharing across City and County of San Francisco agencies and offices, as well as with key partners such as the Local Homeless Coordinating Board, the San Francisco Unified School District, nonprofit partners, and homeless service providers. HSH seeks to share confidential data, while appropriately protecting it, to coordinate care and services, and to facilitate program planning, evaluation, and research with impacts on practice and policymaking. In alignment with this effort, the Department of Homelessness and Supportive Housing will become part of the San Francisco covered entity as defined by the Health Insurance Portability and Accountability Act (HIPAA) in 2018. All HSH programs and funded projects will be adhering to the policies established by the City and County of San Francisco Covered Components.

A. Governance

The LHCBC has designated the San Francisco Department of Homelessness and Supportive Housing (HSH) as the Homeless Management Information System (HMIS) lead in San Francisco. HSH has created the Online Navigation and Entry (ONE) System to serve as the HMIS for San Francisco. The LHCBC adopted a new data sharing and privacy policy for the ONE System at the recommendation of HSH on September 11, 2017.

The policy states that the San Francisco ONE System and participating projects will comply with:

- The Privacy Rule 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, and
- The City and County of San Francisco Covered Components (CCSF-CCs) permitted and restricted uses and disclosures of Protected Information.

B. 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.

C. 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.

D. 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).

E. De-Identified Information

De-identified information may be used or disclosed as long as no means of re-identification is disclosed. Coordinated Entry staff must remove all of the following specified identifiers to meet the definition of "de-identified" under the federal HIPAA Privacy Rule:
- Names,
- Geographic designations smaller than a state (except for the initial three digits of zip codes if the first three digits cover an area having more than 20,000 people),
- Dates (other than years),
- Ages over 89 (unless aggregated into a single category),
- Telephone and fax numbers,
- Email addresses,
- Social security numbers,
- Medical record numbers,
- Health plan beneficiary numbers,
- Account numbers,
- Certificate and license numbers,
- Vehicle identification numbers,
- Device identifiers and serial numbers,
- URLs and IP addresses,
- Biometric identifiers,
- Identifiable photographs, and
- Any other unique identifiers.

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.

F. 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 notice the participant of the City and County of San Francisco’s Data Sharing and Privacy policies. Coordinated Entry staff will, in good-faith, attempt to receive written confirmation that the program participant has received the notice. Staff will confirm that a client has received the notice 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.
To ask for restrictions, program participants must send their request in writing to the Coordinated Entry Team at PO Box 7988, San Francisco, CA 94120. In the request, program participants must explain (1) what information they want to limit; (2) whether they want to limit HSH use, sharing, or both; and (3) to whom they want the limits to apply.

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.

X. Evaluation

The Department of Homelessness and Supportive Housing is committed to the ongoing evaluation of Coordinated Entry and its continuous quality improvement. The Homelessness Response System 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 Homelessness Response System

The evaluation of these measures will be used to implement updates to existing coordinated entry policies and procedures. Client surveys will also be conducted annually for collecting feedback to evaluate Coordinated Entry and to inform how policies should be modified.

A. 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 the individuals and families it serves.

A continuous data quality improvement process facilitates the ability of the ONE System to achieve statistically valid and reliable data. It sets expectations for both the community and the end users to capture reliable and valid data on persons accessing programs and services. Generally, all specified data elements should have less than 5% reporting that a client doesn’t know or refused to answer with some variance depending on project type. The full Data Quality Standards and Improvement Process are included in the appendix of this document.

Data entered into the Coordinated Entry system will be evaluated once per quarter for completeness and accuracy.

B. Privacy Protections

Each year, the Homelessness Response System will audit the privacy protections of all participant information collected as part of the annual coordinated entry evaluation.

XI. Key Terms and Definitions

The definitions below describe important Coordinated Entry and Homelessness Response System concepts. It is imperative that all homeless service providers (HSH and other San Francisco agencies and contracted non-profit organizations) consistently and appropriately utilize these terms with each other and the households who seek homelessness services. The rapid adoption and utilization of these terms will facilitate clarity regarding Coordinated Entry and its design, policies, and procedures.

A. Access Point: Localized points of community entry into San Francisco’s Homelessness Response System (HRS). Operated by approved non-profit service providers. Families, adults, and youth experiencing homelessness can obtain Coordinated Entry services at geographically diverse Access Points (AP). The Access Point staff will assess households for service needs and eligibility and perform Problem Solving. Access Points work to ensure those with the highest needs are able to access shelter and appropriate housing interventions.

B. Coordinated Entry: The Homelessness Response System with a common, population-specific assessment, centralized data system, and prioritization method that directs clients to the appropriate resources and allows for data-driven decision making and performance based accountability. Coordinated Entry in San Francisco is organized to serve three subpopulations, Adults, Families, and Youth. The process is broken into four parts: access, assessment, prioritization, and referral.
C. **Chronically Homeless:** The Department of Housing and Urban Development (HUD) defines a chronically homeless person as a homeless individual (or head of household) with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness—adding up to 12 months—in the past three year period.

D. **San Francisco Department of Homelessness and Supportive Housing (HSH):** The Department that oversees homeless services in the City and County of San Francisco. HSH was officially launched August 15, 2016, and combines key homeless serving programs from the Department of Public Health (DPH), Human Services Agency (HSA), Mayor’s Office of Housing and Community Development (MOHCD), and Department of Children Youth and Their Families (DCYF).

E. **Disabled Household:** Adult head of household with a disability or families in which one adult or child has a disability.

F. **Family:** A household consisting of at least one adult age 18 or older and at least one minor child (under 18). In San Francisco, a person in the third trimester of pregnancy or 5+ months pregnant with a high-risk pregnancy may be considered a homeless family.

G. **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 Homelessness Response System include Coordinated Entry, Problem Solving, Street Outreach, Temporary Shelter, Housing, and Housing Ladder.

H. **Housing Intervention:** Housing programs such as Rapid-Rehousing or Permanent Supportive Housing. All of the Homeless Response System’s Housing Intervention programs are accessed through Coordinated Entry.

I. **Housing Navigator:** Person who provides supportive services to prioritized persons to help ensure use of a housing resource. Support provided includes document gathering assistance, application preparation, and housing search assistance as well as support to address temporary housing needs and crisis services as needed.

J. **Local Homeless Coordinating Board:** The 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.

K. **Mobile Access Outreach**: Mobile Access Point Outreach teams inform adults and families of Coordinated Entry services and the process for accessing such services. The teams provide access, including transportation, to Coordinated Entry for households experiencing homelessness who are physically unable to go to the Access Points or are reluctant to use Coordinated Entry services without additional support.

L. **Online Entry Navigation System (ONE System)**: Launched in June 2017, ONE is the data system used for all housing and services for homeless people in San Francisco. Managed by HSH, the ONE System will replace 15 legacy data systems and serves as the Homeless Management Information System (HMIS).

M. **Primary Assessment**: The adult assessment mirrors the family assessment’s approximately 16 questions relating to a household’s homelessness history, housing barriers, and vulnerability. Adults that rank high on this assessment are further assessed using a Secondary Assessment modeled on the Vulnerability Assessment Tool (VAT).

N. **Priority Status**: Priority Status is assigned to households who have been assessed for a housing intervention (Rapid Rehousing, Transitional Housing, and Permanent Supportive Housing) utilizing the assessment tool. In all cases, Priority Status is no longer valid if a household is housed in permanent housing (other than in a RRH program). Additional considerations for priority status include:

   i. **Families**: Once a Priority Status is assigned, it remains valid for 90 days from the date of the initial assessment. After the expiration of a family’s Priority Status, the family must be reassessed by an Access Point.

   ii. **Adults**: Once a Priority Status is assigned, it remains valid for six months. During this time, a new assessment and determination of priority status may be requested or required if one of the following significant life events occur:

      a. New diagnosis of a physical or mental health disability, including substance use disorders (SUDs),
      b. New legal issues including stays in jail or prison, or
      c. The recent history of a domestic violence event.
O. Program Provider: Organization under contractual obligations to provide shelter, housing, supportive services, or some combination of the three, in accordance with terms and conditions established and approved by an authorized government agency of the City and County of San Francisco.

P. Permanent Supportive Housing (PSH): Project based subsidized rental housing without time limits and with intensive on-site supportive services to help tenants maintain housing and meet their desired goals. In PSH, services are offered to all clients on a voluntary basis. Clients are not required to participate in services as a condition of being housed, but services are continuously offered through a process of engagement. PSH is designed to house individuals with the greatest housing barriers and highest service needs—typically, people who have severe and persistent mental illness and/or other disabilities and who have long histories of homelessness. PSH can be in buildings owned by non-profit organizations or at sites that are leased. Most permanent supportive housing is located in 100% supportive housing sites; others are in mixed-use buildings or scattered sites.

Q. Rapid Re-housing (RRH): A housing program model that assists individuals and families who are homeless to move quickly into permanent housing, usually to housing in the private market. It does so by offering housing search assistance, time-limited and targeted services, and short-term rental assistance. RRH can be used here in San Francisco or in other communities if the client chooses.

R. 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.

S. San Francisco Homeless Adult: A San Francisco adult who is experiencing homelessness on the streets or staying in another temporary setting. This definition is deliberately broader than federal definitions of homelessness, and therefore only applies to units that are not receiving federal funding.

T. San Francisco Homeless Family: A San Francisco family who are experiencing homelessness on the streets or staying in another temporary setting. Some San Francisco homeless families are staying outside of San Francisco, but have children who attend school, preschool or daycare in San Francisco or the San Francisco Unified School District. This definition is subject to change and will be finalized in writing by the Department of Homelessness and Support Housing.
U. San Francisco Homeless Outreach Team (SF HOT): The City of San Francisco’s mobile team that works throughout various San Francisco neighborhoods to engage people or families experiencing homelessness and connect them with the Homelessness Response System.

V. Secondary Assessment: Modeled after the evidence-based Vulnerability Assessment Tool (VAT), the secondary assessment is used to determine prioritization for Permanent Supportive Housing for adults.

W. Strategic Framework: The Five-Year Strategic Framework outlines ambitious yet achievable goals of the Department of Homelessness and Supportive Housing. It provides a roadmap for reducing homelessness in San Francisco and making it a rare, brief, and one-time occurrence.

X. Transitional Housing (TH): A program model that provides households (individuals or families) with a shared or private housing unit for a time-limited period, usually between 6 and 24 months, during which the client receives supportive services to help with the transition to permanent housing.

Y. Youth: Youth includes all individuals under the age of 25.

XII. Appendix

1. Coordinated Entry Flow at a Glance System Map
2. Family Eligibility Decision Tree
3. Family Housing Prioritization Criteria
4. Family Eligibility Assessment and Family Assessment Tool
5. Adult Eligibility Assessment and Adult Primary Assessment Tool and Analysis of Adult Prioritization Tool Data
6. Adult Secondary Assessment Tool
7. Final Data Quality Improvement Process
8. Program Participant Grievance Policy
9. Emergency Transfer Plans