



Coordinated Entry Redesign Implementation Committee

Presentation for the LHCB

June 2, 2025



CE Redesign Implementation Committee (CEIC)

- 24 external community members
- City/County staff
- 69% bring lived expertise of homelessness
- Majority identify as Black, Indigenous, or people of color (BIPOC), 20% identify as transgender and gender non-conforming (TGNC), and 37% identify as LGBTQ+
- People with lived expertise of homelessness and who are being compensated



Agencies Represented: 3rd Street Youth Center & Clinic, Catholic Charities, Coalition on Homelessness, Compass Family Services, Episcopal Community Services, DISH, Felton Institute, Hamilton Families, Heluna Health/SF Homeless Outreach Team, Homeless Prenatal Program, Homeless Youth Alliance, HomeRise, Larkin Street Youth Services, Mercy Housing, SF LGBT Center, SF Pretrial Diversion, SF VA Health Care System, St. James Infirmary Taimon Booton Navigation Center, and UCSF Citywide

Governance & Oversight

CE Redesign Recommendation

Establish a new CE committee with clear responsibilities to support implementation of CE Redesign recommendations. The committee will be work in partnership with HSH & LHCB, staffed by HSH but community-led.

Deliverables

- Establish a new governance charter, outlining decision-making authority & process.
- Develop Vision, Mission, and Values for Coordinated Entry.
- Establish a Client Bill of Rights



MISSION

How Will We Achieve our Vision?



- Decrease disproportionality
- Equitably distribute and maximize resources
- Center and lead by people experiencing homelessness
- Collaborate within and outside of San Francisco and engage diverse partners

- Be transparent and regularly communicate
- Build capacity
- Give people what they need, when they need it
- Understand people's stories and situations
- Focus on wellness of the system and care for those providing CE services



VALUES

- Accessible and equitable
- Accountable and transparent
- Authentic collaboration and relationship-building
- Continuous learning, evaluation, and improvement
- Personal commitment
- Empowerment; leadership and guidance from people with lived experience



- Housing-focused / housing first
- Respectful
- Tailored, timeline, people-centered care
- Innovative
- Trauma-informed
- Compassion, urgency, and wellness
- Safety

Client Bill of Rights

The following apply to all agencies and programs providing Coordinated Entry services to people experiencing homelessness in San Francisco. These rights are specific to those who are moving through Coordinated Entry. Once a person is connected to a resource such as shelter or housing, other policies and processes may apply.

- 01 RESPECT, DIGNITY, AND EMPATHY
- 02 SERVICES FREE OF DISCRIMINATION
- 03 SELF DETERMINATION
- 04 SAFETY
- 05 EQUITY
- 06 SUPPORT
- 07 PRIVACY
- 08 INCLUSION AND PARTICIPATION IN DECISIONS ABOUT THEIR WELFARE
- 09 TRANSPARENCY IN AGENCY POLICIES THAT AFFECT THE SERVICES THEY RECEIVE



CE Redesign: Access Subcommittee

Priority Action Areas

- CE Access Standards and Training Standards
- Diverse Access Points
- CE Messaging

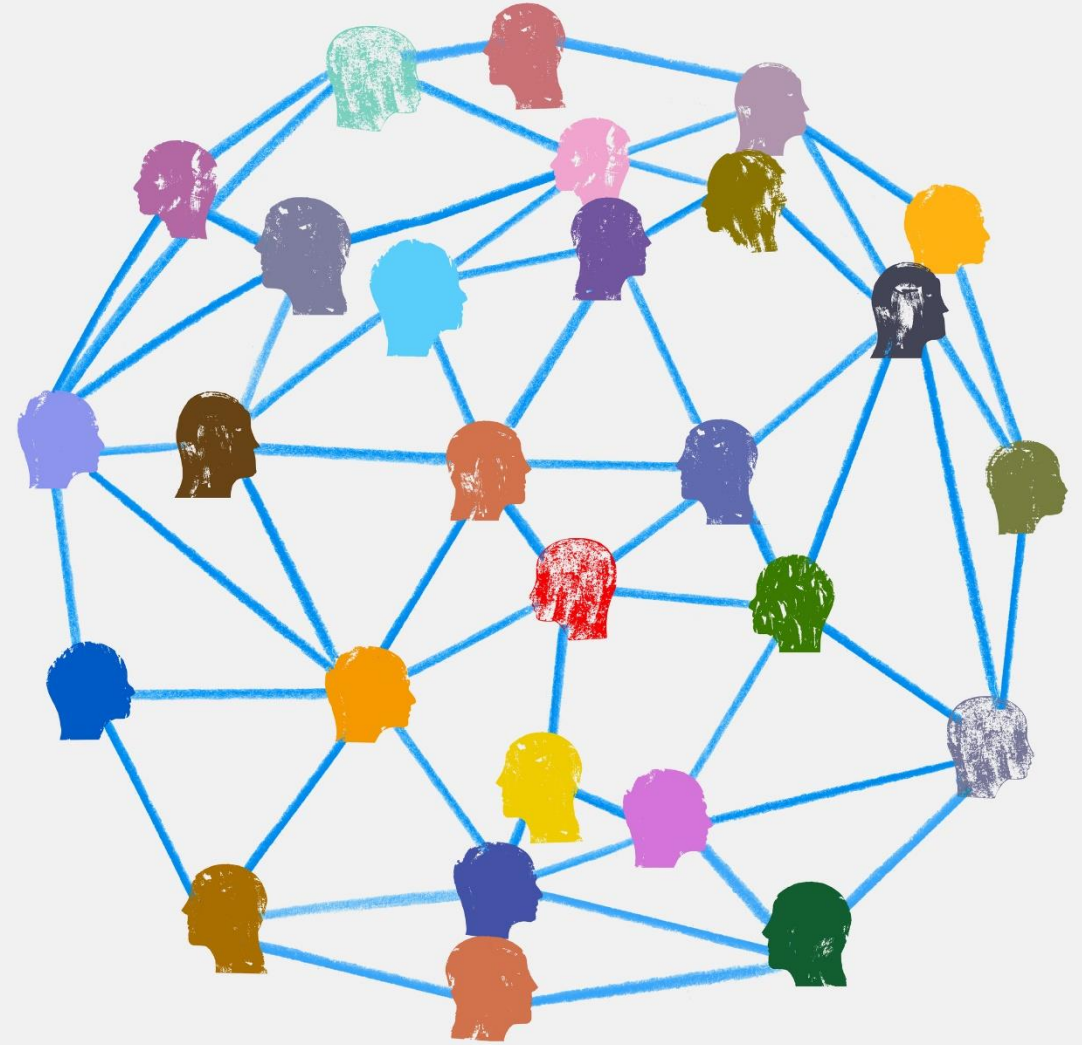


Purpose of Access & Training Standards

- The Coordinated Entry Access Standards are intended to ensure access is consistent, equitable, and effective.
- By adhering to these standards, the CE system aims to improve the efficiency and fairness of access to services, resources, and housing solutions.
- Establish consistent training standards for all Access Points & Access Partners providing CE services, while maintaining a population-focused approach that enhances warm handoffs and referrals.

Diverse Access Points

- Design Access Points to function broadly as drop-in centers where people can access an array of services. Having basic needs be an engagement tool to keep people engaged.
- Establish a minimum standard for Access Point to have spaces where clients can store belongings during the CE process and bathrooms for client access.
- Expand mobile outreach teams for real time engagement and have pop-ups at community events.
- Increased capacity would be leveraged for neighborhoods with higher percentages of people experiencing homelessness.



Coordinated Entry Messaging



Research & Engagement

Access Points for veterans, adults, TAY and families

Materials Audit

Website content, Access Point Flyers, Intake Forms, Brochures, Staff tools

Collaborative Redesign

Create clear, accessible explanations of what CE is, what it offers, and how to access resources. Ensure all language is plain and direct.

Design Outcomes

Develop a variety of tools in the immediate use and for long term impact

Implement & Gather Feedback

Test materials to ensure clarity, continuously gather feedback and make adjustments



Picture taken from LHCB-CE public meeting

Assessment, Prioritization, Referral (APR)

Subcommittee

Defining Prioritization Domains - Definitions

Prioritization Domain	Definition
Health and safety risks or vulnerability to illness or death	Characteristics and conditions that increase a person's risk of death, severe illness or injury
Experience of systemic harm and ongoing discrimination (race/ethnicity)	Characteristics and/or conditions or experiences that expose people of color to past and/or present discrimination resulting in greater difficulty getting housing, and higher rates of housing loss, unemployment, incarceration, and other systematic harms tied to homelessness
Experience of systemic harm and ongoing discrimination (sexual orientation/gender identity)	Characteristics and/or conditions or experiences that expose LGBTQ+ and TGNCI+ people to past and/or present discrimination resulting in greater difficulty getting housing, and higher rates of housing loss, unemployment, incarceration, and other systematic harms tied to homelessness
Barriers to housing	Conditions or past experiences that create barriers for accessing housing or remaining housed
Age	Age
SF residency/connection	A person who has lived in San Francisco (for a specified length of time) prior to becoming homeless
Unsheltered homelessness	A person who is currently or has recently lived in a place not meant for human habitation
Length of time homeless	The amount of time that a person has spent living in shelter or in a place not meant for human habitation

Revision to the Adult CE Primary Assessment

Immediate Impact

Based on longstanding community feedback, questions #15 has been modified for assessors to explicitly **not ask Q15 for adults aged 25 years and older. Assessors are to leave questions blank and skip these questions altogether.**

Previous	New
Question #15 previously asked: In the last 12 months have you traded sex for a place to stay?	Question #15 changed to: 18-24 YEAR OLDS ONLY: In the last 12 months have you traded sex for a place to stay? (Do not ask of adults 25+, leave question blank)

[Link to 1-Pager - Revised CE Adult Assessment](#)

Changes Effective 3/19/2025

SF Residency/Connection

Community Feedback/Findings

[CE Redesign Recommendation](#): Recommendations for Redesigning How We Understand People (p.7)

- a) Creating a universal initial assessment that includes questions that all households would answer, including asking the household what their needs are, household type, and length of time they've lived in San Francisco, to prioritize San Francisco residents. The overall assessment process should also include conditional questions that will lead to specific questions related to household type and other housing-related topic areas based on how the questions in the initial assessment are answered.

[SAN FRANCISCO COORDINATED ENTRY REPORT](#) (Focus Strategies, July 2022) (p. 47)

“In the interviews and focus groups with stakeholders several populations or priorities were mentioned for HSH to consider in a redesign of prioritization including:

- Long-term San Francisco residents “ (p. 47)

[10/2024 LHCB](#) Board Member and community feedback for “Item V – Preliminary analysis on prioritization domains from the Coordinated Entry Implementation Group”

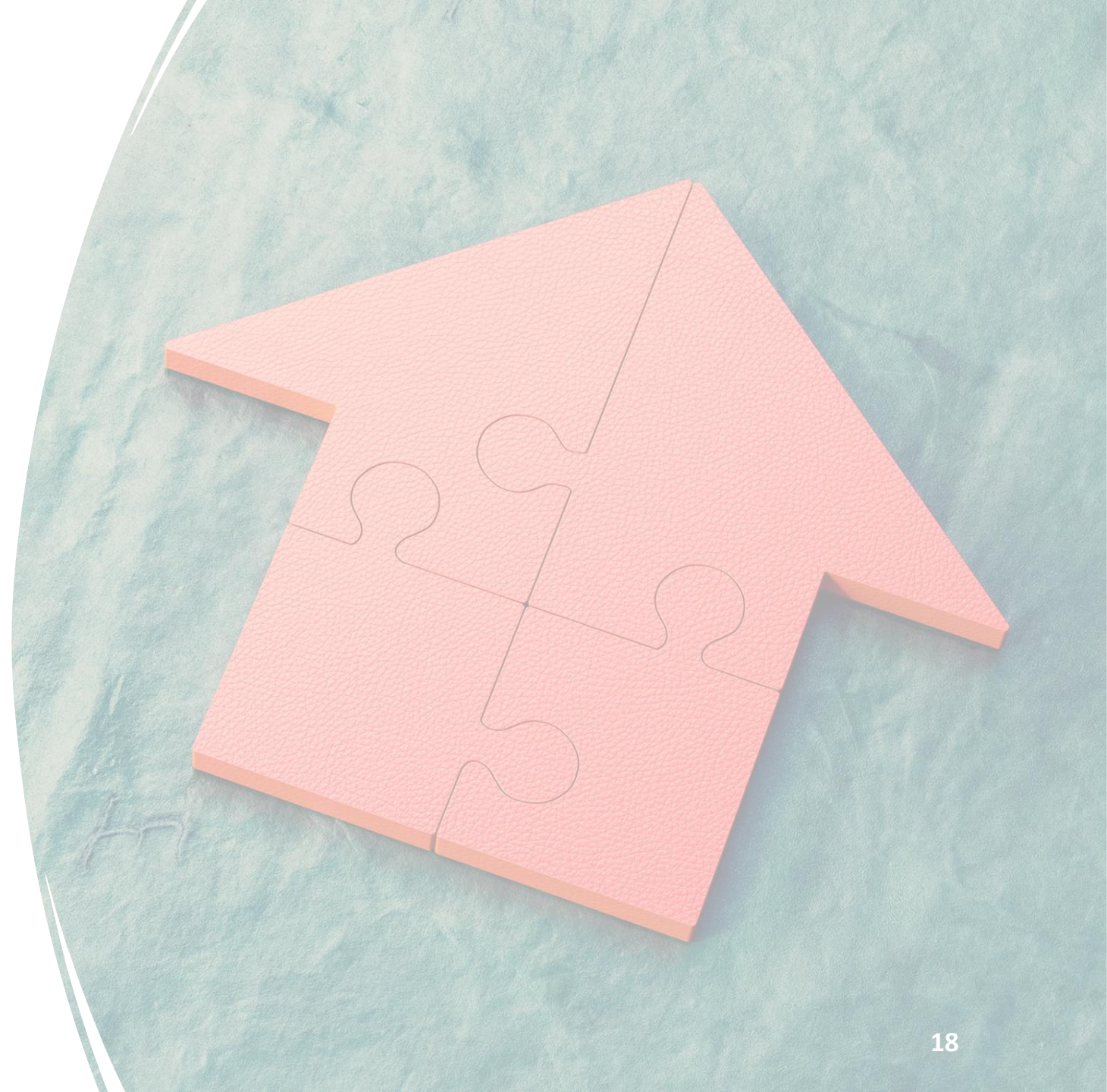
Outside the scope of the prioritization analysis with Centre for Social and Data Analytics (CSDA)

Meets the prioritization criteria of addressing systemic harm and ongoing discrimination, included in the top four ranked factors

	Scope	Method	Pros	Cons
1	Narrow	Uses priorities established by MOHCD: Forced to move by redevelopment, fire, eviction or rising rents	Existing method in use	Very narrow application Does not address most people with SF Connection
2	Targeted	Uses zip code of last residence; assign points to targeted zip codes due to likelihood of housing instability	<ul style="list-style-type: none"> Method used by Emergency Rental Assistance Program (ERAP) Addresses higher vulnerability to systemic harm Moderately easy to implement (relies on person knowing last address) 	Does not prioritize everyone with a past SF residence Does not include length of SF connection
3	Broadest	Use any/all zip codes in San Francisco	<ul style="list-style-type: none"> Gives priority to all people who became homeless in San Francisco Moderately easy to implement (relies on person knowing last address) 	Does not address length of connection
4	Targeted	Use intergenerational and/or historic connection ; raised in San Francisco	Addresses historic connection and anti-displacement	Difficult to operationalize, especially if documentation required
5	Broad	Use length of time living in San Francisco	Prioritizes people who have been in San Francisco the longest	Difficult to operationalize, especially if documentation required. Unclear whether counts all time in SF or just time before becoming homeless

Summary of CEIC Efforts

Looking back and seeing what's ahead



Subcommittee	Launch Date	Wrap-Up Date	Key Objectives	Accomplishments	Committee Next Steps	HSH Implementation
Governance	Dec 2023	September 2024	<ul style="list-style-type: none"> Establish a committee to support CE Redesign Implementation Develop a CE Mission, Vision and Values Statement Develop a client bill of rights Establish a bill of rights monitoring committee 	<ul style="list-style-type: none"> 3 of 4 objectives obtained 1 objective - establishing a Bill of Rights Monitoring Committee was determined to be beyond the scope of this work 	None	Ensure CE Mission, Vision and Values and Client Bill of Rights are centered throughout the Implementation Phase
Access	January 2024	April 2025	<ul style="list-style-type: none"> Define a clear, standard approach to quality across all Access Points Establish expectations and performance outcomes that promote person-centered care Create geographically and operationally diverse Access Points (including call-centre access, improved access in Southeast San Francisco, access embedded in shelters, etc.) Define how faith groups, hospitals and other health care settings (medical respite, urgent care), and jails promote client access to homelessness response system (i.e. pilot with DPH) Develop simple, clear explanations of the homelessness response system, and an individual's housing process Create a CE communications plan 	<ul style="list-style-type: none"> Recommended standardized training & core competencies for all Access Points Proposed universal CE Access Standards encompassing all Homelessness Response System Components (Outreach, Shelter, etc.) 	Review streamlined communication materials developed through user centered design	<ul style="list-style-type: none"> -Implement training recommendations that also align with the departmental strategic plan on capacity building and Performance Measurement Plan -Work with HSH shelters, outreach teams, and access partners to operationalize CE Access Standards - Incorporate feedback to help inform Access Point procurement -Launch revised communication materials -Build on population specific access initiatives

Subcommittee	Launch Date	Wrap-Up Date	Key Objectives	Accomplishments	Committee Next Steps	HSH Implementation
Assessment, Prioritization and Referral	January 2024	June 2025	<ul style="list-style-type: none"> Revise CE assessment questions Integrate medical vulnerability data Revise prioritization criteria Eliminate flexible scoring thresholds for prioritization Use the assessment process to identify what type of housing the individual or family needs 	<ul style="list-style-type: none"> Recommended revised prioritization domains Advised elimination of assessment Question 15 for adults Approved recommendation to have additional prioritization analysis using predictive modeling to guide assessment revision, with the following goals: <ul style="list-style-type: none"> Reduce the number of questions asked Accurately capture medical vulnerability Operationalize new prioritization domains Asked internal HSH working group to recommend how to eliminate flexible thresholds for prioritization 	<ul style="list-style-type: none"> Advise HSH on operational considerations in implementing recommendations to eliminate flexible scoring thresholds Discuss implementation of residency prioritization domain Review and reflect on HSH implementation workplan, including ongoing community touchpoints Present Assessment, Prioritization and Referral Committee Recommendations to LHC Board and other key stakeholder groups 	<ul style="list-style-type: none"> Launched external prioritization analysis using predictive modeling (6 months); and Based on external analysis, propose next steps for CE assessment, redesigning as needed, with stakeholder input, especially people with lived experience Phase out flexible thresholds for prioritization Develop matching approach to assess and meet client's need for support services

Thank You

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