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SAN MATEO COUNTY - COUNTY EXECUTIVE'S OFFICE

COORDINATED ENTRY AND DIVERSION EVALUATION

Prepared for San Mateo County's Chief Executive Office by Focus Strategies

01•09•2026

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TABLE OF CONTENTS

TABLE OF TABLES

TABLE OF FIGURES

Key Terms

Diversion: A strategy to help people experiencing homelessness identify an immediate or quick pathway to housing without having to enter Shelter or be placed on a waiting list for a housing program. Diversion may also include limited financial assistance if the assistance can address the barriers to maintaining or securing a housing option.

Emergency Financial Assistance (EFA): A program administered by Core Service Agencies that provides homelessness prevention services and financial assistance to prevent homelessness and support housing stability for San Mateo County residents who are experiencing a housing crisis, including provision of financial assistance for back rent, move-in costs, and other expenses such as utility arrears or car repairs.

Flexible Funds: Limited, one-time, financial assistance available to households pursuing a Diversion option that can be used to addresses the household's barriers to maintaining or securing housing. Flexible funding may be used to cover items such as deposit, first month's rent, application fees, travel expenses to reunite with family, or other similar costs.

Long-Term Voucher Program: An umbrella term encompassing Permanent Supportive Housing programs (defined below) and other types of supportive housing vouchers that provide long-term/indefinite rental assistance.

Permanent Supportive Housing (PSH): Housing programs that provide long-term rental assistance coupled with voluntary supportive services for people who are experiencing homelessness and have a documented disability. Some PSH programs are dedicated to people who are experiencing chronic homelessness

Rapid Rehousing (RRH): Housing programs that provide medium-term rental subsidies (e.g.,12 months), housing location, and case management services to help households secure and maintain rental housing.

I. EXECUTIVE SUMMARY

The San Mateo County's Executive Office (CEO) engaged Focus Strategies to conduct a comprehensive evaluation of San Mateo County's (the County) Diversion and Coordinated Entry System (CES). This evaluation is part of the CEO's efforts to evaluate Measure K funded initiatives to ensure transparency regarding the use of public funds This evaluation was prepared using information gathered from program documents, interviews and focus groups with a variety of stakeholders, analysis of local Homeless Management Information System data, and a review of emerging practices in other similar communities. Concurrently with the evaluation, the CEO's office convened a workgroup focused on matching considerations, and information from that process has been considered here as well. The goal of this evaluation is to assess the effectiveness of CES and provide recommendations to improve system access, efficacy, and outcomes.

CES is a centralized process required by the Department of Housing and Urban Development that aims to streamline access to homeless-targeted resources, particularly housing, improve fairness, and prioritize households with the greatest need. The County launched CES for families with children in 2017 and for adults and youth in 2018. The County's Center on Homelessness (COH) oversees CES and contracts with Samaritan House to operate Diversion, assessments, and Shelter referrals.

Households access CES through Core Service Agencies, homeless outreach teams, or specialized pathways from jail or hospital. Diversion Specialists at Samaritan House, offer services to help identify immediate housing solutions for anyone who can be diverted. If none are found, staff conduct a standardized assessment to identify needs and barriers and inform prioritization for available Shelter beds, Rapid Rehousing, and long-term voucher programs, including supportive housing. COH manages the matching process for these resources, which are quite limited. Other housing and residential programs, such as affordable housing, medical facilities, and behavioral health residential programs, remain outside CES and require separate entry processes.

CES in San Mateo County has not changed greatly since its initial launch. As more is learned about system dynamics and new program resources are created, CE systems benefit from refinement and revisioning. The County will begin a redesign effort in 2026 known as "CES 2.0". The findings from this evaluation point to areas that should be retained and built upon while making changes and improvements to increase effectiveness.

1. **Continue to ensure Shelter can be quickly accessed through CES while streamlining the process and better leveraging existing services.**

The inclusion of Shelter in CES provides several benefits including consistent, quick access to available beds. Any change as part of CES 2.0 should preserve this vital function while balancing access with the goal of connecting as many households as quickly as possible to housing. As part of CES 2.0 the County could explore options to:

1. Free up resources currently focused on the shelter process, such as creating an updated, short assessment for Shelter entry and training Cores and HOT teams to administer it.
2. Consider more specific participant needs in the shelter referral processes, particularly for the Navigation Center.
3. Revisit policies that temporarily exclude some households who decline Shelter from receiving CES services.

2. **Refine prioritization and matching to focus resources on and better understand the needs of those most likely to receive a referral to housing.**

Since there are far more Shelter openings each year than permanent housing options, CES currently provides a full assessment to far more households than can be matched with permanent housing, creating frustration and the perception that CES is merely a "housing lottery." In addition, stakeholders expressed concerns about how information on participants' needs and housing barriers are collected and used (or not used) in the matching process. Focus Strategies assessment also found some disparities in how the current assessment tool functions, particularly for women and Latinx households.

To address these concerns, the County could use the CES 2.0 process to:

1. Create and manage a smaller priority pool of prioritized households, sized to reflect the anticipated units that will be available.
2. Refine and revise the assessment process, potentially streamlining the Shelter portion of the assessment (see above), addressing disparities, and using a more targeted housing assessment.
3. Refine prioritization and matching within the smaller priority pool. The County may consider one or more strategies to create more nuanced matching, including:
    o Score banding that uses established score ranges from a housing-focused assessment tool for each housing type to guide referrals.

- o Gather additional information on priority group needs through targeted follow-up assessments, administrative reviews, or case conferencing, at a later time when participants are more well known to the system.
- o Use factors other than score to make housing program matches such as waiting time in the pool, health needs, and program interest.

4. Enhance messaging about what the role that CES plays as an assessment and matching process to set realistic expectations.

3. Strengthen Diversion by modifying system policies and resource allocations to create a continuum of housing problem solving support.

With housing resources being so limited, Diversion is the primary form of housing assistance most households can access without entering Shelter, but it remains limited in scale. Options the County could consider to strengthen Diversion include:

1. Coordinate Diversion with the Emergency Financial Assistance program to create a seamless continuum of services and access to flexible funds for both Diversion and rapid Shelter exit, with minimal programmatic barriers.

2. Adjust staff capacity or train additional providers at other places within the system to allow for longer light touch case management.

4. Adjust other practices and policies to minimize bottlenecks and barriers.

As the County proceeds with the CES 2.0 planning process, it should also consider changes aimed at removing bottlenecks that slow down access or leave participants unserved. Potential areas to consider include:

1. Expand case management and document readiness supports for participants most likely to be matched to housing.

2. Streamline residency documentation requirements to avoid delays.

3. Expand hours in which people can get an assessment to reduce scheduling delays.

4. Clarify reassessment policies to help providers understand when updates are required.

5. Rebalance performance metric expectations to allow time for deeper Diversion conversations and connections to housing.

II. INTRODUCTION

In June 2024, the County Executive's Office (CEO) for the County of San Mateo (the County) contracted with Focus Strategies to conduct a mixed-methods evaluation of the County's Diversion and Coordinated Entry System (CES).[1] The goal of this evaluation is to assess the effectiveness of CES and to develop recommendations to improve system efficacy, access, and outcomes. The CEO wishes to better understand factors related to operational processes, access, assessments, prioritization, referrals, and outcomes.

The Department of Housing and Urban Development (HUD) requires communities to operate a centralized or coordinated assessment system (i.e., Coordinated Entry or CES) to improve fairness, simplify access, and identify and prioritize those with the greatest need.[2] While HUD provides guidance and makes certain specific requirements, described below, every community must develop its own CES process, tools, policies and practices. CES systems vary widely from community to community.

CES in San Mateo County is funded by Measure K, a Countywide half-cent sales tax passed by voters in 2012 and extended in 2016. The funds generated by Measure K support local needs including public safety, health and mental health, youth and education, housing and homelessness, parks and environment, older adults and veteran services, and community services.[3]

This evaluation is one of several third-party evaluations of Measure K funded initiatives commissioned by the County to ensure transparency and accountability in the use of public funds. These evaluations are designed to assess the impact, economy, efficiency, and effectiveness of each program—verifying that taxpayer dollars are being used responsibly and that funded organizations are delivering the community outcomes they committed to achieving. The CES program evaluation is one of three Measure K funded programs evaluated by Focus Strategies in 2025. Taken together, these three evaluations assess several

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[1] The evaluation launched in January 2025 to best align with additional evaluations of the County's Emergency Financial Assistance program and homeless Shelter system.
[2] U.S. Department of Housing and Urban Development, Office of Community Planning and Development, *CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System* (2017).
[3] County of San Mateo Human Services Agency. Measure K Local Funds for Local Needs: Annual Report Fiscal Year 2023-24. (2024). **https://smcmeasurek.org/wp-content/uploads/2025/05/Annual-Report-FY-2023-24.pdf**.

essential components of the County's homelessness response and opportunities to improve them. The other evaluations include:

- An Emergency Shelter System evaluation completed in August 2025, and

- An Emergency Financial Assistance (EFA) program evaluation completed in December 2025.

Concurrently with this evaluation, the CEO convened a workgroup of housing providers, health system representatives, and other system stakeholders to examine how people experiencing homelessness are matched to housing. This workgroup operated in parallel to this evaluation and included presentations from County departments, County housing providers, as well as neighboring jurisdictions. The workgroup recommended the County create a subcommittee focused on redesigning CES.

As a result of the recommendation mentioned above as well this Evaluation, the County has decided to launch a process in 2026 to redesign the CES, referred to as "CES 2.0", aimed at modernizing and improving the system. That redesign will draw from both this evaluation and the learnings from the workgroup discussions. This final report describes CES operations, summarizes key evaluation findings, and provides recommendations for the County to consider in the CES 2.0 redesign process as they explore ways to improve the implementation, efficacy, and outcomes of the system.

III. DATA SOURCES AND METHODS

This evaluation used a mixed-methods approach, drawing on both quantitative and qualitative data. Focus Strategies worked closely with the CEO and COH to coordinate stakeholder engagements and identify the most relevant data sources to inform the analysis. This section provides a summary of the data sources that informed the evaluation. **Appendix A** provides more detailed information on the methodology and information sources used in the evaluation. **Appendix B** provides additional results of the quantitative analyses. **Appendix C** provides a review of emerging practices and examples of refinements to CES that have been made in other communities.

Document Review: Focus Strategies completed a thorough review of documents provided by CEO, COH, and Samaritan House. The documents include policies and procedures, contracts, implementation tools (e.g., referral email templates), and program performance and narrative reports. The documents were reviewed to understand the CES process and

how practices are aligned with the County's system objectives and HUD CES requirements. The document review was coupled with a review of Coordinated Entry practices used in other communities, focusing on communities who have faced challenges similar to those in San Mateo County. While there are many ways to structure Coordinated Entry, there is limited research and published best practices available beyond the HUD guidance, which is now several years old.

Stakeholder Feedback: The evaluation was informed by a series of stakeholder engagements that provided valuable insights from people who accessed services through CES, County and service provider staff, and other key community stakeholders. These engagements allowed Focus Strategies to incorporate the perspectives of those who have utilized CES and those most directly involved in administering and supporting program operations.

Focus Strategies conducted 13 individual or small group interviews with a total of 19 staff members from CEO, COH, Department of Housing, Behavioral Health and Recovery Services, San Mateo Medical Center, Sheriff's Office, Street Medicine, and Community Overcoming Relationship Abuse (CORA). Focus Strategies facilitated feedback sessions with 53 stakeholders, including sessions with the Lived Experience Advisory Group (LEAG), housing providers, Shelter providers, HOT teams, Samaritan House CES Diversion Specialists, and leadership from the Cores.[4]

Additionally, Focus Strategies conducted a site visit to the Samaritan House office. During this site visit Focus Strategies was able to shadow a Diversion Specialist while they were conducting a Diversion conversation and CES assessment.

Finally, Focus Strategies conducted focus groups and interviews with 42 people who are either currently or have experienced homelessness in San Mateo County, including people living in unsheltered situations, Shelter, and RRH and PSH programs. The interviews, focus groups, and feedback sessions were held between March 2025 and October 2025 and provided rich information about the experiences of participants, current CES practices, program strengths, and opportunities for improvement.

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[4] Three participants attended two or more feedback sessions.

Quantitative Data: Focus Strategies analyzed person-level data from the County's Homeless Management Information System (HMIS) for households that entered CES between July 1, 2022, and June 30, 2024. In addition to enrollment data, Focus Strategies analyzed the uses of Diversion flexible funding, CES assessment scores and responses, referrals, and Shelter and housing program enrollments through June 2025. The analysis provided insights into the population utilizing CES, their outcomes, and factors that may influence differences in outcomes.

Related Evaluations: Lastly, the evaluation was also informed by learnings related to CES operations from Focus Strategies' concurrent evaluations of the Emergency Financial Assistance (EFA) program and Shelter System.

IV. COMMUNITY CONTEXT AND PROGRAM BACKGROUND

A. Overview of San Mateo County and Homeless Population

San Mateo County is a California community located between the Pacific Ocean and the San Francisco Bay. The eastern portion of the region, along the Bay, is densely populated, while over half of the County's geography is non-urban land. The County is a high-income community, part of the Silicon Valley, with an area median income of $156,000.[5] The housing market is characterized by high rental costs and low vacancies. In 2025, it was estimated that the average monthly asking rent in the County was $3,463. High rental prices led to 81% of extremely low-income households in the County spending more than half of their income on housing costs.[6]

Ending and preventing homelessness is the County Board of Supervisors' top priority and represents its largest financial commitment of general funds with over $50 million allocated in FY 2024-2025 to support the County's homeless response system. The County Executive Officer appointed the Assistant County Executive Officer to lead this effort and oversee the County's homeless system which spans numerous County departments to effectuate the Board's vision. This focus includes the affordable housing production pipeline, physical and

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[5] United States Census. 2024 Population Estimates (2024).
https://www.census.gov/quickfacts/fact/table/sanmateocountycalifornia,US/PST045224
[6] California Housing Partnership. San Mateo 2025 Affordable Housing Needs Report. (2025).
https://chpc.net/wp-content/uploads/2024/05/San-Mateo_Housing_Report-2.pdf

behavioral health programs, prevention and Diversion strategies such as Emergency Financial Assistance, vocational rehabilitation, and CES.

COH contracts for, monitors, and coordinates a system of homelessness services, provided by community-based organizations and other partners. They also manage federal and state grants and are responsible for planning and reporting requirements. COH coordinates with a broad network of internal departments and external partners to address the needs of individuals and families at-risk and experiencing homelessness. While the CEO and COH maintain distinct roles, they work in close collaboration to prevent and end homelessness in the County.

Like many communities across California and the country, the County has seen an increase in homelessness according to the Point-In-Time count of people experiencing homelessness, locally called the One Day Count.[7] In 2024, the County identified 2,130 people experiencing homelessness, an increase of 18% since 2022 and the largest number in the last ten years.[8] Among those households, 1,145 (54%) were living in unsheltered situations and 985 were in Shelter.

However, the One Day Count is a snapshot of the population experiencing homelessness on a given day and the County deploys other data tracking methodology on a regular basis to monitor and better understand the distribution of unhoused individuals across the region. Since the last One Day Count, the County recorded a 23% decrease in homelessness in July 2025, through a monthly census known as Our Count. HOT teams collect location data on individuals and encampments during their interactions with clients and enter this information into the County's HMIS, Clarity. At the end of each month, the Center on Homelessness compiles and analyzes the data, producing jurisdiction-specific counts. These reports are shared with County leadership, city managers, and partner agencies to inform decision-making and coordinate response efforts.

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[7] The One Day Count (ODC) meets the U.S. Department of Housing and Urban Development (HUD) requirement to complete a count of all people experiencing homelessness on a single night at least once every two years, federally called the Point in Time (PIT) Count. All communities that receive federal funding from HUD are required to do this count.
[8] County of San Mateo Human Services Agency. 2024 One Day Homeless Count and Survey Report (2024). **https://www.smcgov.org/media/150519/download?inline=**

The more recently observed decrease in homelessness is likely in part due to the County's Measure K investments to build and protect affordable housing and support its homelessness response system.[9] The County has used Measure K funding to support CES operations, with funding for the system steadily increasing over time.

Samaritan House serves as the County's CES administrator. Samaritan House was first awarded a contract through a competitive procurement process in January 2017. Subsequent contracts and amendments increased staff capacity, wages, and flexible funding for Diversion assistance, established the Institutions program as an ongoing program, and added funds to process inclement-weather Shelter referrals. The current contract covers FYs 25-27 and has a total budget of $4.2 million, of which about 14% ($589,140) is dedicated to flexible funding for Diversion assistance with the balance for personnel, operating, and administrative expenses. On average, this translates to about $1.4 million per year including about $196,000 for flexible funding.

B. Background on Coordinated Entry and Diversion

The 2009 HEARTH Act required all Continuums of Care (CoCs) to develop a "centralized or coordinated assessment system." HUD defined this framework as Coordinated Entry (CE), a standardized process for coordinating participant intake, assessment, and referrals. In 2017, HUD issued further guidance emphasizing that CE systems should prioritize people with the greatest needs and highest vulnerability for housing assistance and set a February 2018 deadline for implementation. As the Lead Agency for the San Mateo County CoC, COH is responsible for oversight and maintenance of the local CE System.

Before CE, access to Shelter, housing and services was largely on a "first-come, first-served" basis. Households who could self-advocate and navigate a fragmented service ecosystem were more likely to obtain assistance, while those with higher barriers and more complex needs had a more difficult time accessing the resources they needed. Often, people experiencing homelessness had to go from program to program seeking services, applying separately with each different service provider. The federal CE requirement was intended to reduce fragmentation and improve fairness by centralizing resources, increasing equity in

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[9] County Executive's Office. Local Funds for Local Needs: Measure K Annual Report Presented to Board of Supervisors. 2025. **https://www.smcgov.org/ceo/news/local-funds-local-needs-measure-k-annual-report-presented-board-supervisors**

access, and simplifying referrals so that limited housing resources were prioritized for those most in need.[10]

CE systems exist because housing and service resources are limited. If sufficient affordable housing and critical supportive services were available, there would be no need to prioritize system resources. CE systems therefore provide both a policy framework for making difficult decisions in a standard way, and reflect community values, defining who is connected to limited resources and how that access occurs.

HUD requires each CoC to operate CE with certain core elements including a standardized approach to assessment, scoring, prioritization, and eligibility determinations.[11] CE systems must cover the entire CoC area, be easily accessible, and lower barriers to access. While HUD outlines these foundational components, it does not provide a blueprint for what CE must look like and allows flexibility in system design. As a result, communities have had to interpret and implement the CE framework locally, adopting or developing their own assessment tools, developing resource policies, and adapting it over time to address unintended consequences and respond to changing conditions. CE systems are not intended to be static - they should be regularly monitored and refined to meet evolving community needs.

Communities face ongoing challenges as they refine their CE systems. Many challenges attributed to CE reflect broader system limitations, particularly the scarcity of housing resources. It is important to note that CE does not expand the Shelter or housing supply; rather, it is intended to streamline access and reduce the time to housing for those who receive resources and ensure that households with the highest barriers are prioritized.

Challenges such as long waiting times often stem from a lack of housing resources. Similarly, concerns that CE prioritizes people with high needs, along with perceptions of its impact on provider performance, are a feature, not a bug, of how CE is designed to operate. This is the case for CE systems conceptually and specifically with the CE system in the County. However, this feature of CE systems does require communities to continually assess the housing and

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[10] U.S. Department of Housing and Urban Development, Office of Community Planning and Development, *CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System* (2017).
[11] U.S. Department of Housing and Urban Development, *Coordinated Entry System*. **https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-governance/operating-a-coc/coordinated-entry-system/**.

service levels available to ensure they are designed to meet the needs of the households with highest barriers being referred.

There is no single best practice model for CE. Effective systems must be tailored to the unique context of each community. However, many promising and emerging practices have emerged as communities across the country continue to iterate their approach. The following section provides additional details on the County's CES. Subsequent sections outline key findings and recommendations, informed in part by learnings from other communities.

C. Overview of the San Mateo County Coordinated Entry and Diversion System

The County launched CES for families in 2017 and for adults and youth in 2018. CES acts as the "front door" for screening and referral to a range of permanent housing programs. The County's CES also includes prioritization and referral to most of the Shelter beds in the County. Integration of Shelter beds into the CE system is not mandated by HUD and is a relatively unique feature of CES in the County.[12] San Mateo's CES also incorporates the HUD-encouraged practice of problem solving and Diversion activities into its CES process. Diversion services assist people who can be immediately rehoused without needing Shelter or ongoing support of a housing program to quickly resolve a housing crisis and avoid homelessness through creative problem solving and, if needed, one-time financial assistance.

According to the County's CES policy manual, the objective of CES is to streamline access to homelessness services and match people to the appropriate intervention from available resources based on their vulnerability and housing barriers. The manual states that an effective CES should:

- Prioritize individuals with the greatest need for assistance,

- Ensure people are not "screened out" or denied assistance because of perceived barriers to housing or services (i.e. use of drugs or alcohol, criminal background, lack of employment),

- Be grounded in Housing First principles,

- Be client-centered, and

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[12] While there is not comprehensive information available on how many communities have integrated Shelter into their CE system, most CoCs in California and across the country manage Shelter access outside of CE, or, like Alameda County, only have a portion of Shelter beds in their CE system.

- Provide fair and equal access to all.

The manual also identifies key outcomes for CES, including connecting people to the right resource at the right time, reducing waiting times, and prioritizing those with the greatest need and who are hardest to serve.

The CES process is a collaborative effort, which includes Samaritan House as the primary provider of front-end services. The County's Center on Homelessness (COH), a division of the County's Human Services Agency (HSA), oversees CES housing matches and referrals. Core Service Agencies (the Cores),[13] HOT teams, Shelters, and housing programs serve as key partners in CES, conducting prescreening, assisting participants, and receiving and processing program referrals. These roles are described in greater detail below.

The following subsections summarize the design and structure of the County's CE system.

1. Populations Served and Eligibility

CES serves all populations experiencing homelessness, including families, adult only households, and youth. While CES includes dedicated resources and slightly different screening processes for certain groups, such as youth and families, its core structure and the flow of households through the system remain consistent for most participants.

To access CES, individuals and households must meet HUD's definition of homelessness. Eligible participants include those who are "literally homeless" (i.e., residing in Shelter or an unsheltered situation including vehicles/RVs), at imminent risk of homelessness (i.e. residence will be lost within 14 days of the date of application for homeless assistance), or fleeing domestic violence.[14] Households at imminent risk must also demonstrate they have no other housing options and their housing crisis cannot be resolved through general resources, such

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[13] The Core Service Agencies are Coastside Hope, Daly City Community Services Center, Fair Oaks Community Center, Pacifica Resource Center, Puente de la Costa Sur, Samaritan House, Samaritan House South, and YMCA Community Resource Center.

[14] "Literally homeless" also include people exiting from institutions where they resided for 90 days or less if they were living in an emergency Shelter or unsheltered situation immediately before entering the institution. **https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/four-categories/**. HUD's definition of domestic violence includes "dating violence, sexual assault, stalking, and other similar dangerous conditions includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking)." **https://www.ecfr.gov/current/title-24/section-578.3**.

as EFA resources, available through the Cores. Additionally, households at imminent risk are not eligible for all CES services, including federally funded RRH and PSH programs.

In addition to meeting HUD homelessness definitions, households seeking CE services must meet the County's residency requirements. According to the County's current Residency Policy, which became effective in January of 2024, participants must be current residents of the County (i.e., living in the County for at least one day) before they can access the CE system.

To demonstrate residency, participants must complete a Residency Affidavit form that includes the last 12 months of their residency history and provide one or more documents with evidence of current residency in the County. These documents could include items such as lease agreements, bill statements, school enrollment paperwork, benefits documentation, letters from landlords or relatives, or confirmation from service providers familiar with the household.

2. Key System Partners

While COH provides overall oversight of CES, different entities are responsible for implementing specific components of the process. In addition to its oversight role, COH manages prioritizing, matching, and referral of households to permanent housing programs, including RRH and PSH, and manages transfer processes from congregate to non-congregate shelter.

The County contracts with Samaritan House to operate portions of the CES, including the Diversion, assessment, and Shelter referral processes.

As the CES provider, Samaritan House is responsible for:
- Providing oversight and training to the Cores, HOT teams, and other institutional partners, who conduct initial CES screenings,

- Providing Diversion services,

- Completing standardized assessments,

- Managing Shelter prioritization and referrals, and

- Collaborating closely with other systems of care and safety net services to connect CES participants to additional resources outside of CES.

Samaritan House's staffing for the CES program consists of seven Diversion Specialists, a Lead Diversion Specialist, one CES Assistant Manager, a CES Program Manager, and an Associate Director that support CES functions and management.[15] Samaritan House provides internal onboarding training to CES staff including training on CES processes and policies, local resources outside CES, Shelters and their policies, an overview of Diversion strategies, and opportunities to shadow current CES Specialists. In addition, CES staff also receive ongoing skill building training on various topics such as Diversion practices used by the Cleveland Mediation Center, domestic violence training and certification provided by Community Overcoming Relationship Abuse (CORA), trauma informed care training, and presentations from partner agencies such as the Institute on Aging.

Other providers, including Cores, HOT teams, Shelters, and housing programs, serve as key partners in the system. Table 1 provides an overview of description of the roles various system partners play, with further descriptions in subsequent sections.

Table 1: CES Implementation Partners

Role in CE System	Organization Type/Agency
Access points	Core Service Agencies, Homeless Outreach Teams, County Jails/Hospital, Shelters
Initial screening	Core Service Agencies, HOT teams, Institutions Program
Diversion and assessment	Samaritan House
Shelter prioritization/request list/referrals	Samaritan House, COH
Housing prioritization/matching/referrals	COH
Receive referrals and enroll participants	Housing and Shelter providers
Policy development, implementation coordination, and system oversight	COH and CEO

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[15] Samaritan House also has additional CES staff dedicated to the County's Encampment Resolution Fund (ERF) program. That program is currently being evaluated separately and is generally outside the scope of this evaluation.

3. Components of San Mateo County's CES

The County's CES consists of several components, or stages, through which households accessing services move sequentially: access, Diversion, assessment and prioritization, and matching and referral. The process narrows at each stage, with progressively fewer households moving forward to each phase. Figure 1 provides a stylized depiction of how participants flow through these stages, and each component is described in further detail below.

Figure 1: Implementation of Coordinated Entry System in San Mateo County
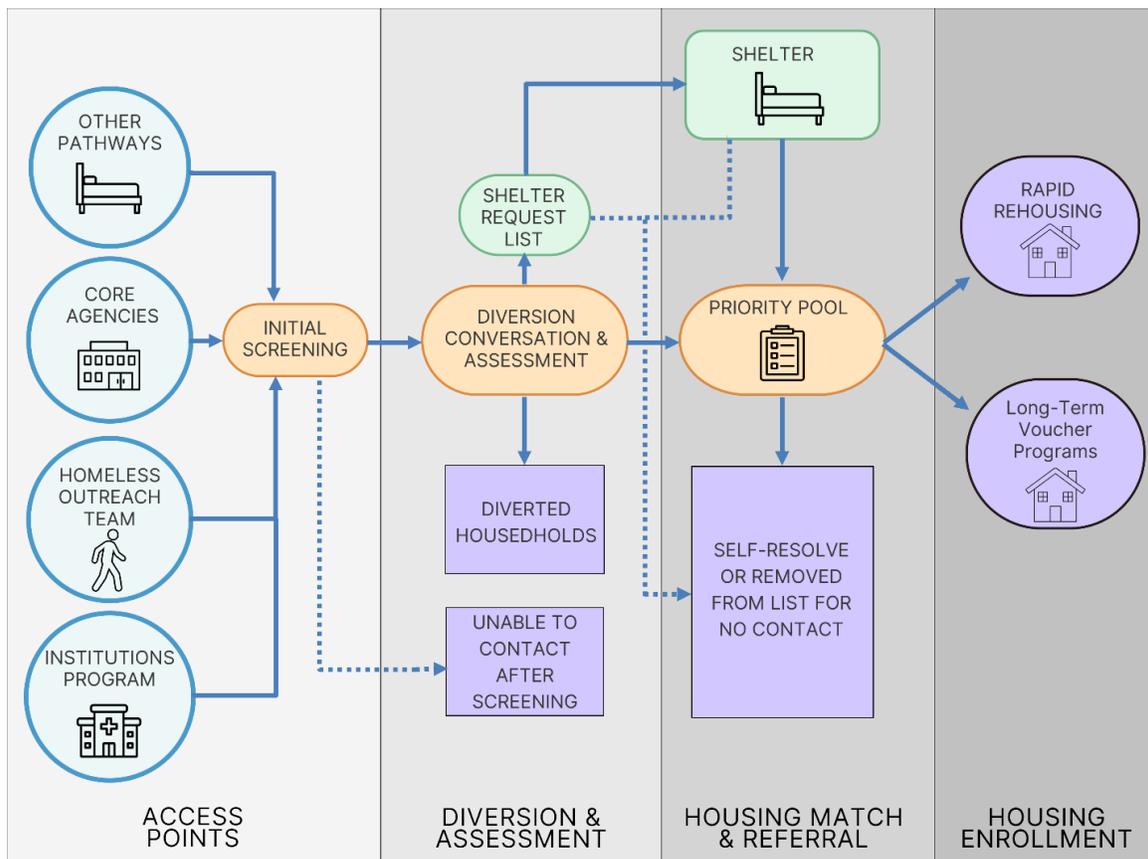
a. Access and Initial Screening

The first stage of CES involves entering the system through a designated access point. The County's CES includes multiple access points, with eight Cores (7 agencies) serving as the

primary entry sites.[16] Additional access points include HOT teams, County Jail and County hospital, and Shelter programs. Each access point is described in further detail below.

Core Service Agency Access Points

The Cores are each responsible for providing safety net services to a designated region, covering the entire geographic area of the County. In addition to CES, the Cores provide a variety of emergency safety net services, such as rent, utility, and food assistance. People who call 211 (the State's phone line that connects callers with local community services) to access housing or Shelter are directed to the Core for their region. Table 2 lists the Cores, their locations, and areas served and Figure 2 maps each Core location.

Table 2: Core Service Agencies and Areas Served

Core Service Agency	Location	Areas Served
Coastside Hope	Half Moon Bay	Half Moon Bay, Montara
Daly City Community Services Center	Daly City	Daly City, Colma, Broadmoor
Fair Oaks Community Center	Redwood City	Redwood City, North Fair Oaks, Portola Valley, Woodside
Pacifica Resource Center	Pacifica	Pacifica
Puente de la Costa Sur	Pescadero	Pescadero, La Honda, Loma Mar, San Gregorio
Samaritan House	San Mateo	San Mateo, Belmont, Burlingame, Foster City
	East Palo Alto	East Palo Alto, Menlo Park
YMCA Community Resource Center	South San Francisco	South San Francisco, Brisbane

[16] One Core (Samaritan House) covers two geographic areas.

Figure 2: Map of the Core Service Agencies' Locations
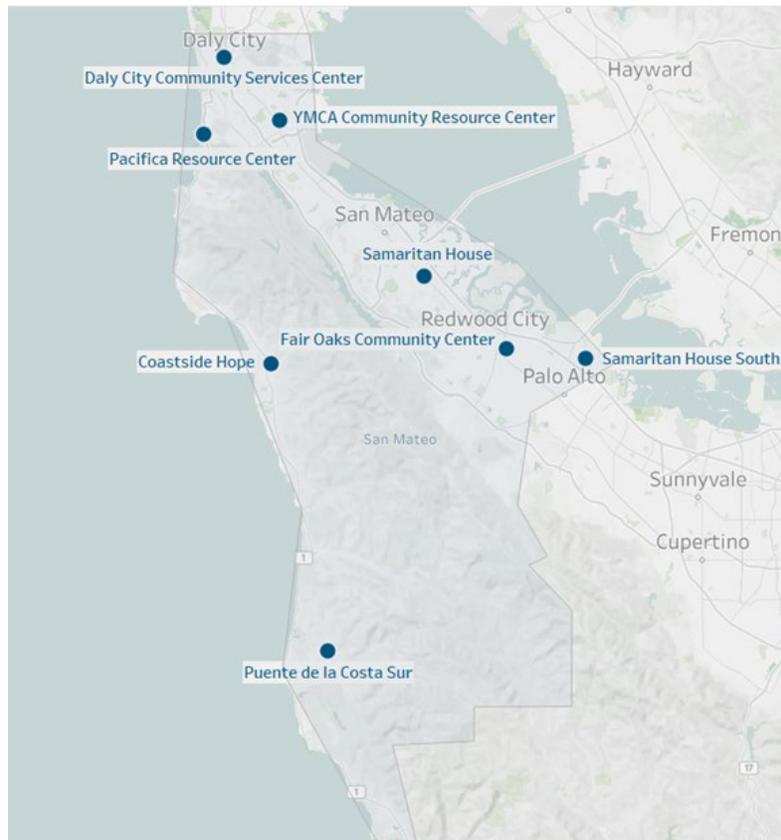
The Cores are responsible for conducting the initial screening for all participants seeking access to CES.[17] During this initial screening, Core staff determine if the household's need can be met with general safety net services offered by the Core, or if the household is experiencing homelessness and thus eligible for CES. The Cores use a brief, seven question screener that gathers just enough information to determine eligibility for referral to CES.

Screening questions collect the following type of information:

- Names of household members

- Household composition (family or adult only household)

- Where the household is staying geographically (those not currently staying in San Mateo County are directed to the CE system in their community of residence)

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[17] Outreach programs, some institutional partners, and dedicated emergency shelter bed locations also conduct a brief screening and complete residency affidavit paperwork.

- Housing situation (e.g. in car, streets, in apartment, etc.)

- If household is housed

  o Are they safe in their current housing

  o Do they need to vacate by a specific date and for what reason

- If the household has any other housing options.

For households determined eligible for CES, Core staff are responsible for collecting required documentation. This includes the residency affidavit confirming the household is a current resident of the County and documenting their residency history over the past 12 months, using documents such as lease agreements or benefit records. If a household is fleeing domestic violence, Core agency staff connect them to the CORA hotline prior to initiating the Diversion conversation.

Once the documentation is complete, Core agency staff create or update the household's profile in HMIS and make a referral to Samaritan House for a Diversion conversation. Samaritan House CES staff receive these referrals and meets with the household either in person or via phone, with the goal of connecting with the household within 24 hours (or the next business day).

Samaritan House Diversion Specialists are assigned to specific Cores and are available from 8:45 a.m. through 4:15 p.m., Monday through Friday. Diversion Specialists can conduct assessments over the phone and are also onsite at the Cores for a limited number of days per week and can conduct in-person assessments during those days. If households do not have access to a phone, each Core has phones available for use and coordinates with Samaritan House to schedule the assessment. Wait times from initial CES screening to assessment vary depending on the volume of people seeking services on a given day, however Cores typically message that persons can expect a call within an hour.

HOT Access Point

HOT teams are County-contracted street outreach teams operated by two organizations that cover the County's geographic area.[18] Under current CES policy, HOT staff are instructed to

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[18] Outreach teams are provided by LifeMoves and Pacifica Resource Center.

encourage unsheltered people to visit their local Core agency for CES screening.[19] HOT staff do not conduct CES Diversion conversations or assessments directly.

For those that decline or are unable to visit a Core, HOT staff can make direct referrals to a Samaritan House Diversion Specialist who then connects with the client via phone. If the person does not have a phone, the Diversion Specialist will connect with the household through the HOT staff's phone. This requires HOT staff to remain in the vicinity of the participants until a Samaritan House Diversion Specialist is available, and the assessment is complete.

There are also non-County contracted outreach teams operating in San Mateo County; however, most cannot make direct referrals to a Samaritan House Diversion Specialist and must instead direct individuals to the Core agencies.[20]

Institutional (Jail/Hospital) Access Points

In December 2019, the County entered into another agreement with Samaritan House to make CES services directly available to people exiting County jails and the County hospital, known as the "Institutions Program." In June 2022, the CES contract was amended to include the Institutions Program component in the regular contract. People exiting these institutions who do not have housing and would otherwise exit into homelessness are connected to a Samaritan House Diversion Specialist by a discharge planning staff within seven days of the individual's scheduled exit.

As part of the broader Institutions Program, the County has expanded coordination over time. In 2025, the County established a coordination process with the San Mateo County Probation Department to help maintain contact with individuals released from County correctional facilities. In addition, the Shelter case managers connect with the San Mateo Medical Center social workers to coordinate services for clients who were referred through the Institutions Program who present medical needs that require a higher level of care. Through this ongoing connection, the hospital discharge planner can help to identify and arrange placement for those persons into skilled nursing facilities or similar facilities.

[19] The ERF Program does have Diversion Specialists who accompany outreach teams and conduct CES assessments in the field at designated ERF encampment sites. This service is limited to ERF program participants.
[20] The San Mateo Police Department's HOT can make direct referrals to the Samaritan House CES team.

In limited circumstances, people experiencing homelessness can directly enter a Shelter before going through the full CES process. For example, some Shelters have dedicated beds set aside for immediate access for specific populations such as Veterans and adults with mental health needs receiving Behavioral Health and Recovery Services (BHRS), and some Shelter beds are opened during inclement weather situations. In addition, a small number of emergency cots are maintained in three adult congregate shelters for Homeless Outreach Teams to make direct placements into shelter outside of regular business hours.

In these instances, Shelter staff screen households accessing these beds to determine their residency status, review eligibility for services, and review the household's HMIS profile to identify whether the individual has a completed CES assessment. If the household does not have a current CES assessment, Shelter staff gather residency documentation and email Samaritan House to schedule a CES assessment. For dedicated Shelter beds, referrals to CES must be made within 10 business days of Shelter program enrollment. For the primary inclement weather Shelter at the San Mateo County Event Center CES assessments are completed onsite by Samaritan House staff on the morning of the inclement weather Shelter deactivation. At overflow inclement weather sites, participants are referred to connect with CES. Emergency cots are temporary and last only until the next business day that CES is open, when the client must connect with CES to complete an assessment.

b. Diversion

The County CES Policy Manual describes Diversion as an approach "to support as many households as possible in securing a housing solution without entering a Shelter or other homeless system program." Diversion is a process in which trained staff use a housing problem solving approach to assess each household's strengths, networks, and resources to identify positive alternatives to avoid the need for further homelessness response system services (e.g. Shelter or housing programs) and to resolve or avoid a homeless episode. This resolution can come in the form of options such as identifying a new housing situation (e.g., a room for rent), reuniting with family or friends, or other housing solutions.

The Diversion component of the CES involves a problem-solving conversation with a Samaritan House Diversion Specialist during the assessment process, paired with access to flexible funding. Flexible funding is most often used for move-in deposits and first month's rent but can also cover other expenses that help households maintain or regain stable

housing, such as transportation costs and apartment application fees. Samaritan House administers and tracks these funds as part of its service contract.

All households accessing CES participate in a Diversion conversation. If a household chooses to pursue a Diversion solution, they are not referred to Shelter, as Diversion serves as an alternative to a Shelter entry. However, individuals on the Shelter request list who later identify an alternative housing option may contact Samaritan House to explore financial assistance through Diversion instead of proceeding to Shelter. If a safe housing solution cannot be identified through Diversion, the household continues with the assessment phase of the CES process.

c. Shelter and Housing Assessments and Prioritization

If a housing solution cannot be identified through Diversion, Samaritan House staff conduct a standardized assessment to identify participants' needs and housing barriers. There are two different CES assessments, one for families and one for adult-only and youth households. The assessments were developed in 2017 and 2018 during the CES initial launch and were uniquely created for San Mateo County based on local context and community priorities.

The assessments are typically conducted during a 30 – 45-minute conversation and gather information such as the household's current living situation, history with homelessness, history with evictions, presence of a senior (62+) in the household, frequency of use of crisis services, income level, pregnancy status of household members, presence of conditions that make maintaining housing a challenge, history of felony convictions, and history of arrests and citations by law enforcement. The adult-only and youth assessment consists of 16 questions while the family assessment consists of 17. Although both assessments gather similar information, the questions in the family assessment are phrased and scored differently as it takes into account the needs of family households and captures information about all household members, including minor children. The assessments are almost entirely based on participant self-report, except for a question about the households' history of Shelter use in the last two years, which is automatically answered based on data in HMIS.

Answers to assessment questions are weighted and generate two scores for each household, a Shelter score and a housing score. The assessments are designed so that individuals with higher Shelter and housing scores are those with the highest housing barriers and vulnerabilities.

The Shelter score is generated using a subset of questions in the full assessment and is used by Samaritan House CES staff to prioritize households for offers of Shelter.[21] This score is calculated automatically by HMIS. Households who are assessed can request to be matched to a Shelter or opt out of Shelter; if a Shelter match is not available at the time of assessment, the household will be added to the Shelter request list.

All households who complete a CES assessment are added to priority pool, which is a list of households ordered from highest to lowest housing score. COH manages the priority pool and uses it to prioritize and match households to available housing opportunities within CES. The match process is further described in subsequent sections.

A household's scores are only visible to COH staff and Samaritan House CES leadership. COH has access to both the Shelter and Housing scores, while Samaritan House CES leadership can access only Shelter scores. The household's scores, including the weighting and scoring details, are not shared with Diversion Specialists, the participant, or community partners that may be working with a participant.

As stated in the Samaritan House's CES procedures documentation, participant's case managers (such as a behavioral health staff or outreach worker) may request a reassessment if the original assessment appears inaccurate or if the participant's circumstances have significantly changed. Participants staying in Shelter are not required to be reassessed during their Shelter stay; however, participants not in Shelter must be reassessed every six months or they will be removed from the housing priority pool.

d. Shelter Request List and Referral

Samaritan House's CES staff manage the request list for and referrals to Shelters. Two primary prioritization factors are used in Shelter offers, the Shelter score and the presence of community ties. Households with documented ties to the County, such as prior school enrollments, leases, utility bills, or other documented connections, will be selected off the request list first from highest Shelter score to lowest score. Once all participants with community ties have been referred, then those without ties are referred in order of Shelter score.

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[21] Shelter scores are also used by COH to inform transfers from congregate to non-congregate shelters.

Outside of the Shelter score and community ties factors, participants may be skipped over if they are currently banned from Shelter including from the specific Shelter with an opening. Samaritan House staff also consider eligibility requirements and/or preferences for the Coast House specifically for participants who live on the Coast. Referrals to Coast House are managed via a separate list.

For households interested in Shelter, Samaritan House staff add them to a Shelter request list, unless a same day Shelter bed is available. Family households must first be verified as meeting the HUD definition of literally homeless before being added to the Shelter request list. CES staff coordinate with HOT staff, who conduct in-person checks to confirm the household is living in an unsheltered situation. HOT verification is not required for non-family households. Samaritan House staff maintain regular communication with Shelters to ensure up-to-date information on bed availability. When a bed becomes available, Samaritan House staff contact the next prioritized and eligible person on the Shelter request list, who is typically required to present at the Shelter the same day.

In cases where a participant refuses a Shelter bed or self-exits a Shelter and returns to CES within 7 days, Samaritan House staff place the household on a 14-business day "ban list." During this period, households cannot receive any CES services, including Diversion or Shelter services.

e. Housing Match and Referral

COH manages the matching process to permanent housing programs in CES. Participants who receive an assessment are placed in the priority pool ordered by housing score. As housing options become available, participants may be matched to openings in permanent housing programs, including RRH, PSH, and other long-term voucher programs. Not all housing programs in the County are filled through CES. Table 3 summarizes housing programs filled through CES and programs, inclusive of some short-term temporary stay programs and other residential options, filled through processes outside of CES. Participants accessing CES who are waiting in the priority pool are not precluded from also attempting to access housing through the housing options filled outside of the CES system. For example, a household in the CES priority pool could also apply to general affordable housing waitlists.

Additionally, households enrolled in Shelter or receiving HOT services may be receiving case management services that assist them in identifying housing options available outside of CES, such as those listed in the right-hand side of Table 3. However, households waiting on

the Shelter request list and unsheltered households unconnected to HOT case management services would not have access to this case management support.

Table 3: Housing and Residential Programs Inside and Outside of CES

Programs Accessed through CES	Options Accessed Outside CES

Long-Term Voucher Program
• Programs operated by the Housing Authority including
   o Certain Project or Sponsor-based Vouchers for specific sites (e.g., Waverly Place, Belmont Apartments)
   o Certain units at HomeKey projects set aside for people experiencing homelessness (e.g., Shores Landing, Casa Esperanza)
   o Emergency Housing Vouchers (EHV)
   o Housing Readiness Program (HRP)
   o Permanent Supportive Housing (PSH) vouchers
   o Stability Vouchers (SV)
• MHA Support and Advocacy for Young Adults in Transition (SAYAT) program
Rapid Rehousing Programs
• Abode RRH programs including
   o Housing and Disability Advocacy (HDAP) RRH program
   o Measure K RRH program
• LifeMoves RRH programs including
   o County and State ESG RRH
   o HUD RRH
   o Savings and Financial Education (SAFE) RRH program
• Nation's Finest Supportive Services for Veteran and their Families (SSVF) RRH program
• StarVista RRH Services for Youth*
	• Abode CalWORKs Housing Support Program (HSP)
	• Alcohol or Other Drug (AOD) residential treatment programs
	• Behavioral Health and Rehabilitation Services (BHRS) programs
	• Supportive housing funded by the State Housing for a Healthy California (HHC) program
	• Board and Care facilities and Skilled Nursing Facilities (SNF)
	• CORA permanent housing programs for survivors fleeing domestic violence
	• Family Unification Program (FUP) – Youth
	• General affordable housing and senior housing projects
	• HUD-VASH
	• Moving to Work (MTW) Subsidy (Section 8)
	• Shared housing (through HIP Housing or others)
	• Sober living environments

* StarVista ceased operations in August 2025 but was operating during the time of this evaluation.

Each week, housing program providers inform COH of openings in their housing programs and request referrals. COH then reviews households in the housing priority pool for eligibility starting with the highest scoring households. When an eligible household is found, their information is sent to the housing program as the presumptive match to fill the opening. For some project-based programs, the housing program requests multiple presumptive matches for a single opening. For example, Casa Esperanza receives five presumptive matches for every one unit that opens. Tenant based programs, such as RRH programs and permanent housing vouchers, receive one match per opening.

With limited exceptions, all housing programs that receive referrals through CES require participants to already be connected to case management or a mental health service provider. Typically, this means participants must be in a Shelter or connected with street outreach services. The Housing Voucher Navigation Program (HVN), operated by the Mental Health Association, offers a limited number of housing navigation slots for households in the priority pool who are not connected to a case manager. If a household is the highest scoring household on the list but is not connected to a case manager they will be concurrently enrolled in the HVN program, which will serve as their connection to case management. If there are no slots in the HVN program available, households not currently receiving case management may be skipped for housing opportunities and the referral goes to the next eligible household.

For Permanent Supportive Housing programs, households must also demonstrate a minimum total assessment score of 55 or higher. Some programs have additional requirements, such as chronically homeless status or a requirement that the head of household be 62 years of age or older.

f. Enrollment

The CES process concludes after participants are referred to and enroll in housing programs. Once COH has sent the presumptive match referrals via email, it is the responsibility of either the existing case manager connected to the household, such as a Shelter or outreach case manager, or housing program staff to assist referred participants to gather documents needed for program enrollment.

Not all households referred to a program will make it through the enrollment process. Some participants may choose to decline a referral, while others may be unable to gather required documentation in the allowed timeframe or, in the case of project-based units, who

determine their own rental screening criteria, participants can also be screened out in the application process. For participants who are referred but do not enroll, they return to the priority pool to await another potential presumptive match. Once a participant is enrolled in a housing program, their case manager assigned through that program takes over housing search/lease-up activities.

V. FINDINGS FROM ANALYSIS OF HMIS DATA

The following sections summarize quantitative analyses of HMIS data. Section A provides an overview of annual system outputs including CES enrollment, assessment, and referrals during the one-year period from July 2023 to June 2024 (FY24). Section B summarizes longitudinal patterns over the three-year period from July 2022 to June 2025 for a cohort of households who enrolled in CES to examine flow through the system. Counts and other results differ in the two sections due to different cohorts of participants and timeframes.

A. CES Annual Outputs

This section summarizes information on households served in CES in FY24. It provides a systemwide overview of households' enrollment in CES and interactions with Diversion, Shelter, and housing programs, including program entry volume and distribution, entry pathways, Diversion outcomes, assessments, and referrals by household type.

In FY24, 2,216 households enrolled in CES, of which 2,111 received an assessment and 197 were diverted from Shelter or placement in the priority pool. Some households were unable to be contacted for an assessment after the initial screening and enrollment. A total of 1,377 households enrolled in Shelter, 343 households received a housing program referral, and 327 households enrolled in a housing program accessed through CES.[22] The majority of those enrollments (260) were to Rapid Rehousing programs. This equates to a monthly average of about 185 households who enroll in CES, 115 who enroll in Shelter, and 29 who receive a housing referral.

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[22] An additional 99 households enrolled in housing programs accessed outside of CES for which data is collected in HMIS, such as VASH programs.

Households with Shelter request list entries, housing referrals, or enrollments in Shelter or housing programs in FY24 may have enrolled in CES and/or received assessments prior to the start of the period or after the end of the period. Because households included in each phase of CES in FY24 may not be included in the prior phase, numbers are not additive. Table 4 summarizes the number of households in each phase of CES in FY24. Subsequent subsections provide additional detail.

Table 4: Households Served and Programs Accessed through CES, FY24

System Component	Number of Unique Households
Enrolled in CES	2,216
Diverted (found a housing alternative)	*197 (9%)*
Assessed and Placed in Priority Pool	2,111
Enrolled in a Shelter Program	1,377
Placed on Shelter Request List (no same day bed available)	*989 (72%)*
Referred to a Housing Program	343
Enrolled in a Housing Program*	327
Rapid Rehousing Program	*260 (80%)*
Long-Term Voucher Program	*68 (21%)*
Permanent Supportive Housing	*25 (8%)*
Other voucher programs	*43 (13%)*

* Households are counted within each program in which they enrolled. Thus, the sum across programs exceeds the total number of unduplicated households.

CES Program Enrollments

As summarized in Table 5, of the 2,216 unduplicated households who entered the CES program in FY24, most were adult-only households (84%), and a smaller proportion (16%) were families with children.

Table 5: CES Program Enrollment by Household Type, FY24

Household Type	Households Enrolled in CES Program
Adult-Only	1,855 (84%)
Family with Children	354 (16%)
Other or Unknown Household Type	7 (<1%)
Total	2,216

Approximately 35% of households enrolled in CES were referred from HOT, and 75% were referred from Cores.[23] A small number of connections occurred through the Institutional Program (4%). Referral sources to CES are summarized in Table 6. Many households were connected to CES multiple times in the period, in some cases through different referral sources. Thus, the sum of individual referral sources exceeds the total unduplicated households.

Table 6: CES Enrollments by Referral Source, FY24

CES Program Referral Source	Households Enrolled in CES Program
Core Agency	1,670 (75%)
Homeless Outreach Team	778 (35%)
Institutional Program	98 (4%)
Total	2,216

Note: Households are counted within each source through which they were connected to CES. Thus, the sum across sources exceeds the total number of unduplicated households.

Diversion to Permanent Housing

About 9% of households (n=197) were successfully diverted from Shelter or placement in the priority pool, of which 44 (22%) received flexible funds.[24] Table 7 summarizes exit destinations from CES and flexible funds utilization.

Table 7: CES Diversion Outcomes, FY24

CES Program Exit Type	Households Enrolled in CES Program
Housing in Community	197 (9%)
Flexible Funds Utilized	*44 (22%)*
Flexible Funds Not Utilized	*153 (78%)*
Any other exit type (i.e., not able to identify a Diversion solution)	2,019 (91%)
Total	2,216

[23] The number of households with referrals to CES exceeds the total number of households with Diversion program enrollments due to households having multiple enrollments with referrals from multiple sources in the reporting period.
[24] Flexible funds are limited, one-time, financial assistance available to households pursuing a Diversion option that can be used to addresses the household's barriers to maintaining or securing housing. The administration of flexible funds is performed and tracked by Samaritan House.

Successfully diverted households who received flexible funds were more likely to exit to independent housing situations (e.g., a unit rented by the household), and households who did not receive flex funds were more likely to exit to housing with family or friends.

As summarized in Table 8, $165,707 in flexible funds was distributed to a total of 44 households across 48 payments in FY24, for an average of $3,452 per household. All payments, with the exception of one, were used for rental assistance or security deposits. About 64% of households who received flex funds received both.

Table 8: Flexible Funding in Diversion, FY24

Flex Funds Category	Average Funds Distributed	Median Funds Distributed	Total Funds Distributed
Rental Assistance (n = 36)	$2,533	$2,180	$88,658
Security Deposit (n = 41)	$1,921	$1,950	$76,847
Transportation Assistance (n = 1)	$202	$202	$202
All (n = 48)	$3,452	$3,550	$165,707

Households must be at imminent risk of homelessness or experiencing homelessness to be eligible for CES enrollment. Approximately one third (34%) of households successfully diverted from Shelter or entry in the priority pool in FY24 were experiencing literal homelessness at the time of their CES enrollment. The prior living situations of successfully diverted households are summarized in Table 9.

Table 9: Prior Living Situations of Successfully Diverted Households, FY24

Prior Living Situation	Successfully Diverted Households
Literal Homelessness	67 (34%)
Institutional Situations	10 (5%)
Temporary or Permanent Housing Situations	123 (62%)
Total	197

Note: Households are counted within each prior living situation they reported when connected to CES. Thus, the sum across sources exceeds the total number of unduplicated households.

Coordinated Entry Assessments

A total of 2,111 households completed Coordinated Entry assessments in FY24, with 3,318 Coordinated Entry assessments conducted in the year, or an average of about 1.6

assessments per household.[25] This includes 2,964 adult assessments and 354 family assessments, as summarized in Table 9.[26]

Table 10: CES Assessments by Household Type, FY24

Coordinated Entry Assessment Type	Number of Assessments Conducted
Adult/Youth Assessment	2,964 (89%)
Family Assessment	354 (11%)
Total	3,318

An average of 277 assessments were conducted per month during FY24, which roughly equates to 12 to 14 assessments per business day on average. In January 2024, CES experienced an increase in assessments corresponding to a change in residency policy, which reduced the required residency for participation in CES from 90 days to one day. As visualized in Figure 3, the overall increase in assessments throughout the year was primarily driven by a higher volume of adult assessments. Family assessments remained relatively steady over time.

Figure 3: CES Assessments by Month, FY24
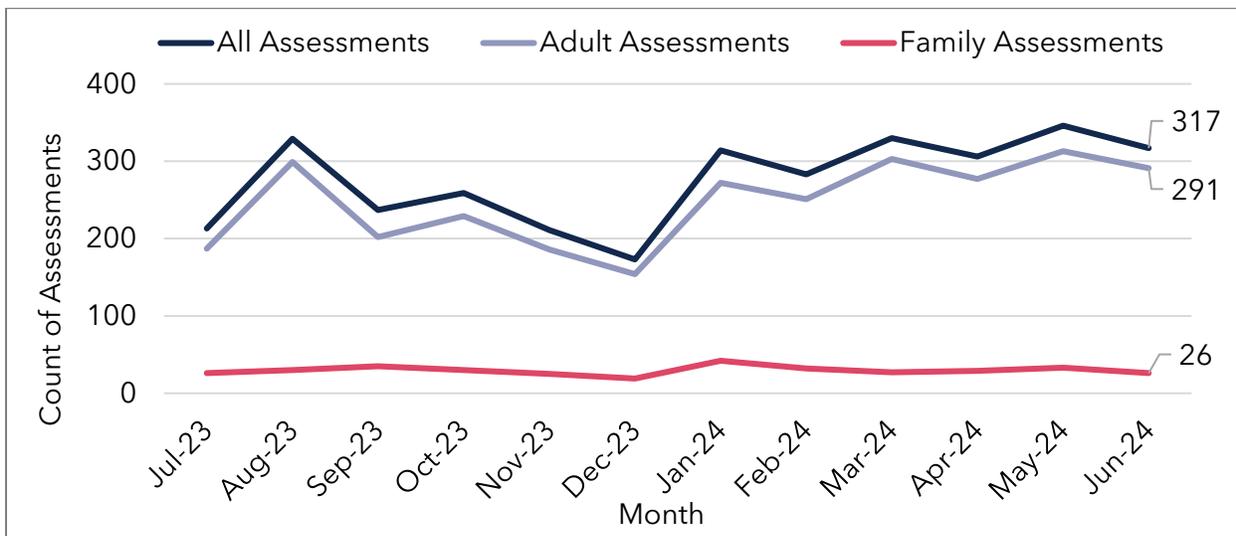
Shelter Enrollments

A total of 1,377 unduplicated households entered Shelter programs in FY24, with an average of 1.4 Shelter entries per household in the year. Of the 1,377 households, 989 (72%) were placed on the Shelter request list before their Shelter program entry because a bed was not available at the time of their assessment. Some households were placed on the request list more than once, with an average of 1.2 request list placements per household in the period. As summarized in Table 10, a total of 660 households were placed on the adult/youth Shelter request list, 208 were placed on the family Shelter request list, and 133 were placed on the Coast House request list.

Table 11: Shelter Request List Placements, FY24

Shelter Request List	Number of Households
Adult/Youth Shelter Request List	660 (67%)
Family Shelter Request List	208 (21%)
Coast House Request List	133 (13%)
Total	989

Note: Households are counted within each list on which they were entered. Thus, the sum across lists exceeds the total number of unduplicated households.

Housing Program Referrals

A total of 343 unduplicated households were referred to housing programs in FY24, with an average of 1.3 housing referrals per household of those with at least one housing program referral in the period. A total of 284 households were referred to RRH programs, 51 to PSH programs, and 71 to other long-term voucher programs, as summarized in Table 11. Some households received referrals to more than one program type.

Table 12: Housing Program Referrals, FY24

Housing Program Type	Number of Households with Referrals
Rapid Rehousing Program	284 (83%)
Long-Term Voucher Program	119 (35%)
Permanent Supportive Housing	*51 (15%)*
Other Voucher Programs	*71 (21%)*
Total	343

Note: Households are counted within each type of referral they received. Thus, the sum across program types exceeds the total number of unduplicated households.

Housing Program Enrollments

A total of 397 households entered housing programs in FY24, including housing programs receiving referrals through CES and those not receiving referrals through CES, with an average of 1.1 entries per household during the period. A total of 280 households entered RRH programs, 80 entered PSH programs, and 66 entered other long-term voucher programs. Some households enrolled in more than one program. For example, some households may have enrolled in RRH and subsequently enrolled in PSH. An estimated 82% of housing program enrollments were into programs accessed through CES.[27] Housing program enrollments by type and CES participation are summarized in Table 12.

Table 13: Housing Program Enrollments, FY24

Housing Program Type	Households Enrolled in Programs Accessed through CES	Households Enrolled in Programs Not Accessed through CES	Total
Rapid Rehousing Program	260	20	280 (71%)
Long-Term Voucher Program	68	79	147 (37%)
Permanent Supportive Housing	*25*	*56*	*80 (20%)*
Other Long-term Vouchers	*43*	*23*	*66 (17%)*
Total	327 (82%)	99 (25%)	397

Note: Households are counted within each type of program in which they enrolled. Thus, the sum across program types exceeds the total number of unduplicated households.

B. CES Cohort Analysis

A detailed cohort analysis was completed to better understand how participants move through CES. This section summarizes data for a cohort of 2,985 adult-only households and 571 family households with minor children who entered CES in the two-year period between July 2022 and June 2024 including the number and characteristics of households that move

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[27] Housing programs accessed through CES were estimated based on any housing programs which received referrals for one or more household between July 2022 and June 2025. Housing programs estimated to not receive referrals through CES using this method include Veterans' programs (e.g. VASH) and other programs with dedicated units for specific subpopulations. Please refer to Table 3 for more detail.

on to each phase of the CES process and the relationship between assessment scores and progression through the system.[28] Details are presented by household type due to differences in assessments and availability of housing programs. Additional quantitative details are in **Appendix B**.

CES Flow to Shelter

A total of 2,751 people completed the adult/youth assessment, and 532 family households completed the family assessment between July 2022 and June 2024. Overall, just under half of adult-only households (48%) and family households (49%) enrolled in Shelter within six months of assessment or being added to the request list placement.[29] Some households may enroll in Shelter after a period of longer than six months, and some may decline a Shelter offer within six months. Family households were more likely to be placed on the Shelter request list (75%), while adult-only households were more likely to enroll directly into Shelter without request list placement (22%). Among those who enrolled in Shelter after a request list placement, the average wait time was 40 days for adult households and 48 days for families. System flow to Shelter, including the number of households and average time between each phase, is visualized for adult-only households in Figure 4 and for family households in Figure 5.

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[28] The analysis includes Shelter and housing program enrollment data through July 2025.
[29] Time periods after an event are assigned to measure the extent to which households progress through phases of the CES in a standardized amount of time. The selected time periods in the analysis are six months after assessment for Shelter request list placement and Shelter enrollment, twelve months after assessment for housing program referrals, three months after referrals for RRH enrollment, and six months after referrals for PSH or other long-term voucher enrollments.

Figure 4: Adult-Only Cohort Flow from Assessment to Shelter
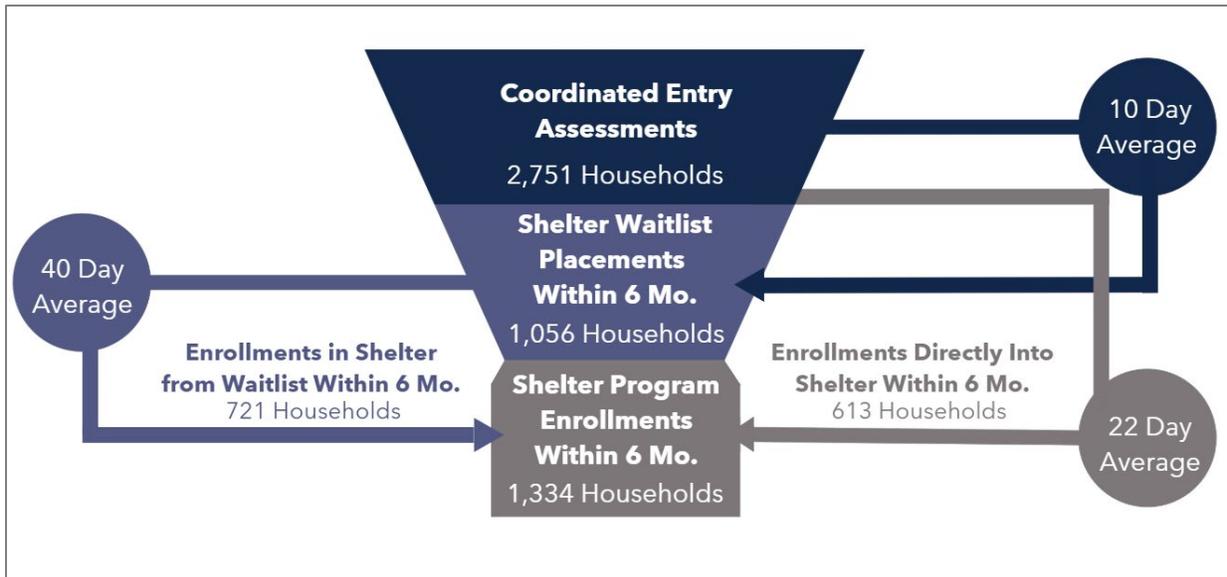
Figure 5: Family Cohort Flow from Assessment to Shelter
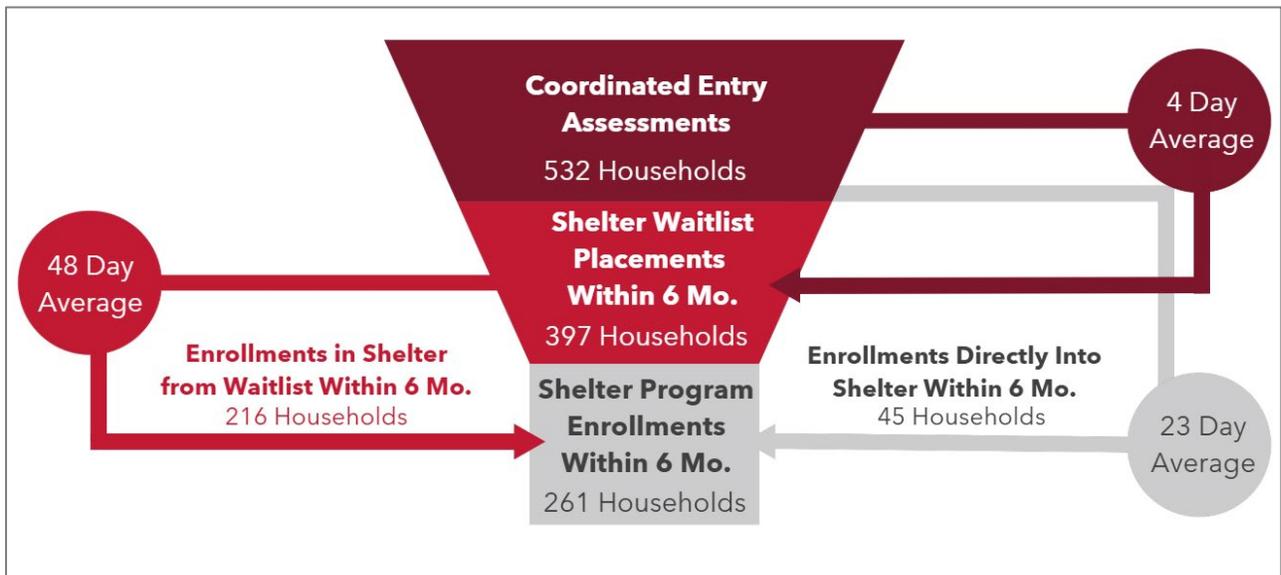
CES Flow to Housing

Of the 2,751 adult-only households and 532 family households who completed Coordinated Entry assessments, fewer than 1 in 5 (553, 17%) received referrals to housing programs within 12 months, and 177 (5%) enrolled in housing programs within three to six months of referral. Households were referred to RRH programs at a higher rate than to long-term voucher programs. System flow to housing is visualized for adult-only households in Figure 6 and for family households in Figure 7.

Figure 6: Adult-Only Cohort Flow from Assessment to Housing

Coordinated Entry Assessments
2,751 Households

| 80 Day Average | 121 Day Average |

RRH Referrals Within 12 Mo.
367 Households

Long-Term Voucher Program Referrals Within 12 Mo.
152 Households

| 28 Day Average | 93 Day Average |

RRH Enrollments Within 3 Mo.
48 Households

Long-Term Voucher Program Enrollments Within 6 Mo.
55 Households
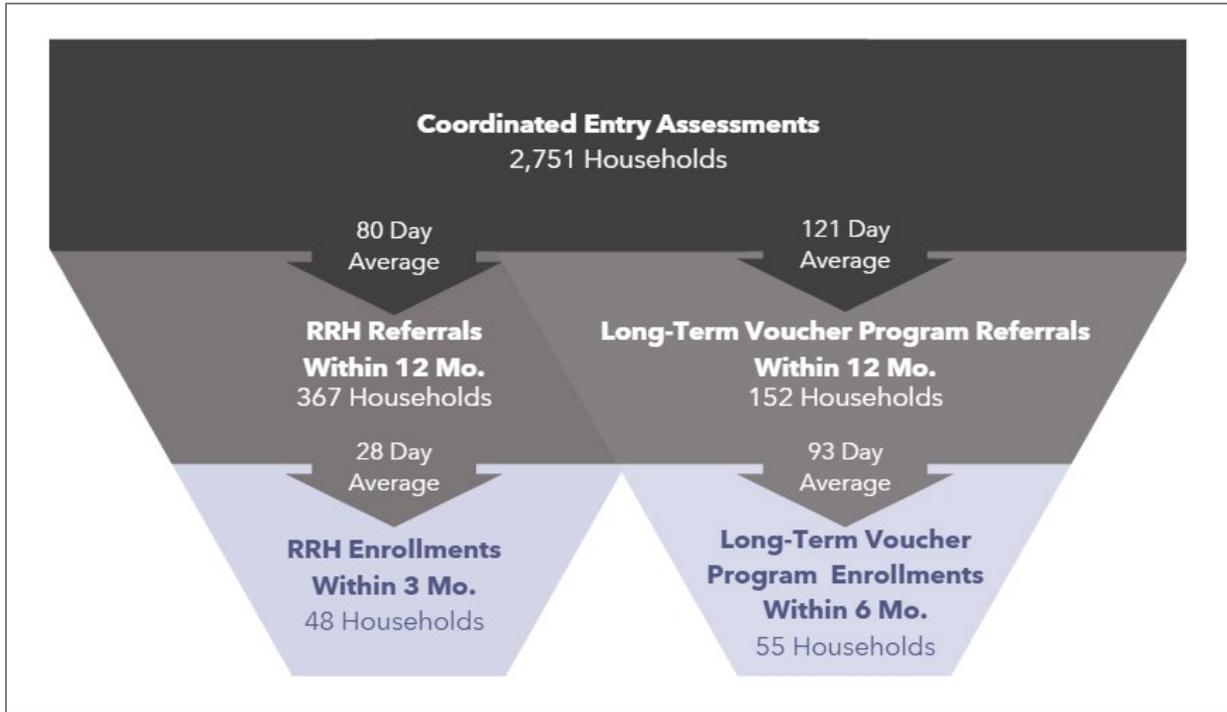
Figure 7: Family Cohort Flow from Assessment to Housing

Coordinated Entry Assessments
532 Households

| 122 Day Average | 90 Day Average |

RRH Referrals Within 12 Mo.
101 Households

Long-Term Voucher Program Referrals Within 12 Mo.
22 Households

| 20 Day Average | 71 Day Average |

RRH Enrollments Within 3 Mo.
54 Households

Long-Term Voucher Program Enrollments Within 6 Mo.
12 Households
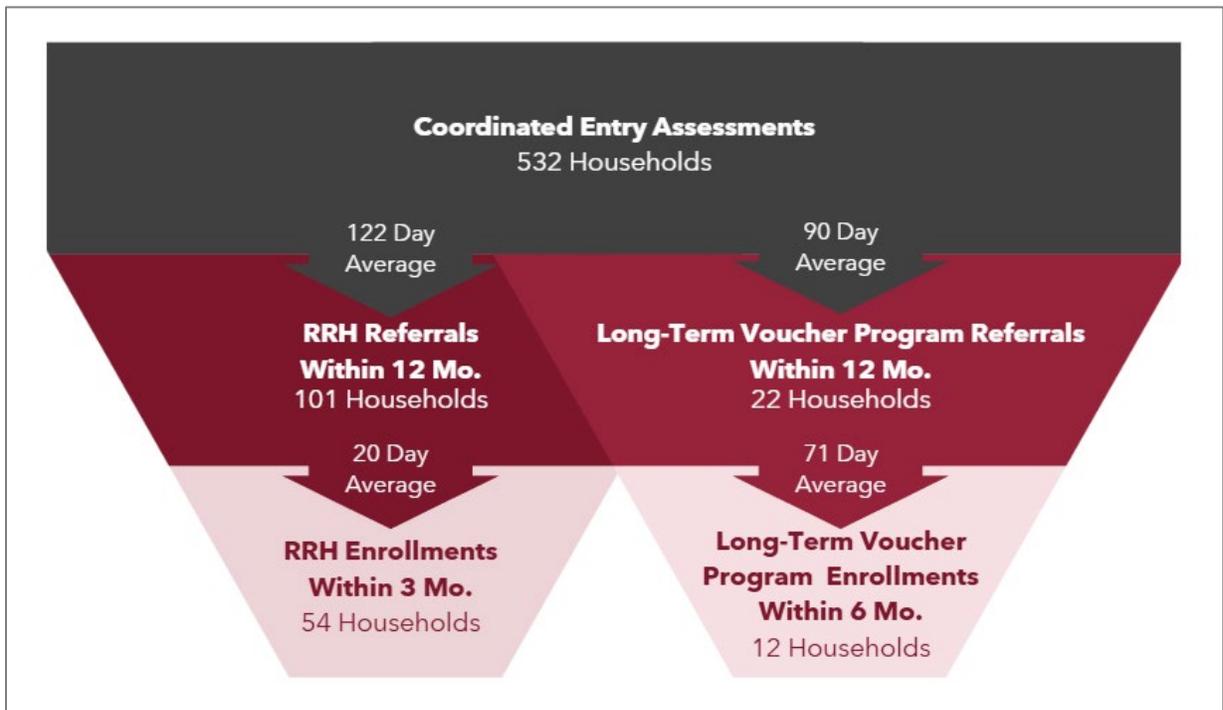
CES Cohort Assessment Scores

Shelter Scores

Adult-only households' Shelter scores ranged from 7 to 135 points with an average and median score of 66 points out of 159 total possible points. Shelter scores for family households ranged from 6 to 61 points with an average of 30 and a median of 31 out of 72 total possible points.

Family households with higher Shelter scores were more likely to be placed on the Shelter request list or enroll directly into Shelter, while Shelter scores for adult-only households had little relationship with request list placements or enrollments. Figure 8 visualizes the relationship between Shelter score and Shelter waitlist placement for adult-only households and Figure 9 for family households.

Figure 8: Adult-Only Shelter Scores by Request List Status, July 2022 to June 2024 (n = 2,751)
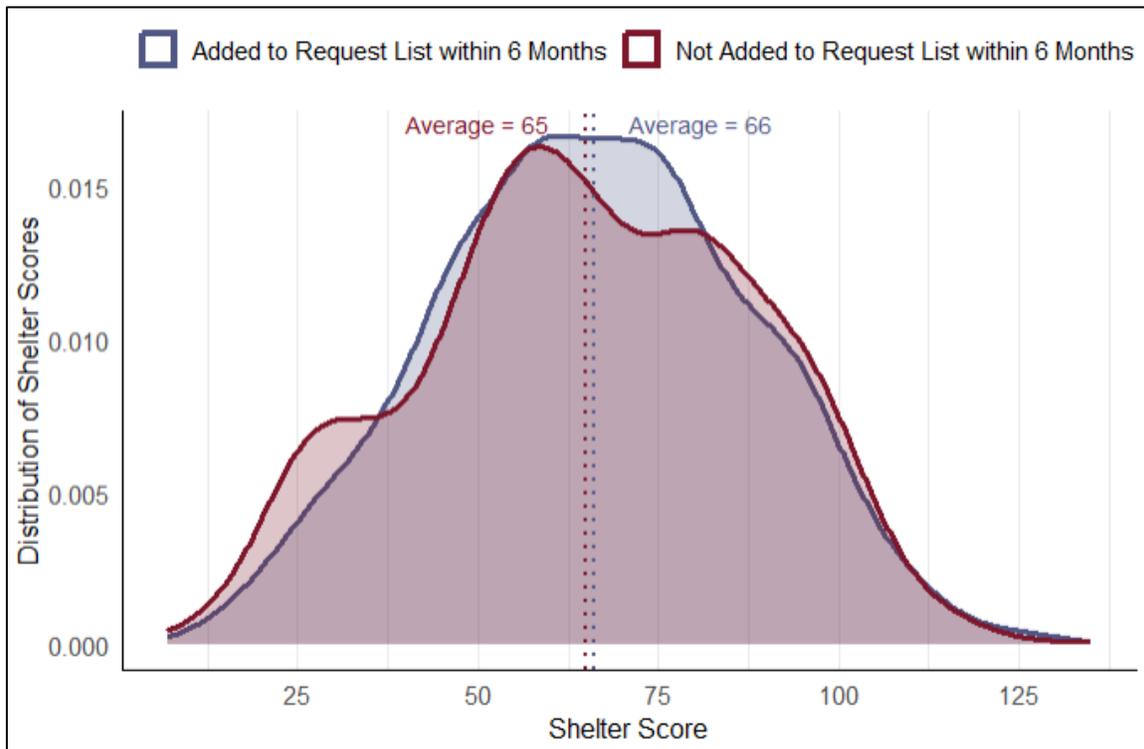
Figure 9: Family Shelter Scores by Request List Status, July 2022 to June 2024 (n=571)
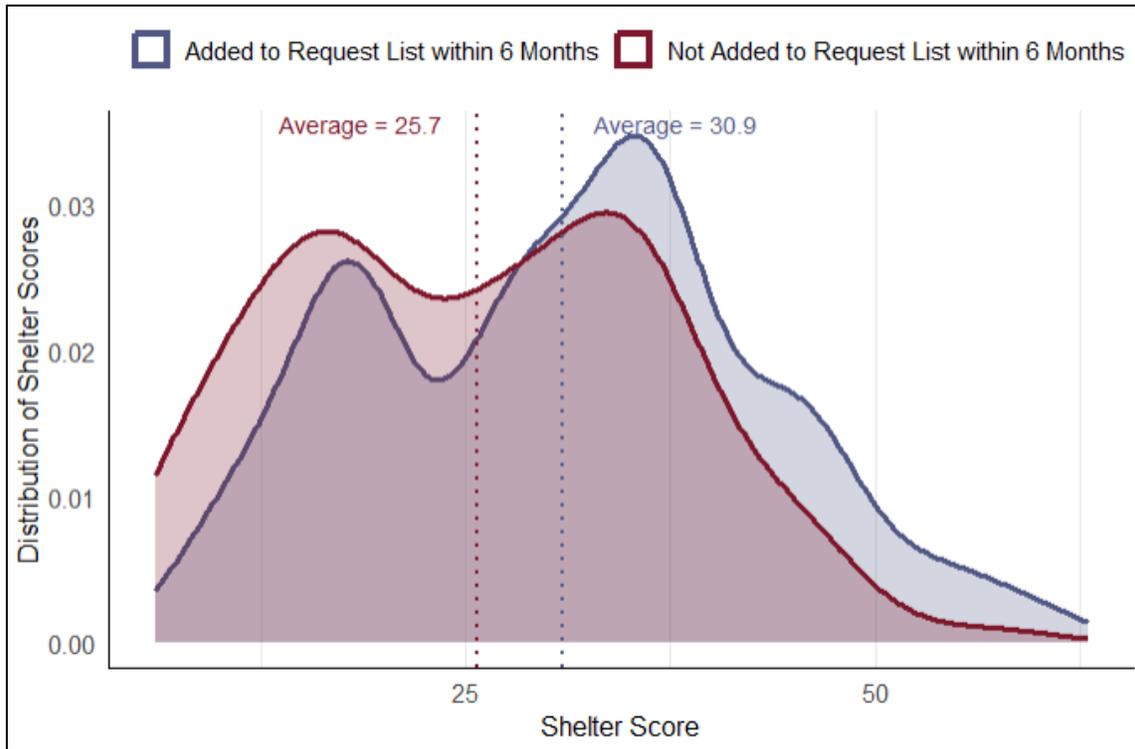
Housing Scores

Housing scores for adult-only households in the period ranged from 7 to 171 points with an average of 88 points and median of 90 points out of 213 total possible points. Housing scores for family households ranged from 6 to 96 points with an average of 39 and median of 36 out of 177 total possible points. Adult-only and family households with higher housing scores were more likely to receive housing referrals.

Figure 10 visualizes the relationship between housing scores and referrals for adult-only households and Figure 11 for family households. Both figures show that households with higher housing scores were more likely to receive housing referrals.

Figure 10: Adult-only Housing Scores by Housing Referral Status, July 2022 to June 2024 (n = 2,751)
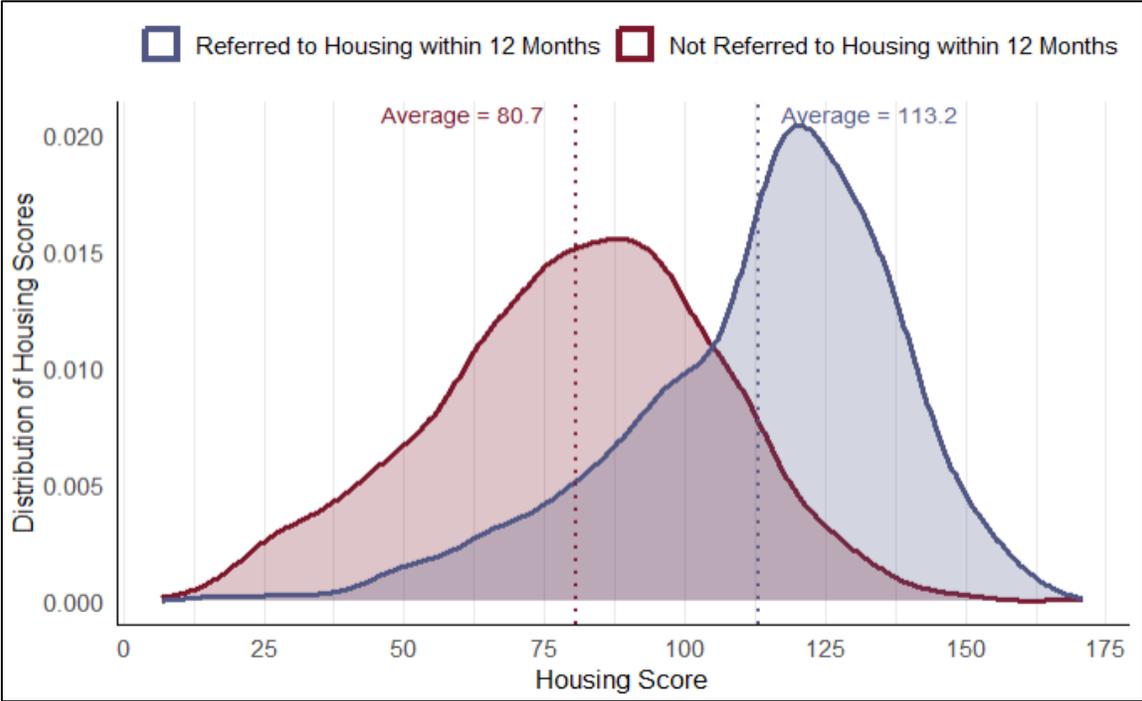
Figure 11: Family Housing Scores by Housing Referral Status, July 2022 to June 2024 (n=571)
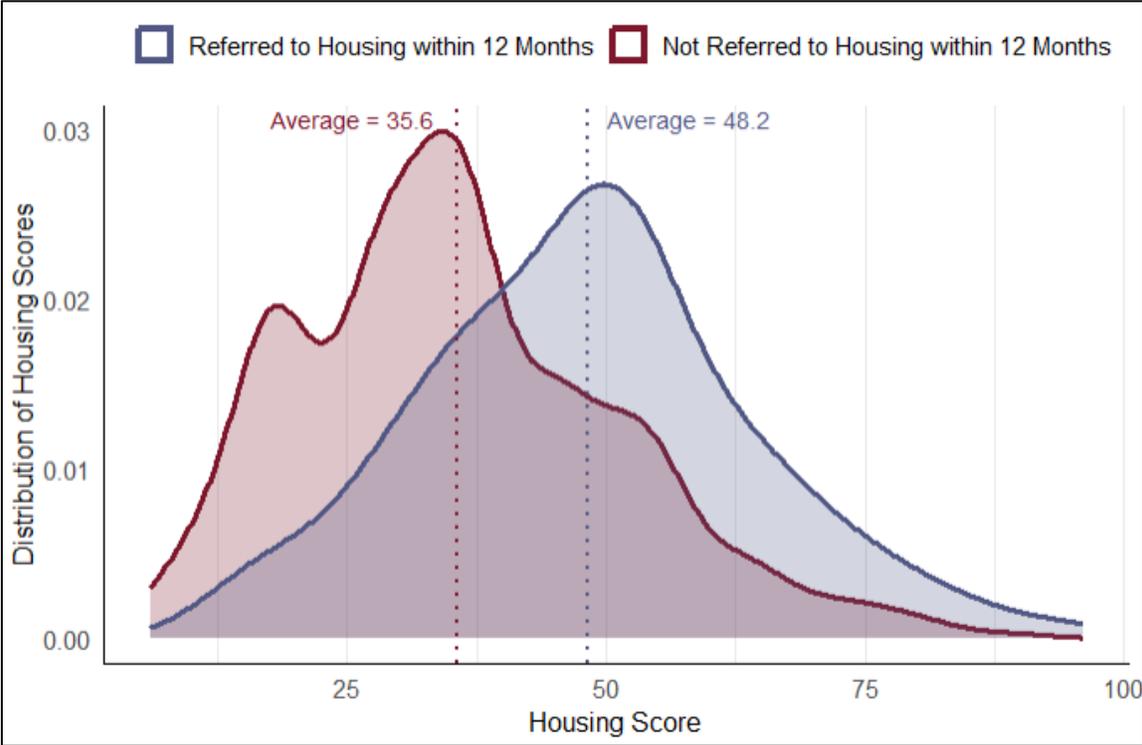
Households with Two or More Assessments

An estimated 42% of adult-only households and 14% of family households completed more than one assessment in the two-year period (Figure 12). Adult-only households' Shelter scores increased an average of 2.5 points, and housing scores increased an average of 2.8 points between each assessment. Family households' Shelter scores increased an average of 6.1 points, and housing scores increased an average of 6.9 points between each assessment. Adult-only households were reassessed more frequently in the period. The median number of days between assessments for adult-only households with multiple assessments was 57 days, and for family households the median days between assessments was 104 days.

Figure 12: Assessments Completed Per Household, July 2022 to June 2024
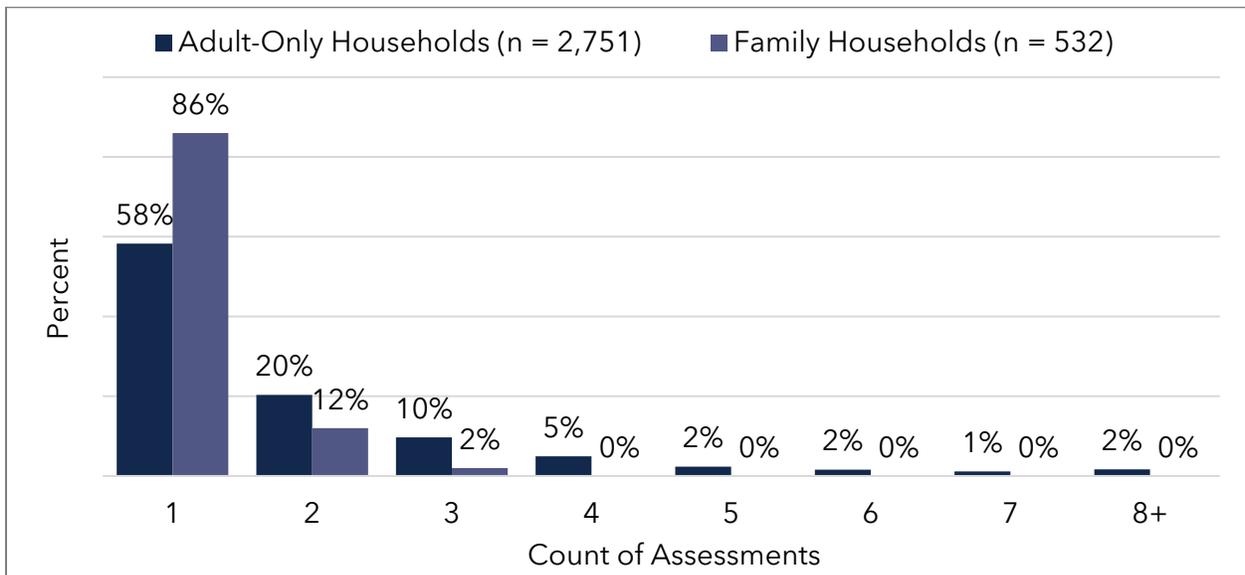
Differences in CES Outcomes Between Groups

Understanding how different groups move through and exit CES is essential for assessing whether CES processes are operating fairly across households. In this section, key findings from the analysis are disaggregated by demographic and household characteristics, highlighting significant differences in diversion outcomes, assessment scoring, wait times for resources, and housing referral patterns. This information offers insight into how various groups experience each phase of the CES and aids in the identification of areas in the process where additional exploration may be considered.

Diversion to Permanent Housing

As stated above, the overall rate of diversion was 9%. Analysis of additional characteristics showed some differences in FY24. There were no significant differences found by race/ethnicity, or by gender or income for families. For adult-only households, those headed by women were successfully diverted at a higher rate (7%) than those headed by men (3%).[30] Youth between the ages of 18 and 24 were also successfully diverted at a higher rate (8%) than adult-only households headed by people of other ages (4%).[31] Income also impacted the Diversion success rate, with 5% of adult-only households with any income documented successfully diverted, and only 3% of those with no known income.[32]

CES Flow to Shelter

Among the cohort of households who completed CES assessments between July 2022 and June 2024, Hispanic/Latinx heads of adult-only household received lower Shelter scores (64 points) and Black, African American or African heads of adult-only household received higher Shelter scores (69 points) than heads of adult-only household of other racial or ethnic identities. [33][34] Adult-only households headed by women received significantly lower Shelter scores (61 points) than those headed by men (68 points).[35]

Average time between assessment or request list placement and Shelter enrollment was longer for adult-only households enrolled through the institutions program (43 days) than for those enrolled through regular access points (28 days), which may reflect the fact that households in the Institutions program are assessed before their discharge date.[36] Families with three or more children also waited longer for Shelter enrollments (57 days) than families

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[30] Women adult-only heads of household were diverted from Shelter or placement on the priority pool at a higher rate than men adult-only heads of household, on average (t[1,330] = -5.25, p < 0.001).

[31] Youth adult-only heads of household ages 18-24 were diverted from Shelter or placement on the priority pool at a higher rate than men adult-only heads of household of other ages, on average (t[199] = -2.07, p = 0.03).

[32] Adult-only households with any income were diverted from Shelter or placement on the priority pool at a higher rate than adult-only households with no known income, on average (t[2,343] = 2.60, p = 0.009).

[33] Hispanic/Latinx heads of household received Shelter scores 3.2 points lower on the adult/youth assessment than non-Hispanic/Latinx heads of household, on average (t[2,148] = 3.65, p < 0.001).

[34] Black, African American or African heads of household received Shelter scores 3.6 points higher on the adult/youth assessment than non-Black heads of household, on average (t[769] = -3.38, p < 0.001).

[35] Women heads of household received Shelter scores 7.5 points lower on the adult/youth assessment than men heads of household, on average (t[1,685] = 8.19, p < 0.001).

[36] Adult-only households referred to CES through the institutional program waited 15 days longer between CES assessment or Shelter request list placement and Shelter program enrollment than adult-only households referred through other sources, on average (t[94] = -2.56, p = 0.01).

with fewer children (50 days),[37] and waiting periods were shorter for white heads of family households (44 days) compared to families headed by people of color (63 days).[38] Details on wait times disaggregated by demographics and other household characteristics are available in Section B of **Appendix B**.

CES Flow to Housing

Among the cohort of households who completed CES assessments between July 2022 and June 2024, adult-only households headed by women (84 points) and Hispanic/Latinx heads of household for both household types (85 points for adults and 37 points for families) received significantly lower housing scores than heads of household of other identities.[394041] Hispanic/Latinx adult-only heads of household experienced a lower rate of housing program referrals within 12 months of CES assessment (18%) than other heads of household (23%).[42]

Among adult-only households that received a referral, people with disabling conditions received permanent housing referrals to all program types (89 days) more quickly than those headed by people without disabling conditions (126 days), however this is not unexpected given the assessment and prioritization process, and that most housing programs other than RRH are specifically for people with disabilities.[43] Family households with three or more minor children (147 days) experience relatively longer wait times between assessment and RRH referral than family households overall (112 days).[44]

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[37] Family households with three or more children waited 7 days longer between CES assessment or Shelter request list placement and Shelter program enrollment than family households with fewer children, on average ($t[694] = -2.47$, p = 0.01).

[38] White family heads of household waited 19 days shorter between CES assessments or Shelter request list placement and Shelter program enrollment than non-white family heads of household, on average ($t[900] = 6.04$, p < 0.001).

[39] Women heads of household received housing scores 6.9 points lower on the adult/youth assessment than men heads of household, on average ($t[1,664] = 5.80$, p < 0.001).

[40] Hispanic/Latinx heads of household received housing scores 4.9 points lower on the adult/youth assessment than non-Hispanic/Latinx heads of household, on average ($t[2,142] = 4.28$, p < 0.001).

[41] Hispanic/Latinx heads of household received housing scores 3.9 points lower on the family assessment than non-Hispanic/Latinx heads of household, on average ($t[363] = 2.68$, p = 0.008).

[42] Hispanic/Latinx adult-only heads of household received housing referrals at a 20.5% lower rate than non-Hispanic/Latinx adult-only heads of household, on average ($t[2,514] = 3.10$, p = 0.002).

[43] Adult-only heads of household with disabling conditions waited 37 days shorter between CES assessment and housing program referral than adult-only heads of household with no known disability, on average ($t[51] = 2.22$, p = 0.03).

[44] Family households with three or more minor children waited 35 days longer between CES assessment and RRH referral than family households with fewer children, on average ($t[60] = -1.89$, p = 0.06).

Disparities in CES Flow

Table 14 and 15 below summarize statistically significant differences by demographic group that were described in the previous subsections of the CES Cohort Analysis. The tables highlight which demographic groups experienced a more negative outcome relative to their peers, such as lower Shelter or housing scores, longer wait times for services accessed through the CES, or lower housing referral rates. These insights are organized by household type and steps in the system flow to provide a high-level, consolidated view of where inequities emerge across the CES. These findings point to the need to continuously monitor and analyze CES data to understand and address where disparities emerge.

Table 14. CES Flow Disparities for Adult-Only Households

Head of Household Demographic Group	Shelter Score	Shelter Enrollment	Housing Score	Housing Referral
Households enrolled in institutional program	-	15 days longer wait time	-	-
Hispanic/Latinx	3.2 points lower	-	4.9 points lower	5 percentage points lower referral rate
Women	7.5 points lower	-	6.9 points lower	7 days longer wait time (RRH)

Table 15. CES Flow Disparities for Family Households

Head of Household Demographic Group	Shelter Score	Shelter Enrollment	Housing Score	Housing Referral
Three or more children in household	-	7 days longer wait time	-	35 days longer wait time (RRH)
BIPOC	-	19 days longer wait time	-	-
Hispanic/Latinx	-	-	3.9 points lower	-

VI. FINDINGS FROM STAKEHOLDER ENGAGEMENT AND DOCUMENT REVIEW

This section summarizes findings from qualitative data collection and synthesis, including document review and interviews and focus groups with participants, County and service provider staff, and other key community stakeholders. The findings include system strengths and challenges grouped by key phases of the CES process.

A. System Strengths: The County's current system provides a foundation on which to build CES 2.0.

The evaluation found that CES has several strong operational features that enhance its overall effectiveness and align with the goal of the system. The strengths identified include:

- *Responsiveness of CES staff*: Many Shelter, housing, and outreach providers commended the responsiveness of Samaritan House CES staff, noting that their support and communication help build engagement and collaboration in the system.

- *Multiple access points*: The system's design allows people to access CES through a variety of pathways, including Core agencies geographically dispersed across the County, the Institutional Program for people exiting from hospital and jail, and street outreach. Stakeholders indicated that having multiple pathways increases accessibility and helps ensure that individuals across different locations and circumstances can engage with CES.

- *Integration of Shelter into CES*: The system includes Shelter as part of CES, creating a consistent and coordinated system from which people can access a Shelter bed. Embedding Shelter access within CES is fairly unusual and enhances the County's ability to connect people quickly to Shelter and to monitor Shelter capacity and data.

- *Prioritizing need*: Both quantitative data and stakeholder feedback show that the system is effectively prioritizing and linking vulnerable households to available housing opportunities. While community perspectives on housing from CES vary, the system is effective at assessing and prioritizing the households with the highest barriers to housing.

B. Access: Stakeholders identified barriers that limit participants' access to CES.

Stakeholders identified several recurring challenges that hinder participants' ability to effectively access and navigate CES. Key challenges include:

- *Residency documentation requirement:* To access CES services, participants must have been a resident of the county for at least one day and provide an affidavit documenting their residency history for the past 12 months. Several stakeholders noted that this documentation can be challenging for people with unstable housing histories and those with memory or processing difficulties, leading to incomplete or inaccurate affidavits that are often returned for correction. This requirement can cause delays in services and create additional administrative burden for participants and staff. Some stakeholders also noted that shifting residency-length requirements have been difficult to navigate and that the most recent change to set the policy at one day of residency has increased the volume of assessments.

- *Outreach and communication challenges*: HOT teams and participants reported that some participants have difficulties contacting CES, particularly those living in unsheltered situations or exiting institutions such as the jail or the hospital. Many participants lack consistent phone access, making callbacks and scheduled appointments unreliable. In addition, the process often requires participants to wait for callbacks, which can slow intake or result in missed opportunities.

- *Limited operating hours*: CES and Core Agencies typically operate only during standard business hours (M–F, 8:45–4:15). Some stakeholders emphasized that these limited hours restrict access for people who need diversion or assessments during evenings or weekends, leaving some without timely access to services (as noted above, emergency cots are generally available for people seeking shelter during evenings and weekends, who can then be assessed on the next business day).

- *CES ban policy*: Participants who decline Shelter referrals or self-exit Shelters are banned from CES for 14 business days, meaning they cannot access Diversion or Shelter during that period. Participants reported declining referrals due to safety concerns, insufficient support from staff for their mental health or substance use needs, disrespectful treatment, unsanitary conditions, or a lack of Spanish-speaking case managers. Some stakeholders felt that this policy penalizes participants for prioritizing their safety and well-being and can leave them disconnected from services during critical periods.

C. Diversion: Diversion is available but limited and not well understood.

Diversion is designed as the first step in CES, is offered to all households entering the system, and is the most widely and readily available housing intervention offered locally given limited

permanent housing resources available through CES. However, stakeholders reported several limitations that constrain effectiveness. These limitations include:

- *Limited awareness:* While Diversion is offered to everyone who enrolls in CES, many stakeholders report having little information about Diversion services and outcomes, and participants often did not recall being asked about alternative housing options such as staying with family or friends.

- *Policy barriers*: Some stakeholders raised concerns that Diversion cannot be accessed once a client enters Shelter. Stakeholders voiced that some Diversion solutions may take time to finalize. For example, validating a housing option and providing payment may take several days or longer, during which Diversion recipients would have to remain unsheltered. This may lead to participants hesitating on accepting Diversion services due to the loss of an opportunity if they accept Shelter.

- *Capacity barriers*: Diversion conversations typically occur within a short, 30–45-minute appointment that also includes the CES assessment, leaving limited time for deeper problem-solving. In practice, Diversion is sometimes framed narrowly as move-in assistance rather than a participant-directed conversation about all options and a broader set of creative supports. Samaritan House staff reported limited capacity to engage in meaningful Diversion conversations, restricting the ability to explore creative housing solutions, particularly in a high-cost housing market where options often require additional time and support to identify. Despite these limitations, the majority of households that exited to permanent housing through Diversion did so without using flex funds, suggesting that Diversion has the potential to be more effective with targeted changes. For example, staff contrasted CES Diversion with Diversion services offered through ERF, in which Diversion case management services can be provided over time and offered even while participants are in Shelter.

- *Overlap with Emergency Financial Assistance (EFA)*: In addition to prevention services, the County's EFA program can also cover move-in costs for people experiencing homelessness, similar to Diversion, and EFA can be provided to people in Shelter. However, CES staff cannot provide Diversion services once a client enters Shelter, creating an inefficiency in which households must start a new process with a Core agency to access EFA services instead. As a result, people face an unintended choice between remaining unsheltered to access Diversion resources or entering Shelter and losing the opportunity for immediate assistance while a new case management relationship and application process are pursued.

D. Assessment and Prioritization: Stakeholders raised concerns about the transparency, accuracy, utility and fairness of the assessment process.

Provider and County staff reported that CES is more equitable than the processes in place previously, and people with the highest barriers to housing are getting connected to services more often compared to the prior approach. While stakeholders appreciated that the assessment and prioritization process improves access for those with higher barriers, they also expressed some concerns with the current approach, including:

- *Concerns about accuracy of self-report:* The assessment relies heavily on participant's self-reported information about their income, history of homelessness, physical and behavioral health, use of crisis services (e.g., emergency room visits), and prior justice system involvement. Several providers expressed concerns that responses are not verified through external sources. Stakeholders felt that some participants may underreport certain conditions (e.g., mental health conditions or substance use) due to stigma or discomfort, potentially leading to under prioritization. Conversely, some providers also felt that participants familiar with the system may strategically answer questions to best position themselves to be prioritized for services. Outreach providers also report that limited time for participants to build rapport with assessors may limit their willingness to openly share their barriers. Most communities rely on self-reported data for CES prioritization. Without robust data sharing systems in place or significant resources dedicated to verification of data, self-report information may be the most reliable available information for CES prioritization.

- *Scoring transparency*: Only select staff at Samaritan House and COH have access to assessment scores and weighting. Several providers reported that they do not have a full understanding of why the assessment scoring results in some participants being prioritized over others who they perceive to have higher needs or more housing barriers. Several participants reported the perception that the housing portion of CES functions like a "housing lottery." This lack of transparency contributes to frustration, with both participants and providers uncertain about the likelihood of success.

- *Perceived increase in acuity:* Several stakeholders observed a perceived increase in participant acuity over time, citing an increase in the average age of participants and the complexity of their medical and behavioral health needs. Some noted that participants often require assistance with activities of daily living, which current Shelter and housing programs are not designed to provide. Available quantitative data show mixed findings. For example, the number of people experiencing chronic

homelessness has increased in the Point-in-Time count over the past several years and the proportion of older adults in the County's HMIS system has slightly increased. However, monthly average assessment scores for adults decreased slightly over two-year analysis period but increased slightly for families. In addition, average assessment scores remain similar to past evaluations conducted in 2019. However, several stakeholders reported that the assessment and HMIS data systems do not fully capture the complexity of needs.

- *Confusion about reassessment requirements*: Providers and participants expressed uncertainty about reassessment timelines. Some believed reassessments were required every six months, while others cited a 12-month interval. CES policy requires unsheltered participants to be reassessed every six months, or they are removed from the housing priority pool, while participants staying in Shelter are not required to be reassessed. Case managers may also request that Samaritan House staff conduct a reassessment if they believe the initial assessment is inaccurate (even though they do not have access to the scoring) or if the participant has had a significant life event that may impact their assessment score. Some providers have developed informal methods to help participants get reassessed, such as encouraging disclosure of personal details once rapport is built or connecting participants back to the Cores or Samaritan House. However, these practices are not always widely known or utilized.

- *Participant experiences*: Participants reported mixed opinions about the assessment experience. Some participants reported that the assessment process was not a challenge, that they understood the questions as necessary, and that the questions were presented clearly. At the same time, other participants expressed frustration with the questions and that some questions felt invasive and it was not clear why they were being asked. Some found it difficult to recall details and timelines, which added stress to the interaction.

E. Matching and Referrals: Stakeholders expressed concerns about fairness and that participants' needs may not be well understood when matching to available Shelter and housing opportunities.

Stakeholders identified significant challenges with the matching and referral process. These challenges include:

- *Limited housing options*: Stakeholders consistently noted that there are not enough housing options available to meet the needs in the community, including housing

accessed through CES and accessed through different processes. Several stakeholders noted that the limited number of PSH openings results in participants with more acute needs receiving referrals to RRH, which has more limited services attached. Similarly, stakeholders consistently felt that many participants need referrals to intensive support beyond the resources of the homelessness response system which are also limited, including board and care, skilled nursing, recuperative care, and hospice. Some stakeholders felt that clients were seeking services within the homelessness response system as an option of last resort due to a lack of intensive support options in the community.

- *Referral declines*: Some stakeholders felt that participants are increasingly likely to decline referrals to some interventions, particularly congregate Shelter and RRH programs, due to a mismatch between what is available and what participants need or are willing to accept. Data on referral declines was not consistently collected during the analysis period but could be explored in the future.

- *Limitations of score-driven matching:* Several stakeholders expressed concerns that the highest-scoring participants are matched to the next available opening without sufficient consideration of their specific needs. Because of limited housing resources, often the only available resource for those prioritized is Rapid Rehousing. Providers raised concerns that the RRH program model, as implemented, may not provide as intensive services as is needed for the client. Some also noted that because people are prioritized based on their CES assessment housing score, clients more recently assessed but with higher assessment scores are sometimes referred to a housing opportunity before households with lower scores who have been on the priority list longer. Although providers also recognized that housing options are limited and that the CE system was designed to prioritize those limited housing resources for people based on need, not duration on the list, the system for prioritizing felt inequitable. Similarly, some providers believed that there should be a prioritization process for non-congregate shelters that takes needs into account and not just score and whether there is an opening.

- *Provider input and collaboration:* Stakeholders identified a need for stronger connections between providers, such as Shelter staff sharing information with housing providers to support early identification of service needs for clients matched to a housing resource. They also expressed a desire for stronger connections with the health system to adequately support participants' health needs. Currently, providers have no formal mechanism to contribute input into the housing match process, even

when they have insights about participant needs that may not be captured in assessments. Some suggested case conferencing or similar approaches during the housing match process, though they cautioned about the potential for provider bias.

- *Disconnected participants:* Some stakeholders reported that housing matches often fail to reach those most disconnected from services. Several stakeholders noted barriers for clients who are not "document ready" (i.e., clients did not have necessary document for a housing application such as identification and proof of income) and felt that short application timelines and a lack of clarity on the staff responsible for supporting the client with gathering documents made this more challenging. Some housing providers expressed frustration that necessary documentation was often not collected prior to a referral being made. Some stakeholders also reported difficulties contacting participants who lack reliable phone access, particularly people living in unsheltered situations, resulting in missed housing opportunities. Similarly, some stakeholders also noted that requiring participants to have a case manager in order to receive a housing referral excludes unsheltered individuals without ongoing services. While some matches to housing navigation program offered by the Mental Health Association are available, capacity is limited, leaving many of the most vulnerable unserved. Data on which participants were skipped for matching was not available but could be explored in the future.

VII. RECOMMENDATIONS

This section provides recommendations for the County to consider as it redesigns CES to efficiently connect people with the highest barriers to limited housing resources. Overall, the County's CES is a functioning system with notable strengths that should be reflected in the redesigned approach, particularly its responsive staff, multiple access points, and integration of Shelter. However, to evolve into "CES 2.0," the County should consider refining its focus to balance the emphasis on assessment and Shelter access with maximizing connections to housing, strengthen Diversion, and adjust its prioritization, assessment and matching approach.

The overarching challenge for the County is that demand far exceeds available housing resources, particularly for PSH and other long-term voucher programs. While CES can enroll and assess a relatively large number of households, the limited supply of permanent housing opportunities ultimately constrains how many people can be offered housing. System

resources are oriented towards assessment rather than connections to permanent housing For example, the County's contract with Samaritan House sets performance metrics for same-day assessments following initial screening with a target of 97%. While this can help promote efficiency and helps people connect more quickly to Shelter, it can also unintentionally prioritize speed over deeper Diversion conversations or exploration of other housing options.

CES's annual outputs highlight these constraints. In FY24, CES assessed about 2,111 households, but only 343 (about 16%) were referred to a housing program and only 327 households enrolled, the vast majority in RRH programs. Notably, only 25 households (about 1% of those assessed) entered PSH through CES, and 43 (about 2%) entered other long-term voucher programs. CES did connect 1,377 households to Shelter and helped 197 households identify a Diversion solution, but the annual outputs demonstrate the limited flow into permanent housing compared to the scale of need.

In response to these constraints, CES 2.0 should be calibrated to use staff and financial resources as strategically as possible to continue providing quick, efficient access to Shelter while focusing on assisting the maximum number of households to regain housing. CES cannot expand housing stock but can be designed to help the system make the best use of what exists. This means aligning Shelter, Diversion, and prioritization/matching practices to efficiently use available housing, while maintaining fairness, increasing transparency, and continuing to prioritize households with the highest barriers.

The following recommendations provide additional details on these themes and highlight other topics for the County to consider in the redesign process. As described above, CE is a locally designed process, and the process of redesigning it should include informed discussion among stakeholders and balancing the pros and cons of making the kinds of changes suggested below.

1. **Continue to ensure Shelter can be quickly accessed through CES while streamlining the process and better leveraging existing services.**

Shelter is a critical component of the County's homelessness response system and helps connect households to immediate options for safety and stability. The inclusion of Shelter in CES provides several benefits to the system and to participants including consistent, quick access to available beds and stronger connections between Shelter and the broader

homelessness response system. These functions are an essential part of the County's system and changes in CES 2.0 should preserve this vital role.

As the County explores changes to CES, it will be important to balance the resources that go into Shelter access and integration with the goal of getting as many people as possible connected to housing. This could include:

1. *Free resources to focus on housing solutions*: Rebalance how resources are allocated and how assessment processes are structured to ensure that Shelter remains easily and quickly accessible while freeing capacity within the system to focus on connecting households to housing. For example, the County could explore creating an updated, short assessment for Shelter entry and training Cores and other access point providers (e.g., HOT teams) to administer it, thus freeing up other resources for more service support from diversion specialists and support for housing connections.

2. *Consider how to target Shelter placements based on need*: Consider options to better leverage existing services and resources, including the Navigation Center and Diversion, to better meet participants' needs. For example, although the Navigation Center is designed to streamline access to onsite medical, substance use, mental health, and dental services, the Shelter evaluation found that it does not currently serve a higher proportion of people with self-reported chronic conditions or mental health needs. Likewise, currently there is no distinction made between congregate and non-congregate placements, and referrals are made based on overall priority and when there is an opening. Most shelter is non-congregate, which is also what most participants prefer, but there could also be considerations for service needs included. In the CES 2.0 process, the County can consider ways to include information on participant needs in the shelter referral process. Options include developing referral criteria for households with unmet behavioral health or medical needs or using HOT team determinations to identify households with the greatest service needs. Any changes to shelter assessment and referral process should continue to prioritize access to Shelter with minimal barriers so that people can access Shelter as quickly as possible. Overrefining this process risks reducing its current efficiency.

3. *Reduce shelter barriers*: Explore other ways to ensure consistent and quick access to shelter that incorporate consideration of participant needs, such as revisiting the 14-day ban for declining Shelter so participants are not penalized for prioritizing their safety or health. Adjustments could include allowing participants to express

preferences for location beyond Coast House, shortening the timeframe, or allowing multiple declines before placing someone on the ban list.

4. *Make Diversion services more continuously available*: Consider options to strategically leverage Diversion and other funding streams to ensure that households are able to access housing problem solving supports and flexible funding at any point in their journey, including both before and after entering Shelter. Integrating a continuum of housing problem solving support and access to flexible funding can help reinforce the role of Shelter as part of a continuum of services oriented towards housing stability. Additional details on this strategy are discussed in a subsequent recommendation.

2. Refine prioritization and matching to focus resources on and better understand the needs of those most likely to receive a referral to housing.

As noted, the current CES process assesses far more households than can realistically be matched with housing, which has led to frustration and the perception of CES as functioning as a "housing lottery." Because participants and their case managers do not have access to housing scores and housing system information about available inventory, they have no way of assessing the likelihood that they will be offered housing. This creates unrealistic expectations that cannot be fulfilled, as people may wait for a housing referral that is never going to come.

To address these challenges, the County could:

1. *Size the priority pool for housing to more closely match the inventory*: Consider creating a smaller priority pool paired with nuanced ways to gather and use information on participants' needs to inform prioritization and matching within the pool. The first step is a smaller priority pool sized to reflect the anticipated number of housing program openings and the number of referrals necessary to fill those openings. This approach can help focus system resources on those with the highest likelihood of receiving a housing resource and help clarify expectations among households and providers about what to expect.

2. *Revisit, refine, and potentially replace the assessment tool*: Update the assessment tool in alignment with broader CES changes, including potentially streamlining the shelter assessment and creating a more targeted housing assessment used with fewer people. The current assessment tool generally works as designed to connect households with higher needs to housing. However, the evaluation found that women and Hispanic/Latinx individuals and households had lower scores, on average, and

stakeholders expressed interest in refining how assessments and matching work as described previously. Any updates to the tool should include monitoring the impact on scoring disparities and ensuring that the process is streamlined and only gathers the information needed to inform prioritization and potentially support matching.

3. *Refine the prioritization and matching process within the smaller priority pool*: Stakeholders, especially housing programs, have expressed concerns that the referrals and matches made do not direct households to the programs they can most benefit from or be successful within. Using a streamlined process to gather additional information to use in matching and incorporating additional factors can help ensure that referrals are better aligned to household circumstances while still prioritizing the households with the highest barriers. With a smaller priority pool there are number of ways to use additional information to make matches, each of which has some pros and cons that should be considered in the redesign process.[45] Examples include:

   - *Score banding*: In banding approaches, minimum and maximum assessment scores are set for each type of housing intervention, and referrals are only made for households scoring within that range. For example, a household who scored within the range set for PSH would not be offered Rapid Rehousing even if a Rapid Rehousing program becomes open first. Score banding is fairly easy to implement and understand, but it is hard to align a single numeric score to the different offerings of different programs types, and a banding approach can leave people who should be highly prioritized without any assistance, as lower need households are helped first.

   - *Gather and use additional information on client needs*: Currently, housing matches are driven primarily by assessment scores, which do not always capture the full complexity of participant needs. Options to gather additional information for use in matching could include targeted follow-up assessment to gather information on specific needs and interest in program types, administrative reviews, or structured case conferencing after participants are known to the system and more information about them is able to be gathered and analyzed. These methods can help make more nuanced matches but can lead to a system in which participants with stronger advocates or who engage in programs like Shelter are favored.

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[45] Examples of how some other communities approach prioritization and matching are provided in **Appendix C**.

- *Incorporating additional prioritization factors beyond scores*: Other factors such as time spent in the pool, specific service needs (e.g., medical or behavioral health), and participant interest in program types could be considered in matching. For example, Rapid Rehousing matching might take into account information on whether a household is interested in the program and currently has or has the potential to increase income, rather than relying solely on assessment scores. The pool might also take into account how long someone has been waiting. These factors can be gathered at initial assessment or later. If at initial assessment it can make the assessment process longer and the information out of date, while gathering additional information later can be resource intensive.

4. *Enhance messaging:* Communicate and train direct service providers and other partners on what is accomplished through CES and the role it plays (and does not play) in the system. The communication process should explain how scoring, prioritization, and the refined priority pool work. The communication process should emphasize the limited supply of housing relative to demand and the role of Diversion or other problem-solving supports, so households have a realistic understanding of their possible options. By setting realistic expectations, CES can reduce frustration, build understanding of the system, and equip participants with knowledge they need to make informed choices.

3. Strengthen Diversion by modifying system policies and resource allocations to create a continuum of housing problem solving support.

As noted above, there are limited permanent housing options available through CES. Thus, Diversion is often the form of housing assistance most households can access prior to entering Shelter. However, the system diverted only about 197 households in FY24, or about 9% of those enrolled. Diversion success rates are lower for adult-only households, and family households are more likely to identify a Diversion solution. These results highlight the limited scale of Diversion relative to overall demand.

Diversion has the potential to play a larger role in helping households identify permanent housing options and avoid further services from the homelessness response system, but its current design and implementation limit impact. As the County plans for CES 2.0, it should explore options to strengthen Diversion to build a continuum of housing problem solving supports accessible to people in any part of the response system. Strengthening Diversion not only helps to conserve resources (e.g., Diversion is typically less costly than Shelter or

housing programs) but also aligns with the overarching goal of housing as many people as possible. Strong, broadly accessible Diversion is also a critical component to offer meaningful housing supports to households who will not receive a housing referral if the County establishes a smaller priority pool.

This could include:

1. *Better coordinate and integrate Diversion with EFA:* Explore ways to better coordinate Diversion with EFA so that households experience a seamless continuum of problem-solving services available both before and after shelter entry, with no programmatic hurdles. Better alignment would help reduce inefficiencies and remove disruptions that occur when households enter Shelter and lose Diversion eligibility and must start over on the EFA process with their Shelter case worker and Core staff.

2. *Support more staffing capacity for more in-depth support:* Consider adjusting capacity for Samaritan House staff to provide longer term, light touch Diversion case management supports or training additional provider staff (e.g., Cores, Shelter, HOT) to provide Diversion services and request flexible funds when needed. Capacity adjustment could be paired with other changes designed to streamline shelter access, as discussed previously, which could relieve current staff from some shelter-related responsibilities, freeing up time. These efforts could be aligned with streamlining the continuum of services with EFA.

4. Adjust other practices and policies to minimize bottlenecks and barriers.

As the County proceeds with the CES 2.0 planning process, it should also consider changes aimed at removing bottlenecks across the system that slow down access or leave participants unserved. Potential areas to consider include:

1. *Expand case management and document readiness supports*: Focus case management resources on participants most likely to be matched to housing under the refined priority pool structure to help ensure they are connected to the system, are not skipped for housing matches, and are "document ready" when housing opportunities are available.

2. *Streamline documentation requirements:* Simplify residency verification requirements to more closely align with the need to determine one day of residency to ensure that incomplete forms do not cause undue delays. This could be paired with additional time for Diversion conversations and case management, which would modify the need for documentation of 12 months of residency history.

3. *Expand hours in which people can get an assessment*: Offer additional opportunities outside of current business hours to help minimize the need to schedule appointments or rely on callbacks to conduct assessments, particularly for people who are working or unsheltered. Alternatively, the County could also explore training outreach or other staff to conduct mobile assessments directly during evenings and weekends.

4. *Clarify reassessment processes:* Provide consistent guidance to outreach and Shelter staff on reassessment policies and timelines and explore options to flag when a reassessment is due in HMIS to help providers understand when updates are required.

5. *Rebalance performance metrics:* Adjust expectations for same day services to allow for deeper Diversion conversations and connections to housing and other services, while still maintaining quick access to Shelter.

VIII. CONCLUSION

San Mateo County's commitment to ending homelessness has driven significant investments, including local Measure K funds, to establish a CES process that streamlines access to homelessness services and matches people with resources based on their needs and housing barriers. Focus Strategies' evaluation of CES identified several areas of strength within the current system, including responsive staff, multiple access points, and the integration of Diversion and Shelter. The evaluation also found areas of improvement, including balancing Shelter assessments and referrals with connections to permanent housing, strengthening Diversion, and refining prioritization and matching to focus resources on households most likely to receive a referral to housing programs. The recommendations in this report are intended to support the County as it advances the CES 2.0 redesign, offering opportunities to enhance system effectiveness, maximize housing connections, and reinforce the County's commitment to ensuring the households with the highest barriers to housing receive access to needed services.

APPENDIX A. METHODOLOGY DETAILS

Focus Strategies used a mixed-method approach that included a thorough document review, qualitative data collection and synthesis, and quantitative analysis to evaluate San Mateo County's Coordinated Entry and Diversion (CES) program. Focus Strategies collaborated with the County Executive Office (CEO) and the Center on Homelessness (COH) to identify the most appropriate sources of information, individuals to engage with, and analysis approach. This appendix provides a summary of the methodology of each information gathering component of the evaluation.

Document Review. Focus Strategies collected and reviewed of documents provided by CEO, COH, and Samaritan House. The documents include:

1. CES policy and procedures manuals and other written policies,

2. contracts and amendments,

3. adult/youth and family assessment tools,

4. implementation tools (e.g., referral email templates),

5. performance and monitoring reports,

6. technical assistance summaries,

7. presentation materials, and

8. training materials.

Review of Emerging Practices and Community Examples. Focus Strategies conducted a review of Coordinated Entry practices used in other communities. While there are many ways to structure Coordinated Entry, there is limited research and published best practices available beyond the HUD guidance, which is now several years old. The review identified practices used by other communities who have faced challenges similar to those in San Mateo County.

Stakeholder Interviews. Focus Strategies conducted 13 individual or small group interviews with a total of 19 people, including interviews with staff members from CEO, COH, Department of Housing, Behavioral Health and Recovery Services, San Mateo Medical Center, Sheriff's Office, Street Medicine, and Community Overcoming Relationship Abuse (CORA. The following table lists the stakeholders interviewed for this evaluation.

Name of Participant(s)	Agency	Date of Interview
Annessa Farber	San Mateo County Health, Public Health, Policy, and Planning	3/25/2025
Melissa Wagner Vanessa Alvarez	San Mateo County Sheriff's Office	4/1/2025
Amy Davidson	County of San Mateo, Human Services Agency, Center on Homelessness	4/3/2025
Brooke Stacey Jennifer Valencia Khalia Parish	County of San Mateo, Human Services Agency, Center on Homelessness	4/7/2025
Anne Okada Lody Burdick	County of San Mateo, Human Services Agency, Center on Homelessness	4/16/2025
Matthew Hayes	County of San Mateo, Human Services Agency, Center on Homelessness	5/1/2025
Alexandra Hagnere	San Mateo County Health, Behavioral Health and Recovery Services	5/5/2025
Cathena Campbell James Schindler	San Mateo County Health, San Mateo Medical Center	5/5/2025
Kaitlin Chang	Community Overcoming Relationship Abuse (CORA)	5/6/2025
Iliana Rodriguez	County of San Mateo, County Executive's Office	5/9/2025
Mike Callagy	County of San Mateo, County Executive's Office	5/13/2025
Jessica Silverberg	County of San Mateo, Human Services Agency, Center on Homelessness	5/15/2025
Emilyn Callado Maryann Sargent	County of San Mateo, Department of Housing, Housing Authority of the County of San Mateo and County of San Mateo, Department of Housing, Housing and Community Development	6/16/2025

Feedback Sessions with the Lived Experience Advisory Group and Service Providers.
Focus Strategies attended the Lived Experience Advisory Group (LEAG) meeting on April 15, 2025. During the meeting, LEAG members shared feedback on Focus Strategies' proposed approach to engaging with people with lived experience through focus groups and on their own or others' experiences with CES.

Focus Strategies also facilitated five feedback sessions with housing, Shelter, and outreach providers, Samaritan House CES staff, and leadership from the Cores. A total of 53 individuals participated in the sessions.[46] Participants in feedback sessions and interviews were asked to share their perspectives on several topics including the following:

- purpose of CES,

- coordination and collaboration across agencies,

- how participants access the system,

- how participants are assessed, prioritized, and matched to Shelter and housing interventions,

- program strengths, and

- opportunities for change.

The following table summarizes the dates and number of participants in each feedback session.

Feedback Session Title	Number of Participants	Date
Lived Experience Advisory Group (LEAG)	3	4/15/2025
Housing Provider Feedback Session	12	5/20/2025
Shelter Provider Feedback Session	6	6/2/2025
Outreach Provider Feedback Session	10	6/4/2025
Samaritan House CES Team Feedback Session	14	6/5/2025
Core Agencies Directors Feedback Session	12	6/18/2025

Focus Groups and Interviews with People with Lived Experience. Focus Strategies facilitated four focus groups with people with lived experience in September 2025. A total of 33 people participated in the focus groups, including 17 people living in unsheltered situations and 16 people living in Shelter. Each focus group was held at a different location, including a community center, library, family Shelter, and a church. The locations included

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[46] Three participants attended two or more feedback sessions.

both coastal and inland regions of the County. Participants included both adults and heads of family households.

Focus Strategies also conducted online and phone-based interviews with nine people currently housed through a program including four people in RRH programs and five people in PSH. Participants in the focus groups and interviews were asked whether and how they accessed CES and their experiences with Diversion conversations, assessments, and connections to Shelter and housing.

Location	Facilitating Agency	Number of Participants	Date
Fair Oaks Community Center	Fair Oaks Community Center	5	9/8/2025
Haven House Shelter	LifeMoves	7	9/8/2025
Half Moon Bay Library	Pacifica Resource Center	12	9/9/2025
Saint Samuel Church	WeHOPE	9	9/9/2025
Virtual and phone interviews	Abode Services	4	10/13/2025 to 10/21/2025
Virtual and phone interviews	Episcopal Community Services Mental Health Association Department of Housing	5	10/13/2025 to 10/15/2025

Focus groups lasted approximately 60 minutes, while interviews were between 20 – 30 minutes. Focus groups and interviews were held in English and Spanish. All participants were compensated for their time with a $50 gift card. Staff from outreach, Shelter, and housing providers assisted with the recruitment of participants. The table below summarizes the demographics of focus group participants.[47] Notably, a substantially lower percentage of focus group participants identified as white compared to the population enrolled in CES.

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[47] Demographic information was not available for interview participants.

Demographic/Characteristic	Focus Group Participants	Percent
Race and Ethnicity		
American Indian, Alaska Native, or Indigenous	2	6%
Asian or Asian American	3	9%
Black, African American, or African	3	9%
Hispanic/Latinx	15	45%
Native Hawaiian or Pacific Islander	1	3%
White	8	24%
Prefer not to answer	1	3%
Gender		
Man	18	55%
Woman	13	39%
Prefer not to answer	2	6%
Sexual Orientation		
Bisexual	2	6%
Gay	1	3%
Straight/Heterosexual	24	73%
Other orientation	1	3%
Prefer not to answer/unknown	6	18%
Age Group		
25-61	27	82%
62 or older	6	18%
Living Situation		
Unsheltered	17	52%
Sheltered	16	48%

Note: People are counted in all race and ethnicity, gender, and sexual orientation categories with which they identify. The total percentage of those categories may add up to more than 100%.

Site Visit. Focus Strategies conducted a site visit to the Samaritan House office in September 2025. During this site visit Focus Strategies was able to shadow a Diversion Specialist while they were conducting a Diversion conversation and CES assessment.

Homeless Management Information System (HMIS) Data. COH provided Focus Strategies with de-identified HMIS data who enrolled in CES between July 2022 and June 2024. In addition to CES enrollment data, Focus Strategies received and analyzed data on Shelter and housing program enrollments for identified households through June 2025.

The data included the following:

- participant-level demographics information,

- household composition,

- self-reported characteristics (e.g., disabling conditions),

- use of flexible funding as part of a Diversion solution,

- assessments scores and responses,

- Shelter request list placements,

- referrals to housing programs, and

- Shelter and housing enrollments.

Focus Strategies assessed the datasets for completeness and consistency and restructured it to allow for analyses at both the enrollment and household level. The analytic approach included generating descriptive statistics, frequency distributions, and cross-tabulations. To assess the significance of observed patterns, appropriate statistical tests were applied where relevant. These analyses informed key findings, highlighting significant trends, disparities, and system-level flow through CES components.

Learnings from the EFA and Shelter Evaluations. Focus Strategies was also completing two separate evaluations at the time of the CES evaluation – an evaluation of the Emergency Financial Assistance (EFA) program and an evaluation of the Shelter system. Information pertinent to the CES evaluation was sometimes raised by stakeholders participating in focus groups or interviews for these two evaluations. Focus Strategies incorporated any relevant information from the engagements into the findings and recommendations of this report.

A. CES Cohort Enrollments

Demographics of Households Enrolled in CES Between July 2022 and June 2024

Demographic Group	Adult/Youth Households (n = 2,985)	Family Households (n = 571)
Race and Ethnicity		
American Indian, Alaska Native or Indigenous	152 (5%)	24 (4%)
Asian or Asian American	183 (6%)	17 (3%)
Black, African American or African	550 (18%)	58 (10%)
Hispanic/Latinx	1,120 (38%)	373 (65%)
Middle Eastern or North African	21 (1%)	0 (0%)
Native Hawaiian or Pacific Islander	120 (4%)	43 (8%)
White	1,754 (59%)	367 (64%)
Gender Identity		
Man	2,000 (67%)	52 (9%)
Woman	975 (33%)	519 (91%)
Other Gender	10 (<1%)	0 (0%)
Age Group		
18 to 24	187 (6%)	72 (13%)
25 to 34	579 (19%)	226 (40%)
35 to 44	663 (22%)	191 (33%)
45 to 54	603 (20%)	69 (12%)
55 to 64	612 (21%)	13 (2%)
65 and above	341 (11%)	0 (0%)
Household Member Count		
1 Person	2,962 (99%)	0 (0%)
2 People	21 (1%)	150 (26%)
3 or More People	2 (<1%)	421 (74%)
Children in Household Count		
1 Child	0 (0%)	257 (45%)
2 Children	0 (0%)	162 (28%)
3 or More Children	0 (0%)	152 (27%)

Demographic Group	Adult/Youth Households (n = 2,985)	Family Households (n = 571)
Monthly Household Income		
$1-$1,000	477 (16%)	92 (16%)
$1,001-2,000	533 (18%)	97 (17%)
$2,001-3,000	155 (5%)	67 (12%)
$3,001-4,000	66 (2%)	32 (6%)
$4,001-5,000	17 (1%)	19 (3%)
$5,000+	16 (1%)	23 (4%)
No known income	1,721 (58%)	241 (42%)
Disability Status		
One or More Disabling Condition	2,162 (72%)	227 (40%)
One Disabling Condition	*881 (30%)*	*145 (25%)*
Two or More Disabling Conditions	*1,281 (43%)*	*82 (14%)*
Physical Disability	*835 (28%)*	*49 (9%)*
Mental Health Condition	*1,211 (41%)*	*133 (23%)*
Substance Use Disorder	*775 (26%)*	*29 (5%)*
Both Mental Health Condition and Substance Use Disorder	*425 (14%)*	*16 (3%)*
No Known Disabling Condition	823 (28%)	344 (60%)
Domestic Violence Status		
Survivor of Domestic Violence	319 (11%)	104 (18%)
Currently Fleeing Domestic Violence	*52 (2%)*	*14 (2%)*
No Known History of Domestic Violence	2,666 (89%)	467 (82%)
Veteran Status		
Veteran	78 (3%)	2 (<1%)
Not a Veteran	2,907 (97%)	569 (>99%)
Referral Source		
Homeless Outreach Team (HOT)	1,129 (38%)	75 (13%)
Core Agency	2,255 (76%)	513 (90%)
Institutional Program	226 (8%)	1 (<1%)

Assessment Completion and Diversion Status of Adult/Youth Households Enrolled in CES Between July 2022 and June 2024 by Demographic Group

Demographic Group	Completed Assessments	Diverted from Homelessness
Race and Ethnicity		
American Indian, Alaska Native or Indigenous (n = 152)	108 (71%)	14 (9%)
Asian or Asian American (n = 183)	168 (92%)	14 (8%)
Black, African American or African (n = 550)	507 (92%)	36 (7%)
Hispanic/Latinx (n = 1,120)	1,006 (90%)	88 (8%)
Middle Eastern or North African (n = 21)	20 (95%)	3 (14%)
Native Hawaiian or Pacific Islander (n = 120)	113 (94%)	9 (8%)
White (n = 1,754)	1,635 (93%)	113 (6%)
Gender Identity		
Man (n = 2,000)	1,851 (93%)	99 (5%)
Woman (n = 975)	891 (91%)	106 (11%)
Other Gender (n = 10)	9 (90%)	0 (%)
Age Group		
18 to 24 (n = 187)	161 (86%)	18 (10%)
25 to 34 (n = 579)	513 (89%)	42 (7%)
35 to 44 (n = 663)	606 (91%)	36 (5%)
45 to 54 (n = 603)	553 (92%)	41 (7%)
55 to 64 (n = 612)	594 (97%)	37 (6%)
65 and Above (n = 341)	324 (95%)	31 (9%)
Household Member Count		
1 Person (n = 2,962)	2,732 (92%)	201 (7%)
2 People (n = 21)	17 (81%)	3 (14%)
3 or More People (n = 2)	2 (100%)	1 (50%)
Monthly Household Income		
$1-$1,000 (n = 477)	463 (97%)	31 (6%)
$1,001-2,000 (n = 533)	512 (96%)	47 (9%)
$2,001-3,000 (n = 155)	149 (96%)	14 (9%)
$3,001-4,000 (n = 66)	65 (98%)	12 (18%)
$4,001-5,000 (n = 17)	15 (88%)	5 (29%)
$5,000+ (n = 16)	15 (94%)	0 (0%)
No Known Income (n = 1,721)	1,532 (89%)	96 (6%)

Demographic Group	Completed Assessments	Diverted from Homelessness
Disability Status		
One or More Disabling Condition (n = 2,162)	2,015 (93%)	125 (6%)
One Disabling Condition (n = 881)	*837 (95%)*	*54 (6%)*
Two or More Disabling Conditions (n = 1,281)	*1,178 (92%)*	*71 (6%)*
Physical Disability (n = 835)	*778 (93%)*	*57 (7%)*
Mental Health Condition (n = 1,211)	*1,120 (92%)*	*66 (5%)*
Substance Use Disorder (n = 775)	*700 (90%)*	*24 (3%)*
No Known Disabling Condition (n = 823)	736 (89%)	80 (10%)
Domestic Violence Status		
Survivor of Domestic Violence (n = 319)	303 (95%)	26 (8%)
Currently Fleeing Domestic Violence (n = 52)	*47 (90%)*	*3 (6%)*
No Known History of Domestic Violence (n = 2,666)	2,448 (92%)	179 (7%)
Veteran Status		
Veteran (n = 78)	76 (97%)	2 (3%)
Not a Veteran (n = 2,907)	2,675 (92%)	203 (7%)
Referral Source		
Homeless Outreach Team (HOT) (n = 1,129)	896 (79%)	15 (1%)
Core Agency (n = 2,255)	1,837 (81%)	190 (8%)
Institutional Program (n = 226)	56 (25%)	20 (9%)

Note: The counts in the columns "Completed Assessments" and "Diverted from Homelessness" are not mutually exclusive. A single client may appear in both columns; therefore, the sum of these columns may exceed the total number of clients in the demographic group.

Assessment Completion and Diversion Status of Family Households Enrolled in CES Between July 2022 and June 2024 by Demographic Group

Demographic Group	Completed Assessments	Diverted from Homelessness
Race and Ethnicity		
American Indian, Alaska Native or Indigenous (n = 24)	21 (88%)	8 (33%)
Asian or Asian American (n = 17)	17 (100%)	3 (18%)
Black, African American or African (n = 58)	51 (88%)	17 (29%)
Hispanic/Latinx (n = 373)	346 (93%)	99 (27%)
Middle Eastern or North African (n = 0)	N/A	N/A
Native Hawaiian or Pacific Islander (n = 43)	42 (98%)	6 (14%)
White (n = 367)	338 (92%)	101 (28%)
Gender Identity		
Man (n = 52)	46 (88%)	12 (23%)
Woman (n = 519)	486 (94%)	135 (26%)
Other Gender (n = 0)	N/A	N/A
Age Group		
18 to 24 (n = 72)	67 (93%)	17 (24%)
25 to 34 (n = 226)	210 (93%)	61 (27%)
35 to 44 (n = 191)	179 (94%)	53 (28%)
45 to 54 (n = 69)	64 (93%)	15 (22%)
55 to 64 (n = 13)	12 (92%)	1 (8%)
65 and Above (n = 0)	N/A	N/A
Household Member Count		
1 Person (n = 0)	N/A	N/A
2 People (n = 150)	144 (96%)	41 (27%)
3 or More People (n = 421)	388 (92%)	106 (25%)
Children in Household Count		
1 Child (n = 257)	244 (95%)	64 (25%)
2 Children (n = 162)	147 (91%)	34 (21%)
3 or More Children (n = 152)	141 (93%)	49 (32%)

Demographic Group	Completed Assessments	Diverted from Homelessness
Monthly Household Income		
$1-$1,000 (n = 92)	86 (93%)	23 (25%)
$1,001-2,000 (n = 97)	95 (98%)	31 (32%)
$2,001-3,000 (n = 67)	58 (87%)	22 (33%)
$3,001-4,000 (n = 32)	30 (94%)	10 (31%)
$4,001-5,000 (n = 19)	19 (100%)	5 (26%)
$5,000+ (n = 23)	23 (100%)	9 (39%)
No Known Income (n = 241)	221 (92%)	47 (20%)
Disability Status		
One or More Disabling Condition (n = 227)	216 (95%)	61 (27%)
One Disabling Condition (n = 145)	*135 (93%)*	*47 (35%)*
Two or More Disabling Conditions (n = 82)	*81 (99%)*	*14 (17%)*
Physical Disability (n = 49)	*47 (96%)*	*7 (14%)*
Mental Health Condition (n = 133)	*125 (94%)*	*32 (24%)*
Substance Use Disorder (n = 29)	*29 (100%)*	*7 (24%)*
No Known Disabling Condition (n = 344)	316 (92%)	86 (25%)
Domestic Violence Status		
Survivor of Domestic Violence (n = 104)	98 (94%)	31 (30%)
Currently Fleeing Domestic Violence (n = 14)	*13 (93%)*	*3 (21%)*
No Known History of Domestic Violence (n = 467)	434 (93%)	116 (25%)
Veteran Status		
Veteran (n = 2)	2 (100%)	1 (50%)
Not a Veteran (n = 569)	530 (93%)	146 (26%)
Referral Source		
Homeless Outreach Team (HOT) (n = 75)	68 (91%)	12 (16%)
Core Agency (n = 513)	464 (90%)	135 (26%)
Institutional Program (n = 1)	0 (0%)	0 (0%)

Note: The counts in the columns "Completed Assessments" and "Diverted from Homelessness" are not mutually exclusive. A single client may appear in both columns; therefore, the sum of these columns may exceed the total number of clients in the demographic group.

B. CES Cohort Flow

Households Accessing Shelter and Housing Through the CES Following Assessments Completed Between July 2022 and June 2024

Measure	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
Households Accessing Shelter Through CES		
Placed on Shelter Request List Within Six Months of Assessment	1,056 (38%)	397 (75%)
Enrolled in Shelter Within Six Months of Shelter Request List Placement	*721 (26%)*	*216 (41%)*
Enrolled Directly into Shelter Within Six Months of Assessment Without Request List Placement	613 (22%)	45 (8%)
Households Accessing Housing Through CES		
Referred to RRH Program Within Twelve Months of Assessment	367 (13%)	101 (19%)
Enrolled in RRH Program Within 3 Months of Referral	*48 (2%)*	*54 (10%)*
Referred to Long-Term Voucher Program Within Twelve Months of Assessment	152 (6%)	22 (4%)
Enrolled in Long-Term Voucher Program Within 6 Months of Referral	*55 (2%)*	*12 (2%)*
Referred to PSH Program Within Twelve Months of Assessment	55 (2%)	10 (2%)
Enrolled in PSH Program Within 6 Months of Referral	*19 (1%)*	*2 (<1%)*
Referred to Other Long-Term Voucher Program Within Twelve Months of Assessment	104 (4%)	12 (2%)
Enrolled in Other Long-term Voucher Program Within 6 Months of Referral	*43 (2%)*	*11 (2%)*

Demographics of Adult/Youth Households Enrolled in CES Between July 2022 and June 2024 with Housing Referrals Received Within 12 Months of Assessment

Demographic Group	Referred to RRH Program (n = 367)	Referred to Long-Term Voucher Program (n = 152)
American Indian, Alaska Native or Indigenous	15 (4%)	7 (5%)
Asian or Asian American	18 (5%)	8 (5%)
Black, African American or African	67 (18%)	21 (14%)
Hispanic/Latinx	119 (32%)	54 (36%)
Middle Eastern or North African	3 (1%)	2 (1%)
Native Hawaiian or Pacific Islander	10 (3%)	2 (1%)
White	242 (66%)	102 (67%)
Man	251 (68%)	111 (73%)
Woman	113 (31%)	41 (27%)
Other Gender	3 (1%)	0 (0%)
18 to 24	23 (6%)	3 (2%)
25 to 34	52 (14%)	16 (11%)
35 to 44	84 (23%)	30 (20%)
45 to 54	78 (21%)	33 (22%)
55 to 64	87 (24%)	42 (28%)
65 and above	43 (12%)	28 (18%)
1 Person	362 (99%)	148 (97%)
2 People	5 (1%)	4 (3%)
3 or More People	0 (0%)	0 (0%)
$1-$1,000	64 (17%)	30 (20%)
$1,001-2,000	57 (16%)	35 (23%)
$2,001-3,000	13 (4%)	3 (2%)
$3,001-4,000	5 (1%)	2 (1%)
$4,001-5,000	1 (0%)	0 (0%)
$5,000+	1 (0%)	0 (0%)
No known income	226 (62%)	82 (54%)

Demographic Group	Referred to RRH Program (n = 367)	Referred to Long-Term Voucher Program (n = 152)
One or More Disabling Condition	337 (92%)	142 (93%)
One Disabling Condition	*111 (30%)*	*36 (24%)*
Two or More Disabling Conditions	*226 (62%)*	*106 (70%)*
Physical Disability	*146 (40%)*	*74 (49%)*
Mental Health Condition	*196 (53%)*	*93 (61%)*
Substance Use Disorder	*134 (37%)*	*64 (42%)*
No Known Disabling Condition	30 (8%)	10 (7%)
Survivor of Domestic Violence	51 (14%)	21 (14%)
Currently Fleeing Domestic Violence	*7 (2%)*	*1 (1%)*
No Known History of Domestic Violence	316 (86%)	131 (86%)
Veteran	12 (3%)	4 (3%)
Not a Veteran	355 (97%)	148 (97%)
Homeless Outreach Team (HOT)	164 (45%)	70 (46%)
Core Agency	203 (55%)	82 (54%)
Institutional Program	3 (1%)	1 (1%)

Demographics of Family Households Enrolled in CES Between July 2022 and June 2024 with Housing Referrals Received Within 12 Months of Assessment

Demographic Group	Referred to RRH Program (n = 101)	Referred to Long-Term Voucher Program (n =22)
Race and Ethnicity		
American Indian, Alaska Native or Indigenous	4 (4%)	N/A
Asian or Asian American	2 (2%)	
Black, African American or African	11 (11%)	
Hispanic/Latinx	64 (63%)	
Middle Eastern or North African	0 (0%)	
Native Hawaiian or Pacific Islander	11 (11%)	
White	71 (70%)	
Gender Identity		
Man	4 (4%)	N/A
Woman	97 (96%)	
Other Gender	0 (0%)	

Demographic Group	Referred to RRH Program (n = 101)	Referred to Long-Term Voucher Program (n =22)
Age Group		
18 to 24	14 (14%)	N/A
25 to 34	46 (46%)	
35 to 44	31 (31%)	
45 to 54	9 (9%)	
55 to 64	1 (1%)	
65 and above	0 (0%)	
Household Member Count		
1 Person	0 (0%)	N/A
2 People	25 (25%)	
3 or More People	76 (75%)	
Children in Household Count		
1 Child	50 (50%)	N/A
2 Children	24 (24%)	
3 or More Children	27 (27%)	
Monthly Household Income		
$1-$1,000	19 (19%)	N/A
$1,001-2,000	25 (25%)	
$2,001-3,000	10 (10%)	
$3,001-4,000	6 (6%)	
$4,001-5,000	5 (5%)	
$5,000+	0 (0%)	
No known income	36 (36%)	
Disability Status		
One or More Disabling Condition	50 (50%)	N/A
One Disabling Condition	*24 (24%)*	
Two or More Disabling Conditions	*26 (26%)*	
Physical Disability	*10 (10%)*	
Mental Health Condition	*29 (29%)*	
Substance Use Disorder	*12 (12%)*	
No Known Disabling Condition	51 (50%)	

Demographic Group	Referred to RRH Program (n = 101)	Referred to Long-Term Voucher Program (n =22)
Domestic Violence Status		
Survivor of Domestic Violence	25 (25%)	
Currently Fleeing Domestic Violence	*3 (3%)*	N/A
No Known History of Domestic Violence	76 (75%)	
Veteran Status		
Veteran	1 (1%)	
Not a Veteran	100 (99%)	N/A
Referral Source		
Homeless Outreach Team (HOT)	20 (20%)	
Core Agency	81 (80%)	N/A
Institutional Program	0 (%)	

Average Days Between Assessment and Shelter Request List Placement for Households with Coordinated Entry Assessments Between July 2022 and June 2024

Demographic Group	Adult/Youth Households (n = 1,056)	Family Households (n = 397)
Race and Ethnicity		
American Indian, Alaska Native or Indigenous	14	17
Asian or Asian American	7	3
Black, African American or African	12	1
Hispanic/Latinx	9	5
Middle Eastern or North African	37	N/A
Native Hawaiian or Pacific Islander	7	1
White	9	5
Gender Identity		
Man	9	1
Woman	13	5
Other Gender	0	N/A

Demographic Group	Adult/Youth Households (n = 1,056)	Family Households (n = 397)
Age Group		
18 to 24	10	7
25 to 34	9	5
35 to 44	9	4
45 to 54	11	3
55 to 64	11	< 1
65 and above	13	N/A
Household Member Count		
1 Person	10	N/A
2 People	1	3
3 or More People	0	4
Children in Household Count		
1 Child	N/A	4
2 Children		4
3 or More Children		6
Monthly Household Income		
$1-$1,000	9	6
$1,001-2,000	9	5
$2,001-3,000	12	3
$3,001-4,000	0	10
$4,001-5,000	0	1
$5,000+	0	1
No known income	12	4
Disability Status		
One or More Disabling Condition	6	4
One Disabling Condition	*7*	*4*
Two or More Disabling Conditions	*14*	*5*
Physical Disability	*15*	*2*
Mental Health Condition	*14*	*7*
Substance Use Disorder	*11*	*6*
No Known Disabling Condition	8	4

Demographic Group	Adult/Youth Households (n = 1,056)	Family Households (n = 397)
Domestic Violence Status		
Survivor of Domestic Violence	19	6
Currently Fleeing Domestic Violence	*19*	*1*
No Known History of Domestic Violence	9	4
Veteran Status		
Veteran	16	6
Not a Veteran	10	4
Referral Source		
Homeless Outreach Team (HOT)	17	<1
Core Agency	8	5
Institutional Program	7	N/A

Average Days Between Assessment and Housing Referral for Households with Coordinated Entry Assessments Between July 2022 and June 2024

Demographic Group	Adult/Youth Households (n = 633)	Family Households (n = 144)
Race and Ethnicity		
American Indian, Alaska Native or Indigenous	88	93
Asian or Asian American	73	93
Black, African American or African	72	105
Hispanic/Latinx	72	116
Middle Eastern or North African	79	N/A
Native Hawaiian or Pacific Islander	57	128
White	80	115
Gender Identity		
Man	76	101
Woman	78	113
Other Gender	65	N/A

Demographic Group	Adult/Youth Households (n = 633)	Family Households (n = 144)
Age Group		
18 to 24	73	128
25 to 34	71	117
35 to 44	73	110
45 to 54	67	85
55 to 64	89	101
65 and above	82	N/A
Household Member Count		
1 Person	77	N/A
2 People	80	100
3 or More People	N/A	117
Children in Household Count		
1 Child		102
2 Children	N/A	110
3 or More Children		132
Monthly Household Income		
$1-$1,000	84	96
$1,001-2,000	91	117
$2,001-3,000	68	125
$3,001-4,000	93	102
$4,001-5,000	191	209
$5,000+	118	88
No known income	70	107
Disability Status		
One or More Disabling Condition	75	103
One Disabling Condition	*77*	*115*
Two or More Disabling Conditions	*74*	*90*
Physical Disability	*80*	*112*
Mental Health Condition	*73*	*94*
Substance Use Disorder	*66*	*76*
No Known Disabling Condition	99	122

Demographic Group	Adult/Youth Households (n = 633)	Family Households (n = 144)
Domestic Violence Status		
Survivor of Domestic Violence	62	89
Currently Fleeing Domestic Violence	*61*	*31*
No Known History of Domestic Violence	79	121
Veteran Status		
Veteran	82	57
Not a Veteran	76	113
Referral Source		
Homeless Outreach Team (HOT)	75	94
Core Agency	78	117
Institutional Program	64	N/A

C. Assessment Scores

Shelter Scores on Assessments Completed Between July 2022 and June 2024

Measure	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
Adult/Youth Assessment Shelter Score		
0 to 20	39 (1%)	
21 to 40	348 (12%)	
41 to 60	830 (30%)	
61 to 80	805 (29%)	N/A
81 to 100	631 (22%)	
Over 100	155 (6%)	
Family Shelter Score		
0 to 10		30 (5%)
11 to 20		140 (23%)
21 to 30		127 (21%)
31 to 40	N/A	192 (32%)
41 to 50		78 (13%)
Over 50		29 (5%)

Housing Scores on Assessments Completed Between July 2022 and June 2024

Measure	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
Adult/Youth Assessment Housing Score		
0 to 20	18 (1%)	N/A
21 to 40	150 (5%)	
41 to 60	323 (12%)	
61 to 80	584 (21%)	
81 to 100	787 (28%)	
101 to 120	587 (21%)	
121 to 140	282 (10%)	
Over 140	77 (3%)	
Family Housing Score		
0 to 10	N/A	13 (2%)
11 to 20		83 (14%)
21 to 30		105 (18%)
31 to 40		155 (26%)
41 to 50		88 (15%)
51 to 60		91 (15%)
Over 60		61 (10%)

Average Shelter Scores on Assessments Completed Between July 2022 and June 2024

Demographic Group	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
Race and Ethnicity		
American Indian, Alaska Native or Indigenous	67	28
Asian or Asian American	61	30
Black, African American or African	69	33
Hispanic/Latinx	64	29
Middle Eastern or North African	60	N/A
Native Hawaiian or Pacific Islander	62	32
White	67	29

Demographic Group	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
Gender Identity		
Man	68	32
Woman	61	30
Other Gender	61	N/A
Age Group		
18 to 24	54	30
25 to 34	65	29
35 to 44	65	30
45 to 54	68	31
55 to 64	68	27
65 and above	68	N/A
Household Member Count		
1 Person	66	N/A
2 People	45	32
3 or More People	35	29
Children in Household Count		
1 Child	38	31
2 Children	28	29
3 or More Children	32	28
Monthly Household Income		
$1-$1,000	68	30
$1,001-2,000	66	32
$2,001-3,000	59	25
$3,001-4,000	56	27
$4,001-5,000	53	24
$5,000+	47	28
No known income	67	31

Demographic Group	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
Disability Status		
One or More Disabling Condition	68	32
One Disabling Condition	*65*	*31*
Two or More Disabling Conditions	*71*	*33*
Physical Disability	*69*	*33*
Mental Health Condition	*70*	*33*
Substance Use Disorder	*74*	*37*
No Known Disabling Condition	60	29
Domestic Violence Status		
Survivor of Domestic Violence	67	32
Currently Fleeing Domestic Violence	*60*	*35*
No Known History of Domestic Violence	66	29
Veteran Status		
Veteran	73	32
Not a Veteran	66	30
Referral Source		
Homeless Outreach Team (HOT)	70	34
Core Agency	64	29
Institutional Program	69	44

Average Housing Scores on Assessments Completed Between July 2022 and June 2024

Demographic Group	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
Race and Ethnicity		
American Indian, Alaska Native or Indigenous	89	37
Asian or Asian American	84	37
Black, African American or African	91	42
Hispanic/Latinx	85	37
Middle Eastern or North African	80	N/A
Native Hawaiian or Pacific Islander	82	41

Demographic Group	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
White	90	38
Gender Identity		
Man	90	39
Woman	84	39
Other Gender	89	N/A
Age Group		
18 to 24	70	37
25 to 34	86	37
35 to 44	87	40
45 to 54	91	49
55 to 64	92	37
65 and above	92	N/A
Household Member Count		
1 Person	89	N/A
2 People	63	42
3 or More People	48	37
Children in Household Count		
1 Child	52	40
2 Children	37	37
3 or More Children	50	34
Monthly Household Income		
$1-$1,000	92	40
$1,001-2,000	89	41
$2,001-3,000	79	33
$3,001-4,000	77	33
$4,001-5,000	70	30
$5,000+	62	38
No known income	89	40

Demographic Group	Adult/Youth Households (n = 2,751)	Family Households (n = 532)
Disability Status		
One or More Disabling Condition	93	46
One Disabling Condition	*88*	*44*
Two or More Disabling Conditions	*97*	*50*
Physical Disability	*96*	*53*
Mental Health Condition	*95*	*46*
Substance Use Disorder	*100*	*54*
No Known Disabling Condition	74	33
Domestic Violence Status		
Survivor of Domestic Violence	92	45
Currently Fleeing Domestic Violence	*83*	*48*
No Known History of Domestic Violence	88	37
Veteran Status		
Veteran	96	50
Not a Veteran	88	39
Referral Source		
Homeless Outreach Team (HOT)	94	45
Core Agency	86	38
Institutional Program	85	53

Emerging Practices and Community Examples Review

➢ As San Mateo County considers changes to CES, it is important to note many of the standard practices in place when CES first started are now being reexamined.

➢ While there are many ways to structure Coordinated Entry, there is limited research and published best practices available beyond the HUD guidance, which is now several years old.

➢ Many communities have faced challenges similar to San Mateo County's. This deck highlights some of the practices they are using for consideration as the County plans a path forward.

Emerging Practices and Community Examples Review

As part of Focus Strategies' evaluation of diversion and Coordinated entry, SMC is interested in learning more about other communities that have processes designed to:

Use administrative or other data sources to help prioritize individuals with the greatest need for assistance

Prioritize a subset of people for limited housing opportunities using information beyond the assessment score

Match individuals to a range of targeted housing types based on needs, preferences, and eligibility

Emerging Practices: Using administrative data sources

Context

Incorporating information from other sources may provide a more holistic view of a participant's situation

While research shows mixed results, there is some evidence that people experiencing homelessness generally self report accurately on many factors

Community Examples: Administrative Review Process

San Francisco provides an opportunity to request an administrative review for individuals who are not initially prioritized who are deemed "unable to adequately self-report their barriers to housing…indicating a need to reevaluate their status." The review:

Can only be requested by staff working with the household (typically clinical staff)

Includes information on physical functioning, service/system history, and medical diagnoses

The results of the review may allow individuals to be moved to the prioritization list (termed Housing Referral Status) but is not used directly to match to specific housing resources.

Resources
HSH Coordinated Entry Administrative Review
Adult Coordinated Entry Administrative Review Form

Community Examples: Incorporating Administrative Data

Allegheny County uses the Allegheny Housing Assessment (AHA), a customized tool drawing from administrative data across systems to predict the likelihood of three adverse events occurring over the next 12-months:

Mental Health Inpatient Stay

Jail Booking

4 or more ED visits

These events serve as indicators of harm if a person remains unhoused. A risk score is generated and used to prioritize.

Community Examples: Incorporating Administrative Data

- Allegheny County's AHA tool uses information available in a data warehouse with publicly-funded human services data from over 20 sources including:
  - Physical and mental health
  - Aging
  - Independent living
  - Child welfare
  - Public benefits
  - Criminal and juvenile justice
- An alternative assessment interview option is provided for individuals who prefer not to have their data entered into the system or do not have data available

Resources
Allegheny County Coordinated Entry Policies and Procedures
Allegheny Housing Assessment

8

Considerations for Using Administrative Data

- It is important to consider the pros and cons of using administrative data in addition to or in lieu of self-report, including:
  - Self report data may be less reliable for some groups due to stigma, assessment processes, or other factors
  - Administrative data is also subject to bias for some groups due to differences in access to services and may also provide a limited view of housing-specific barriers
  - Using self report data can be faster and less resource intensive, as using administrative data may require developing data sharing processes and/or involving additional staff from other agencies
  - Self report data is the only option for clients who do not have administrative data in the local system

Emerging Practices: Prioritization Beyond Assessment Scores

Context and Considerations

Currently, SMC uses a Master or By Name List method where all persons receiving the CES assessment are placed on the housing list

Having a smaller pool of people awaiting housing match allows more efficient focus on getting people document ready

Long wait times for housing matches can result in a greater likelihood of losing contact with people waiting on the housing list

Context and Considerations

Other communities have adopted an **eligibility pool method**, which includes only a subset of people assessed

In an eligibility pool approach, individuals above a threshold score are treated equally and **criteria other than score are used to determine referral order** for specific housing resources

The threshold to get into the pool is **dynamic** and generally established based on the portion of the population that the system can serve with available resources

Communities use a variety of **filtering strategies** to prioritize people within the housing eligibility pool.

Community Examples: Prioritization Beyond Assessment Scores

Three community examples in this section include **Santa Cruz County (CA), Multnomah County (OR), and Alameda County (CA)**. All three communities use:

An eligibility pool structure

A dynamic inventory-based threshold

Each community has adopted a different filtering strategy for prioritizing people for matches within their eligibility pool.

Community Examples: Prioritization Beyond Assessment Scores

Santa Cruz County, CA

Filtering Strategy:

Project Preferences (e.g., geographic areas)

Document Readiness

Date of CE Enrollment

Assessment Score (Tiebreaker)

Assessment includes eligibility, prioritization, and housing needs/preferences and helps populate a Housing Action Plan in HMIS

Connectors create Housing Action Plans and provide housing navigation, case management, and support with documents

Connectors also work with non-prioritized households through Housing Problem Solving

Resources
Housing for Health Partnership's Housing and Resource Connection Approach

14

Community Examples: Prioritization Beyond Assessment Scores

Multnomah County, OR

Filtering Strategy:

Date of CE Enrollment

Client Eligibility and Preferences

Assessment Score (Tiebreaker)

Assessment includes identification of need and preference for culturally specific services

Only those in the Housing Priority Pool complete the Housing Preferences and Matching Tool

Resources
Multnomah County Coordinated Entry Webpage

Community Examples: Prioritization Beyond Assessment Scores

Alameda County, CA

PSH Filtering Strategy:

Document Readiness

Date of Housing Queue

Client Eligibility and Preferences

Assessment Score (Tiebreaker)

RRH Filtering Strategy:

Interested in time limited subsidy and homeless history less than two years

And must meet **one** of the following:

Paid rent without assistance in the last 2 years

Has a plan to increase income through employment

Had a lease or owned housing in the last 5 years

Resources
Alameda County Coordinated Entry Policies
Alameda County Coordinated Entry Webpage

Community Examples: Prioritization Beyond Assessment Scores

Alameda County, CA

Alameda County also has a limited number of "Medically Frail" housing units (termed PSH+) for clients who are literally homeless and have a qualifying health condition that meets each of the following three criteria:

Frequent utilization of (or unmet need for) healthcare services

Significant functional limitations

Medical complexity/Complex chronic illness

Households that meet the criteria are prioritized based on the severity of their medical condition and their position on the Housing Queue.
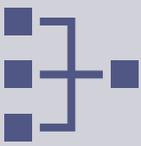
17

Emerging Practices: Matching Based on Need, Preferences, and Eligibility

Context and Considerations

Assessment tools are best designed to capture vulnerability factors but are limited in their ability to capture the acuity of service need.

Some communities have adopted a two-stage process, in which assessment of the type of housing, service needs, and housing preferences are considered during the matching process after prioritization has taken place.

Other communities have also integrated case conferencing as a factor in finalizing the matching process to leverage provider direct experience of participants as an information source to inform matching decisions.

Community Examples: Two Stage Matching Process

Multnomah County uses a two-stage process with an assessment to determine prioritization and an additional questionnaire for those who have been prioritized. The tools include:

Multnomah Screening and Services Tool (MSST):
This is a short assessment used for prioritization and includes questions on safety, housing history, household demographics, income, health, and legal history

Housing Preferences and Matching Tool:
Only households referred to the priority pool are contacted by the initial assessor to complete this tool, which addresses:
- **Housing Needs:** ADA Accessibility, Unit Size, Proximity to work, school or other needed resources
- **Housing Preference:** Desire for culturally specific services
- **Housing Eligibility** Specific Health or Behavioral Health diagnosis, Documentation status, Age, Gender

Resources
Multnomah County Coordinated Access Webpage
Guide to Conducting Coordinated Access

20

Community Examples: Two Stage Matching Process

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Santa Clara County's Office of Homeless Services uses a two-stage process with an assessment to determine prioritization. Client Engagement Specialists then work with top 1,000 prioritized households to gain more information to determine match.

Outreach and screening	Documentation gathering and matching	Approval and move-in

| Pre-screening **~400** | → | Eligibility **~300** | → | Match and Move-in **~300** |

Resources
Santa Clara County Coordinated Entry Webpage

Community Examples: Case Conferencing

San Diego County use process where a filtered and ordered list is brought to a case conference setting where the needs of the top people on the list are discussed and final decisions about who is referred are made.

By Name Lists with the Top 25 clients for each population (e.g., youth, singles, families) are pulled for case conferencing with client care teams including case managers, housing navigators, outreach, and housing providers

Uses structured discussion questions including engagement, barriers to housing, strategies that have already been utilized, and specific housing needs. Also helps coordinate when multiple provider are working with a client

Resources
RTFH Coordinated Entry Webpage
RTFH Coordinated Entry System Policies and Procedures

Community Examples: Case Conferencing

Contra Costa County uses a process where a short list of clients ordered by score and length of time homeless is brought to a Housing Placement Committee.

When there are 5 or more vacancies, the system runs a report of the top-scoring households and convenes a Housing Placement Committee comprised of housing providers and relevant service agencies

The Committee reviews a standardized screening tool for each household to screen for eligibility and fit for the open unit. If a household is not matched to a unit, the Committee documents the reason and identifies potential alternative housing options.

Resources
RTFH Coordinated Entry Webpage
RTFH Coordinated Entry System Policies and Procedures

23

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THANK YOU