WHAT IS COORDINATED ENTRY?

**Coordinated Entry** (CE) is a standardized process for connecting individuals and households experiencing homelessness to available community resources such as shelters and housing. CE takes into account a person’s current living situation and level of vulnerability. It is designed to replace the patchwork-like system of City and nonprofit providers addressing homelessness, and simplify access and housing solutions for people experiencing homelessness.

Since 2017, HomeRise has participated in the implementation of San Francisco’s CE system. As the City’s largest permanent supportive housing provider, HomeRise plays a significant role in ensuring equitable and timely access to resources within the Homelessness Response System.

WHO IS ACCESSING COORDINATED ENTRY?

As of June 2019, of the 6,610 adults assessed:

- 67% were male
- 46% were between 46 and 64 years old
- 39% were Black/African American
- 36% were White

Where are adult Access Points?

- **2111 Jennings Street**
  San Francisco, CA 94124
  Hours of Operation | M - F, 9 am - 12 pm

- **123 10th Street**
  San Francisco, CA 94103
  Hours of Operation | M, T, Th, F, 9 am - 4:30 pm
  W, 9 am - 12 pm

KEY COORDINATED ENTRY TERMINOLOGY

**ONE System**: A data platform used by all homelessness outreach professionals in San Francisco that is used to identify, triage, prioritize, and place individuals experiencing homelessness into housing.

**Priority Status**: Adults experiencing homelessness are prioritized for housing based on their health vulnerability, housing barriers, and homelessness chronicity. All new HomeRise residents have Priority Status.

**Access Points**: There are 11 physical locations throughout San Francisco for evaluating eligibility, conducting problem solving and assessments, and giving housing referrals for San Franciscans experiencing homelessness.

**Problem Solving**: Addressing and preventing homelessness by helping people to return immediately to housing, without having to enter temporary shelter or a housing program; utilizing safe and available permanent and temporary housing options.
WHAT IS COORDINATED ENTRY?
The Point-In-Time Count (PIT) is an effort to measure the scope of homelessness by generating data about the individuals and families experiencing homelessness. This count is comprised of a shelter, street, and survey count which happens every two years.

Key Findings from San Francisco’s 2019 Point-In-Time Count (PIT):
- 8,011 people experiencing homelessness (including street, youth, and shelter counts)
- 18% were transition-age youth (aged 18-24)
- 10% were seniors (aged 61+)
- 71% were adults
- 29% were White
- 37% were Black/African American
- 27% identified as LGBTQ

2019 POINT-IN-TIME DATA: REGIONAL CONTEXT
* All Bay Area counties apart from Marin County saw an increase in homelessness from the 2017 to the 2019 PIT count.

- San Francisco: 8,011
- Contra Costa: 2,295
- Marin: 1,034
- Alameda: 8,022
- San Mateo: 1,512
- Santa Clara: 9,706

COORDINATED ENTRY & HOMERISE
Coordinated Entry (CE) centralizes housing referrals through a single City department, the San Francisco Department of Homelessness and Supportive Housing (HSH). HomeRise's 17 properties serve as endpoints for individuals and families going through the CE process, helping ensure that the most vulnerable are assessed and prioritized efficiently, with a single source of referrals into permanent supportive housing. Since November 2018, HomeRise has welcomed 129 individuals who have experienced homelessness into our permanent housing, joining our nearly 1,700 other residents.

Homelessness in San Francisco has increased, even with implementation of the CE system. The new, central referral system ensures that individuals moving into our housing are of the highest need, and often this means that our new residents are experiencing very high levels of acuity and have been without homes for years.

More staff and more service options are required to adequately serve these new residents; the ongoing challenge for providers is that funding streams have not adequately increased even as resident acuity has.