

Building Bridges for Benefits: San Francisco County's Multidisciplinary Team

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EXECUTIVE SUMMARY

This case study highlights the City and County of San Francisco's Homeless Benefits Linkages Initiative (HBLI), which has evolved since its start in 2019. Continued innovations have been implemented to assist those experiencing homelessness in applying for benefits and services, carried throughout the pandemic with the City's Shelter-in-Place hotels. With more available funding and resources, the Human Services Agency (HSA) and Homelessness and Supportive Housing departments have joined together to expand and elevate service delivery at temporary

shelters through the Multidisciplinary Team Model, launched in April 2022. Currently finishing its first-year phase, the program has proven successful through robust collaboration with various county entities and community-based organizations and a designated core team to plan and execute the monthly site visits carefully. Recommendations are given to Santa Clara County (SCC) to assess the feasibility of this model and identify the necessary actions to create a version that addresses the unique challenges for the SCC Social Services Agency and Office of Supportive Housing.

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Scope of San Francisco Homelessness

The Vision of San Francisco

The City and County of San Francisco is committed to advancing racial equity and housing justice in the community, ensuring that no one experiences homelessness and that everyone has the housing, supports, community, and opportunities they need to thrive.¹

This vision statement is direct from the governing body's five-year strategic plan entitled "The Home by the Bay," which focuses on five action areas:

1. Advancing Racial Equity and Housing Justice
2. Enhancing System Performance and Capacity
3. Strengthening Response to Unsheltered Homelessness
4. Increasing Successful Stable Entries into Permanent Housing
5. Preventing People from Experiencing Homelessness

As part of the concrete goals to prevent people from experiencing homelessness and to move clients from unsheltered to permanent housing, San Francisco has proposed to address the services needed for those who are unsheltered, enhancing these services to better support housing stability.

Community Demographics

San Francisco conducted a Point-in-Time (PIT) Count on February 23, 2022, that surveyed unsheltered and sheltered homeless individuals to determine the profile of the

community.² Of the 7,754 total homeless count population, 57% of the population (4,397) was identified as unsheltered. 41% of chronically homeless individuals, 67% of veterans, and 84% of unaccompanied youth were all considered unsheltered. About 90% of responses indicated one month or more in duration of a current episode of homelessness. Three of the top five responses that indicated obstacles to permanent housing included the inability to afford rent, an insufficient amount or lack of income, and a lack of money for moving costs.

Connection to Public Assistance

According to the PIT Count report, there are various forms of government assistance; however, "usage of these supports is impacted by knowledge of services available, understanding of eligibility requirements, and perceived stigma of receiving governmental assistance."³ Although the majority (63%) of respondents in 2022 reported receiving some form of government assistance, this decreased from 73% in the 2017 and 2019 surveys. The largest percentage of respondents (40%) reported receiving CalFresh (food stamps) and/or WIC (Special Supplemental Nutrition Program for Women, Infants, and Children). Nearly one-quarter (24%) of respondents reported receiving County Adult Assistance Program (CAAP) or General Assistance (GA) benefits. Eleven percent (11%) reported receiving SSI, SSDI, Disability or non-veteran disability benefits.⁴

² San Francisco Homeless Count and Survey, 2022 Comprehensive Report
<https://hsh.sfgov.org/about/research-and-reports/pit-hi/c/>

³ San Francisco Homeless Count and Survey, 2022 Comprehensive Report
<https://hsh.sfgov.org/about/research-and-reports/pit-hi/c/>

⁴ *ibid*

¹ Home By The Bay: An Equity-Driven Plan to Prevent and End Homelessness in San Francisco (2023 – 2028) Strategic Plan
<https://hsh.sfgov.org/about/research-and-reports/strategic-planning/>

Response to Homelessness

Bureaucracy can prove challenging for individuals and families experiencing homelessness, especially when attempting to access public assistance programs. Systems may be multilayered and complex, which may be daunting for a population experiencing prolonged crisis, causing further distress as clients navigate multiple locations and case workers.

Homeless Benefits Linkages Initiative

To streamline business processes, centralize access, and provide personalized support to help clients with these systems, the San Francisco Human Services Agency (HSA) created the Homeless Benefits Linkages Initiative (HBLI) in 2019. This early model stationed HSA Eligibility Workers (EWs) to assist in County Adult Assistance Program (CAAP), Medi-Cal, CalFresh, and SSI benefits applications at homeless shelters, Navigation Centers, and Coordinated Entry Access Points in collaboration with the Homeless Outreach Team and community-based organizations (CBOs). Services transformed at the start of the pandemic as staff performed benefits outreach efforts in the City's Shelter-in-Place (SIP) hotels. Efforts continued to grow at congregate shelters and Safe Sleep sites, with a concentrated focus on clients eligible for permanent supportive housing if enrolled in CAAP.

Expansion Through HDAP Funding

In partnership with the San Francisco Department of Homelessness and Supportive Housing (HSH), HSA uses state-designated funds through the Housing and Disability Advocacy Program (HDAP) to provide temporary shelter and permanent supportive housing to clients with disabilities experiencing homelessness.

These funds were used to expand services in 2020 to support clients at the largest SIP hotel and Single Room Occupancy (SRO) Navigation Center while contracting legal and SSI advocacy services through Bay Area Legal Aid. HSA funneled increased HDAP funding to expand capacity and available services.

Shelter & Navigation Center Multidisciplinary Team

The Shelter and Navigation Center Multidisciplinary Team (MDT) was launched in April 2022, created in collaboration with HSH, to bring an array of public benefits, services, and housing directly to clients at temporary shelters. These linkages connect clients to County services (CAAP, CalFresh, Medi-Cal), SSI advocacy, Coordinated Entry (CE), In-Home Supportive Services (IHSS), and Adult Protective Services (HomeSafe). According to SF MDT staff, as of May 2023, the MDT has occurred monthly on 13 separate occasions across 12 different sites, which include eight congregate shelters, three non-congregate shelters, and one tiny homes site.

- 596 clients seen by Coordinated Entry
- 200 clients previously unknown to CE received a primary housing assessment
- 223 clients seen by HSA Benefits Eligibility Worker
- 86 clients were enrolled in HDAP
- 22 clients were enrolled in HomeSafe

MDT Model

Preparations

The MDT team determines the needs of clients based on the providers on site.

Rosters and information are pooled into a centralized data workbook that determines each client's eligibility and status of benefits, completion of housing coordinated entry assessments, and known or unknown housing status. Data validation comes from various databases such as MEDS, CalWin, and the county homeless management information system (ONE System). Prep meetings are held with the MDT core team to discuss the logistics of the upcoming monthly site visit. The team also conducts site visits to designate space for providers and clients to meet and establish the workflow with on-site teams. Marketing materials are sent to the sites to increase awareness of the MDT visit.

Real-Time Example - Implementation at 711 Post

During the last week of March 2023, the MDT team brought services to the semi-congregate shelter at 711 Post Street, a master lease, and operations of the Ansonia Hotel with 123 units that shelter approximately 250 people.⁵ Meetings were held to connect with staff from Urban Alchemy, the on-site service provider, who assisted in connecting clients to service providers. Services providers were stationed at a large gathering area downstairs and in enclosed offices for meetings requiring confidentiality. The Linkages Manager from HSA and the Coordinated Entry Access Partner Analyst from HSH both coordinated the client flow to ensure it was steady, checking in with the providers on wait times and queues. The coordinator conducted any problem-solving conversations and handled any escalated situations that would arise during the visit. Providers reported back

data that indicated the number of clients served during the visit and the types of services.

Key Factors in Success

Below are some key factors that reflect the overall success of the MDT model for the expansion of service access to clients:

- **Joint Buy-In:** Both SF HSA and HSH have made the MDT a high priority to fill the gaps in service delivery. Managers and staff of county services, along with CBOs, are reminded of the importance of this work as it aligns with department goals to expand service.
- **Role Designation:** The two managers (one each from HSA and HSH) co-lead the coordination efforts between the various services. Supportive staff and analysts are set specifically to address the needs of the MDT program.
- **Communication:** Communication channels are open for directives and feedback as the process has evolved. The MDT Core team serves as the intermediary between all collaborators.
- **Data Collection:** Metrics of each MDT site visit are collected and tracked meticulously to demonstrate success according to overall program goals. Prep work to identify clients eligible for benefits and services has a clear workflow and established central location for access.
- **Flexibility:** The MDT decided to refrain from pursuing scheduling appointment times with clients as circumstances often shift for the

⁵ 2021 FAQ 711 POST | 711 POST ST, SAN FRANCISCO, CA 94109
<https://hsh.sfgov.org/wp-content/uploads/2021/10/711-Post-FAQ.pdf>

population. This overarching approach pairs well with the intensive prep work and planning before each site visit so providers can stay present throughout the week.

Scope of Santa Clara County Homelessness

Santa Clara County Community Plan to End Homelessness

In 2020, Santa Clara County released the 2020-2025 Community Plan to End Homelessness. The plan is grounded in evidence-based practices and lessons learned over the past five years and built upon input from more than 8,000 community members, people with lived experience of homelessness, service providers, and advocates.⁶ The plan is centered on three core strategies:

- Address the root causes of homelessness through system and policy change;
- Expand homelessness prevention and housing programs to meet the need; and
- Improve the quality of life for unsheltered individuals and create healthy neighborhoods for all.

The 2020-2025 plan also sets aggressive targets designed to reverse the current growth in homelessness and bring us one step closer to our collective goal of eliminating homelessness in Santa Clara County. By 2025, the county will:

- House 20,000 people through the supportive housing system;
- Expand the Homelessness Prevention System and other early interventions to serve 2,500 people per year;
- Achieve a 30 percent reduction in the annual inflow of people becoming homeless; and
- Double temporary housing and shelter capacity to reduce the number of people sleeping outside.

Linkages Between Social Services and Supportive Housing

The County of Santa Clara's Office of Supportive Housing (OSH) and Social Services Agency (SSA) hold an ongoing interagency agreement that details an exchange of funding designated for clients in the community that often intersects with services from both agencies. SSA receives state funding designated for housing services and funnels monies through OSH to contract and administer the services through their existing supportive housing infrastructure and relationships with CBOs.⁷ Active clients in SSA benefits programs are provided housing services on a referral basis after going through assessments and are given a warm handoff to the CBOs. SSA collaborates closely with CBOs to integrate workflows for these referrals and works with OSH to set the scope of services and budget through the OSH contracting process.

⁶ Santa Clara County Community Plan to End Homelessness 2020-2025

<https://housingtoolkit.sccgov.org/take-action/santa-clara-county-community-plan-end-homelessness-2020-2025>

⁷ Funding comes from CalWORKs Family Stabilization Program (FSP) and Housing Support Program (HSP), Bringing Families Home (BFH), and HDAP, which are intended for families, those in the family reunification process, and those with disabilities who are experiencing or at risk of homelessness.

Other linkages opportunities have occurred in the past and at varying degrees of regularity. Services from CBOs are often leveraged to assist clients with enrollments in benefits programs, alleviating the workloads of county workers. Before the pandemic, some eligibility workers would be stationed at shelters to work directly with clients in enrollment. However, as the pandemic began, workloads were increased as changes in program policy for public assistance programs were put in place to respond to adverse socioeconomic effects for families and individuals. Priorities in allocating workers shifted to address the influx of applications and caseloads.

Recommendations

Due to the wide breadth of services the county provides for those community members with the most need, Santa Clara County should implement a strategic plan to improve the coordination of public assistance programs that integrate streamlined methods to deliver services directly to clients utilizing the current Supportive Housing site infrastructure. With the recent implementation of a new eligibility welfare system (CalSAWS) and enhanced care management system (CalAIM) for the county, the capacity to consider these recommendations may be limited as both SSA and OSH navigate system-wide change. However, both agencies need to create stronger foundations for coordinating services and benefits to move toward enhanced health and wellness for our most vulnerable community members.

The following recommendations align with this overall approach and will lead to greater success toward the vision stated above:

Joint Infrastructure for Collaboration

- Develop a shared philosophy between SSA and OSH that fosters greater communication and collaboration on a more consistent basis.
- Create a unified approach for coordinating benefits that generates more replicable systems and methodologies across various functional areas in OSH and SSA.
- Explore opportunities to host training sessions across all agencies' campuses that educate staff and management on the interconnectedness of their functional role as it relates to the improved approach of fulfilling a client's need through multiple public assistance programs.

Initiation of the MDT Pilot Program

- Perform an internal audit on all current and past programs that assisted in the coordination of benefits from OSH and SSA to analyze the successes and setbacks of each initiative.
- Set baseline data points that identify the success rates of linking housing and eligibility efforts to determine measurable goals that will increase client access to benefits and services.
- Conduct a feasibility study on executing a pilot program that emulates the SF County MDT Model consisting of a designated team to coordinate benefits directly to clients at shelters or other housing sites.

Identification and Reallocation of Resources

- Assess the current work infrastructure of both OSH and SSA to identify the sharing of FTEs to perform services directly at OSH supportive housing sites on a more regular basis.
- Reallocate potentially underutilized or unused funding sources (e.g., CalWORKs HSP and FSP, Bringing Families Home, HDAP) to build on coordination efforts for housing and social services programs.
- Build stronger partner relations with Santa Clara County cities and townships to leverage funding and resources to serve their designated populations through these coordination efforts.

Acknowledgments

I would like to thank the County of San Francisco for the opportunity to study the Homeless Benefits Linkages Initiative. A special thanks goes to the following individuals from SF County from both HSH and HSA who invested time and resources to share their amazing work performed with the MDT: Cindy Ward, Lindsey Slama, Ely Barrientos, Megan Owens, and Justin Chan. A special thank you to all the continued support from the County of Santa Clara, especially Angela Shing, for the opportunity to attend the BASSC program. A final appreciation to the BASSC staff for their grace and understanding while hosting the program.