

Improving Service Delivery and Increasing Benefits Access for People Experiencing Homelessness

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EXECUTIVE SUMMARY

To improve public benefits access for people experiencing homelessness, San Francisco's Human Services Agency launched the Homeless Benefits Linkages Initiative (HBLI). The goals of the HBLI are to meet people "where they are," streamline business processes, provide personalized supports to help people navigate application systems, help unhoused persons in San Francisco

access safety net benefits, and connect them to housing services. By strategically adapting similar approaches used in San Francisco, Santa Cruz County can make meaningful progress in assisting people without homes in securing and keeping public benefits that help individuals make progress toward personal goals and more stable, long-term living situations.

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Introduction

“Appointments are the enemy of homeless people.”

– Dr. Barry Zevin, San Francisco
Department of Public Health Medical
Director of Street Medicine and Shelter
Health¹

Mainstream public benefits provided by Human Services Agencies are essential to helping people in need access food, health care, income, and housing. Although programs are available to all eligible persons, and despite ongoing efforts to improve access through regulation changes and service delivery practices, barriers exist that keep people from applying for and maintaining benefits. People experiencing homelessness often have lower rates of enrollment than their housed counterparts.² Several challenges of life without housing contribute to these differential enrollment rates, including, but not limited to, difficulty completing applications because of a lack of identification and other required documentation; lack of a stable telephone number or mailing address; lack of transportation; a higher likelihood of poor health; competing daily priorities such as obtaining food, securing belongings, and accessing other necessities; and often a lack of social support. Managing complex bureaucratic systems that require remembering multiple appointments, tracking paperwork, receiving and processing mail delivery, transportation to agency offices, and access to phones and technology represent activities rarely

prioritized among people working to survive without a stable place to live and sleep.

San Francisco’s HBLI was designed to alleviate public benefits access and enrollment challenges for San Francisco residents without housing by implementing innovative outreach and access approaches for the County’s General Assistance Program, Medi-Cal, CalFresh, Supplemental Security Income (SSI), and housing assistance through San Francisco’s Department of Homelessness and Supportive Housing’s (HSH) Coordinated Entry (CE) System. By “meeting people where they are,” instead of requiring them to apply at an agency office, the HBLI offers participants the ability to obtain needed services from the shelters they reside in.

Initiative Transitions

San Francisco’s HSA has deployed public benefits eligibility workers to provide services at designated community outreach sites as part of various initiatives and pilots for many years. Drawing from insights gained through these projects, and in alignment with San Francisco’s Whole Person Care Pilot objective of comprehensively assessing all unhoused individuals for housing, health, and public benefits, the agency introduced the HBLI in 2019. At its start, HSA eligibility workers maintained a steady presence in navigation centers and at CE System Access points through a partnership with San Francisco’s Health Services Agency’s Homeless Outreach Team and various community-based organization (CBO) partners. The COVID-19 pandemic forced a transition of the initiative, shifting the public benefits outreach focus to San Francisco’s Project Roomkey hotels and expanding public benefits eligibility worker locations to include congregate shelters and safe sleeping sites. The number of public benefits applications completed off-site during this

¹ “In San Francisco, Opioid Addiction treatment Offered on the Streets,” New York Times, Aug. 18, 2018

² “Strategies for Overcoming Barriers to Homelessness,” US Dept. of Housing and Urban Development – Office of Policy Development and Research, Mar. 2010

phase of the initiative is outlined in Figure 1. San Francisco's HSA public benefits approval rates from this period were higher than for clients that applied using more traditional in-office methods:

Figure 1: HSA Benefit Applications –2020/2021			
Benefit	Completed off-site	Off-Site Approval Rates	In-Office Application Approval Rates
CalFresh	1,901	93%	60%
CAAP	1,155	30%	14%
Medi-Cal	1,343	88%	56%

Leading up to the closure of Project Roomkey and COVID-19 Shelter-in-Place sites,³ the initiative underwent another transition to a new model after a thorough three-month planning process. Through service collaboration and targeted assistance, the core of today's San Francisco HBLI is Multi-Disciplinary Team (MDT) events at the county's largest shelters and navigation centers. Twenty to twenty-five service providers representing government agencies and nonprofit organizations convene monthly at a dedicated shelter site for two to four days per event, depending on the shelter's size, and offer the following services:

- Access to HSH CE Services, including assessments and housing problem-solving assistance by contracted partner agencies.
- Application assistance from an eligibility worker for the County's General Assistance program (CAAP), CalFresh, and Medi-Cal.
- Assessment and enrollment in the state-funded Housing Disability

Advocacy Program (HDAP), including Supplementary Security Income (SSI) application, advocacy, and legal services by Bay Area Legal Aid.

- Assessment and enrollment in the County's In-Home-Supportive Services (IHSS) and Home Safe programs, providing housing navigation and intensive case management by HSA's Adult Protective Services (APS) and the Institute on Aging.

Similar to a small-scale Project Homeless Connect,⁴ the MDT is a group of various government and CBO providers that coordinate and visit shelters monthly to ensure their residents have the ability to access a variety of public benefits and housing services.

MDT Staffing and Roles

Leading the HBLI efforts is one HSA Program Manager and one Program Specialist. Since administration of the initiative primarily involves inter-agency collaboration and strategy development, the initiative's two dedicated staff are supported

³ San Francisco phased the closure of its Project Roomkey and COVID-19 Shelter-in-Place sites, with the final site ending operations in Dec. 2022

⁴ [Projecthomelessconnect.org](https://projecthomelessconnect.org)

within HSA's Department of Policy and Planning and funded by its allocation of the State's HDAP.

Additional HSA staff involved in the monthly MDTs include one CAAP Eligibility Worker, one CAAP Triage Social Worker, and two IHSS Social Workers. CBO partners cover staffing in the areas of CE Assessment and housing problem-solving, housing navigation, and legal advocacy.

Officially administered by HSA, the impact of the initiative depends heavily on significant collaboration between HSA and San Francisco's HSH. HSA does the bulk of client-level research prior to events and outstations its eligibility and social workers at the pre-identified sites. HSH convenes its CE and housing partners and does much of the pre-event education and marketing to its shelter providers. Effective collaboration between the two departments with defined roles and responsibilities is critical for an organized and successful MDT event.

Since shelter staff have established relationships with the residents, they play critical roles in ensuring a successful MDT. They encourage participation, provide warm hand-offs to MDT providers, help HSA's HBLI team navigate facility issues, and assist residents with post-event document collection and follow-up appointments.

MDT Planning and Execution

Planning is necessary prior to all MDTs. About two weeks before each event, an HSH Analyst creates a master tracking spreadsheet from a shelter roster report out

of San Francisco's One System, their Homeless Management Information System (HMIS). This spreadsheet provides the framework for which data is collected and recorded at each MDT event. Using HMIS, California Work Opportunity and Responsibility to Kids Information Network (CalWIN), and other internal database systems, the HBLI Program Specialist reviews benefit and program referral status for all shelter residents to map out who needs to be seen by the various providers on-site at the MDT. Additionally, shelter operators pre-identify residents in need of assistance with activities of daily living (ADLs). When the initial participant research is complete, the master tracker includes all shelter residents with their identified tracks and service provider assignments. Figure 2 outlines the different initial tracks a shelter resident is placed on depending on their benefit status and identified needs at the time of the pre-site visit review. Those on the initial CES track that are assessed at the on-site CES Access Point are then placed on a second track to be seen by additional service providers at the MDT, as shown in Figure 3.

Outreach, marketing, and logistics ramp up about one week prior to MDT events. The HSA HBLI team, in collaboration with HSH partners, organizes a pre-MDT planning meeting with all service provider attendees and shelter staff to deliver an overview presentation of the MDT, tour the facility, and designate workstations. Shelter staff are also supplied with marketing material to promote the event.

Figure 2: Initial MDT Tracks	
Benefit/Program Status	Prioritized MDT Provider
Unknown to CE System	CE System Access Point for Assessment
CES “Housing Referral” Status (i.e., eligible for permanent housing) and not on SSI	CBO HDAP Representatives
No CAAP (General Assistance)	HSA Eligibility Worker for CAAP, CalFresh, and Medi-Cal application assistance and HSA Triage Social Worker to assess workability
Needs ADL Support	HSA Department of Disability and Aging Services Social Worker for IHSS assessment and application

Figure 3: Second MDT Track	
CES Assessment Results	Prioritized MDT Provider
Problem-Solving Status	CES Assessor for Problem-Solving Conversation
Housing Referral Status – Permanent Supportive Housing Track	CBO HDAP provider if not receiving SSI/SSDI benefits, other HSH Housing Support Provider if enrolled in SSI/SSDI.
Housing Referral Status – CAAP Track	HSH Housing Support Provider for CAAP housing placement
Housing Referral Status – Rapid-Rehousing (RRH) Track	CBO RRH Housing Navigator Partners to enroll in housing program and initiate housing search.
Open Department of Public Health Shelter Health Referral to Nursing Permanent Supportive Housing	CBO Intensive Case Management Representatives assess for Home Safe enrollment

Once the planning phase is complete, the one-stop service event takes place. Each day of the MDT, an HSA or HSH staff uses the master track list to lead the event’s “air traffic control.” In this role, they serve as the first point of contact so participants know which providers to see and their locations at the event. Appointments are not pre-scheduled; if someone appears during peak times when their identified service provider is busy, they are informed of

estimated wait times or asked to return at a mutually agreeable time.

Since launching the MDT model of the HBLI in October 2022 through April 2023, the following outcomes have been attributed to its implementation:

- 596 shelter residents have been seen by CE providers. Of these 200 residents previously unknown to the CES received a primary housing

assessment, 55 housing referrals were made, and 42 shelter residents exited to permanent housing.⁵

- 223 shelter residents were seen by an HSA eligibility worker, with at least one benefits application submitted for 63 clients.
- 86 residents were enrolled in San Francisco's Housing and Disability Advocacy Program.
- 22 residents were enrolled in San Francisco's Home Safe program.⁶

Recommendations for Santa Cruz County

"The status quo on homelessness is simply unacceptable – if we want to see different results, we have to do things differently... Government paperwork is hard enough for those of us who have ready access to computers and cars. But people living in encampments often struggle to stitch together the services they need to get their lives back on track." - Governor Newsom, 2023⁷

Santa Cruz County has a history of deploying service providers to various locations targeting people experiencing homelessness. In 2019, the Santa Cruz County Human Service Department (HSD) outstationed a Benefits Representative (BR) and two CE Assessors to "Ross Camp," a large encampment in the City of Santa Cruz. In 2020, BRs assisted Santa Cruz County's Project Roomkey guests with public benefits

applications via phone appointments, and CE assessments were offered on-site. Also, CalFresh outreach and application assistance were previously provided by BRs at the County's largest shelter campus.

However, these efforts were often reactive and temporary, responding to time-limited events and public pressure. Except for CE and Medi-Cal assistance provided by the County's Health Services Agency's Homeless Persons Health Project (HHP) Street Medicine Team, there has been no sustained support or planning for ongoing County provider assistance at community sites specifically targeting people experiencing homelessness.

San Francisco's MDT model benefits from a sizable population of sheltered individuals and an extensive inventory of locally dedicated tax-funded housing resources.⁸ Based on the 2022 Point in Time (PIT) Count, San Francisco reported that 43% of its unhoused population was sheltered, whereas Santa Cruz County's count indicated only 23% had access to shelter.⁹ San Francisco can assist more of its unhoused population at its shelter sites than Santa Cruz County given the different shelter rates in the two counties. However, considering its recent inception, it remains unclear whether the HBLI - MTD model can produce long-term outcomes for its

⁵ CES housing referrals and exits to permanent housing data is from what was achieved up to Jan. 2023. It is presumed these numbers have increased, however data beyond Jan. 2023 was not available at the time of this paper's publication.

⁶ City and County of San Francisco Homeless Benefits Linkage Program

⁷ "Governor Newsom Highlights Innovative Pilot Providing Resources and Services to People Living in Encampments," Office of Governor Newsom, Aug. 25, 2022

⁸ San Francisco's Proposition C, Gross Receipts Tax for Homelessness Services (Nov. 2018): San Francisco, California, Proposition C, Gross Receipts Tax for Homelessness Services (November 2018) - Ballotpedia

⁹ Applied Survey Research, San Francisco Homeless Count and Survey, 2022. Department of Homelessness and Supportive Housing, hsh.sfvov.org; Applied Survey Research, 2022 County of Santa Cruz Homeless Count and Survey Comprehensive Report, 2022. Santa Cruz County Housing for Health Partnership, housingforhealthpartnership.org

participants.¹⁰ Further, the HBLI fails to address benefit access challenges for those living unsheltered in San Francisco.

Due to nuanced differences in service programs, particularly related to Santa Cruz County's CE System and limited housing resources, implementing monthly MDT events at Santa Cruz shelters may not yield sustainable outcomes. Nevertheless, Santa Cruz County can adopt comparable efforts and strategies aimed at expanding access to public benefits and permanent housing opportunities. By aligning with the shared objective of assisting individuals experiencing homelessness, implementing an approach that involves "meeting them where they are" and conducting consistent outreach can serve as a guiding principle for Santa Cruz County in developing its own customized initiative.

According to a December 2022 cross-system data match of HSD benefit programs and people actively enrolled in HMIS,¹¹ Figure 4 reflects the percentage of current HMIS clients receiving HSD benefits, showing a need for improvement in coverage rates:

Figure 4: HSD Benefits Rates of HMIS Clients	
Program	HMIS clients
CalFresh	52%
General Assistance	1.5%
CalWORKs	14%
MediCal	66%

¹⁰ SF HSA plans to publish outcome data dashboards on its website in the summer of 2023

¹¹ Santa Cruz County CalWIN and HMIS data match report, HSD Business Analytics, Dec. 2022

With a dedication to assisting those in need, HSD, specifically its Housing for Health (H4H) Division, is committed to ensuring that its unhoused population can access and retain mainstream public benefits. The recent California reform of Medi-Cal, known as the California Advancing and Innovating Medi-Cal initiative (CalAIM), has introduced significant changes to the funding landscape for health and housing services throughout the state. Under CalAIM, Medi-Cal managed care recipients can now benefit from a range of expanded assistance, including enhanced care management, housing navigation, housing stabilization, and housing deposits. CalAIM provides a sustainable, long-term funding approach for housing-related services in California, emphasizing the importance of people experiencing homelessness obtaining and maintaining Medi-Cal benefits.

To align with San Francisco's HBLI's goals to increase benefit access and improve service delivery for both sheltered and unsheltered people in Santa Cruz County, three potentially effective strategies are recommended

Strategy #1: Charge H4H to Lead the Implementation of a Shelter Services Cohort Program (SSCP)

An SSCP would involve convening a group of providers, including shelter case managers, HPHP healthcare workers, nonprofit service providers, and outreach BRs, dedicated to serve the entire resident population of a shelter over a period of six months. The primary objective of the program would be to ensure that a cohort of sheltered residents receive the necessary supports and access to benefits they are eligible for, and to help them navigate the entire process from application to benefit obtainment, or for services from assessment to securing ongoing assistance.

By convening providers dedicated to this long-term engagement strategy rather than relying on limited or sporadic events, several outcomes can be anticipated:

- **Continuity of support:** The extended timeframe of six months allows for a sustained relationship between the service providers and the participants. It is widely accepted in the field of human services that maintaining consistent connections fosters personalized and tailored support, leading to more effective results.
- **Comprehensive assistance:** The program can provide comprehensive support by guiding participants through all the processes involved with obtaining benefits and services. This would include helping them complete applications, gathering required documentation, and providing guidance during eligibility determinations.
- **Increased likelihood of benefit and service obtainment:** By working closely with residents over an extended period, providers can help identify all the services and benefits individuals are eligible to receive. Participants are made aware of and have access to various programs, such as housing assistance, income support, healthcare, and other social services.
- **Improved benefit retainment:** Obtaining benefits is just the first step; retaining them is equally important. Outreach BRs can provide ongoing support to participants to ensure they understand the requirements for maintaining benefits and help them address any potential challenges that may arise. This support can range from providing reminders for reporting

and recertification deadlines to assisting with documenting changes in circumstances.

- **Collaboration and knowledge sharing:** The program's design would call for collaboration among service providers, a multidisciplinary approach. By pooling their expertise and resources, providers can share best practices, identify systemic gaps, and collectively work towards improving the overall support system for shelter residents. H4H's leadership, equipped with its extensive knowledge of community resources, would play a pivotal role in breaking down provider silos.
- **Long-term impact:** The extended engagement of the program can have a more profound and lasting impact on the lives of shelter residents. By addressing their immediate needs, connecting them to appropriate services, and empowering them with the knowledge and support needed to retain assistance, the SSCP can contribute to their overall stability, self-sufficiency, and ability to transition successfully from shelter onto paths to permanent housing.

In summary, a group of providers that collectively work with participants for six months can provide comprehensive and sustained support, leading to increased access to benefits and services, improved benefit obtainment and retainment, and, ultimately, positive outcomes for shelter residents.

Strategy #2: Create Two FTE Outreach Benefits Representative (BR) Positions

To support the SSCP, HSD should dedicate two Outreach BRs. Rather than operating as task-based service providers, such as in the

traditional model of HSD's Employment and Benefits Services Division (EBSD), Outreach BRs would carry caseloads consisting of the SSCP's shelter residents. Task-based approaches can lead to fragmented service delivery, where different workers handle specific tasks, leading to potential gaps and inconsistencies in the overall support provided to individuals. In contrast, caseload carriers have a more comprehensive view of the participant's situation, allowing them to provide individualized guidance throughout the entire process. Long-term relationships fostered by Outreach BRs can help build trust and rapport with participants. Participants may feel more comfortable sharing personal information, concerns, or barriers they face, leading to a better understanding of their needs. This trust is crucial for effective engagement, enabling BRs to successfully implement assistance delivery.

Outreach BRs would focus on identifying individuals who require assistance by reviewing HMIS shelter rosters and CalWIN data in advance of participant interactions. By assessing benefit enrollment status and renewal dates, the BRs can prioritize their interactions and provide targeted support to those who need it most.

BR positions are fiscally covered from revenue drawn from reimbursed allocations if the positions are staffed by County employees rather than contracted partners, eliminating the need to secure additional funding for this strategy. The BR positions would essentially just shift the physical location of their work. Further consideration is needed to determine the optimal HSD division for supporting these positions, whether it should be within EBSD or H4H. One potential option would be to fiscally establish them within EBSD's budget but operationalize the position under H4H,

given that H4H's funding structure is transitioning away from drawing revenue from the County Expense Claim to Medi-Cal Administrative Activities billing. However, each division presents distinct operational advantages, necessitating a thorough evaluation to determine the most fitting placement.

Strategy #3: Implementation of a Mobile Homeless Connect Program

This strategy entails the deployment of mobile units staffed by providers who can offer community-site support and services to individuals without shelter. A successful Mobile Homeless Connect program should provide a range of services, including housing problem-solving assistance, healthcare screenings, mental health counseling, substance abuse treatment referrals, benefits enrollment, and access to other essential resources. This approach ensures that individuals who may be unable or hesitant to visit traditional service centers can still access necessary supports directly in their communities.

The H4H Division would take the lead in implementing small-scale MDT-style events in areas with high concentrations of unsheltered individuals, including local encampments and public spaces. Given H4H's expertise in coordinating various service providers and mobilizing community resources, such as during recent atmospheric storms and prior to the closure of the Benchlands encampment in the City of Santa Cruz, establishing a Mobile Homeless Connect Program aligns well with the division's capabilities and framework.

By implementing a mobile homeless connect program, Santa Cruz County can effectively "meet people where they are," breaking down barriers to access and providing immediate assistance to its unsheltered population. California's

Business, Consumer Services and Housing Agency (BCSH) recently piloted a similar style event in Los Angeles County and plans to publish lessons learned and implementation recommendations for other California communities. Assuming this pilot produces positive long-term outcomes, Santa Cruz County should utilize this information and consult BCSH, leveraging identified best practices to develop its own local program.

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