Improving Access to Benefits for People Experiencing Homelessness: Adapting San Francisco's Multidisciplinary Team Model in Marin County

Susana Aceves, BA

Social Services Program Manager

Marin County Health and Human Services

Executive Summary

Homelessness remains a persistent challenge locally and nationally, and Marin County is no exception. With an estimated 1,090 unhoused individuals, many face steep barriers to accessing essential public benefits. Limited access to phones, transportation, and secure document storage contributes to higher denial and discontinuance rates for programs such as CalFresh, Medi-Cal, and cash assistance.

San Francisco's Housing Benefits Linkage (HBL) and Multidisciplinary Team (MDT) model demonstrates an effective approach to reducing these barriers by offering coordinated, place-based services directly in shelters, so support is accessible where people are staying. Outcomes from this model show meaningful increases in benefit enrollment, housing connections, and coordinated care by bringing Eligibility Workers, health staff, housing specialists, and legal partners together in one setting.

For Marin County, adopting key components of this model offers a practical way to expand service access for sheltered residents. By strengthening interagency partnerships, improving data-sharing systems, and establishing regular field-based MDT visits in shelters and other community settings, Marin can enhance coordination, streamline applications, and improve stability for vulnerable residents.

It is recommended that Marin County pilot a field-based MDT model in select shelters, using existing cross-agency staff. This pilot would allow Marin County to test coordination strategies, assess impact, and refine the model before broader implementation.

Background

Across the United States, homelessness remains a deeply complex and difficult issue to address. According to the 2024 Annual Homelessness Assessment Report (AHAR) published by the U.S. Department of Housing and Urban Development (HUD), 771,480 people were experiencing homelessness nationwide in 2024 (De Sousa & Henry, 2024). Of these, an estimated 8,323 individuals were unhoused in San Francisco County and approximately 1,090 in Marin County (County of Marin, Department of Health and Human Services, 2025). The disparity is likely due to the significant difference in population size between the two counties: the U.S. Census Bureau estimated San Francisco's 2024 population at 827,256 compared to 256,400 residents in Marin County (U.S. Census Bureau, n.d.).

Public benefits like CalFresh, Medi-Cal, CalWORKs and General Relief (cash assistance) are important safety-net programs for low-income Americans, and having access to these programs can make a big difference in someone's quality of life. Beyond the lack of housing, individuals experiencing homelessness face significant and unique barriers when attempting to access public benefits. These barriers include a lack of consistent access to a phone, transportation, mail, or a safe place to store important documents such as identification, social security numbers, or citizenship documents. As a result, completing the application process for benefit programs becomes significantly more difficult.

Research highlights the impact of these barriers. A study conducted by Code for America found that individuals experiencing homelessness are more likely to be denied benefits due to procedural barriers (Docker et al, 2019). For example, applicants without stable housing are denied CalFresh for failing to complete required interviews at a rate of 27.1%, compared to 17.5% for housed applicants. These disparities directly affect access to food, healthcare, and income support.

Service models in which people must travel to a county office to apply for or keep public assistance or housing benefits increase the likelihood of denial or discontinuance of services. As a result, there has been a growing shift toward integrated service models that bring services directly to clients.

San Francisco's HBL and MDT model represents one such approach. By combining benefits advocacy, housing coordination, and health services into a single, place-based model, San Francisco's Human Services Agency has created a more accessible and responsive system for

individuals experiencing homelessness. Marin County's Health and Human Services, Public Assistance Employment and Training Division, and the customers it serves may benefit greatly from implementing some MDT service model components.

San Francisco's Model: A Program Overview

San Francisco's Homeless Benefits Linkages (HBL) program was developed in 2018 to improve access to public benefits for individuals experiencing homelessness, particularly those residing in shelters. The model builds on earlier efforts such as the Housing and Disability Advocacy Program (HDAP) and, in 2022, evolved to include the Multidisciplinary Team (MDT).

The MDT further strengthened the model through collaboration with the San Francisco Department of Homelessness and Supportive Housing. This partnership allowed for more coordinated, individualized, and hands-on service delivery.

The model offers place-based services within San Francisco's shelters rather than relying solely on street outreach or office-based appointments. Teams rotate across sites monthly, typically spending up to three days at each location. Offering place-based services helps build trust with clients and allows staff to provide more consistent and effective support.

Multidisciplinary Team (MDT) Structure

The success of the MDT model relies heavily on partnerships. MDTs are composed of staff from multiple disciplines:

- Eligibility Workers (EWs)
- Coordinated Entry housing assessors
- Public Health nurses
- In-Home Supportive Services (IHSS)
- Housing Navigators
- Legal Service Providers for HDAP enrollment services

This structure allows teams to address a client's multiple needs simultaneously. For example, in one day, a client can begin an application for the County Adult Assistance Program (CAAP), San Francisco's cash assistance program, as well as CalFresh and Medi-Cal, complete a housing assessment, and receive guidance on applying for the Supplemental Security Income (SSI) through HDAP.

Onsite engagement is designed to be welcoming. MDT coordinators provide donuts, a modest incentive welcomed by shelter residents. Providing small incentives, like food, helps increase participation and creates opportunities for staff to connect with clients who are then connected to appropriate services designed to address their specific needs.

Data-Driven Coordination

A defining feature of the MDT model is its reliance on shared data systems. Memoranda of Understanding (MOUs) were developed so shelters, HBL and MDT staff, and housing coordinators can share shelter resident information to coordinate individualized services. Along with data-sharing agreements, Release of Information (ROI) protocols ensure clients consent to having their information shared between agencies, enabling coordination of services while protecting sensitive client information. This reduces duplication of effort and improves overall efficiency.

Prior to each MDT visit, shelters provide a list of current residents. This information is entered into a centralized tracking tool known as the 'MDT Tracker'. Using the MDT Tracker, staff from San Francisco's Human Services Agency review each client's current program participation, eligibility status, and potential qualification for services such as CAAP, CalFresh, Medi-Cal, Housing and Disability Advocacy Program, In-Home Supportive Services (IHSS), and other public benefit programs.

The tracker includes client identifiers, program data, and service history, allowing staff to plan individualized services in advance. During MDT events, staff use this information in real time to guide conversations and plan next steps with clients.

Since its implementation, the MDT model has demonstrated measurable outcomes. As of the time of writing, the program has demonstrated the following outcomes:

- 1,200 clients connected through Coordinated Entry
- 732 clients have been assisted by Eligibility Workers
- 225 clients were enrolled in HDAP
- 47 clients were enrolled in Home Safe
- 116 clients were enrolled in IHSS

These outcomes reflect the success of offering place-based services, increasing engagement, and improving access to benefits to facilitate pathways to a healthier community and housing stability.

Relevance to Marin County

Marin County has demonstrated commitment to collaborative, place-based service delivery through encampment service fairs and partnerships between the county's Homelessness and Coordinated Care Divisions and Community-based Organizations (CBOs).

Encampment fairs have successfully connected individuals to services such as CalFresh, Medi-Cal, General Relief, and housing support. However, these efforts primarily focused on unsheltered populations. Coordination and offering multidisciplinary services pose unique challenges in areas where residency is unpredictable.

Marin's Homelessness and Coordinated Care (HCC) division offers individual case management to about 350 people and has existing MOUs with CBOs to facilitate data-sharing. Marin County's Public Assistance Employment and Training Branch (PAETB) division has an agreement with Homeward Bound of Marin where benefit status information is shared. Access to services for those with HCC case managers is effective. However, gaps exist in Marin County HHS divisions:

- **Limited outreach to sheltered residents not enrolled in benefits.** Marin PAETB does not provide additional outreach services to shelter residents who are not already receiving CalFresh, General Relief, Medi-Cal, or any other benefits for which they may be eligible.
- **Insufficient individualized support for those already enrolled.** Residents in shelters who already participate in programs like CalFresh, Medi-Cal, and General Relief have limited access to additional individualized assistance or referrals.
- **Limited data-sharing infrastructure.** Memoranda of Understanding (MOUs) for data sharing between divisions and community partners are not extensive enough to support smooth, coordinated service delivery.

Recommendations

Both individuals staying in shelters, with approximately 330 beds countywide, and those who are unsheltered face similar barriers but may not be reached through existing outreach strategies. The San Francisco Homeless Benefits Linkage Program (HBL) and Multidisciplinary Team (MDT) model provide a framework for addressing this gap. By strengthening partnerships between Divisions within Marin County's Health and Human Services (HHS) Department, CBOs, and local shelters, Marin County can more effectively connect residents experiencing homelessness with needed services by,

- proactively identifying individuals in need of services

- providing coordinated, on-site support
- reducing barriers to application completion
- improving client follow-through and outcomes
- improving the health and safety of all of Marin County's residents

Importantly, Marin's smaller system size, compared to San Francisco, may allow for faster implementation and stronger coordination across departments and CBOs.

Implications and Action Steps for Marin County

Expanding outreach by applying an MDT model in Marin shelters will remove barriers, increase access to public programs, strengthen partnerships and have an overall positive impact on Marin County's communities.

Implementing components of the MDT model in Marin County would require a phased and coordinated approach. To begin, Marin would need to strengthen collaboration by formalizing partnerships between Health and Human Services divisions, housing programs, and community-based organizations by:

1. **Establishing a workgroup** to review existing data-sharing agreements and plan implementation of a pilot program.
2. **Expanding on existing information-sharing MOUs** by working with County Counsel and the Health and Human Services Compliance Division to enable more comprehensive coordination.
3. **Developing a shared tracking system** by building on the current model to include all programs involved in service coordination.

Once partnerships, data-sharing agreements, and a tracking system are expanded and strengthened, the workgroup can launch the pilot program by scheduling regular MDT visits at one of the shelters, ensuring consistent and predictable engagement.

Staffing Needs

A successful MDT model relies on a combination of dedicated and shared staff:

- MDT Coordinator (point of contact and facilitator)
- Eligibility Workers

- Housing and Coordinated Entry staff
- Behavioral health or public health staff
- Data/administrative support

Marin can initially leverage existing personnel to minimize costs.

Timelines, Costs, and Funding Considerations

The MDT model is designed to maximize existing resources while layering targeted funding where needed.

Timeline for Implementation

Planning for the implementation of a small-scale multidisciplinary team (MDT) model in Marin is achievable this year, with actual implementation beginning in early 2027.

Establishing a workgroup by the fall of 2026, bringing together HHS departments, such as HCC, PAETB, and community-based organizations, to review existing data-sharing agreements and plan implementation would provide a strong foundation for the pilot. Collaboration between Marin County HHS divisions and Homeward Bound is well established, creating an opportunity to provide more direct, on-site support at their emergency shelter and better understand how to expand benefit-linkage services over time.

Building on this foundation, Marin can broaden the use of shared information beyond single-program verification to more proactively identify client needs and connect individuals to a wider range of services they may be eligible for but not yet accessing. An MDT framework would formalize and strengthen this coordination.

Initial efforts can focus on increasing access to core benefits and stabilization services, including food assistance, healthcare coverage, cash aid, disability benefits advocacy, and housing support. Over time, the model can expand to incorporate more comprehensive services—such as health screenings, in-home support evaluations, and legal assistance—further enhancing coordinated, client-centered care.

Potential Costs and Funding Strategies

The cost of initial implementation will be minimal. As noted earlier, MOUs are already in place, and Marin can rely on existing staff to participate in the pilot MDT. For the pilot phase, expenses should be limited to basic operational needs such as transportation and participant incentives. Examples of anticipated pilot phase costs:

- **Transportation.** Mileage can be reimbursed for county employees traveling from their main office location to the shelter. For example, travel from the main PAETB office to one of the local shelters, Jonathan's Place, is 5.4 miles, costing approximately $7.78 round-trip for one staff member, based on current mileage reimbursement rates.
- **Supplies**.
    - **Laptops**. Marin County staff already have laptops they can bring to MDT events, so no additional cost is predicted.
    - **Internet access, tables, and chairs**. Existing shelter space, furniture, and internet access can be used for meetings with clients.
- **Incentives**. Small food items like donuts, bagels, or pastries can be purchased through the general fund. The estimated cost of providing bagels or pastries is roughly $2 a person. Jonathan's Place has 40 beds, offering a reasonable estimate for total cost.

Utilizing existing staff such as Eligibility Workers, Office Specialists, and public health personnel will streamline implementation and make the most of existing resources without adding new staffing expenses. Leveraging state funding streams and homelessness grants can help offset operational costs.

Because much of the staffing can be met through existing roles, initial implementation may not require significant new funding. However, if services expand, a Senior Program Coordinator (SPC) would be needed to oversee MDTs and lead broader PAETB outreach and public engagement. Based on Marin County's class specification, the annual cost for an SPC is approximately $102,356 - $124,259, representing the primary new expense associated with program expansion.

Conclusion

San Francisco's HBL and MDT model demonstrates that coordinated, data-driven, and place-based service delivery can significantly improve access to benefits and housing for individuals experiencing homelessness.

For Marin County, adopting a similar approach presents a practical opportunity to build on existing efforts, close service gaps, and improve outcomes for people staying in shelters. While implementation will require coordination, leadership, and investment in developing MOUs and a data system, the model can be adapted to fit Marin's size and structure.

By prioritizing collaboration, using existing resources, and focusing on client-centered service delivery, Marin County can strengthen its response to homelessness and improve long-term stability for its most vulnerable residents.

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