COORDINATED ENTRY (CE) EVALUATION

The Department of Housing and Urban Development (HUD) requires all Continuum of Cares (CoC) to establish and operate a coordinated system to increase the efficiency of their local crisis response systems. One Roof operates and oversees the Coordinated Entry (CE) program for Central Alabama. Coordinated Entry is a HUD-mandated program designed to provide easy access to homeless services, quickly assess the vulnerabilities of persons seeking assistance, prioritize persons with the highest needs and vulnerabilities, and appropriately refer individuals and families to service provider agencies within the community.

HUD requires each CoC to conduct an annual evaluation of its Coordinated Entry System, focusing on the quality and effectiveness of the entire Coordinated Entry experience—including access, assessment, prioritization, and referral processes—for both consumers and providers. While HUD does not specify the scope or methods of the annual Coordinated Entry evaluation, HUD recommends that the annual assessment include, at a minimum, review of the effectiveness and efficiency of the overall process, feedback regarding the ease of use from those who experienced a housing crisis, and an analysis of referral outcomes.

In Spring 2023, One Roof and the CoC used two methods to gather data and elicit comprehensive feedback on the Coordinated Entry System including a qualitative evaluation through conducting focus groups of stakeholders along with a review of the current Coordinated Entry Policies and Procedures (CE P&P) by the Coordinated Entry Advisory Committee. This evaluation report seeks to evaluate the findings of the focus group feedback and CE P&P review then provide recommendations for how One Roof and the CoC can improve the efficiency and effectiveness of its Coordinated Entry System.

EVALUATION METHODOLOGY

Proposed Evaluation Methods and Target Populations
1. A qualitative study using three focus groups with stakeholders – people currently experiencing homelessness (Unhoused Consumer Focus Group), people formerly experiencing homelessness who were referred to a housing program through the Coordinated Entry System (Housed Consumer Focus Group), and frontline service provider staff (Provider Focus Group).
2. A comprehensive review of the current Coordinated Entry Policies and Procedures (CE P&P) to assess compliance to the Coordinated Entry Process Self-Assessment produced by Housing and Urban Development (HUD) as well as fidelity of the CE P&P to actual operations and processes.

Purpose of Focus Groups and Coordinated Entry (CE) Policies and Procedures Review

To examine the four core components of CE from the perspective of clients and housing provider staff:
1. Access   2. Assessment   3. Prioritization   4. Referral

Focus Group Size and Design

Focus Group participants represented the following stakeholder groups:
1. Unhoused Consumer Focus Group (n = 8)
2. Housed Consumer Focus Group (n = 6)
3. Provider Focus Group (n = 6)

Participants engaged in focus groups specifically tailored for each group. All of the focus groups were conducted at sites that were conveniently located. The participants from the Unhoused and Housed Consumer Focus Groups were fairly compensated for their time and work. Participants from the Unhoused and Housed Consumer Focus Groups were provided with a Coordinated Entry flyer for clients so that all participating in the focus group were aware of the language and process of Coordinated Entry. The Provider Focus Group was provided a list of key terms and philosophies of Coordinated Entry to ensure a common language and understanding of the Coordinated Entry System.

The focus groups were all led by trained facilitators who are familiar with Coordinated Entry and are not One Roof staff. Each 2-hour focus group was led by two facilitators with pre-written questions. All participants were assured that responses would be confidential, and that information collected would be deidentified prior to sharing. The facilitators gathered the raw data anonymously during the focus groups. The focus group feedback and direct quotes were studied to identify common themes (findings). This qualitative data was analyzed by the Coordinated Entry Advisory Committee to develop follow-up recommendations and action steps.

Data Collection Methods

Focus Groups

1. The CE Advisory Committee Workgroup developed a flyer to advertise and recruit unhoused consumers to the focus group. Consumers who were interested contacted the Consumer Focus Group Coordinator to gather information and sign up for the Unhoused Consumer Focus Group. The goal was to have 8 participants and all who signed up were in attendance.
2. A report was generated from the Homeless Management Information System (HMIS) by One Roof staff listing all clients who were referred and actively housed in a program through the CE System in 2022. Using a 'randomizer' in that report, a sample of clients enrolled in a housing program were selected and contacted to participate in the Housed Consumer Focus Group by the Consumer Focus Group Coordinator. While the goal of 8 participants in the Housed Consumer Focus Group was achieved, two scheduled participants were unable to attend the day of the Focus Group.
3. The Director of Coordinated Entry generated a list of CE participating agencies that received either Permanent Supportive Housing or Rapid ReHousing referrals in 2002 and the Provider Focus Group Coordinator reached out to them with the opportunity to voluntarily participate in the Provider Focus Group. Interested participants completed a form to sign up and received details of the focus group from the Provider Focus Group Coordinator.

CE Policies and Procedures (P&P) Review

The One Roof Director of Coordinated Entry divided the Coordinated Entry Advisory Committee into two groups (without any One Roof staff members) to review the Coordinated Entry Policies and Procedures document against HUD's CE Self-Assessment Checklist. The two groups met together and reviewed the assigned sections of the CE P&P and compared it to correlating sections on the checklist. The groups provided their feedback to the Director of Coordinated Entry who gathered the comments for an internal review by the CE staff to determine what needs to be updated.

FOCUS GROUPS DEMOGRAPHICS

Unhoused Consumer Focus Group Data Report			n=8
Race		Age	
American Indian, Alaska Native, or Indigenous	1	25 or older	8
Black, African American, or African	4	Gender	
White	2	Male	8
Other	1		
Ethnicity		Household	
Non-Hispanic / Non-Latino	8	Single	8

Housed Consumer Focus Group Data Report		n=6	
Race		Age	
Black, African American, or African	2	18 - 24	1
White	4	25 or older	5
Ethnicity		Gender	
Non-Hispanic / Non-Latino	5	Male	3
Not Captured	1	Female	3
Household			
Single			3
Household with Children under 18			1
Household with only Adults			2

Provider Focus Group

Due to the smaller pool of participants in the Provider Focus Group, demographic data was not collected to protect confidentiality. However, it is noted that four of the Providers represented Permanent Supportive Housing programs and four of the Providers represented Rapid ReHousing programs.

EVALUATION TIMELINE

- January 11 – Meet with CE Advisory Committee Workgroup to plan the evaluation process
- February 1 – Assign evaluation roles to Workgroup; create a separate email account and phone number for all evaluation Coordinators to use for communication
- February 6 – Confirm dates with the CE Advisory Committee of when to review the CE Policies and Procedures
- February 9 – Secure all Facilitators and Coordinators for three focus groups and finalize focus group details
- February 14 – Complete randomizer for Housed Consumer Focus Group sample
- February 17 – Share and post the Unhoused Consumer Focus Group recruitment flyer
- February 21 – Teach facilitator training
- February 23 – Review of the Coordinated Entry Policies and Procedures by the CE Advisory Committee
- February 24 – Reach out to randomized sample to participate in the Consumer Housed Focus Group
- February 27 – Reach out to the Housing Providers to participate in the Provider Focus Group
- March 8 – Facilitate Unhoused Consumer Focus Group
- March 9 – Facilitate Housed Consumer Focus Group
- March 16 – Facilitate Provider Focus Group
- March 24 – Receive focus groups raw data from Facilitators
- April 6 – Review comments from the CE Policies and Procedures review and form action steps
- April 13 – Meet with CE Advisory Committee to review comments from focus groups raw data and CE Policies and Procedures action steps recommendations
- April 25 – Organize CE Evaluation Report based on CE Advisory Committee comments, focus groups raw data, and CE Policies and Procedures recommendations
- May 15 – Finish draft of the CE Evaluation Report
- May 16 – Send CE Evaluation to the CE Advisory Committee and One Roof staff to review
- May 19 – Receive final comments and review from CE Advisory Committee and One Roof staff
- May 24 – Update CE Evaluation Report based on feedback from CE Advisory Committee and One Roof staff
- May 30 – Publish CE Evaluation Report and CE Metric Report to One Roof website
- June 1 – Present the CE Evaluation Report to the Continuum of Care at the Monthly Membership Meeting
- June 6 – Share the CE Evaluation Report in the weekly newsletter distributed to the Continuum of Care

EVALUATION FINDINGS

Focus Group Feedback

Consumer and Provider Focus Group participants identified several challenges and barriers within the Coordinated Entry (CE) System, including:

1. *Discouragement and misunderstanding around CE prioritization*
2. *Lack of trust in the CE System / One Roof*
3. *Frustration with the housing resource list and communicating with landlords*
4. *Need a way to communicate complaints within the CE system*
5. *Lack of knowledge of community resources*
6. *Lack of communication and awareness around CE*

The participants in the focus groups reflected on how they would like to see the CE System improved and shared the frustration they have experiencing with the CE System. Below are some examples of the direct feedback received related to the list of evaluation findings:

1. **Discouragement and misunderstanding around CE prioritization**

    Unhoused Consumer Focus Group: *"Client reports they would not be considered of high importance being that they are not diagnosed with a severe mental illness or other leading priority factor."*

    Provider Focus Group: *"The assessment in itself really doesn't identify the most vulnerable."*

2. **Lack of trust in the CE System / One Roof**

    Unhoused Consumer Focus Group: *"Clients are provided with a referral housing list but are not provided with support or care."*

    Provider Focus Group: *"I called and the answer I got was that he (the client) didn't fit the criteria. So at this point I don't give out the One Roof number anymore because I feel like I'm giving them false hope."*

3. **Frustration with the housing resource list and communicating with landlords**

    Unhoused Consumer Focus Group: *"Many of the housing referrals from the list do not accept vouchers."*

    Housed Consumer Focus Group: *"There needs to be revision around the housing list. Many housing resources do not accept and or withhold biases when hearing the term 'voucher'."*

    Provider Focus Group: *"Diversion is not working. The landlords on that list are not valid."*

4. **Need a way to communicate complaints within the CE system**

    Unhoused Consumer Focus Group: *"The One Roof over-the-phone service was not exceptionally beneficial. It provides clients with various housing sources but does not link them to quick care."*

    Housed Consumer Focus Group: *"There are challenges surrounding the One Roof phone system."*

    Provider Focus Group: *"We need more access points for CE so that numbers will be more accurate."*

5. **Lack of knowledge of community resources**

    Unhoused Consumer Focus Group: *"There is a common lack of knowledge around available resources for individuals experiencing homelessness. They are unaware of additional community resources."*

6. **Lack of communication and awareness around CE**

    Unhoused Consumer Focus Group: *"When clients were asked about additional needs/services they desire of One Roof, clients spoke of needing greater effort in advertising consumer services."*

    Housed Consumer Focus Group: *"There is a lack of understanding in what exactly One Roof is and what services the organization provides."*

    Provider Focus Group: *"We need more points of access, better clarity of what CE is, how it works, and who is prioritized, and more collaboration between everyone involved. It needs to be right and fair."*

Coordinated Entry Policies and Procedures (CE P&P) Review

The CE Advisory Committee identified areas for improvement for the CE P&P around the four core competencies of the CE System, including:

1. Access
2. Assessment
3. Prioritization
4. Referral

Below each core competency lists an example of an identified aspect of Coordinated Entry from HUD's CE Self-Assessment Checklist along with the CE Advisory Committee comment on what to update in the CE P&P to support the ongoing management of CE processes and functions:

1. **Access** – CoC's access point(s) must be easily accessed by individual and families seeking homeless or homelessness prevention services.
   "CE P&P should clearly define which CE model is used. Need more specifics on how to get people to access points. How do you maintain knowledge about accessibility?"
2. **Assessment** – All Assessment staff are trained on safety planning and other next step procedures if safety issues are identified in the process of participant assessment.
   "Not included in staff trainings section."
3. **Prioritization** – In cases where the assessment tool does not produce the entire body of information necessary to determine household's prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions, the CoC (Continuum of Care) allows case workers and others working with households to provide additional information through case conferencing or another method of case worker input.
   "Not clearly stated in policies, no extra steps/processes besides street outreach."
4. **Referral** – CoC (Continuum of Care) establishes a minimum set of participant information associated with referral and which will be shared by a referring agency/entity with the project receiving the referral.
   "No minimum amount of information for referral is established or written."

Positive Comments

While the above findings raise a level of concern and challenges, it should not be lost that Central Alabama's Coordinated Entry practices are experiencing some important successes for the community. Examples identified by the housed focus group include:

- Client reports of having a *"wonderful and lifesaving experience with One Roof"*.
- Client states *"that One Roof was a saving grace"*.
- Housed client reports in *"having a good experience with One Roof and that they were placed in housing in a fairly quick timeframe"*.

EVALUATION RECOMMENDATIONS

Focus Group Feedback

The Consumer and Provider Focus Group feedback sets a baseline for the Central Alabama Continuum of Care to continue to improve and evaluate its CE System. The findings have been reviewed by the One Roof staff and the CE Advisory Committee to create recommendations and action steps to help move the CE System forward. The following are items highlighted for consideration toward immediate action steps and a positive path forward for the community in relation to the identified challenges and barriers within the CE System.

1. **Finding:** *Discouragement and misunderstanding around CE prioritization*
   Recommendation: Reevaluate the CE prioritization procedures and populations with more stakeholders participating in the decision-making process.

Action:

- One Roof is preparing to enter the next phase of the CE redesign process by adopting a process that incorporates equity and has strong stakeholder participation. The goal is to create a more collaborative space and redistribute decision-making power by hosting multiple listening sessions for community stakeholders.
- Implement a collaborative approach in designing a prioritization and referral selection method through a combination of score prioritization and case conferencing with service providers.

2. **Finding:** *Lack of trust in the CE System / One Roof*

   Recommendation: Develop a transparent procedure to communicate the CE decision-making process.

   Action:

   - Create a workflow chart to clearly define and label who the decision-makers are when it comes to reviewing, approving, and implementing changes to CE.
   - CE Staff will perform a stakeholder analysis, which will be presented to the CE Advisory Committee for comment and critique. This will allow CE to determine how best to involve and communicate with each stakeholder group.

3. **Finding:** *Frustration with the housing resource list and communicating with landlords*

   Recommendation: Collaborate with Continuum of Care partners to create universal resources around housing and engaging landlords.

   Action:

   - CE strives to encourage more shared responsibility between the housing providers and CE to improve both the housing resource lists and client's engagement with landlords. CE recommends housing providers assist in creating both a general 'Do's and Don'ts' document for clients that need the language to self-advocate with landlords and a universal 'Landlord Engagement Script' that can be shared among all housing providers.
   - Work with the Continuum of Care partners to create a 'How to Obtain Housing Checklist' to be used as a universal resource for all partners.

4. **Finding:** *Need a way to communicate complaints within the CE system*

   Recommendation: Implement a formal review and documentation procedure for grievances and client appeals.

   Action:

   - Create and implement a formal process that provides a documentation procedure and clear review timeline with regard to grievance files and client and/or provider appeals.
   - Better document and track the grievance process systematically and use the information to evaluate and identify areas that need to be improved.

5. **Finding:** *Lack of knowledge of community resources*

   Recommendation: Develop a platform for the Continuum of Care to share community resources.

   Action:

   - One Roof is participating in a Community Resource Directory pilot program that will equip clients to search for available services such as food, clothing, and shelter through a mobile app. The app pulls data directly from HMIS. This will make it easy to map a provider's location, call for availability, or read more about the organization and eligibility requirements. The Community Resources Directory and Map will also be available on the One Roof Website.
   - The quarterly Membership Network Meeting could also allow Continuum of Care members to contribute new resources to add to the Community Resource Directory.

6. **Finding:** *Lack of communication and awareness around CE*

   Recommendation: Create supporting documents about the CE process.

   Action:

   - Increase awareness and transparency around CE practice to all community stakeholders through the distribution of targeted marketing materials (such as informational guides/videos, FAQ documents, information sessions, and trainings).
   - Increase better communication to clients, providers, and the community about the CE System and process.

Coordinated Entry Policies and Procedures (CE P&P) Review

The CE Advisory Committee reviewed the CE P&P against HUD's CE Self-Assessment Checklist to provide a comprehensive evaluation. The CE P&P are guiding principles for operating the CE System and setting procedures for daily operations. The findings have been reviewed by the One Roof staff to create action steps to improve the CE P&P. The following items are divided by the four core competencies of the CE System and include necessary steps to update the CE P&P.

1. **Access**
   Action: Clarify details around access points, CE model used, outreach for remote locations, ADA accessibility, and incorporating mainstream services.
2. **Assessment**
   Action: Update assessor training, supporting documents for post assessment, collaboration approach of services, participant privacy protections, and the evaluation methods and results.
3. **Prioritization**
   Action: Revise client appeal reassessment process and participating housing projects chart.
4. **Referral**
   Action: Amend ESG funded projects wording, referral information specified, participant autonomy, follow up process, referral rejection policy, case conferencing and transfer policy.

CONCLUSION

The two-fold methodology approach to this year's annual evaluation of Central Alabama's CE System revealed that there are a greater number of challenges than successes that need to be revisited with multiple stakeholders involved at the decision-making level. In reviewing comments made on the CE Policies and Procedures, the local CE System meets most of the federal requirements; however, stakeholders report having challenges understanding and navigating the system. Moreover, the three focus groups uncovered universal concerns among community members across different stakeholder roles, from misinformation and frustration with the prioritization system to lack of awareness around how the CE System process works.

On a national level, many communities across the country are embarking on a 'redesign' and 'realignment' phase of their CE System. Now, as One Roof prepares to organize the next phase of participatory planning with various stakeholders involved with or impacted by the homeless response system, the most common challenges and gaps identified from the CE evaluation results will be the driving factors shaping Central Alabama's work towards 'CE System redesign'.

ACKNOWLEDGEMENTS

Special thanks to the community people and partners of the Central Alabama Continuum of Care who participated in focus groups, to those who are currently experiencing homelessness or who have experienced homelessness for openly sharing their stories and recommendations, to facilitators of each Focus Group: Jonathan Brown, Kelly Harden Greene, Val Green, and Dani Sims, and to the Coordinated Entry Advisory Committee who reviewed the Coordinated Entry Policies and Procedures and played an active role in the feedback of the evaluation and report.

In particular, we want to thank - Leanne Portera-Neill, Michelle Pickett, and Byanca Underwood - who were part of the Coordinated Entry Advisory Committee Workgroup and helped design the evaluation, train and coordinate facilitators, and much more.

APPENDIX

- **Coordinated Entry Evaluation Unhoused Consumer Focus Group Questions**
- **Coordinated Entry Evaluation Housed Consumer Focus Group Questions**
- **Coordinated Entry Evaluation Provider Focus Group Questions**

INTRODUCTIONS *(Complete short sheet with demographics)*
Household: ☐ Single Person ☐ Household with Children under 18 ☐ Household with Only Adults
Age: ☐ 18 – 24 ☐ 25 or older
Gender: ☐ Female ☐ Male ☐ Gender Non-Conforming ☐ Transgender ☐ Questioning
Race: ☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American   ☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused
Ethnicity: ☐ Hispanic / Latino ☐ Non-Hispanic / Non-Latino ☐ Client Doesn't Know ☐ Client Refused

ACCESS QUESTIONS
How did you hear about One Roof's services? **Tell me about your experience with One Roof services.** **After completing a housing assessment, what was your understanding of your next steps in the housing process?**

REFFERAL QUESTIONS

What services were you provided to help you find housing?
  Some examples might be:
  • *I was given a list of landlords to call*
  • *Someone called landlords on my behalf*
  • *I was taken to appointments with landlords*
  • *I received help paying the security deposit*
  • *I received help paying any utility deposits*
  • *I received other help finding housing*
 	
How do you feel about local homeless services?

INTRODUCTIONS *(Complete short sheet with demographics)*
Household: ☐ Single Person ☐ Household with Children under 18 ☐ Household with Only Adults
Age: ☐ 18 – 24 ☐ 25 or older
Gender: ☐ Female ☐ Male ☐ Gender Non-Conforming ☐ Transgender ☐ Questioning
Race: ☐ American Indian, Alaska Native, or Indigenous ☐ Asian or Asian American ☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander ☐ White ☐ Client Doesn't Know ☐ Client Refused
Ethnicity: ☐ Hispanic / Latino ☐ Non-Hispanic / Non-Latino ☐ Client Doesn't Know ☐ Client Refused

ACCESS QUESTIONS
How did you hear about One Roof's services? **Tell me about your experience with One Roof services.** **After completing a housing assessment, what was your understanding of your next steps in the housing process?**

REFFERAL QUESTIONS
What services were you provided to help you find housing? *Some examples might be:* • *I was given a list of landlords to call* • *Someone called landlords on my behalf* • *I was taken to appointments with landlords* • *I received help paying the security deposit* • *I received help paying any utility deposits* • *I received other help finding housing* **How did you obtain your current housing?** **How do you feel about local homeless services?**

INTRODUCTIONS *(This information will not be recorded for confidentiality)*

How do you identify your role as it relates to the Coordinated Entry (CE) System?
Some examples if conversation is light:
- *Emergency Shelter Provider*
- *Homeless Prevention Provider*
- *Rapid ReHousing Provider*
- *Permanent Supportive Housing Provider*
- *Outreach*
- *Coordinated Entry Committee*

What housing programs and services does your agency provide?
Some examples if conversation is light:
- *Homelessness prevention funds*
- *Emergency shelter beds or hotel/motel stays*
- *Street Outreach*
- *Safety planning for victims of domestic violence, dating violence, sexual assault, or stalking*
- *Shelter for victims of domestic violence, dating violence, sexual assault, or stalking*
- *Transitional Housing*
- *Rapid ReHousing*
- *Permanent Supportive Housing*

ACCESS QUESTIONS

Where, if at all, are you experiencing roadblocks or bottlenecks in the CE process?

Is there anything that could be done to make CE more accessible?
Some examples of other CE models:
- *Single-Point Access*
- *Multisite Centralized Access*
- *No Wrong Door*
- *Assessment Hotline*

How do you refer people to CE?

How accessible is CE to you as an agency?

PRIORTIZATION QUESTIONS

What is your understanding of how CE prioritization works?

As a provider, what populations do you feel should be prioritized?

As a provider, are there any populations that are not getting access to CE?

What risk factors do you think impact our local homeless population the most?