Strategies for Evaluating and Monitoring Coordinated Entry

April 26, 2021

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Who is with us today?

In the chat, let us know:

- Your name
- Community
- Your role in coordinated entry
  - CE Lead
  - HMIS Lead or Sys Admin
  - Participating agency
  - CoC leadership
  - Other? (describe)

Learning Objectives

We hope you leave this session with…

- An understanding of HUD requirements and best practices around evaluating and monitoring coordinated entry;
- Some examples of coordinated entry evaluation and monitoring currently occurring in the field, with an emphasis on how communities are assessing equity in coordinated entry systems; and
- Ideas on what data you want to collect and analyze to evaluate and monitor your own coordinated entry system, including how approaches must change in light of the COVID pandemic.

Evaluation vs. Monitoring

For this session, we define these terms as:

- **Evaluation**: an (at least) annual comprehensive analysis of the CoC's coordinated entry system; and
- **Monitoring**: frequent (e.g., monthly) and regular overview of coordinated entry data to allow for tracking of progress and identification of issues.

Is your community evaluating, monitoring, both, or neither?

Why Evaluation and Monitoring?

Evaluating and monitoring your coordinated entry is important because:

- **We need to know whether coordinated entry is operating as intended.** Does our system meet HUD requirements, follow the intended coordinated design and our policies and procedures?
- **We want to know how to make our system better.** Monitoring and evaluation allow us to identify our successes and challenges.
- **It's a HUD requirement.** Coordinated entry notice requires an annual evaluation.
    - Note that CPD COVID-19 Waiver #3 waives the requirement from September 30, 2020 through September 29, 2021.

Evaluation Approaches

Evaluations can focus on different aspects of coordinated entry, such as:

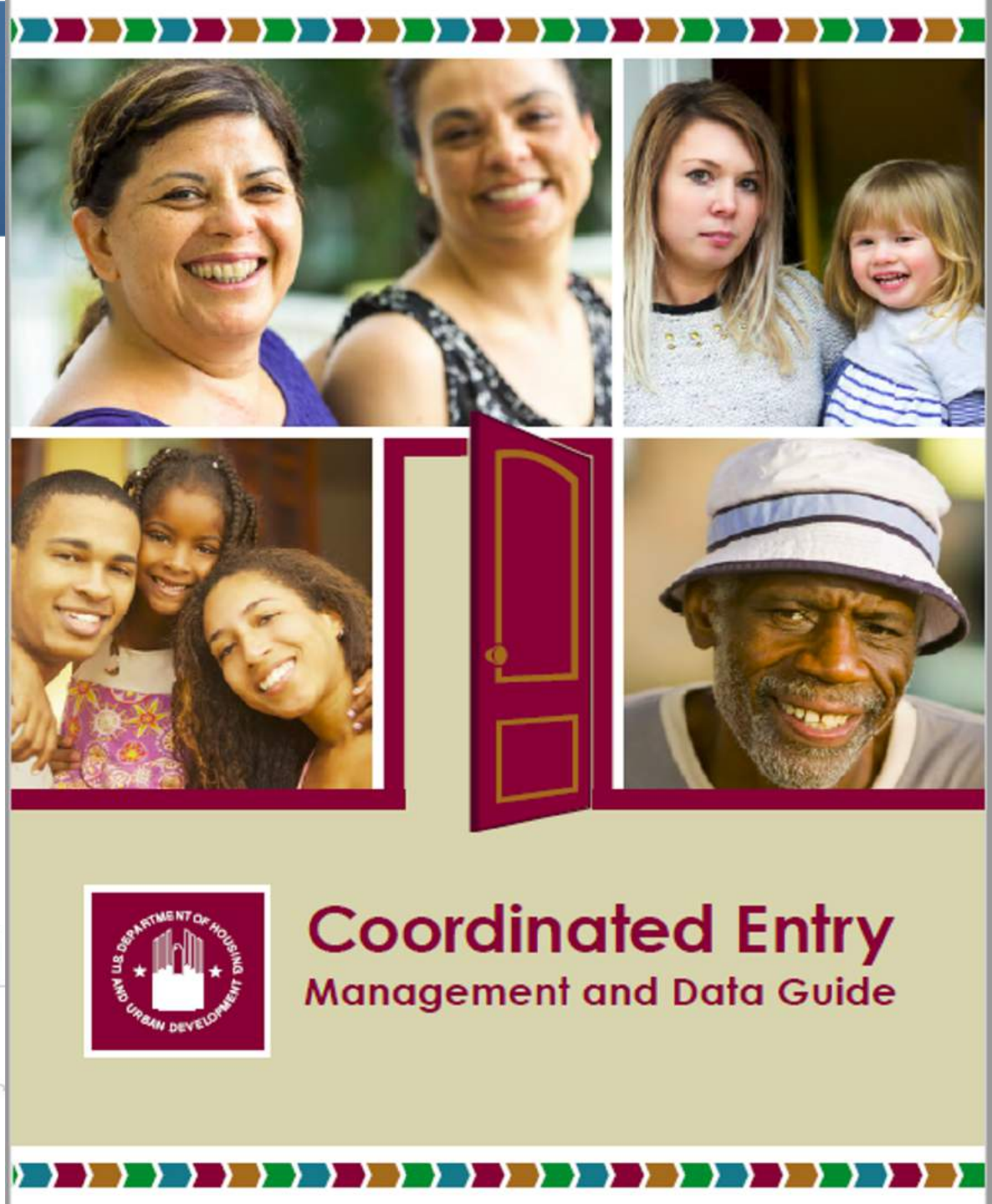
- **Compliance:** evaluates whether the CE process meets HUD's requirements and the CoC's design.
- **Effectiveness:** evaluates how effective the CE process is in connecting people experiencing homelessness to appropriate referrals.
- **Process:** evaluates how the CE process has been implemented and whether it is currently operating in accordance with the CoC's established policies and procedures.

What evaluation approach(es) have you taken?

Remember: Evaluating coordinated entry ≠ Evaluating the community's homeless response system as a whole

Evaluation Plan

- Note that the coordinated entry management entity cannot perform the annual evaluation
- Coordinated Entry Management and Data Guide provides insights on how to craft an evaluation plan and carry out the evaluation



Evaluation Planning

- Which aspects of the **effectiveness** of the coordinated entry process will be measured?
- Which aspects of the coordinated entry process will be evaluated for **fidelity** to local policies and HUD's coordinated entry requirements?
- How will data and required **stakeholder input** be gathered?
- How will **partners** (e.g., ESG or SSVF grantees) be included in the evaluation process to ensure consistency in data and analysis?

Data Sources

The annual evaluation should rely on multiple sources:

- Participant interviews and focus groups (required)
- Projects participating in coordinated entry (required)
- Call center or intake data
- Screening and/or assessment tools and results
- Policies and procedures and other governance documents
- Observation of the assessment process
- Interviews with key stakeholders
- Cost and resource data
- HMIS data, and/or data from other CE management systems, e.g., HMIS CE Assessment and Event Elements

Planning for Data Collection

	Data Collection				
Evaluation Question	Document Review	HMIS Data	Stakeholder Survey	Stakeholder Interviews /FGs	Consumer FGs
How long does it take from the point of a completed assessment and prioritization ranking or score to making an actual referral?		X			
Are the tools and protocols developed to support prioritization and referral serving their intended purpose, or could they be improved?	X		X	X	
When referred, how often are participants enrolled in projects? How often do they move into a unit?		X			
Are all persons afforded fair and equal access to housing programs regardless of their household composition (single adults vs households with children vs unaccompanied youth), age, gender, race, ethnicity, or disability status? Add child welfare status		X			
What is the length of time from referral to program enrollment? From enrollment to move-in? Is the community able to efficiently locate referred		X	X	X	X

Examples: Evaluation

- Sacramento County (2021)
- Hennepin County (2020)
- Santa Clara County (2020)
- Sonoma County (2019)
- Pierce County (2019)
- Southern Nevada (2019)

Equity Analysis: Sacramento County

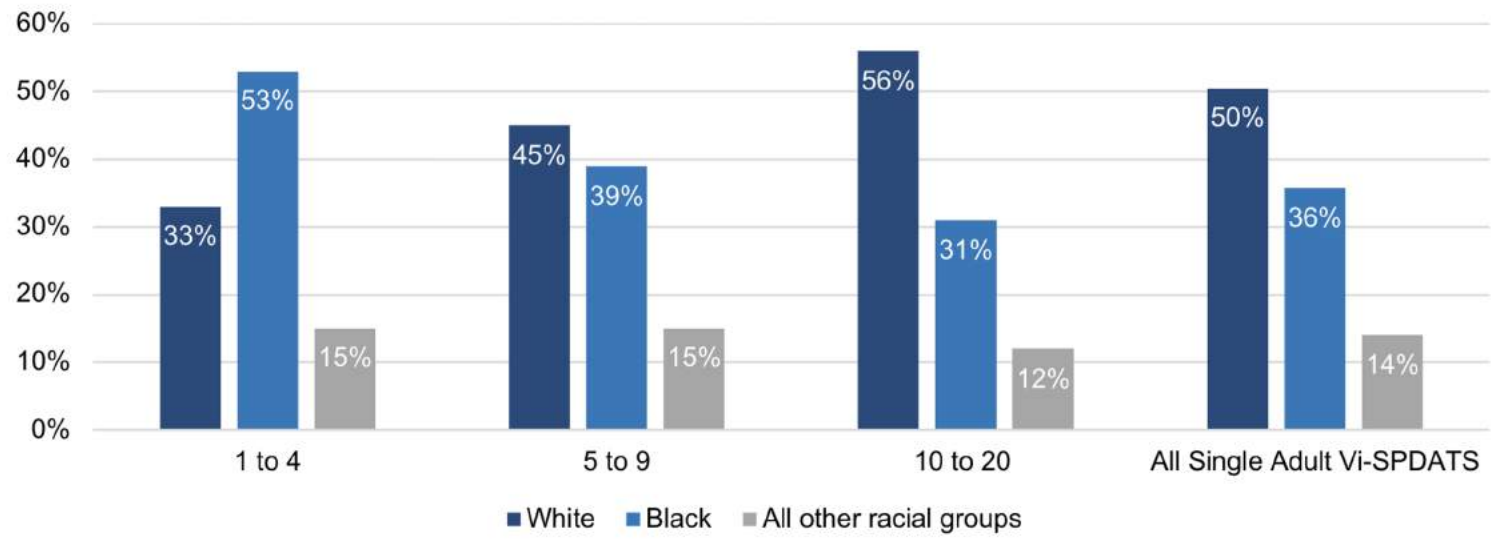
Figure 6. Average Assessment Score by Race, Single Adults (Oct. 2019-Sept. 2020)

Race (# of VI-SPDAT Assessments)	**Average Assessment Score**
White (n=795)	10.7
Black (n=486)	9.6
Multi-Racial (n=69)	9.9
American Indian (n=44)	10.6
Unknown Race (n=35)	7.8
Asian (n=21)	9.4
Pacific Islander (n=20)	8.7

Figure 8. Average Assessment Score by Race, Families (Oct. 2019-Sept. 2020)

Race (# of VI-SPDAT Assessments)	**Average Assessment Score**
Black (n=308)	6.8
White (n=169)	8.4
Multi-Racial (n=50)	8.1
Unknown Race (n=15)	8.3
Pacific Islander (n=8)	7.3
American Indian (n=7)	6.7
Asian (n=4)	6

Figure 7. Percent Breakdown by VI-SPDAT Score Ranges, Black vs. White Single Adult Households



Looking at disparities in assessment scores across household types, there appear to be notable differences in average scores between white and Black single adults (10.7 vs. 9.6) and white and Black families (8.4 vs. 6.8).

Actionable Recommendations: Santa Clara County

- **Expand CE access to community-based organizations** led by and specifically serving LGBTQI+, Hispanic/Latinx, and Asian and Pacific Islander persons.
- Have a **housing problem-solving** conversation before administering the standard assessment to build trust and encourage candid responses.
- Expand the *Standard Location Practices for Community Queue Referrals* to include a written protocol detailing the workflow and **best practices for locating referred clients**. Emphasize that locating referred clients often requires going out in the field.
- Create a **client portal** to support housing programs in locating and communicating with referred clients.
- Provide consistent technical assistance targeted to agencies based on identified patterns to **minimize referral rejections**.

Actionable Recommendation Examples: Hennepin County

- In order to improve the ability to contact clients, Hennepin County should provide all clients with **low-cost cell phone service** after assessment until they are placed in housing.
- The county can work with providers to understand the **documentation requirements** for each specific provider, then communicate clearly to clients as they approach referral. This would help expand awareness and improve client preparation for housing intake.
- **Contract with Native-American-specific community organizations** to provide community oversight and recommendations on improvement to the experience of Native clients moving through CES.

Evaluation Follow-Through

- [How] will the CoC use evaluation results to inform **other aspects of system monitoring and planning**, including whether the community has too much or too little of specific housing and/or service intervention types?

- [How] will **feedback loops** will be used to share out how input was used and concerns are being addressed?

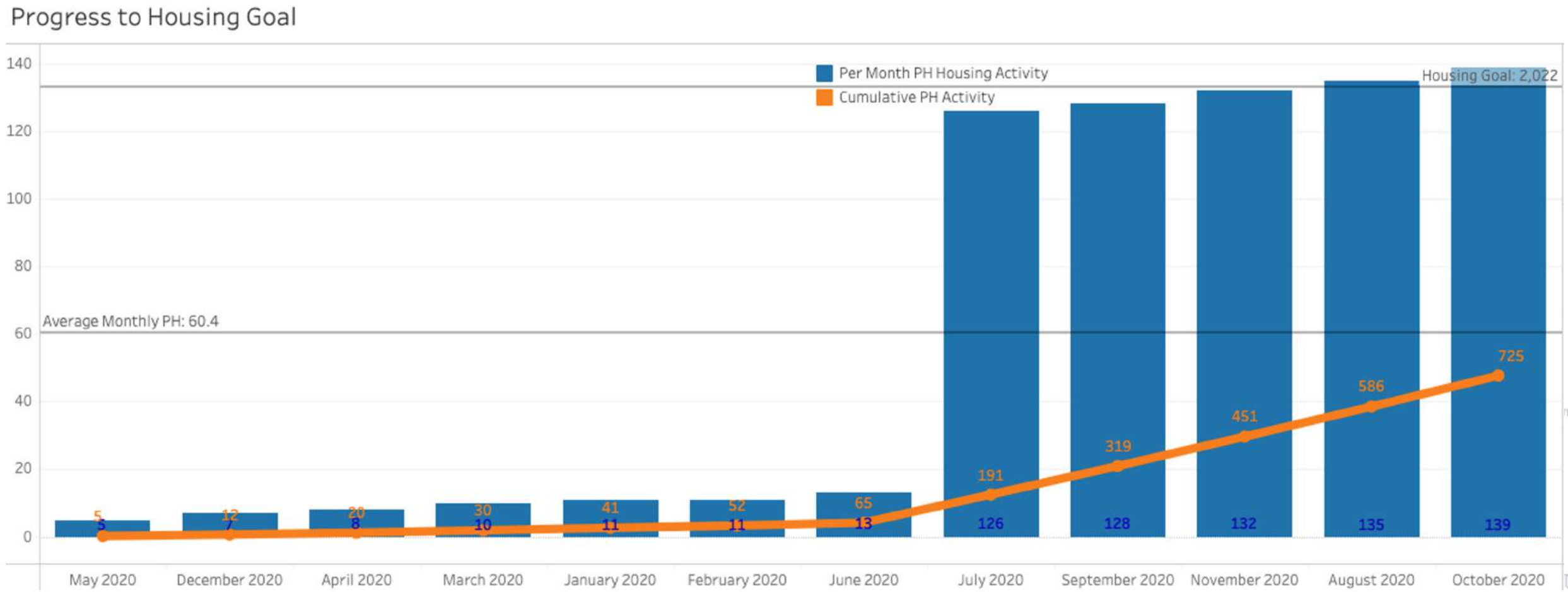
Examples: Monitoring

- Chicago
- Connecticut
- Hawaii
- Minnesota
- Nebraska
- Snohomish County

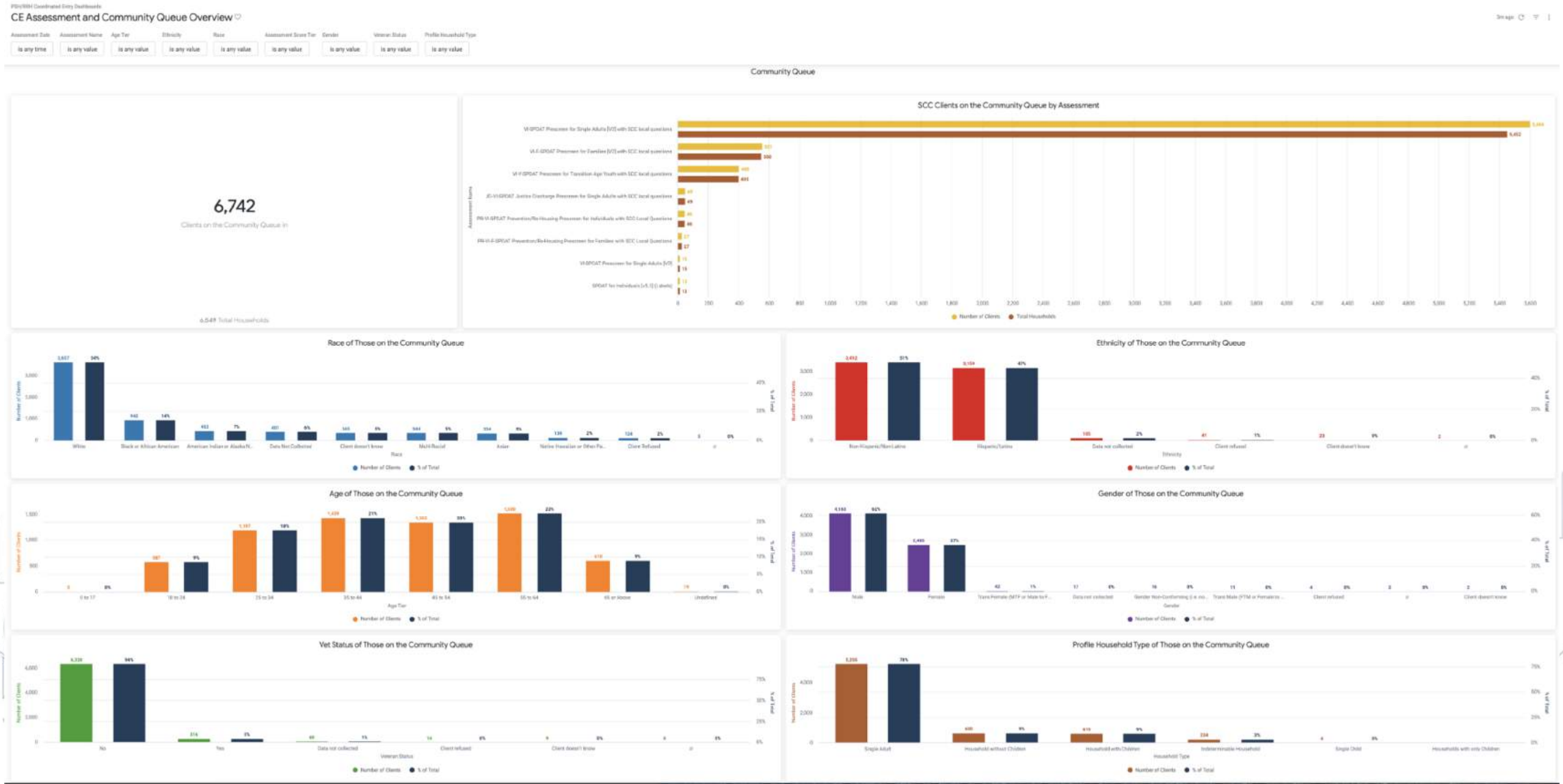
Examples: Monitoring: Hawaii

Bridging the Gap CES Evaluation Reporting											
February 2020											
Section	Section		Maui		Big Island		Kauai		CoC		
		Section 1: BNL Characteristics									
1.1		Total BNL Records at the End of the Reporting Period: 2-29-2020									
	1.1	1. Single - PSH Priority	13	5.73 %	46	15.59 %	2	4.55 %	62	10.95 %	
	1.1	2. Single - RRH Priority	69	30.40 %	129	43.73 %	16	36.36 %	213	37.63 %	
	1.1	3. Single - TH Priority	75	33.04 %	59	20.00 %	19	43.18 %	153	27.03 %	
	1.1	4. Family - PSH Priority	3	1.32 %	7	2.37 %	0	0.00 %	10	1.77 %	
	1.1	5. Family - RRH Priority	33	14.54 %	31	10.51 %	1	2.27 %	65	11.48 %	
	1.1	6. Family - TH Priority	35	15.42 %	21	7.12 %	6	13.64 %	62	10.95 %	
	1.1	7. Youth - PSH Priority	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	
	1.1	8. Youth - RRH Priority	0	0.00 %	0	0.00 %	0	0.00 %	0	0.00 %	
	1.1	9. Youth - TH Priority	0	0.00 %	2	0.68 %	0	0.00 %	2	0.35 %	
	Total		**228**	**100.44%**	**295**	**100.00%**	**44**	**100.00%**	**567**	**100.18%**	
1.2		Subpopulations									
	1.2	1. Veterans (self-reported)	16	7.05 %	18	6.10 %	1	2.27 %	35	6.18 %	
	1.2	2. Chronically Homeless (self-reported VI-SPDAT or HUD)	92	40.53 %	145	49.15 %	28	63.64 %	265	46.82 %	

Examples: Monitoring: COVID Rehousing Southern NV



Monitoring Example: Santa Clara County



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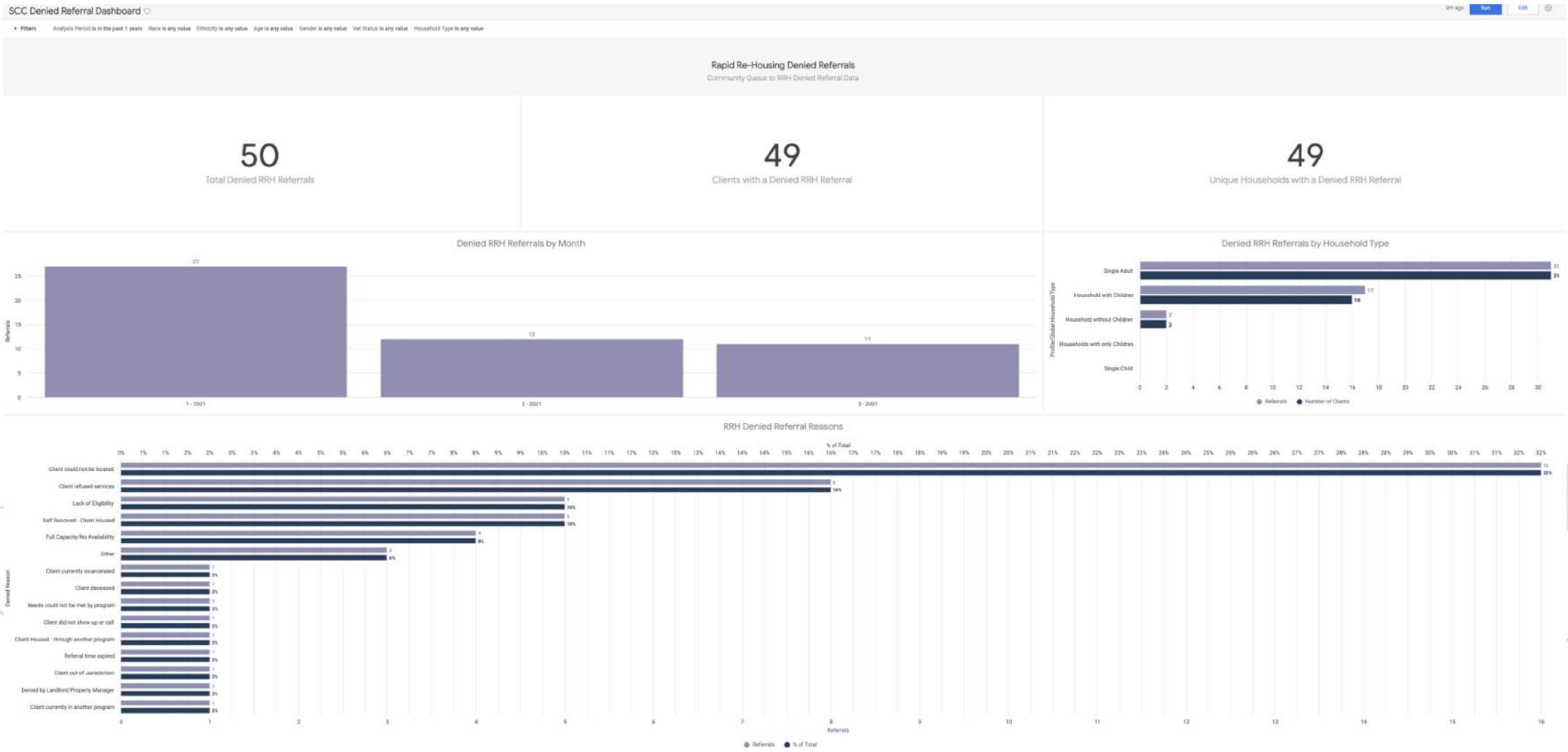

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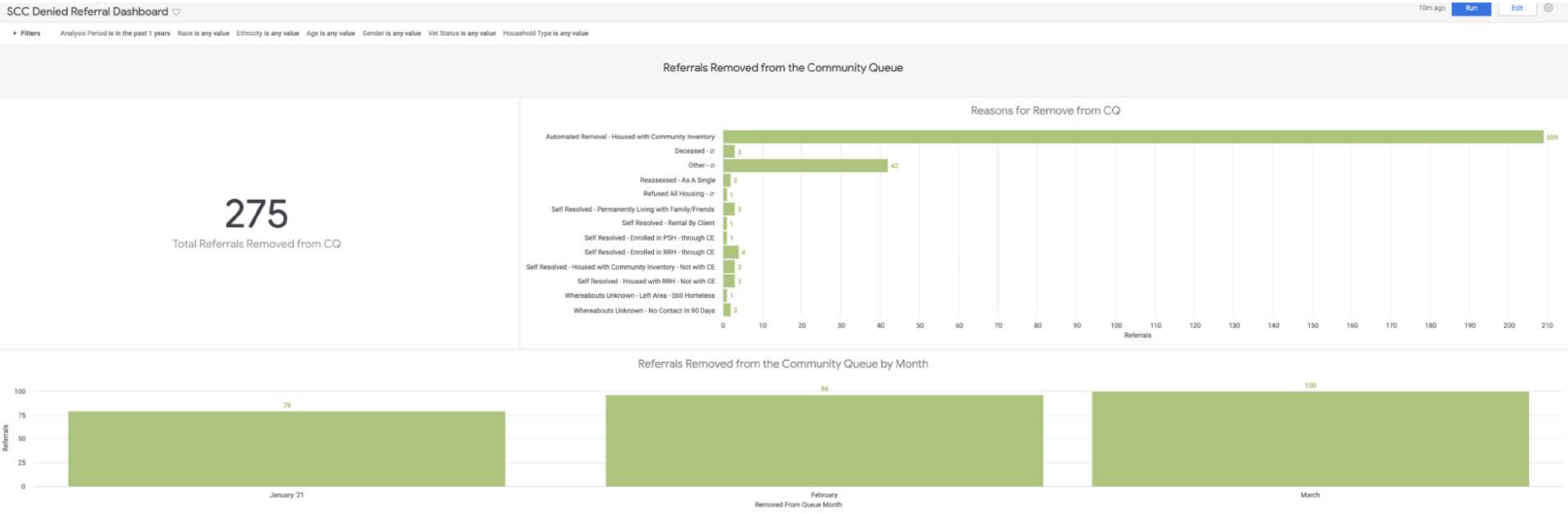

We Want To Hear From You!

In the chat, let us know:

- What questions do you have around monitoring and evaluating coordinated entry?

- What changes have you made to coordinated entry based on findings from monitoring and evaluating?

- How have you adjusted your approaches during COVID response?

Contact Information

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