

COORDINATED ENTRY EVALUATION REPORT 2019-2020

Midlands Area Consortium for the Homeless



Introduction

MACH Coordinated Entry System (CES)

The Midlands Area Consortium for the Homeless (MACH) operates a Coordinated Entry System (CES) across the Continuum of Care's (CoC) 13 counties to serve people with a housing crisis find help quickly no matter how or where they seek assistance. CES is designed to ensure that all people experiencing homelessness have fair and equal access to housing, regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. The system aims to work with households to understand their strengths and needs, provide a common assessment, and connect them with housing and homeless assistance. Through the use of a standardized assessment and vulnerability screening tools, CES strives to provide assistance to anyone in need and prioritize those with the highest service needs for federally funded housing. The target population of CES are people experiencing homelessness or imminent risk as defined by U.S. Department of Housing and Urban Development (HUD). All CoC agencies funded by HUD programs and United Way of the Midlands are required to participate in CES and are critical components in the system. The CES operates with the following guiding principles:

- Promote client-centered practices by ensuring every person experiencing homelessness is treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for client participation in the development, oversight, and evaluation of coordinated entry. People should be offered choice whenever possible.
- Prioritize the most vulnerable as the primary factor among many considerations. Limited resources should be directed first to persons and families experiencing homelessness who are most vulnerable with the longest time experiencing homelessness.
- Eliminate barriers to housing access by identifying system practices and individual project eligibility criteria which may contribute to excluding clients from services and work to eliminate those barriers.
- Promote transparency by making thoughtful decisions and communicate policies and procedures openly and clearly.
- Promote collaborative and inclusive planning and decision-making practices.
- Use culturally and linguistically competent practices that reduce cultural and linguistic barriers to housing and services for special populations.

MACH's CES provides a structured process for entry, assessment, scoring, prioritization, determining eligibility, and referral for homeless housing and services. The goal is to efficiently and fairly allocate resources by prioritizing severity of service needs and vulnerability in combination with MACH's Written Standards. MACH maintains CES Policy and Procedures which define the process and guiding principles for the implementation of the CES and establish a series of steps to complete the coordinated entry process with guidance on eligible individuals and services. A copy of the CES Policy and Procedures can be downloaded from the MACH website (www.midlandshomeless.com).

CES Evaluation Process

In order to maintain an effective and continually improving CES system, the MACH CES Policy and Procedures outlines a process for conducting an annual CES evaluation and assessment. The policy states, qualitative data will be collected annually through online surveys and/or focus groups and interviews with CES stakeholders. This data will be supplemented by annual performance monitoring of CoC grantees along with feedback from Emergency Solutions Grant grantees. Once all this information is compiled and analyzed, a summary report will be provided to the CoC Board of Directors and Members, Access Points, Service Providers and other stakeholders. The overall purpose of the evaluation process is to assess the effectiveness of the CES and provide recommendations for continuous improvements.

The CES evaluation process is overseen by the MACH Policy Committee and is designed to ensure compliance with Section II.B.15 of the HUD Coordinated Entry Notice which requires ongoing planning and stakeholder consultation concerning implementation of the CES. Per these guidelines, the MACH CES evaluation process will solicit feedback on the quality and effectiveness of the entire coordinated entry experience from participating projects and from households that participated in coordinated entry system. The evaluation process will also strive to solicit broad participation among homeless prevention and intervention services, and all populations regardless of race, ethnicity, gender, sexual orientation, veteran status, disability status, and geography.

2019-2020 Summary of Findings

For the 2019-2020 annual assessment, the MACH Policy Committee developed two surveys to solicit feedback from stakeholders on the effectiveness of the CES. One survey was developed to solicit input from service providers and the other was developed to solicit input from individuals and families currently experiencing homelessness or formerly experiencing homelessness utilizing these services. Both surveys were sent out to MACH members in September of 2019. The survey was left open for a two-month period to allow enough time for receiving an adequate number of responses. Over this time a total of 49 surveys were completed by clients using the system, and a total of 44 surveys were completed by staff of multiple service providers of those experiencing homelessness. A summary of the survey results for both surveys is provided below.

Survey of Services

Of the 49 individuals or families responding to the survey, over 83% were staying at a shelter, 6% were staying outside, 8% were housed, and 2% were in some type of temporary placement. Over 90% of respondents have been experiencing their current (i.e., reported) housing status for 6 months or less, while 4% have been experiencing their current housing status for 1 year or more.

As illustrated in Figure 1, respondents generally seemed to know where to get information on housing and services and felt like there are housing options for people in their current situation. Over 60% of respondents felt like their case managers/social workers were friendly and

knowledgeable about programs, and their needs were being heard by the providers they were interacting with. Approximately 50% agreed that providers followed up with clients and help was generally easy to find. Respondents seemed to be less sure on the effectiveness of street outreach and whether wait times for services were acceptable.

Specific comments received from clients touched on issues relating to wait times for services, frequency of meals, better understanding of mental health needs, lack of awareness of resources and services, need for more 1 on 1 contact, and better communication with clients on process and expectations.

Figure 1: Summary of Responses

	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE	N/A	TOTAL
I know where to go to get information on housing and services.	22.92% 11	27.08% 13	20.83% 10	18.75% 9	6.25% 3	4.17% 2	48
Case managers/social workers are friendly and knowledgeable about programs.	36.73% 18	34.69% 17	20.41% 10	8.16% 4	0.00% 0	0.00% 0	49
There are housing options for people like me.	30.61% 15	28.57% 14	26.53% 13	8.16% 4	4.08% 2	2.04% 1	49
My needs were heard by the providers I spoke to.	22.45% 11	44.90% 22	14.29% 7	14.29% 7	2.04% 1	2.04% 1	49
The wait times are acceptable for housing programs.	14.29% 7	22.45% 11	28.57% 14	12.24% 6	12.24% 6	10.20% 5	49
Getting help was easy.	16.33% 8	32.65% 16	18.37% 9	16.33% 8	14.29% 7	2.04% 1	49
Providers follow-up with me when they promise to.	22.92% 11	27.08% 13	25.00% 12	12.50% 6	8.33% 4	4.17% 2	48
Street outreach helped me.	12.24% 6	12.24% 6	14.29% 7	14.29% 7	12.24% 6	34.69% 17	49

Survey of Service Providers

Of the 44 respondents 80% received HUD COC funding or ESG Rapid Rehousing funding, and most have received these funds for over 5 years. The overwhelming majority of respondents provide services in Richland and Lexington counties, while some counties were not represented at all by participating service providers. These counties include Aiken, Allendale, Bamberg, Barnwell, Chester, and Lancaster. All target populations (i.e., chronic, domestic violence, veterans, mental illness, and young adults) were well represented in the survey, with 85% providing services to chronically homeless. Fifty-seven percent of respondents provided permanent supportive housing while 53% were rapid re-housing providers.

MACH Access Points

MACH Access Points (MAPs) are the places – either virtual or physical – where an individual or family in need of assistance accesses the CES process. Access Points may include any crisis service provider, such as emergency shelters, social service agencies, and providers of mainstream services. Over 60% of respondents serve as a MAP, 23% do not, and 15% were unsure. Of those serving as MAPs 83% complete the CES Phase 1 form, 33% refer them to another agency that targets their specific subpopulation, 20% refer them to 211, and 20% refer them to the MACH website.

VI-SPDAT

Of the three versions of the VI-SPDAT, 96% of respondents have experience administering the Individual VI, 56% administer the Youth VI, and 36% administer the Family VI. Fifty-six respondents felt like they would benefit from additional training in the administration of the VI tool. Forty percent of respondents believe the VI-SPDAT accurately assesses client vulnerability and need, while 40% believe it needs minor adjustments, and 20% believe it should be completely changed. The majority of respondents (68%) felt like only trained individuals should be allowed to conduct or change a VI, while 20% felt like changes should be approved by a group/committee with first-hand knowledge. Over 60% of respondents agree the assessment process is respectful of participant preferences, is culturally appropriate, and trauma-informed.

Prioritization

Over 80% of respondents are using the prioritization by name list to fill vacancies in their programs and 12% use the DV de-identified prioritization list. Of those using the list, 38% felt like the list was difficult to use, 30% felt like it had an average difficulty, and 30% thought it was easy to use. Over 30% also felt like it is difficult to find the first appropriate client to match a vacancy in their program. When asked if assistance was needed from the CoC to help match clients on the list with vacancies, 32% responded yes and 68% responded no. When asked what types of additional coordination might be helpful, the responses were as follows (in order of priority/preference):

- Receive a short list of 203 vetted eligible clients (meeting all the requirements of the program and the unit) to fill the vacancy – 42%
- More robust case conferencing/outreach meetings to match clients to vacancies – 31%
- Some other type of coordination – 23%



- No coordination, our agency is happy to continue using the self-policing model – 27%

Referrals

Of the respondents that do not serve as a MAP the majority use HMIS, have heard of the CES for federal rental assistance program, and are aware of MACH coordinated entry access points. Of those aware of MAPs, most refer clients looking for assistance with housing to those access points. Of the clients referred to an access point, assistance is sometimes, but not always provided. The survey also indicates that the referral process could be clearer and easier to use for non-access point providers.

Strengths and Challenges

Both survey results highlight a number of strengths and challenges with the MACH Coordinated Entry System and evaluation process. These can be summarized as follows:

Strengths

- Clients tend to know where to get information on services, feel like their needs are being heard, and generally have a favorable view of their case managers/social workers
- Providers are doing a good job building relationships with clients and following up with them
- Urban service providers are adequately represented in the coordinated entry system and evaluation process
- Most providers can provide reasonable accommodations for clients with disabilities
- Access points are making use of the CES Phase I form
- Assessment process is respectful of participant preferences, is culturally appropriate, and trauma- informed
- Prioritization by name list is being used by providers and many providers do not need additional assistance from the CoC in using the list

Challenges

- Street outreach efforts are not perceived by clients to be effective and wait times for services are too long
- Rural service providers are not adequately engaged in the CES Evaluation process
- Many providers feel they would benefit from additional VI-SPDAT training
- VI-SPDAT is a may require some minor adjustments in order to accurately reflect client vulnerability and need
- Changes to an individual VI need to be approved by a group/committee with firsthand knowledge of the client
- Prioritization by name list can be difficult to use and difficult to find the first appropriate client to match a vacancy in their program

- Additional assistance may be needed to help some providers match clients on the list with vacancies in their programs
- Referral process is not always clear and effective for non-access point service providers

Recommendations

Overall, the MACH CES seems to be working and achieving its primary objectives as outlined in the adopted policy and procedures. However, the 2019-2020 CES Evaluation highlights some areas where improvements may be needed. There are also some areas that might benefit from further analysis in the next annual CES evaluation. The MACH Policy committee recommends the following actions for consideration to help improve the MACH CES.

Recommendation	Responsibility	Priority
Evaluate whether improvements need to be made to the assessment tool	Policy Committee; Data and Evaluation Committee	Ongoing
Evaluate VI-SDAT trainings process and determine if additional trainings are needed	Policy Committee; UWM	Ongoing
Identify strategies to increase Coordinated Entry participation among all service providers in the CoC region	Policy Committee	Ongoing
Hold 2-3 focus groups with selected agency and client populations to further evaluate strengths and challenges identified in the 2019-2020 survey	Policy Committee	Short Term
Establish a new MACH Grantee Advisory Committee to provide input to the MACH Board and provide input to the CES Evaluation process	MACH Board	Short Term
Develop more specific/systematic strategies and timelines for soliciting input from clients and service providers for the CES Evaluation process	Policy Committee	Short Term
Identify strategies for conducting additional outreach in the rural areas of the CoC region for increased participation both the CES and the CES evaluation process	MACH Board; MACH Membership; Policy Committee	Short Term