

COORDINATED ENTRY IN RAMSEY COUNTY An Evaluation

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Executive Summary

The Coordinated Entry System (CES) in Ramsey County is part of Heading Home Ramsey (HHR), the county's Continuum of Care (CoC) for providing services to people experiencing homelessness. CES is the process by which people's needs for services are assessed and they are given a priority for receiving housing services. This may lead to referral to a housing provider who finds a home for the client. The US Department of Housing and Urban Development (HUD) which provides funding for these services requires an annual evaluation of CES.

Evaluation Questions

This evaluation of the Coordinated Entry System (CES) in Ramsey County focused on four main questions:

- 1) How effective is the system at providing housing for people experiencing homelessness?
- 2) Are there racial disparities in outcomes for clients of different races?
- 3) Are there aspects of the CES that participants believe need to be improved?
- 4) What should be considered in future evaluations?

How Effective is the System?

The system is not effective and unlikely to be improved by minor changes. A major rethinking of housing strategy is necessary to meet the needs of people experiencing homelessness.

Only 2% of those on the Coordinated Entry priority list found housing in 2019. The average wait time from assessment to a housing referral was 5-6 months. It may take one to two months to actually move into the housing after a referral and not all referrals result in housing. The percentage housed in the most recent six-month period, October 2019 to March 2020, were higher at 8% for single adults.

A large percentage of known shelter users do not receive an assessment. In 2019, only 41% of single adults utilizing shelters that report to HMIS had been through the CES assessment process. Knowing that referrals are rare may deter people from having assessments. Assessment rates in 2019 may have been unusually low due to vacancies in two assessor positions. Without more housing, increasing assessments will only reduce the proportion served.

The biggest reason for low rates of housing is the lack of available housing units. People familiar with the system repeatedly identified a lack of affordable housing units as the major barrier to serving people experiencing homelessness. Reliance on the privately-owned housing for some supportive housing is subject to market fluctuations and restrictions on the types of clients acceptable to landlords.

Are There Racial Disparities in Outcomes?

There is no systematic racial disparity between housing outcomes for African Americans and Whites in Ramsey County. Although Whites are more likely than African Americans to be assigned highest priority for Permanent Supportive Housing, there is no difference in rates of referral or moving into housing for single adults. Families find housing at rates higher than those for single adults or youth and African American families find housing at rates higher than families of other races.

Are There Aspects of the System that Need to be Improved?

More housing units which adhere to the Housing First principles¹ are needed to provide barrier-free housing for many people experiencing homelessness. The supply available now cannot meet the overall need. Alternative strategies such as prevention may be more effective.

Dissatisfaction with the VI-SPDAT tool for client assessment has led Heading Home Ramsey members to seek an alternative, but there is no clear favorite at this time.

A higher proportion of people experiencing homelessness could be assessed. Data suggest that 60% of single adults in shelters are not on the priority list for housing. Promptly filling assessor positions is necessary.

Accurate understandings of outcomes and effectiveness require improvements in data management, accuracy, and reporting. Data quality and reporting capabilities limited the questions this report could address. Variations how assessors conduct assessments may result in inconsistencies in the priority ranking of people being assessed. A duplicate system of client data is being maintained by local authorities due to difficulties with the official system.

Accountability concerns should be addressed. Some stakeholders feel that agencies work around the CES policies and procedures without consequences. Careful documentation of alleged non-compliance is needed along with attention to follow-up. Responsibility for compliance should be clearly identified and policies should be seen to be enforced.

What Should be Considered in Future Evaluations?

Collect more direct feedback from clients in future evaluations. The current effort was hampered by the onset of the COVID-19 pandemic.

More attention to governance of the system and on **compliance** with Federal requirements.

Establish expectations and goals for future evaluations between the HHR Governing Board and the Data & Evaluation Committee. Given the ineffectiveness of the CE system, is evaluation necessary and worthwhile?

¹ Housing First refers to a policy that makes housing a client top priority, regardless of any barriers such as substance abuse, mental or physical health problems or criminal record.

Recommendations

- Devote efforts to changing housing policy and funding at state and federal levels in ways that increase the stock of available housing units and ensure Housing First policies can be followed. Only being able to house 2% of those on the list is not meeting the need in the community. Alternative strategies such as prevention of homelessness, especially for families, should be explored.
- Study surrounding CoC's and determine if and why they may be more successful at finding housing for people on their lists.
- Increase the proportion of shelter clients who have been assessed for Coordinated Entry from around 40% to closer to 75%. This may require hiring additional assessors, providing assessors more training to increase their ability to persuade clients to be assessed, and improving referral rates to give reason for choosing an assessment. Maintaining staff in the dedicated assessor positions funded by HUD should be a priority.
- Work with housing providers and landlords to increase their understanding of and adherence to Housing First guidelines.
- Work locally to identify new assessment tools to replace VI-SPDAT and maintain compliance with HUD requirements for assessments.
- Charge the Data & Evaluation Committee with developing evaluation schedules and plans that incorporate client experience as well as recommending goals and metrics beyond those mandated by HUD to be used as guides to progress and improvement.
- Improve the ability of the system to rapidly assess potential housing clients and quickly match them with appropriate services by increasing training and support for assessors and for agency staff who handle housing referrals.
- Increase HMIS data quality and utility to the system by improving coordination with Institute for Community Alliances (HMIS consultants) to allow the replacement of "shadow" systems as well as to improve the system's ability to provide data in ways required to clearly document measures identified by the HHR board.

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Chapter 1 Background/History

Purpose and Intent of Coordinated Entry

Coordinated Entry is a process for registering people in need of housing and homeless services and referring them to agencies that provide housing. The US Department of Housing & Urban Development or HUD (the major federal funding source for local services) requires that all federally funded Continuums of Care (CoC's) have a Coordinated Entry (CE) system in place to assess people seeking services, set priority levels for serving those individuals, and refer them to agencies that provide the services. According to HUD's Coordinated Entry Policy Brief², the "primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present... Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner."

The decision to adopt Coordinated Entry was controversial and required several years of debate and discussion among service providers and agencies in Ramsey county. The fact that HUD required adoption of CE as a condition of funding may have made the outcome inevitable.

This decision to adopt CE was controversial because some high priority clients are harder to serve than others and require more effort and resources to provide those services. Some agencies may have had a philosophy of "first come, first served" and focused on getting as many clients as possible into housing, regardless of their level of need. The previous system often involving multiple applications and gateways to service may also have favored clients with case workers who knew the system well and had relationships with agencies that gave them an advantage in finding services for their clients.

Adoption of Coordinated Entry in Ramsey County

In Ramsey County, the CoC ("Heading Home Ramsey" or HHR) adopted a CE process in 2014 for family housing and later in 2016 for all homeless services including those for Single Adults and Youth. There are three priority lists in Ramsey County. The initial list (Coordinated Access for Housing and Shelter or CAHS) for families seeking housing is maintained by staff at Catholic Charities. A second list for single adults and youth (Coordinated Entry for Youth and Singles or CEYS) is maintained by Ramsey County staff. A separate priority list for youth under age 24 (primarily based on CEYS) is maintained by Lutheran Social Services. There are separate lists because criteria for housing families, single adults, and youth vary and involve different screening questions. Data for all the lists is maintained on the HMIS (Homeless Management Information System) software and also on separate spreadsheets maintained by the Priority List Managers (PLMs).

² Accessed online 2-18-20 via

<https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>

How Coordinated Entry Works

Coordinated Entry is a system designed to allow one-time registration and assessment of people seeking assistance for homelessness. As noted above, the intention is to identify those whose needs are most severe and give them the highest priority. Other strategies to prevent and reduce homelessness are intended to reduce the demand for such housing assistance and Coordinated Entry is only one piece of the overall picture. There are three main stages in the process – client needs assessment, prioritization and list management, and referrals to providers.

Assessment is done by a trained assessor who uses a tool called VI-SPDAT to collect information about the client and their history of homelessness so that their needs can be rated in a standardized way. The result of the VI-SPDAT process is a score which establishes the client's priority for services. The VI-SPDAT is not mandated by HUD, but HUD does require the use of a standardized and validated tool to rank clients and assign priorities and, until recently, the VI-SPDAT has nationally been the primary tool of choice. Assessors are required to undergo an initial training which lasts several hours and may involve training in the use of the automated HMIS data system for entering VI-SPDAT and other data. Assessors are also required to have at least one annual re-training session.

Some CoC's such as HHR include additional questions which are relevant to making housing referrals and/or required by state or local agencies.

An assessment may last 30-90 minutes, depending on the client's needs and abilities to respond to questions. Assessors are usually agency staff with other primary job functions, although HUD funds do support 1.5 dedicated FTE's for assessment in Ramsey County. Because assessors often have multiple job functions in addition to conducting the CE assessments, they may not conduct a high volume of assessments and the process may not be the main focus of their activity. Those who conduct fewer assessments may be less consistent in their approach/conduct of assessments than others. Those whose job functions include outreach and case management may have a different and possibly closer relationship to their clients than those few who are primarily conducting assessments. This closer relationship may improve their knowledge of the client's history and circumstances and improve client trust and comfort with the assessment process. Conversely, a close client relationship may influence the assessor's conduct of the interview in ways that might increase the chance of a higher priority ranking for the client.

Priority List Management

The initial assessment results and corresponding score are available to the Priority List Managers (PLMs) via the HMIS data system. The PLMs maintain the relevant list of clients eligible for the services they support and daily identifies those clients who are the highest priority. HHR has a Coordinated Entry for Everyone (CEE) committee which sets and reviews criteria for establishing priorities based on Vi-SPDAT scores and supplemental questions. Clients may fall into three categories – those most in need of services who are eligible for referrals to agencies providing Permanent Supportive Housing (PSH), those with lower needs who are eligible for referral to Transitional Housing (TH) or Rapid Rehousing (RRH), and those

with the lowest level of need who are considered able to find housing on their own and not referred for services. The VI-SPDAT score determines the category in which a person or family will be considered. For Youth and Families, the priority for service of clients within each category is based on a combination of factors including the VI-SPDAT score. For single adults all clients are ranked together regardless of category. The current ranking process for HHR³ uses the following three criteria:

- 1 – Homelessness category (Chronic Homelessness, Long Term Homeless, HUD Homelessness, etc.)
- 2 – Length of Homelessness
- 3 – VISPDAT score

PLMs attempt to ensure that contact information for clients on the list is up to date and will periodically try to verify the client’s availability and contact details. Some PLMs use monthly case consultations with case workers to maintain current client information and verify client eligibility, needs, and priorities. The PLM may remove clients from their list or mark them as inactive if they receive information that the client has self-housed, moved out of the county, been institutionalized, or lost contact. This decision is entered into HMIS.

Agencies providing the various housing services (PSH, TH or RRH providers) are expected to regularly update the PLM on the number of vacancies in their programs which are available for new clients. The PLM receives these notices of vacancies and identifies the highest priority client on the list. The PLM makes a referral for services by supplying the provider with the name and contact information for the top priority client. The provider then attempts to contact the client and offer their services.

Referrals

When a PLM receives word of a program vacancy from a provider, they send the provider the name of the top priority client on the relevant list. The provider then attempts to contact the client and offer services. A client may then choose to accept or decline services from that provider. The provider is expected to inform the PLM of the outcome of the referral in a timely manner, either through HMIS data entry or other means. The PLM will try to provide another referral if the initial one falls through and the vacancy remains. In some cases the provider is allowed to fill the vacancy by a non-CE referral if they don’t receive a referral within a given time period.

If a client accepts the referral and the provider accepts the client, the provider attempts to place the client in a housing unit. This may require negotiation with a private market landlord who may apply their own criteria in deciding to accept clients for housing. This complicates the placement process and may make it difficult for providers to actually place clients in a unit despite accepting the initial referral. When private market landlords have more options due to low vacancy rates and high market rents, the ability of a non-profit housing provider to secure a unit for a specific client may be lower. Landlords may choose to reserve their vacant units for higher paying private renters or those with fewer housing barriers. The lack of direct control

³ CEE Policies dated January 2020 accessed 4-20-20

over rental units may make it difficult for housing service providers to live up to the expected Housing First standards especially as the rental market tightens and rents rise faster than publicly subsidized rates.

Housing providers who accept a referral are expected to do HMIS data entry to document the outcome of the referral. This may be a successful move-in or a refusal by client, provider or landlord. PLMs report that data entry by providers is not always timely or accurate and they have had to make many efforts to follow-up on referrals to ascertain the results. Some providers may lack trained staff to conduct data entry due to turnover or for other reasons. Other providers may not understand the importance of the data entry. Their compliance should be documented for accountability purposes. This appears not to be the case at present.

Chapter 2 Evaluation Plan for HHR Coordinated Entry

HUD requires all CoC's to regularly evaluate their Coordinated Entry systems in order to identify areas for improvement and accomplishments. HUD emphasizes that each CoC should develop its own plan but strongly recommends certain types of evaluation including reviewing compliance, processes, and outcomes. There is an emphasis on getting client feedback as well as on quantitative analysis of results.

HHR CE Evaluation Plan 2019-20

This evaluation plan focuses on the effectiveness of the system by looking at housing outcomes for people experiencing homelessness as well as the processes used in the HHR system. The evaluation uses quantitative analysis of available data on client outcomes as well as surveys of CE participants and interviews with clients and service providers.

Four main evaluation questions were identified:

- 1) How effective is the system at providing housing for people experiencing homelessness?
- 2) Are there racial disparities in outcomes for clients of different races?
- 3) Are there aspects of the CES that participants believe need to be improved?
- 4) What should be considered in future evaluations?

HHR has a Data and Evaluation Committee which reviewed and approved the evaluation plan before it was presented to the HHR board. The HHR board and general meeting approved the plan in September of 2019.

The following methods were proposed in order to answer the four evaluation questions:

- Analysis of data on outcomes for people who have had assessments to determine the effectiveness and timeliness of service delivery (questions 1 and 2).
- Observation and a survey of HHR committees relevant to CE and interviews with knowledgeable sources.
- Interviews with clients and surveys of those who have experienced an assessment as well as those who eventually found housing through the CE process (questions 3-4).
- Interviews with assessors and a survey of active assessors along with observation of assessment interviews (questions 3-4)

As the evaluation continued several changes were made. Observation of assessor interviews was difficult to arrange and only two were conducted. The proposed client survey was reduced in length and combined with a larger survey being undertaken for a needs assessment. The opinions of housing providers and a wide range of clients were not collected before the COVID-19 virus impacted the evaluation.

Chapter 3 Client Outcome Data – Housing Outcomes and Racial Equity

Data on clients served through Coordinated Entry were analyzed to determine the efficiency and effectiveness of the CE system and process. They were also analyzed for evidence of racial disparities. Client data is available from the Homeless Management Information System (HMIS) and from separate lists kept by PLMs. To strengthen the findings, some analyses were made using both the HMIS data and that provided by the PLMs from their own lists.

Interviews with PLMs and other sources suggested concerns about data reliability and accuracy in HMIS as well as issues dealing with the ability to retrieve useful data from HMIS for local use and analysis. A detailed discussion of these concerns and examples of uncertainty in the data is provided in Appendix E.

Data from the HMIS system allows us to determine the proportion of adult single clients who stay in the majority of shelters but have not ever been assessed for Coordinated Entry. The data is incomplete for two major reasons. First, Union Gospel Mission does not enter client data into HMIS, so clients staying at this shelter who do not also visit other participating shelters will be missing from the data. Second, shelters for domestic violence victims are exempt from reporting to HMIS in order to maintain client confidentiality and protect their safety. The data provided below are necessarily incomplete. Families in shelter are assessed at a much higher rate approaching 100%.

Table 1. Assessment Status of Single Adult Homeless Shelter Residents, 2019

	Total	With Assessment	Without Assessment
Number	2,337	964	1,373
Percent	100%	41%	59%

Sixty percent of clients who stayed in shelters in 2019 year may be without assessments and therefore not eligible for receiving housing through the Coordinated Entry process. It should be noted that the primary staff positions responsible for providing assessments to this population were vacant for much of 2019, probably reducing the assessment rate. Further analysis will determine if the ratio improved after the positions were filled. The calculations below, therefore, overstate the likelihood of any person experiencing homelessness actually moving into housing as a result of the Coordinated Entry system by at least 50%. While some clients are likely to refuse assessment for a variety of reasons, it might be possible to increase the proportion who are assessed with more staff resources and training devoted to this portion of the process. The value of this is questionable since housing is seldom available.

Housing Outcomes

The data suggests that very few clients get referrals for housing and even fewer move into housing in a given year through Coordinated Entry.

Data from HMIS⁴ shows the number of clients on the list at any given time, the time between entry to the list and referral for housing and the outcomes of those client referrals⁵. Reports produced by HMIS for the first nine months of 2018 and of 2019 showed that there were 1,540 persons/families on the list in 2018 and 2,396 in 2019. The tables below show the data for single adults and adult-headed families.

Table 2. Outcomes for Single Adult Clients (CEYS List)

Single Adult Measures*	2018	2019
Clients on List (adults only)	1,215	1,927
Number of Referrals to Housing Project (all adults)	100	280
Average time to referral (all adults)	149 days	173 days
Percent of clients accepted by housing program** (all adults)	3%	4%
Percent of clients moved into housing (all adults)	2%	2%
High Scoring Clients on List#	185	339
Avg. Time to referral (high score adults)	127 days	98 days

**CEYS Data for Single Adults only*

***Acceptance into a program does not guarantee moving into housing*

#High score clients are those with VI-SPDAT scores above 12

Table 3. Outcomes for Family Clients (CAHS List)

Family Measures*	2018	2019
Clients on List (families)	325	469
Number of Referrals to Housing Project (families)	109	79
Average time to referral (families)	140 days	190 days
Percent of clients accepted by housing project** (families)	11%	8%
Percent of clients moved into housing (families)	7%	6%
High Scoring Family Clients on List#	100	161
Avg. Time to referral (high score families)	164 days	191 days

**CAHS measures only for families headed by adults age 25 and over*

*** Acceptance into a program does not guarantee moving into housing*

#High score clients are those with VI-SPDAT scores above 12

⁴ Data from ICA Tableau charts retrieved on 2/19/20

⁵ Outcomes include referral to a housing program, acceptance by the housing program and actually moving into housing. Some clients accepted do not move into housing within the period studied, other times a program fails to find an appropriate unit or the client chooses not to proceed.

The data show that the number of single adult clients who exit the list to confirmed housing as a result of a referral is extremely small – around 2%. Families have a higher referral rate but are still mostly below 10%. The average time single adults or adult headed families wait for a referral is around five to six months.

The long wait for referrals and the extremely low rates of exits to referred housing indicate that the system is unable to meet the needs of over 90% of people experiencing homelessness on the Coordinated Entry priority list in Ramsey County⁶.

Racial Equity in Service Priority

Several analyses of data from other states have found that the VI-SPDAT scoring system gives higher priority to White clients and lower priority to African American clients⁷. There is also evidence from a study in Los Angeles County that African American single adults and families are less likely to remain housed and more likely to return to homelessness than White adults and families⁸.

Data on Ramsey County clients were analyzed to see if racial patterns were similar. Analyses were done using HMIS data and data on referrals and housing maintained in separate lists by the PLMs to make sure that results were consistent. For technical reasons the analyses were restricted to two questions. First, were African American clients less likely than White clients to be classified as eligible for Permanent Supportive Housing (PSH)? Second, were African American clients less likely than White clients to be referred for housing and to be housed?

The VI-SPDAT score determines eligibility for services in a housing category. A higher score (above 8) implies a greater need and/or higher barriers to housing and qualifies a client for PSH (Permanent Supportive Housing) services. A score between 4 and 7 qualifies a client for Rapid Rehousing or Transitional Housing (RRH/TH) services. The VI-SPDAT score is based on a large number of factors but is generally intended to indicate whether a client is in need of long-term housing and intensive supportive services.

Data from the HMIS system (Table 4, below) show that White clients (59%) are more likely than African American clients (50%) to be classified as eligible for PSH services⁹.

⁶ Since many persons experiencing homelessness do not enroll in Coordinated entry, the actual percentage served is even lower.

⁷ Coordinated Entry Systems Racial Equity Analysis of Assessment Data. C4 Innovations. October 2019.

⁸ Report and Recommendations of the Ad Hoc Committee on Black People Experiencing Homelessness. Los Angeles Homeless Services Authority, December 2018.

⁹ These data are for all clients in the HMIS system regardless of age or family status.

Table 4. Service Category by Race

	PSH	RRH/TH	TOTAL
African American	738 (50%)	758 (50%)	1,496 (100%)
White	512 (59%)	358 (41%)	870 (100%)
TOTAL	1,250	1,116	2,366

X² p<.000001

This finding does not prove that the VI-SPDAT scores are biased. African American and White clients may differ in ways other than race that affect their scores. White clients, for example, may have had longer times being homeless, be older, have more barriers to housing or otherwise meet more criteria of need than African American clients. If this is true, then the VI-SPDAT tool is functioning as intended by giving more weight to those characteristics when determining need for services. The results might still differ by race but in a way that reflects the assumptions and policy priorities of HUD and Coordinated Entry rather than “racism” in the tool. Next steps in a racially sensitive analysis would look at whether individuals of different races with similar characteristics still get different scores. Perhaps more importantly, the policy assumptions about who is most in need of services and therefore should get priority for service may need examination and revision. Reports from Los Angeles County suggest that homelessness in the African American community there differs from homelessness among Whites and that the VI-SPDAT gives priority to older White single clients and reduces access to resources for African American families.

An analysis of racial differences of people experiencing homelessness of the Ramsey County HMIS list in 2018-19 show important differences between African American and White persons on the list. Almost half of African Americans experiencing homelessness are in a family (46%), compared to only a quarter of Whites (26%).

Table 5. Persons Experiencing Homelessness by Race and Household Type (2018-19, Ramsey County)*

Race of Person	Single Head of household	Family Head of Household	Persons in Families	Total Persons	Pct. In Families
African-American	1,118	297 (20%)	952	2,070	46%
White	730	87 (10%)	255	985	26%
Other/Unknown	388	111 (22%)	353	741	48%
Total	2,236	495 (18%)	1,560	3,796	41%

*From HMIS client listing for Ramsey CoC from August 2018- July 2019

White people experiencing homelessness in Ramsey County are more likely to be older and classified as “long term homeless” than African Americans (see Table 6). Since African American and White people experiencing homelessness differ in their characteristics that affect eligibility for types of services, it is possible that differences in their VI-SPDAT scores reflects these characteristics rather than a bias in the scoring instrument. Additional analysis of other racial differences in criteria affecting VI-SPDAT rankings should be made in future evaluations.

Table 6. Age and Long Term Homeless Classification by Race (2018-19, Ramsey County)*

Race of Person	Total Heads of Households	Age 45 +	Age 45+ and LTH	Pct. Over 45	Pct. Over 45 and LTH
African-American	1,415	517	113	37%	8%
White	817	420	135	51%	17%
Other/Unknown	499	145	47	29%	9%
Total	2,731	1,092	295	40%	11%

*From HMIS client listing for Ramsey CoC from August 2018- July 2019

Racial Equity in Referrals and Housing Outcomes

Are African American clients as likely as White clients to have a referral accepted by a housing service provider and to eventually move into housing? Data from both HMIS and PLM maintained lists were analyzed to find answers.

A client who receives a referral for housing may have a variety of outcomes. The first step towards actually becoming housed is to have the referral accepted by the service provider¹⁰. Data from HMIS in Table 7 (below) show that within the PSH category, African American and White clients have almost exactly the same chance of receiving a referral that is accepted. Among RRH/TH clients, African Americans are over three times as likely as White clients to have an accepted referral. Combining clients in both categories, African American clients had an 8.8% chance of an accepted referral, 1.28 times higher than White clients (6.9%).

Table 7. Likelihood of Accepted Referral by Race and Category (Sept. 2018-Aug. 2019)

Race/ Service Category	Total Clients*	Accepted Referrals	Pct. Accepted	Disparity Ratio**
African American PSH	738	74	10%	1.01
White PSH	512	51	10%	-
African American RRH/TH	758	58	7.7%	3.42
White RRH/TH	358	8	2.2%	-

*All clients on Ramsey HMIS list during the time period regardless of age or family status

**Disparity Ratio – Percentage for African Americans divided by percentage for whites

Since African American clients are more likely than White clients to be in the RRH/TH category, their overall likelihood of an accepted referral becomes greater. On the other hand, RRH/TH services are shorter term and provide less support than PSH services.

The last analysis looks at the likelihood of clients actually moving into housing. These data come from two sources. The separate lists maintained by the PLMs were used for data concerning Families (CAHS) and Youth (a subset of CEYS) which are assumed to be the most accurate source, due to known problems with data entry into HMIS by housing service provider

¹⁰ Referrals may be declined by either the service provider or the client. Accepted referrals do not always lead to a client moving into housing.

staff. The data for the Single Adults (the largest group of clients) comes from the HMIS data since the PLM list was not available.

Table 8. Likelihood of Single Adult Clients Moving into Housing by Race, October 2019-March 2019

Race	Total Clients*	Housed	Pct. Housed	Disparity Ratio**
African American	1,075	78	7.3%	0.94
White	831	65	7.8%	1.00
Other Races	392	30	7.7%	0.99
TOTAL	2,298	173	7.5%	NA

*Total clients on single adult priority list (age 25 and over) by race regardless of housing priority or category

**Disparity Ratio – Percentage for African Americans and other races divided by percentage for whites

Table 9. Likelihood of Family Clients Moving into Housing by Race, October 2019-March 2019

Race	Total Families*	Housed	Pct. Housed	Disparity Ratio**
African American	231	51	22.1%	1.11
White	66	11	20.0%	1.00
Other Races	39	8	20.5%	1.03
TOTAL	336	70	20.8%	NA

*Total heads of household on Family (CAHS) priority list by race of household head regardless of housing priority or category

**Disparity Ratio – Percentage for African Americans and other races divided by percentage for whites

Table 10. Likelihood of Youth Clients Moving into Housing by Race, October 2019-March 2019

Race	Total Clients*	Housed	Pct. Housed	Disparity Ratio**
African American	263	12	4.6%	1.00
White	88	4	4.6%	1.00
Other Races	110	12	10.9%	2.37
TOTAL	461	28	6.1%	NA

*Total youth (age 18- 25) on priority list by race regardless of housing priority or category

**Disparity Ratio – Percentage for African Americans and other races divided by percentage for whites

These results show that there are no major differences in the rate at which African American and White clients find housing through the Coordinated Entry process in Ramsey County. African American families were 11% more likely to be housed than White families and African American single adults were 6% less likely than Whites to be housed. The one large disparity is that youth (ages 18-25) who were not African American or White were more than twice as likely to be housed as Whites or African Americans.

These results overstate the likelihood of housing for individuals because they do not include the 60% of people experiencing homelessness in shelters who are not registered for Coordinated Entry (see above).

Chapter 4 Assessors

Assessor Interviews and surveys

Assessors who conduct the Comprehensive Entry assessments are trained and certified by individuals and agencies approved by the Heading Home Ramsey CEE committee. As of January 2020, Ramsey County staff in the Financial Assistance Services Department's Homeless Services unit are providing training and certification. Previously, training was provided jointly to assessors working in Hennepin, Ramsey, and suburban counties by staff from Lutheran Social Services StreetWorks and agencies from the other counties.

Most assessors are staff from service agencies whose primary duties are outreach, case management, or other social work activities. HUD funds 1.5 full time assessor positions in HHR, the full-time position located at Catholic Charities Higher Ground and the half-time one at HouseCalls (changing to full time in September 2020) working with adults. As noted above both of the dedicated assessor positions were vacant for several months in 2019, possibly affecting the proportion of clients who received assessments in that calendar year. There are three staff who act as assessors for families on the CAHS list who work for Catholic Charities in Maplewood. Assessments for youth on the CEYS list are provided by multiple assessors from emergency shelters, drop-in centers and outreach workers.

Assessor Survey Data

A survey for assessors was sent electronically to a list of 25 active assessors provided by the FAS staff in charge of certification. This included only those assessors who were recently active in entering assessments into HMIS and excluded those who were certified but not actively conducting assessments. The survey questions are found in Appendix C. The survey link was sent to 25 assessors of whom 13 responded.

Half of those responding had over five years of experience working with people experiencing homelessness. Only two had less than one year of experience. Similarly, half reported doing assessments at least weekly and only two reported doing assessments less than monthly. Sixty-one percent do assessments at their office or in an agency and thirty-one percent conduct them on the street or wherever clients are available. One person does them at a shelter. Most assessors (8 of 13) enter data directly into a computer while the rest use paper forms. Almost all said assessments take 30-60 minutes.

Sixty-nine percent of assessors (9 of 13) said their training was good or excellent. No one said it was poor. Half (7 of 13) had refreshers or additional training. Almost all (11 of 13) had additional training in trauma-informed care.

A majority (8 of 13) said they did not let clients know which answers would improve their VI-SPDAT scores, but five said they did provide that information. Almost all (12 of 13) agreed that clients have difficulty providing housing histories. Half (7 of 13) agreed that clients are willing to discuss barriers to housing but four disagreed. Most (9 of 13) said clients believed assessments would immediately result in finding housing. The assessors were split on whether

they had time to establish rapport with clients before assessments, with six agreeing and five disagreeing. Most (8 of 13) conduct interviews whenever possible, while five have established times for doing assessments. Half (7 of 13) agree that VI-SPDAT is a poor tool, and only two disagree. Only three (about one quarter) agreed that the Coordinated Entry process is well designed.

Assessor Interviews

Interviews were conducted in person and by phone with four assessors. One assessor was observed performing two assessments.

One described rewording questions to make them easier for clients to understand or reduce possible reluctance to answer them. A woman assessor felt that young men particularly did not wish to answer in ways that might make them appear “weak.” She felt some clients are not able to be good self-advocates and she will push them to answer in a certain way if she suspects they are reluctant. She acknowledged that her approach might not reflect “how we were trained.” The assessor said that those higher functioning clients who best understand the assessment and the process get the lowest priority scores¹¹.

Another assessor stated that the system “sucks.” He felt it expected too much of clients. He knows there is limited access to Rapid Re-Housing so he tries to get higher priority scores for his clients. Clients may be reluctant to admit their needs and vulnerabilities out of pride. He feels the assessment process doesn’t take this knowledge of the client into account and thinks it should be done collaboratively with the client, not “by the book” as another assessor might. On the whole, he felt Coordinated Entry was good because it “leveled the playing field.” He doesn’t think the Coordinated Entry process works the way it was expected to work. He feels he can tell in 10 minutes of conversation where a client will rank. He checks seven crucial points (trauma, basic needs, drug use, mental health diagnosis, long term homelessness, medications and daily activities). His goal is to get a score that will qualify the person for housing.

A third assessor stated that he sometimes interviews clients who are homeless as part of his work with mental health. He tries to let people know what the criteria are for getting on the priority list so they know what answers will help them. He felt his training was adequate and that the assessment is pretty “cut and dried.”

A fourth assessor worked with people who were in danger of homelessness after completing types of residential programs. This assessor had access to existing records on the clients including housing history and medical/mental health issues. This assessor might prompt a client to remember to be consistent in answering similar questions at different points in the assessment. The assessor disliked the VI-SPDAT because they felt the questions were not good and often don’t elicit the “right” answers. They felt the assessor training had been good and helpful. They felt that clients were disappointed that the assessment did not result in immediate housing.

¹¹ Possibly because they are higher functioning than clients who have long histories of homelessness and more barriers to housing.

Chapter 5 Client Interviews and Survey Data

Client interviews and survey

Interviews were planned with people awaiting housing who had experienced a CE assessment and people who had found housing through the CES process. Efforts were made to interview people from the three separate housing priority lists (Families, Youth and Single Adults). Four single adult clients at Higher Ground participated in a focus group discussion of their experiences lasting 75 minutes. Six women with families living at the Family Service Center participated in individual interviews lasting 10-30 minutes. No youth were interviewed. Clients received bus tokens and light refreshments in return for their participation. Interview questions are found in Appendix A.

Additional interviews with a sample of 30 clients who had been housed as a result of the CES process were attempted in March and April 2020. The sample was chosen from a list of clients housed during the period from September 1, 2019, through March 1, 2020, based on data provided by the PLMs. The housing service provider involved was asked for contact information so that clients could be contacted directly by the evaluator. A total of 10 clients were sampled from each of three lists – single adults, families, and youth. If the housing provider was unable to provide contact information for a client, a replacement was chosen from the original sampling frame. The sampling frame contained both clients who found Permanent Supportive Housing (PSH) and those who found Temporary Housing or Rapid Rehousing (TH and RRH).

Table 11. Client Interviews Proposed and Completed

Client Type	Proposed Interviews	Completed Interviews
Clients awaiting housing	25	10
Youth	5	0
Families	10	6
Single Adults	10	4
Clients already housed	30	8
Youth	10	2
Families	10	5
Single Adults	10	1

The interview period coincided with the outbreak of the COVID-19 virus and restrictions on travel and direct contact with clients. Agencies providing services for people experiencing homelessness were in a period of intense re-allocation of time and resources to meet the sudden demands of the epidemic. As a result, it was difficult to contact clients and arrange for interviews. In the end, interviews were conducted with two young adults, one single adult and five families. All but one of these interviews were by phone, the other was in person. Given the low number of interviews, it is not possible to present a complete picture of the CE process

from the client perspective. Analysis will focus primarily on the clients served through the Family (CAHS) list.

A client survey was undertaken in coordination with a needs-assessment survey for HHR completed during a two-week period in February 2020. Questions related to the CE/Assessment process asked where clients were living at the time, who referred them for an assessment and three questions about the assessment experience (see Appendix B for actual survey questions). The client survey was distributed to agencies providing services to clients experiencing homelessness both in electronic and paper form. Some clients were interviewed in person during outreach activities. Although a total of 61 clients responded to the survey, only 29 indicated that they had completed the CE assessment.

Single Adults in Shelter

Four adults (two men and two women) staying at the Higher Ground shelter in Saint Paul were interviewed in a focus group shortly after the new, expanded shelter opened in late 2019. The shelter has a full-time dedicated staff person funded by HUD to complete assessments. Not all clients choose to be assessed and some may not be offered the opportunity. Some shelter clients are assessed before arrival by outreach staff or others from various agencies (see notes on assessors, above). Shelter staff identified willing participants who were believed to have completed a Coordinated Entry assessment. Participants received bus tokens and light refreshments after the focus group. Three Ramsey County staff conducted the focus group and took notes.

One client was unclear if they had done an assessment. One said they had been assessed twice over a four-year period. The others did recall doing the assessment. One client said their assessor explained which answers were likely to improve the client's chances of getting priority on the list.

Clients said they had noticed changes and improvements in services over time at the shelter. One said that they received more attention from staff and more assistance recently than in a previous stay. Two clients said specific staff had been very helpful.

Three clients reported seeking housing on the open market in addition to waiting for referrals. They described barriers facing them that made private rental difficult (criminal records, etc.). One said they had turned down a referral because they did not like the space available.

One client had a child in care of child protection and was waiting to have the child returned hoping that it would be easier to find family housing.

One client said they felt they had to wait longer than others who were referred to housing before them. One said that staff had "attitude" and were not helpful.

Families in Family Shelter

Six women with families living at a family shelter were interviewed in January 2020. Some of those interviewed were unclear of what constituted a Coordinated Entry assessment and some of their responses may have referred to initial screenings for shelter and emergency housing services. All family shelter clients are assessed by three staff whose primary job is doing assessments. These assessors work closely together and have the chance to develop shared norms and approaches to assessments.

Most clients said the Coordinated Entry assessment interviews were private, took 45-60 minutes and were comfortable. One or two questioned why some issues were relevant to finding housing (e.g. Domestic abuse) but most understood why they were being asked. No one reported being coached or steered to answer in particular ways. All said they understood that the interview was no guarantee of housing and referrals might take time. Several qualified for Transitional or Rapid Rehousing and got fairly quick referrals. Another two complained that they were told they might have to wait years for referrals.

Two said that staff at the shelter were being very helpful with the housing search process, but others complained of receiving no assistance. One complained that the shelter forced her to save some of her earnings, but another client was glad to be able to save.

Recently Housed Clients

Interviews were completed with one single adult, two youth and five families who had found housing within the past six months through Coordinated Entry referrals. All but one were conducted via telephone due to the COVID-19 pandemic.

The single adult client had been sleeping on the light rail train when someone told them about the shelter. They were at the shelter for about three years before getting their apartment. They did not recall anyone assisting them in finding housing while they were at the shelter. They recalled vaguely being interviewed at the shelter. They felt the interview was comfortable. After the interview they were told they could have an apartment (the client was housed at an apartment provided by the agency running the shelter). It took about a month and a half to get into the apartment. The interviewee recalled there may have been a referral interview, if they had been assessed earlier on entry into the shelter three years ago.

The two young adults interviewed had both been assessed in neighboring counties before being housed in Ramsey County. One had been in an apartment which they did not like and asked to transfer to Ramsey County. The other had been in a shelter in another county and transferred to a Ramsey County shelter before being referred for an apartment.

One client was referred for a CEYS assessment by a school staff person they knew. The assessment was conducted by someone from the YMCA. The interview was very short (possibly because the client had already been assessed elsewhere). The client reported the assessment was “like a little test” and was not a problem. They were told how they scored and to expect a referral fairly quickly. The client waited from November until January to find an apartment. They kept calling Coordinated Entry regularly to check on housing possibilities until getting a

referral. The client felt the process went well for them because they had resources and people helping them. They said some folks waited longer possibly because they were “acting like they didn’t need it” and not being persistent in contacting Coordinated Entry.

The second young adult said their assessment was in another county. They felt the interview was “intimidating at first” but eventually decided staff were truly trying to help them. They got resources and referrals to food shelves from the assessors. They lived in an apartment in that county for a year but did not like the place, so they asked to transfer to Ramsey County. The process took about a year (not clear if this was after living in the apartment for one year or whether the transfer request took the year during which the client lived in the apartment). The client said they understood that they were not high priority and agreed that others without housing were higher priority. They had referrals to two places before accepting their current apartment. The referral process for this apartment was okay. It took some time to process paperwork but that was understood to be reasonable. There were some rules and restrictions which the client found after moving in but some of those were being relaxed at present.

Three of the five Family clients interviewed were homeless because of domestic violence. Several said that the key for clients was to “just keep trying” and “never give up”. One explained she had needed to “play a role” and try to go to all of the trainings and meetings at the shelter to show staff how motivated she was. Another client said that staff were sometimes not sensitive and patient with clients, telling her that other people were worse off and deserved priority. One said being homeless was “the worst anything you could be in” and that she sometimes felt hopeless and trapped. One client said she was coached by staff to retake her assessment because she hadn’t mentioned her mental health issues the first time around. She encouraged everyone that “they don’t need to lie to get where they want to go. They just need to be honest.”

Client Survey Data

A needs assessment survey conducted in February of 2020 included several questions for clients regarding the Coordinated Entry assessment process. A total of 61 clients were surveyed¹² of whom 29 reported that they had completed an assessment¹³. Clients indicated that their experiences were positive (23 or 85%). They were most often referred for assessment by their case manager (38%). When referred for assessment most often clients were living in residential treatment programs (31%) or were unsheltered (24%). Over two-thirds (65%) said the assessor gave them a clear idea of the next steps in the process. Clients suggested more staff were needed to do intakes, staff needed more training in how to communicate results, how to understand exactly which staff were involved in the client’s case and a need to help people on release from prison. One third of clients indicated that barriers to the assessment included communication (10 of 29) while a quarter said transportation (7 of 29) and four (14%) mentioned the location of services¹⁴.

¹² The 61 clients surveyed were not a representative sample of the thousands of clients on the CE priority list. The survey was not random and relied on agency staff to provide clients with access to the survey materials.

¹³ Although only 29 reported completing the assessment, other individuals answered questions regarding assessments. Percentages reported are adjusted to reflect only those 29 who completed an assessment.

¹⁴ Clients could give more than 1 answer

Chapter 6 Governance and Compliance

Governance

HHR is currently preparing for a transition in composition and leadership and some issues/concerns are being tabled until the new structure is in place later this year (2020).

Coordinated Entry for Everyone Committee Description and Survey Results

HHR has established the Coordinate Entry for Everyone (CEE) Committee to establish policies and deal with issues related to the assessment and referral process. Committee meetings are well attended though attendees vary from meeting to meeting, possibly due to the large size of the membership. Some Committee members are elected as voting members representing various constituencies and others are observers from non-profit or public agencies. Voting members made up about 1/2 -1/3 of attendees at meetings which were observed. The CEE committee has several active sub-committees dealing with issues ranging from training to policies to appeals from scoring decisions. The committee also coordinates with the Suburban Counties CoC and the Hennepin County CoC as well as the statewide CoC. Meetings generally include reports from sub-committees as well as statistical reports from the PLMs (starting in mid-2019). The Executive Committee meets regularly as well and makes proposals to the Committee membership for voting.

A survey of CEE members was conducted to determine what they see as the major accomplishments related to CE and upcoming issues that need to be addressed. The survey was sent to the CEE Committee email list which included approximately 70 names. Twenty-two responses were received. A copy of the survey questions is found in Appendix D.

Most of those responding (16 of 22) have been attending CEE meetings for over a year. A similar number (15) attend most meetings. Just under half are voting members elected to represent specific constituencies. Half (11 of 22) have served on CEE subcommittees.

The most important issues that CEE needs to address were:

- replacing the current VI-SPDAT assessment tool (5 mentions)
- dealing with racial inequities (4 mentions) and
- holding housing providers accountable for use of CE and for being Housing First (3 mentions)

Several comments noted that the lack of affordable housing, funding and staffing were also barriers to providing the services and housing for people experiencing homelessness.

Data and Evaluation Committee

HHR has a Data and Evaluation committee but it was recently (2019) reorganized and appears to lack a clear vision of its role and charge. It also lacks a volunteer chair and is currently staff driven. Attendance is low and not representative of the larger HHR constituency. The committee annually reviews HUD established metrics and performance data and assists staff in developing annual reports to HUD for funding purposes. The committee has not recommended standards and goals for HHR to adopt in order to judge progress and identify areas for improvement. The committee was interested and participated in this evaluation but did not provide detailed guidance or leadership.

Compliance

List managers have noted evidence that suggests some providers do not rely solely on referrals from the CE priority list to fill vacancies. Providers may claim vacancies, request referrals and then refuse clients saying that the units are full. Providers may list vacancies one month, take no referrals but later claim to be full. Some of these concerns may relate to the providers' need to show that all beds are filled at the end of the year for financial reasons. Another suggestion is that lack of accountability for compliance reduces the incentive to comply with Coordinated Entry procedures in some cases. Other agencies may be giving contradictory responses due to ongoing issues with internal communication between staff and externally with the PLMs. List managers are trying to document these instances for referral to the CEE Committee and/or HHR Board but such issues have not been brought forward yet.

Some assessors do not attend regular meetings of the Assessor Priority List Team despite a policy requiring periodic attendance. Priority List Managers are concerned that without this attendance important information cannot be widely shared and standard procedures may not be followed. There is concern that despite policies in place no action is taken to motivate assessors to attend.

Finally, some participants worry that programs are avoiding the CES process and accepting clients through other channels or still applying subjective criteria when choosing to accept clients for housing. Lack of comprehensive and easy to interpret data make verification of these concerns difficult. Again, concerns were expressed that there is a lack of accountability, although it is not clear that concerns have been formally submitted to the relevant committees.

Chapter 7 Discussion and Recommendations

Discussion

The four evaluation questions are:

- 1) How effective is the system at providing housing for people experiencing homelessness?
- 2) Are there racial disparities in outcomes for clients of different races?
- 3) Are there aspects of the CES that participants believe need to be improved?
- 4) What should be considered in future evaluations?

The Coordinated Entry System in Ramsey County is not effective at providing housing for people experiencing homelessness. A very small percentage of people in need of housing are actually housed each year. Given that a very high proportion of people in homeless shelters are not even registered with the system, the overall rate of successful housing is probably much smaller than the 2% calculated above. Although families are more likely to successfully access housing than single adults or youth, their success rate is still only 8-10%. **Given these findings, it is questionable how much improvement in the CE system can provide housing for Ramsey County residents experiencing homelessness.**

There is one major reason for the low rate of success in housing people experiencing homelessness. This is the lack of available housing units. Permanent Supportive Housing is the most comprehensive and long-term solution for people experiencing homelessness, but the supply of units is limited. These units are mainly of two types. Some non-profit housing providers build and control their own stock of units. Many other agencies rely on arrangements with private market landlords to find units for their clients. These private market landlords may choose to rent at market rates instead of at the subsidized rates available from publicly funded programs, especially if the housing market is tight and rents are high. In addition, these landlords may impose conditions (either explicitly or *de facto*) on the types of tenants they are willing to accept. Both of these conditions may reduce the available number of housing units which providers can access. Improving or increasing the stock of affordable housing units in the County is beyond the scope of HHR and requires major policy changes at both State and Federal levels.

It is thought that other CoC's are more successful at moving people into housing. Learning what works for surrounding CoC's may provide ideas for improving performance in HHR.

There do not appear to be racial disparities in outcomes for people experiencing homelessness in Ramsey County. Although African American single adults in Ramsey County are about 9% less likely to be in the Permanent Supportive Housing (PSH) category than Whites, there is no evidence that this is due to racial bias. A review of other criteria which may influence priority scores suggests that White clients are older and more likely to have a longer history of homelessness than African Americans. African Americans experiencing homelessness

are also more likely to be in families than to be single adults. This suggests that other demographic characteristics may account for the difference in housing categories between African American and White clients who received a CE assessment. This may be related to the principles underlying the VI-SPDAT tool (see below).

Outcome studies show that African American and White single adult clients are equally likely to receive a referral to a housing program and to actually receive housing. There is no evidence of racial bias or disproportionate outcomes. Among families experiencing homelessness, African American families are actually more likely than White families to receive housing.

Participants in the Coordinated Entry System perceive several problems or issues that they would like to see addressed. First, there seems to be a consensus that the VI-SPDAT system for ranking clients is racially biased and needs replacement. As discussed above, there is no evidence in Ramsey County of such bias, although these results were not available to the stakeholders at the time of their discussions. It should also be noted that given the extreme lack of available housing units, changing the priority assignments would have minimal impact on the chances of actually housing people and families experiencing homelessness. Many CoC's in Minnesota have already decided to drop the VI-SPDAT and are currently searching for other options. The VI-SPDAT assigns priority to individuals based on a set of criteria which follow federal guidance assigning top priority to finding housing for individuals with the greatest barriers. If other priority tools need to follow the same criteria, then changing tools might not change the outcomes. This is a national issue which requires collective discussion and possibly policy changes by HUD to resolve.

Secondly, CE stakeholders believe that there is a need for more accountability in the system. Several groups noted their concern that CE procedures are not always being followed by providers, assessors or others but they believe that there is no way to hold these agencies or individual to account. Although the concerns are being expressed anecdotally, there does not seem to be documentation for most of them and it is not clear that these concerns have been officially communicated to the appropriate bodies.

Third, most stakeholders felt that the current system of data collection and information management is not working as intended. Assessment of clients for entry into the CE priority list was one area of concern. It was already noted that over 60% of individuals in homeless shelters are not registered on the CE priority list. This may be due to a number of factors including a lack of assessors, distrust of “the system” by those utilizing the shelters and the difficulty of establishing rapport and connections with people experiencing homelessness in order to convince them to enter the assessment process.

Although there are more than 25 trained assessors actively enrolling clients in the CE priority list, the number of shelter clients not enrolled is nearly 1,500 (see above) which would mean each assessor would have to conduct 60 assessments to reduce this number. Most assessors (as noted above) have other primary job responsibilities and cannot make assessments a full-time commitment. In addition, assessors seem to have differing views of the process. Some treat it as an objective effort to assign appropriate priority to clients. Others see it as a tool for them to

assist clients in qualifying for housing. This may result in different odds of a client being considered high priority depending on who conducts their assessment.

A second area of concern regarding data was the actual information management system itself. All Minnesota CoC's use the Homeless Management Information System (HMIS) as administered and supported by the Institutes for Community Analysis (ICA). Those individuals who manage the priority lists (the Priority List Managers or PLMs) consider the HMIS reporting system cumbersome to use and sometimes are suspicious of the quality of the data. All three PLMs in Ramsey County maintain their own data tracking systems parallel to HMIS and rely on these for actually identifying and tracking client referrals and housing success. This results in duplication of effort by the PLMs and their staff.

A third (related) concern is that data entry into HMIS is partly the responsibility of staff working for agencies providing housing. These staff are doing data entry in addition to other responsibilities and may not be fully conversant with the HMIS system and its policies. PLMs expressed frustration that agency staff do not always enter data on housing outcomes in a timely or consistent manner.

A final data management concern expressed by some PLMs and other agency staff was that reports available through HMIS were not always useful. Several stakeholders wished to have more options to customize reports for their own purposes. This in fact was an additional reason why a parallel data system was maintained by some PLMs. Although ICA staff were very responsive in assisting in the preparation of this report, HMIS is large, complex and not user-friendly for front line staff and agency management.

This initial evaluation of the Heading Home Ramsey CES is a starting point for further work in the coming years. As noted, HUD expects an annual evaluation of the CES. Future evaluations could build on this work in a variety of ways.

First, more input needs to be gathered from people experiencing homelessness. The COVID-19 pandemic reduced the opportunity to collect more client feedback. Future plans should make this feedback a priority. In light of the lack of "market penetration" among clients using shelters, it might be valuable to focus on identifying barriers to assessment and possible strategies for reducing those barriers.

Second, this evaluation did not go deeply into two areas suggested by HUD - issues of governance and compliance with HUD policies. Future evaluations could spend more time on reviewing those areas.

Finally, this evaluation was developed with minimal input and guidance from the Data & Evaluation Committee of HHR or the HHR Governing Board. Future evaluations would benefit from clear direction and priorities set by HHR's Governing Board and committees.

Recommendations

- Consider a reallocation of resources to other strategies for reducing homelessness. In particular, prevention of homelessness might be a better use of scarce resources, since the cost of building more affordable housing is well beyond the reach of HHR.
- Devote resources to changing housing policy at state and federal levels in ways that increase the stock of available housing units and ensure “Housing First”. This cannot be done on a strictly local basis and requires continuation of existing efforts to move housing policy at the state and federal levels. The proposed restructuring of the HHR Governing Board which would add high ranking elected officials might improve chances for success.
- Study outcomes, procedures and policies of other Minnesota CoC’s to determine if they are more successful at finding housing for priority list clients and if HHR can make changes to increase the rate of referrals and housing.
- Increase the proportion of shelter clients who have been assessed for Coordinated Entry from around 40% to closer to 75%. This would increase the number of people experiencing homelessness who are eligible for housing services. This might require additional funding for assessment and case management staffing as well as demonstrating that assessment increases the chance of finding housing.
- Work locally to identify new assessment tools to replace VI-SPDAT and maintain compliance with HUD requirements for assessments. Although merely replacing VI-SPDAT with another similar tool will not resolve all of the concerns, it may reduce the current anxiety and dissatisfaction with a tool perceived to be flawed.
- The HHR Governing Board should charge the Data & Evaluation Committee with developing evaluation schedules and plans that incorporate client experience as well as recommending goals and metrics beyond those mandated by HUD to be used as guides to progress and improvement. The Governing Board should set timetables for reporting and encourage the Data & Evaluation Committee to work closely with ICA, agencies and PLMs to improve the utility of HMIS for everyday operations
- Devote resources to improving HMIS data quality by
 - Increased training and support for assessors and for agency staff who document referrals
 - Improved coordination with Institute for Community Alliances (HMIS consultants) to increase usability of HMIS data and replace “shadow” systems as well as the ability to provide data in ways required to clearly document measures identified by the HHR board.

Appendix A. Coordinate Entry Client Interview Questions

Hi. My name is Allan Malkis and I work for Ramsey County. Thanks for agreeing to be interviewed. Are you willing to have me record the interview on my phone? I got your name from a list of people who were referred for housing in the last 6 months. The questions I am asking are about the way the system of referrals for housing works, not about individual agencies or staff you may have worked with. What you say today will be anonymous – no one will know who said what. I may quote some of the answers in a report but I will do that without identifying who said them. The recorded interview will be deleted after we make sure we got all the answers from it correctly.

Participating in this interview will not affect your housing or the services you may be receiving from your housing provider. You will receive some snacks, beverages and bus tokens in appreciation for your time.

Heading Home Ramsey is the group responsible for services to people who are experiencing homelessness in Ramsey County. To help them to improve or change how the Coordinated Entry System is working, they have asked me to study it and make a report. When this study is over, we will make a report to the Heading Home Ramsey board, and we will also present the results in public meetings to people who are still involved in the process and people like you who have found housing already.

Do you have any questions about this before we start?

Coordinated Entry is supposed to make it easy to match people seeking housing with housing services that are available. There are several steps. First, the person seeking housing answers the assessment questions in that long interview that you have all been through. Next, the person's name goes on a list of people who need housing. Based on their specific needs, people are ranked in priority for the next available housing units. Then the list manager makes a referral and the name of a person needing housing is given to a housing provider. Finally, the housing provider tries to contact that person and decide if they are a good fit for the available housing unit.

I have a few questions for you about these different steps in the process.

1. Tell me how you came to need assistance with housing.
 - a. Who did you connect with first?
 - b. Where were you staying when you got onto the housing list?
 - c. How long did you stay there?

2. Can you tell me about your experience with the coordinated entry assessment? How did you find out about doing the assessment? What went well? What should be changed?

3. After you got through the coordinated entry assessment, how long were you waiting for a housing referral? Tell me about the referral process – who contacted you, how long it took and so on.
4. Did you get any kind of assistance from an agency or staff person while you were waiting for a housing referral?
5. Did you get more than the referral that led to this apartment? Were there other referrals that did not work out? Why didn't those referrals work for you?
6. Is there anything else you want to tell us about the whole process of getting a referral and getting accepted for housing?
7. Is there anything else you want us to know about the whole experience?

Appendix B. Coordinated Entry Client Needs Assessment Survey Questions (part of a much longer survey)

Have you completed the coordinated entry assessment?

- a. Yes
- b. No

Where were you living prior to completing your most recent coordinated entry assessment?

- a. Unsheltered (outside, in a camp, transit, or other outdoor spaces)
- b. Homeless Shelter
- c. Hotel
- d. Resident Treatment Program
- e. My own apartment or house
- f. Correctional Facility
- g. With Family
- h. Domestic Violence shelter
- i. Other

Who referred you to complete your most recent coordinated entry assessment intake for services?

- a. Self
- b. Friend or Family
- c. Case Manager/Outreach Worker
- d. Court System
- e. Other

Did the coordinated entry intake experience give you a clear idea of what to expect in terms of direct services, housing list status, and next steps?

- a. Yes
- b. No

If yes, what was helpful?

If no, how could this process be improved to provide better information regarding what to expect and next steps?

How would you rate your overall experience completing the coordinated entry assessment?

- a. Poor
- b. Somewhat Poor
- c. Fair
- d. Somewhat Good
- e. Good

Please list any additional suggestions that you may have regarding how to make the intake process clearer and/or easier to access

Please describe any barriers, if any, that you have experienced going through the coordinated entry process (Check all that apply)

Appendix C. Coordinated Entry Assessor Survey

1. I am currently conducting assessments of clients for Coordinated Entry in Ramsey County.
 - a. Yes
 - b. No

2. How long have you worked with homeless clients in general?
 - a. Less than a year
 - b. One to five years
 - c. Five to ten years
 - d. Over ten years

3. How often do you do an assessment?
 - a. Weekly
 - b. Monthly
 - c. 6 -10 times per year

4. How do you connect with people who want an assessment?
 - a. At an office/agency building
 - b. On the street or wherever I can meet the client
 - c. While doing outreach I invite them to do an assessment
 - d. They are referred to me by co-workers or other staff
 - e. Other (please specify)

5. How do you record the client's answers?
 - a. Directly into computer/HMIS
 - b. On a paper copy of assessment

6. How long does an average assessment last?
 - a. Under 30 minutes
 - b. 30 -60 minutes
 - c. Over 60 minutes

7. How would you rate your training as an assessor?
 - a. Poor
 - b. Fair
 - c. Okay
 - d. Good
 - e. Excellent

8. After your initial training have you had any refreshers or additional training?
 - a. Yes

b. No

9. At any time have you had training in these areas (please check all that apply)

- a. Trauma informed care
- b. Motivational interviewing
- c. Other (specify)

10. How much would you agree or disagree with these statements?

Strongly Disagree Disagree Agree Strongly Agree

I usually let clients know what answers will help them qualify for assistance

It is often difficult for clients to provide a housing history

Clients are willing to discuss their mental health, chemical dependency and/or domestic violence as part of the assessment

Clients usually believe that completing the assessment will result in immediately getting housing

I seldom have time to establish a good rapport with a client before beginning an assessment

I usually set aside regular times to conduct assessments

The VI-SPDAT is a poor tool for assessing a client's need for housing

The Coordinated Entry process is well designed and helps set good housing priorities

11. In general, what is your opinion of the value and reliability of the VI-SPDAT as a tool for assessing clients in need of housing services? (open ended responses)

Appendix D. Coordinated Entry for Everyone Committee Survey

1. How long have you been participating in the Coordinated Entry for Everyone committee?

Less than 6 months
Six months to one year
One to two years
More than two years
No longer involved

2. How often do you attend CEE committee meetings?

Always
Usually
Sometimes
Rarely
Never

3. Are you a voting member of the Committee?

Yes I am now a voting member
I was previously a voting member
I have never been a voting member

4. Have you ever served on any sub-committees?

Currently serving on a subcommittee
Previously served on a subcommittee
Never served on a subcommittee

5. If you ever served on a sub-committee, which one(s)?

6. What are the most important issues the CEE Committee has resolved? (give up to 3)

7. What is a major issue regarding Coordinated Entry that needs to be resolved?

8. What has been the most valuable part of being involved in the CEE Committee?

9. What has been the least valuable part of being involved in the CEE Committee?

Appendix E. Data Issues and Concerns

Many of the participants in the evaluation including PLMs and staff of various service providers and analysts expressed concerns over the accuracy, reliability and accessibility of data on homelessness and services in the HHR CoC.

Data are primarily collected, maintained and resorted through a database system known as Homeless Management Information Service or HMIS. HMIS is a federal standard mandated for use by HUD which may be implemented by various software vendors. HHR is part of a Minnesota HMIS consortium of 10 COC's , tribal agencies, state of MN agencies and other parties. Mediware Information Systems, Inc. administers the central server and provides the HMIS software, ServicePoint. As of June 2016, the Institute for Community Alliances (ICA) is the Lead Agency/State System Administrator administering the system and managing user and agency licensing, training, and compliance.¹⁵

Data concerning clients and services are entered into HMIS by trained assessors, staff of service agencies and Priority List Managers and their staff. Earlier report sections have mentioned concerns about data accuracy and timeliness related to the diversity of individual expected to provide data entry and their various roles and training.

PLMs and their staff have expressed concern that pre-programmed reports do not always provide them with the types of information required or desired for local analysis and program management. This may in part be due to the origin of HMIS as a tool for reporting aggregated data to HUD and other federal agencies, rather than one intended primarily for local agency use. It might be possible that the primary funders and users of the data system (the federal agencies) defined and requested reports and data functions less suited to the possible concerns of local administrators and agencies.

ICA has staff who sit in on many HHR committee meetings and stay in close touch with PLMs and COCs. ICA staff have responded to queries and requests for assistance when possible. ICA provides training and technical assistance to agency staff on a regular basis and is pro-active in communicating mandated changes in data entry, reporting requirements and other national issues.

In the course of preparing this report, it was desired to identify a set of specific clients who had been active on the housing priority list during a specific time frame and then to document how many of them had received a referral for housing and how many had actually become housed as a result. It was difficult to identify those who had received a referral using HMIS data which as NOT accepted. This is because clients can be identified as "Accepted", "Cancelled" or Refused". Those who had a referral for services accepted by a service provider clearly HAD been referred (although some were eventually not housed due to the client's refusal of services). Investigation showed that a client could be classified as "Refused" without actually have received a referral. Similarly, a client might be classified as "Cancelled" by the list manager or some other party either before or after a referral. Reasons given in the HMIS system for refusal or cancellation were similar and overlapping between these two categories, making it difficult to determine at

¹⁵ MN HMIS web page documents accessed 4-20-20

what stage in the referral process (if any) the classification had been made. For example, a client could be classified as “Cancelled” with a reason given that the client was “Denied”, but the same reason might be given for a refusal. This made it impossible to determine the number of clients who had received a referral but were not accepted by the service provider for some reason. Being unsure of the actual number of referrals that did not result in acceptance by an agency makes it difficult to calculate the proportion of clients referred.

HMIS has previously been tracking client data using both information about referrals and a separate set of data on program exit/entry. It is changing to a new data approach which will collect entry and exit data for each client. This may improve the reliability and utility of the data but that is not known. Since the change was due to happen in April 2020 it may have been delayed due to the COVID-19 interfering with training plans.