SOUTHERN NEVADA HOMELESSNESS CONTINUUM OF CARE
Annual Coordinated Entry System Evaluation Summary

Background and Methodology

Each Continuum of Care (CoC) that receives CoC and/or ESG Program funding from the US Department of Housing and Urban Development (HUD) is required to develop and implement a centralized or coordinated assessment system, commonly known as "coordinated entry." Coordinated entry is the community's process for assessing the vulnerability of all people experiencing homelessness within the CoC to prioritize those most in need of assistance for available housing and services. The goals of coordinated entry are: (1) to increase the efficiency of the local crisis response system, (2) improve fairness in how housing and services are allocated, and (3) facilitate rapid access to services, including housing and mainstream benefits.

In late 2018, the Southern Nevada Homelessness CoC contracted with HomeBase – a HUD technical assistance provider that has worked on issues related to homelessness in Southern Nevada for a decade – to conduct the annual evaluation of the CoC's coordinated entry system. To inform the evaluation report, HomeBase relied on and reviewed an array of data sources and collection methods including:

- Aggregate HMIS data provided by the community's HMIS administrators in response to the evaluation framework developed by HomeBase;
- An online survey targeted to all non-consumer stakeholder organizations involved in the Southern Nevada Homelessness CoC coordinated entry system;
- Eight on-site consumer focus groups facilitated by HomeBase staff with clients housed and not yet housed from each of the following subpopulations: single adults, families, youth and transition-aged youth (TAY), and survivors of domestic violence;
- Four on-site provider focus groups facilitated by HomeBase with the following provider groups: CE Working Group, CE Task Force, matchers, and DV provider(s); and
- Coordinated entry governance documents.

HomeBase submitted the final evaluation report to the CoC's Collaborative Applicant on February 28, 2019. The final report contained analysis and recommendations related to three overarching focus areas: (1) Access; (2) Assessment and Prioritization; and (3) Referral and Placement.

Key Findings and Recommendations

The full evaluation report contains complete analysis, findings, and recommendations. Recommendations are reproduced In their entirety below. However, certain recommendations are more salient than others and require more Immediate attention. We have **emphasized** and provided background on those priority recommendations below as appropriate.

Access

- Develop strategies to better inform and promote access for clients in remote areas and other populations that utilize coordinated entry at lower rates, including:
    - Conduct regular comparisons of completed assessments and homeless populations data (PIT, etc.) to determine if any populations are disproportionately disconnected from coordinated entry;
    - Develop and distribute targeted marketing tools, such as small cards that clients can keep and share with others, to better inform clients about coordinated entry;
    - Ensure that all coordinated entry resources are available to any large local populations of non-English speakers; and
    - Utilize communication networks among those experiencing homelessness, including utilizing the resources outlined above.
- Address access issues specific to coordinated entry for youth, including:
    - Conduct deep analysis of coordinated entry accessibility for unaccompanied minors; and
    - Ensure that Safe Place sites and school counselors receive consistent training on coordinated entry.
- Ensure staff at all access points are regularly trained on identifying the signs of domestic violence so they can more quickly refer survivors to DV-specific providers

Assessment and Prioritization

- *[Background: Stakeholders overwhelming believe that the current assessment tools in are useful and accurate in assessing client vulnerability, and that the prioritization scheme is prioritizing the most vulnerable clients for interventions as intended. However, there were also widespread concerns about how assessment tools are administered.]* **Implement strategies to improve the consistency and validity of assessments, including:**
    - **Establish a process for the review of re-assessments that occur soon after an original assessment and/or produce an assessment score much different than the original assessment, including establishing a threshold above which a significant score change would trigger case conferencing to understand and address the situation;**
    - **Require all assessors at an organization to complete an annual recertification to continue administering assessments. Recertification might include a review of the organization's previous year assessments to pinpoint any areas requiring discussion or clarity; and**
    - **Consider sanctions for organizations that do not follow established policies and procedures around administering assessments, including temporary loss of assessment privileges.**
- Develop an orientation packet for clients that contains information about what to expect and what is expected after the assessment is complete.

- Set policy on how to prioritize clients who were assessed using previous assessment tools (i.e., VI-SPDAT).
- Consider extending the period of time that is considered by assessment tools (beyond the current three-year period).

Referral and Placement

- *[Background: Stakeholders also reported satisfaction with the referral process, but HMIS data shows that only about a third of all referrals were accepted during the reporting period. Among referrals that were not accepted, the leading cause was that the referral was not accepted within 30 days so it expired and the client was return to the community queue, followed by no client response, lack of client eligibility for program, and undefined other reasons.]* **Address the very high proportion of referrals that are denied for cause or let expire through a variety of measures, including:**
    - **Consider removing referral expiration and requiring that programs check in with a matchmaker before denying referrals;**
    - **Consider updating the referral denial reasons and providing guidance to agencies receiving referrals regarding when it is appropriate to select a reason. If guidance already exists, failure to comply should be addressed;**
    - **Encourage providers to add notes that will help the matchmaker for future referrals (for the client or for the program); and**
    - **Consider adding auto-generated HMIS notices that pop up when referrals are denied and include next steps that users should take if they are still in contact with the client, or if the client returns in the future for services (e.g., making sure contact and assessment information is up-to-date).**
- *[Background: HMIS data from several agencies indicate extended periods of time (more than 2-3 works) from referral to enrollment. Providers Indicated that the most common reason for this extended timeframe was mainly due to Issues locating clients referred to the program.]* **Experiment with methods to increase provider ability to locate clients after referral, including:**
    - **Consider leveraging outreach teams to contact persons near the top of the community queue before enrollments are made to begin working on documenting eligibility for PSH;**
    - **Ask additional questions about how to locate client and collect client contact information (i.e., email address, family member or friend who can get a message to client about housing opportunity);**
    - **To decrease the time between referral and enrollment, consider developing a standard referral location checklist to support providers in finding referred persons; and,**
    - **Follow written policies about removing clients form queue if they have not checked in within a certain time and update system accordingly.**
- Consider conducting a deeper analysis of the factors affecting the PSH CES timeline to answer the following questions:

    - Is the recent closure of other PSH projects responsible for the extended timelines from assessment to housing move-in?
    - Are referrals held up due to a lack of communication around program openings?
    - Are PSH providers appropriately moving on participants who have stabilized to free up capacity to serve more vulnerable clients?
    - What is causing delays between enrollment and move-in for project-based PSH participants?
- Support RRH and PSH providers in building capacity around landlord engagement and housing-focused case management.
- Create and implement a strategy for regular review (i.e., quarterly) of referral outcomes to respond to any system challenges and trends.
- Ensure that policies and procedures around matching have been updated to reflect recent centralization of matching into one agency, and that all stakeholders understand the new matching process.