Chittenden County Homeless Alliance

Coordinated Entry System Assessment

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Executive Summary

The Chittenden County Homeless Alliance (CCHA) is a coalition that coordinates efforts to end homelessness in the county. Over the last two years, CCHA has begun a Coordinated Entry (CE) program that attempts to streamline access to housing supports. In the spring of 2019, CCHA hired ReGeneration Resources to assess the CE program. In April and May of 2019, ReGeneration Resources met with stakeholders of the CE and conducted an analysis of the Master List. Due to incomplete data and a four- to six-week delay in requesting data reports, some aspects of the analysis could not be conducted.

By all accounts, CE has greatly improved coordination in the system. Consumer satisfaction with CE was 7.1 on a scale of one to ten. Overall, consumers appreciated the support they got from housing navigators, but a significant number felt the process was not fair because the prioritization process does not consider who has been waiting the longest or who has been working to stay sober. The main desire of consumers was more "one-stop shopping" or increased coordination.

The pace of decision-making in the coalition is a point of frustration for some stakeholders and may be symptomatic of a lack of trust among stakeholders. To the degree that distrust is a root cause of the slow pace, building a more trusting culture should be a high priority moving forward. The risk of not addressing distrust is stakeholder disengagement due to the slow pace of decision-making and/or an inability to have candid conversations and solve problems.

While the coalition has taken great strides to coordinate efforts, and has had many successes, "coordination", as one stakeholder said, "is harder than most people think". For CCHA to continue to increase coordination, it must increase stakeholder's access to HMIS data. We anticipate the State of Vermont Economic Services gaining access to the system soon. UVM Medical Center is the other major stakeholder that does not yet have access to HMIS data. Additionally, coordination is limited by the timeliness of some data entry, confusion during handoffs from housing navigators to housing suppliers, and uneven participation from those on the housing supply side. (Chittenden County has five public housing providers; four are a part of CCHA, three provide some housing to CE, two give most of the housing, and only one has a formal MOU with CE). While participation in CE is voluntary for housing suppliers, ideally all homeless preference units would be dedicated to CE. Addressing homeless preference units that do not go through CE may be an important part of this discussion with housing providers.

To improve coordination, we recommend:

- negotiating MOUs that balance participation in the system among all housing organizations;
- having MOUs include a percentage of vouchers that are dedicated to CE
- trying to model the handoffs to housing suppliers after the process used to handoff to the Champlain Housing Trust (CHT);
- and having facilitated discussions to address data timeliness issues.

To the degree that data timeliness issues are caused by different organizations using different databases, we recommend exploring data warehousing as a solution[1].

Data quality, while improving, continues to challenge the group. Data quality challenges are most significant for data not required by HMIS. Data quality does not appear to be correlated to high

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[1] The pros and cons of data warehousing are discussed in the text of this report.

housing navigator caseloads. In fact, high caseloads are positively correlated to better data[2]. Organizationally, Safe Harbor had the best data quality. We recommend developing data quality reports for each organization and housing navigator that include data elements not required by HMIS. Increasing navigators' accountability, conducting training focused on organizations with small caseloads, and perhaps increasing administrative time are also recommendations to improve data quality. As data quality increases, more data mining is encouraged to help the group pinpoint issues and potential solutions.

Only 10 individuals had exited the CE system through Permanent Supportive Housing (PSH), despite 115 chronically homeless individuals currently being on the list. The number of chronically homeless on the list exceeds the number of PSH units in the Burlington area (108). PSH units are also significantly lower than the per capita number in two comparable cities we explored. Expanding the number of PSH units and finding alternative off-ramps for chronic individuals should both be high priorities. While HMIS reporting does not currently track those waiting for vouchers or subsidies, anecdotal data also suggests that, like PSH units, these do not come close to meeting the need.

While we were unable to conduct analyses to correlate caseload with client engagement or time to housing readiness, the Champlain Valley Office of Economic Opportunity (CVOEO) has the highest caseload per housing navigator hours, having only 56% of the staffing per caseload as the closest organization. Therefore, if additional analysis confirms the need for more housing navigator time, CVOEO should be prioritized for those services.

There are several places in the process where efficiency can be improved. Of these the most critical is the screening process. Currently, only 27% of those screened are added to the Master List. Additional analysis is being conducted to determine the reasoning for this. After this analysis has been conducted, the screening process may need to be refined.

A complete summary of recommendations is contained in Appendix D.

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[2] Correlation of .66.

Introduction

The Chittenden County Homeless Alliance (CCHA) is a coalition of individuals, organizations, and government agencies that share a vision of a safe, decent, affordable, and stable home for every individual and family in Chittenden County, Vermont. The CCHA gathers information, builds consensus, coordinates efforts, and advocates for the end of homelessness through prevention, early intervention, and remediation.

One important effort by the CCHA has been the development of a Coordinated Entry (CE) system, which streamlines access to housing supports throughout the CCHA service area. The system was developed to assess and match households experiencing homelessness with eligible housing and services, based on vulnerability, sustainability, and length of homelessness. Each household in need is connected to a housing case manager and added to a Master List which is then reviewed weekly by CCHA partners. For those facing housing crises, CE ensures that their needs are identified quickly, that they are connected to appropriate housing and supports, and that they have fair and equal access to available resources.

Over the last two years, CCHA has made significant progress. It has developed policies and procedures, drawn up assessment tools, identified assessment hubs, established review committees, and connected with Built for Zero (a national effort to help communities end veteran and chronic homelessness). Late in 2018, however, the agency's leaders noted areas in which additional changes may be needed. Specifically, they noted a limited number of locations within the service area where assessments can be conducted and the lack of availability of staff for this purpose. Additionally, they noted multiple places in the system at which there are delays for homeless people to get the services they need.

In order to understand where the challenges exist within their system, and begin to improve how it functions, they contracted with Greg Hessel of ReGeneration Resources in March 2019. This report reflects a collaboration between the consultant and those working on the CE system. It represents the group's best thinking as to how to improve the system and make it work more effectively for everyone.

Methodology

In order to conduct the above-described assessment, ReGeneration Resources first conducted a project kickoff meeting in early April 2019. At that meeting, a project scope was finalized and the goals of the project were articulated:

1. For consumers who try to access the system, increase the percentage who are enrolled on the Master List;
2. Decrease the time from access to housing (increase the overall efficiency of the system);
3. Create feedback loops from consumers;
4. Identify resource gaps in the systems and opportunities to improve efficiency;
5. Explore the potential lack of equity in the system—what the common criteria to refuse services are—and how can services be more equitably distributed;

In order to accomplish these goals, ReGeneration Resources conducted the following activities over a 10-week period beginning in early April 2019.

- Read more than ten background documents describing how the process was designed and how it functions;
- Met with over 25 homeless people both in focus groups and individually

- Met or spoke individually with a dozen managers or leaders involved in the system
- Met in a focus group with 11 front-line case workers and drafted a process map of the CE system
- Spoke regularly with the Coordinated Entry Director to clarify issues as they arose and to brainstorm solutions
- Attended a Housing Review Committee weekly meeting as an observer
- Spoke with two communities who have been using Coordinated Entry to eliminate homelessness and are similar to Burlington in size and demographics.
- Conducted an analysis of the Master List.

A list of those interviewed for this project is contained in Appendix A.

Limitations of this Assessment

While we were able to perform some analysis of the Master List, we were limited by the quality of the data in the list and the four- to six-week delay in developing new reports to conduct additional analysis. There were several questions we were curious about and might have been able to explore in more depth had this data been more readily available. A list of the reports we recommend developing is contained in the recommendations.

Coordinated Entry Strengths

While the CE system can be improved, this is not to say it has not been successful or that it does not have strengths. While eager to improve it, many people we spoke with also stressed how much the system had improved over the old, siloed approach to service. Among the specific strengths and positive outcomes noted were:

- Connection with Health Community Cooperative and UVM Medical Center;
- Less duplication of efforts;
- More resources have been streamlined;
- An improved sense of need and numbers;
- Greater ease in connecting homeless people to case workers;
- An improved referral system (both in terms of ease of connection and more consistently appropriate referrals);
- Increased consistency connecting veterans with veterans' services;
- The number of services available;
- Case managers coming together;
- Everyone, or most everyone, is at the table, which creates opportunities for collaboration.

Therefore, while much of this report focuses on opportunities to improve the system, it is important to note that CCHA has made significant strides in CE. Many of the current challenges are growing pains that should be expected in a relatively new system with many actors that is experiencing significant transformation.

Framing the Process

The following chart gives a high-level framing of the Coordinated Entry process.

Coordinated Entry Process						
Event	**Sub processes**					**Result**
Vulnerable community members ask for housing support	Request access	Conduct assessment	Enter data on Master List	Build readiness (work through phases)	Search for housing options	A vulnerable person is housed

Case for Action	Vision
• Complaints of a lack of equity in the system • Feelings that the process is too slow • Lack of consumer feedback loops • Belief that many consumers are lost between the access points and assessments • Many consumers being entered on the list but having extended waits for housing	• All housing resources are connected • Everyone housed within six months

Customers (Internal and External)	Customer Requirements	Potential Metrics of Success
• Homeless community members • Staff	• Knowing the process • One-stop shopping/fewer "goose chases" • Housing, retention and housing navigation resources • Wholistic coordination beyond housing • More off-ramps • Treatment-informed process • Predictability • A clear, open and transparent process • Coordination between housing providers, housing navigators, and retention workers	• Time from access to housing decreases • Percentage of those who access the system are housed within six months • Net inflows lower than outflows • Average time on the list • Time to Phase III • Percentage of clients engaged and active in the process

Consumer Feedback

"It's like being in a corn maze. You know the next turn, but you have no idea how to get out of it."

Homeless focus group participant

We met with 28 consumers in focus groups and one-on-one interviews. Overall satisfaction with the process of finding housing in Burlington was a 7.1 on a scale of one to ten. While a few consumers were angry that more support was not available, most thought housing navigators were "good". Despite navigators' work, however, consumers stated that affordable housing was very difficult to find.

Almost everyone interviewed had taken the housing assessment. When asked about the experience of taking the assessment, most respondents stated, "It was fine", or "It was alright." A few, however, commented that "some questions were ambiguous." The question "how long have you been homeless" was specifically mentioned as being unclear. Another mentioned that "paperwork triggers anxiety" but went on to say that working with the housing navigator made the experience much better. All consumers who responded thought that the assessment was "pretty respectful" or "very respectful". However, in one focus group four participants did not respond directly to the question. Rather, they stated "It is about the results. If nothing comes from it, why does it matter?"

Roughly half those interviewed stated that they did not know what their next step in finding housing was. This was due to many of these individuals having to wait for approvals, housing openings, tax returns, or sustaining enough employment to prove income. While "waiting" for these things might seem like next steps, the waiting game seemed to create a sense of uncertainty for the consumers interviewed. The majority of those interviewed had housing navigators and, overall, consumers appreciated the support of the navigators. The one exception was a consumer who said he missed an appointment with a housing navigator due to going to work and then lost his bed in a shelter as a result. Another consumer expressed concerns with a question that asked for bank account information.

Both focus groups had a fair amount of discussion about whether the process used to house people is fair. Seventeen percent said it was "definitely fair", 47% said it was "mostly fair", and 35% said it was "mostly unfair". Those who said it was unfair said that the prioritization process does not consider who has been waiting the longest. Others said, "it feels a little discriminatory… (because) single people are the lowest on the list". Others mentioned that working to stay sober does not seem to do anything to help them gain access to housing.

When asked how the process of finding homes could be made easier, themes of improving the continuity of services, improving transitional support, and transportation emerged. A few consumers said "one-stop shopping" for services would help and another said that now it felt "piecemeal". Regarding transportation, bus passes to help consumers make and keep appointments was suggested. Others spoke of strengthening transitional services, saying Reach Ahead helped, but it was pretty minimal support for those who were working but still needed help. Others said that if there was more affordable housing, many issues would be resolved[3]. A complete list of suggestions given is contained in Appendix B.

Consumers did not have a lot of ideas about how to get consumer feedback back into the systems. A few discussed the power dynamics at play and how they would be afraid to give negative feedback.

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[3] Our recommendations do not include transportation supports or other supports that seemed to be outside of the CE system. Nonetheless, these may be important items to consider.

Others said they would pass on ideas to their housing navigators. One focus group participant suggested promoting attendance at the housing alliance meetings.

Recommendations to Improve Consumer Feedback

Recommendations	Priority	Suggested Owner

1. Continue to evolve a consumer-centric culture to foster input.
   a. Add two questions to the beginning of the assessment:
      i. "Tell me about the best case management you ever had and why it was excellent."
      ii. "What do you need from me to insure I am meeting your needs?"
   b. And at some point, mid-way through the process, ask "What could we do better?"
	Medium	CE Committee

2. Produce a one-page list of services available, with a map, that all service providers could give to new consumers.	Medium/Low	A work group appointed for this task?
3. To increase consumer feedback, promote the attendance of consumers at homeless alliance meetings.	Medium/High	CCHA Membership Committee

The Context and Culture

Culture can be defined as "prevailing patterns of values, attitudes, beliefs, assumptions, expectations, activities, interactions, norms, and sentiments (including feelings) and as embodied in artifacts."[4] While culture can be very challenging to manage, especially in coalitions, if the leadership does not take time to consider and manage the culture, it will manage them. While culture can be positive or negative and can include beliefs and assumptions about many different things, in this section we explore the culture of CE as it relates to the pace of decision making. It should be noted that this assessment is not an assessment of the culture; instead, what follows are some observations (artifacts) and hypotheses about the beliefs or assumptions in CE's culture that explain the artifacts. Our intent is to help the coalition start a conversation about aspects of the culture that may not be helping it achieve its goals.

Pace of Decision Making

Several stakeholders reported the painfully slow pace of progress and decision-making in CCHA. This issue also includes CE decision making processes. One stakeholder discussed the almost three-year process of developing some of the assessment forms. Others gave different examples. A few stakeholders discussed the challenge of carving out time to attend meetings where it sometimes feels like progress is not being made.

This cultural artifact seems significant for several reasons. First, it is hard to innovate at such a slow pace. Innovation often requires multiple cycles of trying new things, many of which do not work initially. Secondly, as the coalition works to increase engagement among different stakeholders, the

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[4] French, W. L. and C. H. Bell Jr., *Organizational Development: Behavioral Science Interventions for Organization Improvement.* Englewood Cliffs, NJ: Prentice Hall, Inc., 1984.

feeling that "things don't get done" (which admittedly contains a bit of hyperbole) is likely to be a barrier to strong engagement.

In our interviews with stakeholders, we posed a few theories as to why the pace of decision making was so slow. One theory is that there is a belief about risk aversion in CCHA. This theory resonated with some, but not all, stakeholders. One, with whom the theory did not feel accurate, pointed out that some individual organizations that were a part of the group were innovative and were comfortable taking some risks. A second theory was that there is a lack of trust among some of the coalition members. Many of the stakeholders thought trust was a key issue to resolve if the group was to accelerate the pace of decision-making and increase effectiveness.

Understandings the Boundaries of Coordinated Entry

According to HUD, there are four steps to CE: 1) access 2) assessment 3) prioritization and 4) referral. Somebody first accesses the system, completes a standardized assessment, is prioritized for limited resources on the basis of the data gathered from the assessment (in most communities through a By-name list or Master list) and is then referred on the basis of the prioritization to an appropriate, available resource. In CCHA there is some confusion, and perhaps disagreement, as what the referral process should be.

Some think CE should refer a list of households to the provider (housing or rental assistance) and allow the provider to serve the individuals on the list. Others belief the referral process should involve housing providers reporting vacancies and available resources as they come available and then take referrals for specific vacancies. While these differences are subtle and nuanced, they imply different expectations for the referral process and for communication and feedback loops after referrals are made. How the referral process works needs to be clarified and ideally this clarification will involve improved communication, tracking, and feedback loops.

Because the overall goal of CE is getting people housed, we were encouraged in this report to also explore barriers to housing. This broader framing is reflected in the table on page 8 and in the recommendations contained in this report. We understand that for some issues of getting people housed are not a part of the CE process. Moving forward, CCHA should clarify the boundaries of its CE process. This work will entail detailing how referrals can best take place and when CE entry ends.

Recommendations for Managing the Context and Culture

Recommendations	Priority	Suggested Owner
4. Build a culture of trust and transparency.		
a. Consider some targeted work aimed at increasing trust within the group. This work may require an outside facilitator.	High	Steering Committee Officers
5. Build a culture of innovation by committing to trying and testing new ideas.		

a. Discuss and clarify cultural assumptions that may slow innovation and the pace of decisions. Among these potential assumptions are that:
     i.   decisions have to be perfect before starting;
    ii.   all risk has to be eliminated before starting;
	High	Steering Committee Officers

iii. there needs to be complete consensus on all; decisions before starting; iv. all conversations or negotiations need to happen in the large group.		
b. Create a decision-making matrix to gain clarity and transparency about what types of decisions are made in what ways.	Medium/Low	Steering Committee Officers
c. Begin evaluating all meetings in order to surface issues quickly and improve performance[5].	Medium	Steering Committee Officers
6. Clarify the boundaries of CE. This will entail outlining the preferred referral process. Ideally this clarification will involve increased communication and feedback loops.	High	Steering Committee

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[5] We believe meeting evaluations are a best practice, but without trust frustrations may still not be surfaced.

How Coordinated Entry Works: A Process Map

SCREENER
- 1. Conduct Screening
- 2. Send to CE Director
- 17 a. Vet Sub Process

(Hold

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CE DIRECTOR
- 3. De-duplicate screening
- 4. Assign Housing Navigator
- 8a. Assign Housing Navigator
- 17. Refer to Veteran Committee Rep

Yes
No

HOUSING NAVIGATOR
- 5. Walk In or existing client
- 6. Where
- 9. Attempt to Contact Client
- 10. Client Responds?
- 11. Conduct Assessment if Eligible
- 11.a Veteran
- 18. Med. Sustainability
- 13. Enter or update data
- 15. Meet Weekly to work through Phases
- 16. Phase III
- A
- 12. Assign Housing Navigator
- 7. Conduct Assessment if Eligible
- 8. Staying at COTS?
- 14. End after 3 attempts

CVOEO-Other
COTS
Yes
No
No
No
Yes
No

Yes

Pathways/Safe Harbor

Issues, Bottlenecks or non Value Added Steps
- 6 Consumers tell stories multiple times. When consumers walk into COTS they conduct the vulnerability assessment, but then the client may have another case worker to whom they need to tell their story again.
- 10. Only 27% of those screened are assessed after screening. Some can't be reached and many were in the system before being screened.
- 11. Some case workers wondered if the data would be more accurate if consumers entered it directly into a tablet, (or a hard copy) themselves.
- 13. This step is re-keying data that was already collected on paper. While it is done with the intention of making clients more comfortable (not having a computer contribute to not connecting) and because some case workers are more comfort with paper, it could contribute to data entry errors, it keeps HMIS from calculating scores directly, and the step is redundant.
- 15. Some consumers are stuck in Phases I or II for a long time representing a delay. This seems to be due, in part, to a shortage of Housing Navigators to help consumers move through the system.

- 18 a Medium Term Rapid Rehousing Sub Process

SUB DIRECTOR PROCESS

CE DIRECTOR

HOUSING NAVIGATOR

16. Phase III — Yes → 19. Chronic

No

19 a Appropriate for Main Stream — Yes → 27. Voucher/Managed Property

No (from 16) → 15. Build Readiness--Step 15 from page 1

Yes (from 19)

Voucher

BHA

Managed Property

24 Subsidy Available — No → 21. Wait

No/PSH

28. Voucher Available — No → A → 21. Wait

Yes

No → 29. Pass Screening — Yes → 30. Appropriate Housing Available? — Yes → A — Yes → 22. Place in Housing

Yes

Yes → 22. Place in Housing

No → 32. Application Approved

26. Still top of list — No

33. Search for Housing

Yes → A

Issues Bottlenecks or Non Value Added Steps
- 19. Some people don't meet the HUD "chronic" requirement and the "best" option is waiting for them to become chronic. Additionally, sometimes case workers can't document chronic or documentation is sometimes insufficient. At times there is a lack of clarity as to what is sufficient documentation. This creates delays and inefficiency.
- 25. In the past there have been 6 to 9 month waits for Retention Services
- 26. List is fluid. A client could be on the top of the list, but by the time they things are ready they are no longer at the top and they get bumped.
- 29. Screenings take place before units become available. This is to catch errors sooner. However, many consumers think they are being screened for units, not preference on a list. Additionally, to case managers it can feel like there are two screenings, the group process and then a second screening by BHA.
- 19 a. While there is a policy on what chronic is, determining who can succeed in main stream housing is more subjective.
- 20./24./28 Housing Navigators have no information about when family housing, subsidies, or vouchers are available. The supply of these resources does not come close to meeting the demand. Additionally, only 3 of the 5 housing providers put housing stock into CE.
- 30. There is no central list of available units and when there is a unit available and the status of housing stock sometimes changes for reasons which are unclear
- Hand offs between Housing Navigators and BHA tend to involve a lot of back and forth and some miscommunication.
- There seems to be a lack of off ramps in the process. There is an over dependence on PSH and vouchers, and these are both in short supply.
- 33. Delays in finding housing

Retention Specialist

25. Retention Available?

A

No → A — Yes → 32. Application Approved

23. Provide Support → End of Process

Pathways/Safe Harbor

31. Submit Application

No → A — No → 27. Wait

The Intent of Coordinated Entry: Coordination

The CE system has made great strides in increasing coordination during the last few years. Currently, there is a better sense of the need, more streamlining of resources, less duplication, an improved referral system, and more caseworker coordination than there was prior to CE. Also, everyone, or most everyone, is at the table, creating opportunities for future collaboration. Given its short life span and the complexity of the system, these are accomplishments to celebrate.

Nevertheless, as the CE Director in Springfield, MA stated, "coordination is harder than anyone thinks." Burlington's CE still can and must increase coordination. As one stakeholder reported, "Coordinated Entry is not very coordinated yet". This lack of coordination is primarily due to:

- a few major stakeholders not having access to HMIS data;
- frequent complaints about the lack of timeliness and completeness of data;
- uneven participation from those on the housing supply side;
- the need for increased communication and more coordinated handoffs between housing navigators and housing providers.

Access to HMIS Data

During winter months, the Vermont Department for Children and Families' Economic Services (ESD) Division works with scores of homeless consumers each day as it administers emergency hotel vouchers. Currently, ESD serves as a referral source for CE, giving consumers the option of filling out a short screening form that is then forwarded to the CE Director, who assigns a housing navigator to follow up. While this involvement may seem like an easy lift for ESD employees, the sheer volume of their caseload creates a burden during winter months. Additionally, since they do not currently have access to HMIS data, ESD staff often do not know when clients they see are currently engaged with housing navigators. Due to this lack of information, they reported sometimes leading clients on "wild goose chases". ESD is currently negotiating agreements for a few HMIS licenses, which should help increase coordinate greatly. Furthermore, the UVM Medical Center, which is also a referral source, has reported feeling "out of the loop" when staff serves homeless clients in its Emergency Room. Currently, there is no easy way for them to find out if a homeless client is being served through CE or how to coordinate care.

Uneven Housing Supply Participation

The participation of housing suppliers in CE has been uneven. For example, of the five public housing organizations[6], only Champlain Housing Trust (CHT) has a formal MOU with CE[7]. Three of five housing organizations supply stock to CE (although most of the housing stock comes from two organizations) and four of the five are a part of the Steering Committee. One housing supplier that participates in Steering Committee meetings reported feeling "shut out" of the process. Given this comment, some of this uneven participation may be due to miscommunication or misunderstanding and not a lack of will.

While participation in CE is voluntary for housing suppliers, ideally all homeless preference units would be provided to clients through CE. We do not believe this is done consistently by all housing suppliers. Given the short supply of housing stock, and the overall goal of fairness, minimizing or eliminating

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[6] The five are Committee on Temporary Shelter, Champlain Housing Trust, Burlington Housing Authority, Cathedral Square, and Winooski Housing Authority

[7] The Vermont State Housing Authority also has a partnership agreement with CE that is specific to a few units that have a homeless preference and are committed to CE.

making homeless preference units available outside of CE will be important. This should be negotiated in MOUs with housing providers. However, in order to maintain a fair process, some housing providers may be reluctant to commit to this without knowing others will do so also. Discussions with housing suppliers to better understand their needs will be an important step to determine how to increase the number of homeless preference units dedicated to CE.

This is not to say that there have not been successes on the housing supply side. For example, Burlington Housing Authority (BHA) has committed up to 50% of its multi-family housing stock and rental assistance (vouchers) for homeless households. CHT has dedicated 25 new units for homeless households - with permanent subsidies (either tenant-based or project-based) provided by BHA for each unit; and Cathedral Square (CS) has offered four project-based units for homeless preference in the last six months. Despite these successes, increasing the number of housing organizations with formal MOUs with CE, increasing the number of organizations that supply housing to CE, and minimizing or eliminating side doors should be goals of CE moving forward.

Increasing Coordination Between Housing Navigators and Housing Providers

When homeless individuals are housing-ready and at the top of the list, there seems to be frequent miscommunication, confusion, and frustration between housing navigators and BHA staff. At the Community Housing Review Committee meeting we attended, there were numerous cases presented in which there was confusion or miscommunication about whether a referral was received or in process. When BHA reported that documentation was "insufficient", housing navigators sometimes did not know why; nor did there seem to be optimal communication as to why some candidates were rejected. These process and communication glitches seem to be much more frequent with BHA referrals than with CHT referrals and may be related to different beliefs about how the referral process works, which we referenced above.

Additionally, there is currently no way for housing navigators to know when PSH units, vouchers, or subsidies are expected to become available. When units do become available, it is our understanding that CHT communicates the availability of units to CE and the Community Housing Review Committee then refers people on the prioritized list who income qualify or have rental subsidies for those units. CHT still plays an active role in screening applicants and managing the units, but there is transparency as to what units are available. The process with BHA seems slightly different in that BHA receives a list of prioritized eligible individuals to match to housing, but that match is made through an internal BHA process that feels less transparent. This subtle, but important, difference in the process leads some housing navigators to feel that the system "lacks transparency". While we do not think this is the intent of BHA, we do see the process as needing improvement. This improvement may come through process changes, improved feedback loops, or both.

Given the frustration with finding housing in general, and the high degree of regulation in the housing industry, some frustration about not getting clients housed may be inevitable. Some improvement may come from additional training for housing navigators so that they better understand the regulatory environment. There was some recognition by navigators that some standards may have changed (or be changing). As regulations change new training for housing navigators on standards should help.

We also believe, however, that the process handoffs between navigators and housing agencies (and housing retention services) can be improved and that this work should be prioritized. Having all housing providers more closely mirror the process used by CHT is recommended since there seem to

be far fewer issues in the workflow with CHT. We recognize that BHA is a quasi-governmental organization and therefore more regulated than CHT, which is a nonprofit. Therefore, BHA may never be able to completely replicate the process used by CHT. Nonetheless, mirroring it as much as possible would improve coordination. Where the process cannot be changed, increasing communication and feedback loops is recommended. Ideally, from the housing navigator's perspective, a new process would give navigators some way to appeal rejections from housing suppliers. For appeals to be possible, criteria for refusing services would first need to be established. Moving forward, clarifying standards, including those criteria, and improving workflow, communication and expectations should be goals. Additionally, MOUs which commit a certain percentage of a housing provider's vouchers to CE would be ideal.

Recommendations to Improve Coordination

Recommendations	Priority	Suggested Owner
7. Conduct a facilitated meeting or series of meetings with housing providers to build trust, identify barriers, and create safe paths to increase participation. The goals of these meetings would be to increase trust, increase understanding of different challenges and perspectives, eliminate side doors, and, ideally, draft a customized MOU with each housing provider that commit a percentage of a provider's vouchers to CE.	High	Steering Committee
8. Focus energy on the onboarding of ESD so that issues are identified and addressed quickly. This work will help ensure that the next iteration of ESD's participation in the system is a possibility.	Medium	CE Director
9. Strengthen the medical vulnerability section of the assessment.	Medium	CE Committee
10. Consider adding HMIS licenses for UVM Medical Center, COTS, and other providers with limited access to the system.	Medium	Organization specific
11. Track progress of the work Health Care for the Homeless is doing in Boston to integrate HMIS and electronic medical records to see if this is a desirable path forward.[8]	Low/Long-Term	UVM Medical Center
12. Conduct a facilitated meeting or series of meetings with housing navigators and BHA with the goal of increasing coordination of hand-offs (for both housing and retention specialists). In these meetings, aim to more closely mirror the process used by CHT for housing handoffs, if possible. Additionally, create more feedback loops between housing agencies and navigators.	High	CE Committee
13. Having BHA's Rental Assistance Operations Manager attend at least one Community Housing Review Committee each	High	CE Committee

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[8] While we understand that ICA believes that data warehousing is not a best practice, CE staff in MA seem to be very happy with their data warehousing solution. It does have costs both in dollars and maintenance, and there are factors in MA that make it more desirable; but the goal of increased coordination should be explored through all means.

month to improve communication with housing navigators. This would also be useful for other housing providers.		
14. Conduct periodic trainings with housing navigators on documentation required by BHA.	High	CE Committee
15. Create common criteria for refusing services.	Medium/Low	CE Committee

The Intent of Coordinated Entry: Better data leads to better decisions

An Analysis of the Master List

From March 1, 2018 through May 15, 2019, the CE process had served approximately 990 unique clients (506 on the Master List, 312 who had exited the system, and 172 inactive clients).   In addition to the 172 inactive clients, 70 on the Master List are listed as "not actively engaged". Thus, cumulatively, 24.4% of unique clients are inactive or not engaged.   Six percent of those on the Master List are veterans and 10% were listed as families (although many three- and four-member households are not categorized as families). Thirty-five percent of those on the Master List were listed as "Not Homeless", although some of these individuals had a housing navigator assigned.   Sixty-three percent of those on the Master List (319) had a housing navigator assigned. We could not determine if the cases without navigators were due to incomplete data or to clients being ineligible. Without the "Not Homeless" individuals, the Master List contains 326 listings. Of these, 45 are listed as being in Phase I, 43 as being in Phase II, 95 are listed as being in Phase III, and 142 (44 %) do not have the phase field completed. A little over a third of the clients on the Master List who are considered homeless are also considered "Chronic" (115).

Of the 312 people who had exited CE, 111 were reported to have exited through Rapid Rehousing.[9] Additionally, 77 people listed as "chronic" exited CE, but only 10 of these exited through Permanent Supportive Housing (PSH)[10]. This means that of the 192 chronically homeless people in CE (115 on the Master List and 77 who exited), only 5.2% exited through the PSH pathway. Additionally, 29 "families" had exited CE or about 36% of the unique families who participated in CE.

The field for "Project type taking the client off the list" was blank for 49% of those who have exited the system. Due to the absence of this data, and because the options for project type do not align with the process map created for this project, we were not able to determine how many clients exited CE through vouchers or through managed properties. Neither were we able to determine how many people are waiting for PSH, vouchers, or managed property apartments.

We also wondered if caseloads might be tied to the quality of the data in HMIS. Perhaps those with the highest caseload were having the most difficulty entering data due to capacity constraints. To test this hypothesis, we randomly chose a few fields[11] and then gave housing navigators and organizations quality scores based on the percentage of these fields that were completed. We then looked at the extent to which higher caseloads were correlated to lower data quality scores.

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[9] The CE director has reported that this number seems very high and most likely represents a lack of standardization in how housing navigators understand what Rapid Rehousing means.

[10] By comparison, the city of Springfield MA tries to house 9 to 10 people per month in a PSH unit.

[11] It is possible that the fields we randomly selected did not represent the quality of the data as a whole.

In fact, the opposite turned out to be the case: Housing navigators with the highest caseloads tended to have the best data quality[12]. (Heather had the best data quality score with Emily and Danielle coming in a close second. Emily also had the highest caseload with 42 cases assigned to her.) Organizationally, Safe Harbor had the best data quality, and it has a relatively high staff/client ratio, but beyond this our theory did not prove true. CVOEO had slightly better data quality than COTS, for example, despite having significantly fewer hours/client/week. The poorest data quality seemed to be with organizations that are not as connected to CE. In these cases, increasing engagement and adding training seem to be the solution.

Organization	Fields with Housing Navigators Assigned	Data Quality Score (Scale 0-100)
Safe Harbor	51	85
CVOEO	114	47
COTS	89	41
Anew Place	30	17
Howard Center	14	4
Spectrum	7	0
STEPS	Not Available	Not Available

Attempting to conduct this analysis highlighted some of the challenges of CCHA's CE data. Since about a third of the "housing navigator" fields were incomplete on the Master List, we could not determine if this was due to missing data or clients being ineligible and not having a housing navigator assigned. It is possible that these remaining cases are assigned to housing navigators with higher caseloads and poor data quality. If this is true, our conclusions could change.

Data Analysis Conclusions
From the above analysis, we believe that:

- the quality of the data can, and should be, significantly improved;
- HMIS required data is of a higher quality than data not required by HMIS;
- low data quality does not seem to be correlated with caseload;
- the PSH path, while the most appropriate path for many clients, is not allowing chronically homeless individuals to exit the list in a timely manner. Since there are 115 chronically homeless people on the Master List, but only 108 total PSH units in Burlington and South Burlington, there would need to be over a 100% turnover of the current PSH clients for all of the people on the list to be served through this path. By comparison, the City of Springfield MA has 26% more PSH units per capita and Madison, WI has 38% more PSH units per capita;
- more focus needs to be invested in ways that the coalition measures success. After this is clearer, CCHA can work to mine the data more effectively to make better decisions.

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[12] The correlation between high quality data and high caseload was moderately high (.66).

Data Quality Discussion

The quality of HUD required data has improved significantly over the past 2 years. This success should be celebrated and built upon. Most of the current data quality issues concern data fields that are not mandated by HUD but are critical to data mining.

The struggle to get high-quality, timely data is not unique to CCHA nor HMIS. Medical professionals have struggled with this issue for well over a decade. The medical system is aided by billing professionals who review EMRs quickly for data errors. It is also aided by federal laws and regulations that require timely data entry from health care practitioners. In the healthcare field, the threat of losing a license is a strong motivator to keeping health records complete and up to date.

Like medical professionals, those who serve the homeless sometimes believe that record-keeping is a bureaucratic task that does not help their clients. There is a perception that the data is only used by "higher-ups" and "bean counters". We believe that using data in meaningful ways is a key to changing this perception and that it is essential to motivate organizations and housing navigators to keep the quality of their data high. Additionally, we recommend the following:

- **Keeping score.** We understand that ICA has a report for tracking data quality. This report, however, does not incorporate non HMIS required data. In our observations, many of these non HMIS required fields have the lowest quality. Developing a more comprehensive report of data quality that includes both HMIS and non HMIS elements would be a good next step. Reviewing these reports regularly for each housing navigator and each organization will let those in the system know that data quality is important. While we understand that in the past "Data All-Stars" have been reported, those with low data scores should also be visible to the CE group.
- **Accountability and incentives.** We know that some accountability conversations regarding data quality are happening within CCHA organizations. We suspect more need to take place. If a housing navigator cannot meet the documentation demands, that person may not be able to continue in the field. While this may sound harsh, an unwillingness to hold people accountable sends a message through the system that data quality is not important. In the healthcare field, the cost of not entering data is high and this is a motivator. If funding were linked in some way to data quality, we suspect data quality would improve. Also, rewarding high performers in some way reinforces their good work and helps ensure that it will continue
- **Training and outreach**. We suspect that some organizations that are more tangential to CE, such as the Howard Center, may need more outreach, engagement, and training to increase the quality of their data. While terms such as "rapid rehousing" and "chronic" are clearly defined, they are not used in a consistent manner. Some of these terms were not original HMIS terms, but fields that were added to customize CE for CCHA. Therefore, training will also be required for all housing navigators as to what current ambiguous terms used in HMIS really mean and how they should be used. This training may be most important for organizations that conduct fewer assessments.

Timeliness and Completeness of Data

While we discussed the completeness of the data in HMIS above, we also heard frequent complaints about the timeliness of the data in the system. While these complaints were generalized, they were often connected to not having "shelter stay" information about a client.   This would indicate that, in addition to assessment data, some non-assessment HMIS data that is uploaded quarterly by COTS is seen as very important to CE stakeholders.

We understand COTS is working hard to both increase coordination in CE and not lose internal efficiencies. COTS believes its homeless database is a superior product and, therefore, it is reluctant to change systems. While having COTS switch databases would be the easy way to improve the timeliness of the shelter stay information, this seems unlikely. Neither do we feel comfortable recommending or mandating a single product to any organization.[13] Still, it is critical that the collaborative work probe the root causes of, and resolve, data timeliness issues. Given COTS investment in the product it uses, this will take hard work and creativity. Nonetheless, addressing this issue directly, identifying root causes, and resolving as many timeliness issues as possible will be one key to improving the system.

In moving forward, we recommend:

- **Ongoing facilitated discussions on data timeliness.** It is hard for those with a stake in the process to stay open-minded and neutral at times. We believe that the added value of a facilitator is to keep the pace moving, ensuring neutrality, and increase commitment and buy-in to solutions developed. We see ongoing discussions as diving deeply into understanding the issue (i.e., is the real issue limited to shelter stays or are their other non-assessment data points that are important to stakeholders) and exploring multiple solutions.
- **Consider alternatives.** We know that the Institute for Community Alliances (ICA) does not believe data warehousing is a best practice. However, the CE Director in Springfield MA loved the agency's data warehouse system, which allows for an automated daily import of data. (This option is discussed in more detail below). Another option might be to have COTS add shelter stays, and other critical components, to the data it enters weekly.

Metrics of Success Discussion

At the highest level, data tells you how you are doing and how you can improve. The CE Director in Springfield, MA stated that mining data through "CE has made us use what we have better and helped us pinpoint our needs and more successfully advocate for what we need." This reflects an optimal use of data.

While our contact with other coalitions was limited, most – unlike Springfield – have not yet been able to leverage their data to help them "pinpoint (their) needs". One unique aspect of the Springfield, MA coalition is its use of a data warehouse (referenced above), which gives the agency quick access to any data that staff are interested in. While there are a number of unique aspects to the MA landscape that make data warehousing necessary[14], and while there are downsides to data warehousing[15], the people we spoke with in MA spoke very highly of their system and the ways in which quick, easy access to data has helped them make good strategic decisions as a coalition.

While there are clearly pros and cons to warehousing data, we believe CHAA should explore this as a solution to multiple data issues. In addition to making it much easier to run reports, data warehousing would eliminate the need for quarterly uploads to HMIS (referenced above) and create options for adding sources of data integration.

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[13] In health care, electronic medical records are required, but health care providers have choices regarding databases. We believe this is also important for homeless databases, although we recognize the inefficiencies this creates for the CE system.

[14] In MA, HMIS family data is kept separate from HMIS data for individuals. Thus, it would be difficult to meet HUD reporting requirements without some sort of data warehousing solution.

[15] Additional cost is the primary issue as we understand it. However, the system also requires some ongoing user management maintenance.

To help measure coalition success, the national nonprofit Built for Zero has developed a high-level dashboard that helps communities measure the net inflow and outflow of homeless people into HMIS and draws trendlines that measure homeless populations over time. These are excellent starting points in assessing how CE is doing as these are important outcomes the group seeks.

At the beginning of this project, the assessment planning group suggested additional metrics of success for CE[16]. The list included:

1. Overarching Alliance metrics: Rare (total numbers), brief; and nonrecurring
2. For CE:
    a. Timeliness
        i. **Of data entry – 5 working days both initial entry and update**
        ii. Of assessment
        iii. Of housing navigator assignment
        iv. **Of becoming housing ready**
        v. **Of becoming housed**
    b. Consumer satisfaction
    c. Front-line staff satisfaction
    d. Manageable case loads
    e. Criteria for refusing service
    f. Criteria for making referrals
    g. Adequacy of places to which referrals are made.

Of this list, we believe the fields in bold are the most important. Our reasoning for this is:

1. CE wants a few high-level metrics as opposed to many, because leadership and staff are busy and do not have extra time to spend on metrics.
2. If the timeliness of becoming housing ready and of being housed is good, there may be no need to look at timeliness of assessments or assignments. You want to measure the overall process outcomes and not components of it. There are times when total process efficiency may mean sub optimizing the efficiency of a certain component. Additionally, we do not currently see the timeliness of assessment or navigator assignments as being issues.
3. Timeliness of becoming housed (perhaps percent housed within six months or average time on the list for those exiting through housing) is the highest-level outcome and the most important indicator of success. Timeliness to becoming housing-ready may (but may not) be correlated to timeliness of becoming housed. Tracking timeliness of data entry is highlighted because maintaining data quality is a challenge and tracking this may help improve the quality of the data.
4. CE wants to focus on what is easy to measure and already in HMIS or could be easily incorporated into HMIS. It might be hard to get good data on customer satisfaction, given what consumers told us. As an alternative, collecting qualitative data from consumers by promoting consumers' attendance at homeless alliance meetings feels like a more plausible path.
5. Some of the terms proposed are vague and hard to measure (i.e. how do you know what a "manageable" caseload is, or homelessness that is "rare" or "brief"?).

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[16] We have listed the items on the list that we think are most important in bold.

6. Some of the things on the proposed list are not metrics (i.e., a criterion for making referrals is a necessary policy but not a metric of success).

7. Finally, CE wants to measure what is highly correlated to its highest-level outcomes. It may take some additional analysis to know if time to Phase III (housing ready) is correlated to the overall time to housing or if, due to the housing stock bottlenecks, it is not really a predictor of how long it takes people to get housed. Similarly, CE could test to see if housing navigators' caseloads are correlated to overall time to housing and/or clients staying engaged and active. If caseloads are correlated to either of these things, the group should spend time managing caseloads and perhaps looking for resources to get extra housing navigators. But if those factors do not correlate, , or if the correlation is very weak, to the group should not invest much time focusing on it (although, in any organization, staff satisfaction and workload is important to an extent).

Other high-level outcomes the group might consider include:
- percentage of those who access the system are housed within six months;
- percentage of clients engaged and active in the process.

Other data that is currently not tracked, but that seems important to finding ways to improve services include:
- number of clients waiting for vouchers;
- number of clients waiting for subsidies;
- number of clients waiting for retention services;
- number of clients waiting for managed properties;
- an inflow-outflow breakdown by groupings:
  - those with mental illness;
  - families;
  - those with physical health challenges;
  - veterans.

This data will help you pinpoint which types of consumers the agency is serving best, where barriers and bottlenecks lie, and where adjustments may be needed to improve services.

Data Recommendations

Recommendations	Priority	Suggested Owner
16. Recommendations to improve the quality of data		
a. Develop a more comprehensive report that tracks HMIS and non HMIS data quality (percent of missing fields, perhaps) for each housing navigator and organization.	Very High	CE Director
b. Run these reports weekly, review them at public meetings, and agree upon a process to hold housing navigators accountable for data entry. Follow through with the process of increasing accountability.	High	CE Director
c. Conduct outreach and training in HMIS to organizations that are less connected and whose data quality is low.	High	ICA in coordination with CE Director

Recommendations	Priority	Suggested Owner
d. Consider moving towards entering data, and data elements, directly into HMIS instead of conducting the assessment on paper and rekeying or transferring the data.	Medium/Low	CE Committee
e. Consider moving towards more alignment of data elements with BoS.	Medium/Low	CE Committee
f. Come to agreement about what certain terms in HMIS mean (i.e. "rapid rehousing").[17]	High	CE Committee
g. Continue to review assessment forms to clarify questions that are not HUD mandates and seem vague to consumers.[18]	Medium/Low	CE Committee
h. Create (or clarify) a policy that specifies when those designated as "not homeless" are included, and when they are excluded, from the Master List.	Medium	CE Committee
i. Explore and clarify how field 3554 (project type taking client off of the Master List) is different from field 3590 (Coordinated Entry outcome status). If both fields are not needed, eliminate one.	Medium	CE Committee
j. In the "housing navigator" field, add an option for "No housing navigator assigned, ineligible". This will show whether data is missing from the field.	Medium	CE Committee
17. Recommendations to improve timeliness of data entry		
a. Convene a series of facilitated meetings to discuss improving data in the system. (Focus areas could include timeliness of data entry; which critical fields are only uploaded quarterly; which data fields to use for exits; and standardizing what fields mean, among other topics).	High	CE Committee
18. Recommendations to better measure success		
a. Agree as a group about how success will be measured. In this discussion, consider: 　i. percentage of those who access the system are housed within six months; 　ii. average time to housing for those exiting the system through housing; 　iii. percentage of clients engaged and active in the process; 　iv. current Build for Zero (BFZ) dashboards.	High	Steering Committee
b. Consider establishing a working group that coordinates with BoS to leverage its work on this question.	High	CE Committee

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[17] Definitions used in the federal HOP Grant are included in Appendix C.
[18] While we understand that some questions are HUD mandated, numerous stakeholders and consumers mentioned that questions about the number of times a consumer has been homeless were confusing.

Recommendations	Priority	Suggested Owner
c. Develop a dashboard that looks at trends and data over time for agreed-upon, high-level indicators of outcomes.	High	CE Committee
d. Review the dashboard quarterly, if not more frequently.	High	Steering Committee and CE Committee
19. Recommendations to better mine the data		
a. Clarify who owns the task of mining data.	High	Steering Committee
b. Align HMIS exit data with the newly developed process maps in order to track those who exit the system through vouchers and managed property. Additionally, add fields that allow tracking the number of clients waiting for different types of services,[19] and align these services with HUD's "exit destinations".	High	CE Committee
c. Once the fields are agreed upon, conduct trainings to ensure that everyone is using the agreed-upon definition of the field.	Medium	CE Committee
d. Add a "has housing retention" field to HMIS so that, upon exit, the success of housing retention services can be tracked. Because the type of housing retention services differs by organization, tracking this by organization should give data on what type of housing retention works best.	High	CE Committee
e. Develop reports that explore cycle time to Phase III by organization in order to determine which organizations are most successful. Explore differences in cycle time.	Medium	CE Committee
f. Develop reports that make it possible to explore what types of people are increasing in the system (mental health, physical health, vets, youth, etc.).	Medium	CE Committee
g. Develop reports that allow tracking trends over time regarding the number of people waiting for PSH, vouchers, and subsidies.	Medium/High	CE Committee
h. Run reports of all youth (and those with mental illness and other categories) to ensure that clients on the list are connected with those who can provide the most support and that referrals are appropriate.	Medium	CE Committee

i. Explore correlations between:
    i.   caseload and time to Phase III;
    ii. caseload and total time to being housed;
    iii. caseload and clients staying engaged.
	Medium	CE Committee

j. Adjust what is measured based on data mining.	Low/Longer-Term	CE Committee

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[19] Currently the field titled "Project type taking client off the Master List" does not align with the process map.

Project Goal: Identify resource gaps in the systems[20]

Housing, vouchers and subsidy gaps

As we discussed above in our analysis of the Master List, the number of PSH units in the Burlington area falls far short of meeting the need and is lower per capita than two comparison cities we looked at. The number of units would need to at least double to come close to meeting the need of the chronically homeless population in the area. While HMIS reporting does not currently track those waiting for vouchers or subsidies, anecdotal data also suggests these do not come close to meeting the need. We recommend working to create new off ramps so that homeless people are not so heavily dependent on these resources which are in short supply; and we would be remiss if we did not stress the importance of increasing these resources. It will be difficult for Burlington to eliminate chronic homelessness without more PSH units, vouchers, and subsidies.

Recommendations to Increase Housing Options

Recommendations	Priority	Suggested Owner
20. Continue to advocate for more PSH units, vouchers, and subsidies	High	Everyone
21. Experiment with new off-ramps to the Master List. Consider:		
a. Piloting a program that matches people with housemates and offers support services that might allow the matches to be successful.	Medium/High	Workgroup appointed by Steering Committee
b. Expanding landlord liaison programs and landlord guarantees.	Medium	Workgroup appointed by Steering Committee
c. Establishing incentives for homeowners to create apartments to increase overall stock.	Low/Longer Term	Workgroup appointed by Steering Committee
d. Increasing data analysis to find out more specifically who is getting "bottlenecked" in the system.	High	CE Committee
e. Eliminating side doors, which keep housing stock from being used in CE.	High	CE Committee

Housing Navigators

We estimate that there are 9.7 FTEs of housing navigation[21] time in the CE system. A breakdown of the FTEs for each organization, the clients assigned to that organization[22], and the hours/client/week for

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[20] Housing retention services are being analyzed through another assessment and, therefore, the adequacy of housing retention services was not explored through this process.

[21] The definition of Housing Navigators is differentiated from that of Housing Case Workers in Appendix C.

[22] As stated above, roughly a third of the housing navigator fields were blank. We could not determine if this was due to missing data or clients being ineligible and not having a navigator assigned. Clients assigned to the organization were based on the housing navigator field.

each organization are given below.   The table shows a range of hours/client/week, which is as low as .83 for CVOEO and as high as 2.86 for Spectrum.

Our attempts to gather comparisons from other Community Solutions groups were not successful[23].

Provider	Housing Navigator time	Clients with Housing Navigators assigned	Hours/client/week based on cases on Master List with navigators assigned
COTS	Estimated 132 hours/week	89	1.48
Safe Harbor	Estimated 80 hours/week	51	1.57
CVOEO	Estimated 95 hours/week	114	.83
Spectrum	Estimated 20 hours/week	7	2.86
Anew Place	Estimated 40 hours/week	30	1.33
STEPS	Estimated 60 hours/week	N/A	N/A
Total	387 (9.67 FTEs)		

From our conversations with housing navigators, we believe that most clients are seen within a week. Additionally, navigators report being able to meet weekly with new clients for the first three weeks. At that point, however, housing navigators at CVOEO often do not have the capacity to meet with clients each week. We believe it is possible, or even likely, that the inability to see clients weekly contributes to clients not being engaged or active in the process. As we discussed above in the data section, we recommend exploring the correlations, if any, between workload and clients becoming inactive. Additionally, analyzing a possible correlation between workload and time to housing readiness would be useful[24]. If there are correlations between caseload and client engagement, and/or caseload and time to Phase III, we would recommend adding housing navigators to the system. This would be especially true if clients reaching Phase III the fastest are also housed the fastest.

Regardless of the need for more housing navigators in the system as a whole, CVOEO seems to have the highest caseload per FTE. Given that these navigators are the only ones taking new walk-ins from the CE system --and that they have the highest number of clients while being significantly below the assumed target of roughly an hour/client/week -- increasing their capacity seems important.

Recommendations for Housing Navigator Capacity

Recommendations	Priority	Suggested Owner

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[23] Few groups responded to our request for information on case load, and for the few that did, there are so many different ways the job descriptions are defined that comparisons are difficult.

[24] These reports, referenced above under the data recommendations, could also be used to determine which housing navigators are the most successful and hold less successful navigators more accountable.

22. Conduct additional analysis and consider funding for another housing navigator at CVOEO.	Medium	CVOEO/CE Committee

Administrative Capacity

CE currently has one full-time administrator. The role includes facilitating weekly committees, upkeep of the Master List, coordination with service providers, chairing the CE committee, being a team lead for the BFZ project, and coordinating of referrals with housing providers. In addition, there is the less tangible, but very time consuming, work of continuing to build the coalition.   Additionally, this report also contains many recommendations which will fall to the CE Director to implement. Among these recommendations, taking responsibility for improving the quality of data in the system should be the first priority. Given these factors, we believe it will be hard for the coalition to achieve optimal performance and successfully implement the recommendations included in this report without additional administrative capacity, at least in the next year or two.

Recommendations for Administrative Capacity

Recommendations	Priority	Suggested Owner
23. Add a half-time administrative position that focuses primarily on improving data quality, implementing recommendations in this report, and CE operations.	High	Steering Committee

Project Goal: Explore Inefficiencies in the System

A process map of the CE system is included above on pages 10 and 11. Each of these pages contains a yellow box in the lower left which lists, issues, bottlenecks and non-value-added steps in the system. Some of these issues have already been addressed in the sections above. In this section we address those issues not addressed elsewhere.

The Screening/Referral Process

Through this project we learned that only 27% of those screened were assessed and entered on the Master List. While some stakeholders thought that this outcome was positive and represented people who would not otherwise be entered onto the Master List, others wondered if the screening process was worthwhile given this low percentage. Currently work is being conducted to help determine the reason for the low percentage. The reasoning could be, for example, that most people who go through the screening are not eligible for CE. If this is the case, determining eligibility sooner in the process (perhaps during screening) would increase the efficiency of the system. Additionally, Madison Wisconsin has a dedicated phone line for CE referrals as well as a mobile assessment hub. These are both models to consider when thinking about increasing the number of referrals that move into assessment.

Documenting Chronic Homelessness

There seems to be some confusion among housing navigators as to how to sufficiently document "chronic" homelessness. The standard for documentation needs to be clarified, and then training needs to be conducted to avoid confusion and delays in the system. Recommendations 12 through14 above in the section on improving coordination also should help with this goal.

Step 26: Still at the Top of the List

Housing navigators reported frustration stemming from working with clients to secure housing, only to have them bumped because they were no longer at the top of the list and, therefore, judged to be not the most vulnerable. Others disputed that this was indeed the current process. Regardless of the current process, we recommend eliminating Step 26 (Still at the top of the list) of the process map because it creates inefficiency.

Appropriate for Mainstream Housing

While a clear definition exists for "chronic" homelessness, the determination of who is "appropriate" for mainstream housing is more subjective. We believe that establishing criteria for who can succeed in mainstream housing may improve efficiency. Given the shortage of PSH units, the coalition may need to take some risks when thinking about what success looks like. Given the lack of options for the chronic population, providing supports that enable more people to succeed in mainstream housing may be the best way forward.

Updating the Data Sharing Agreement

We understand that each time a new partner joins CE, the data-sharing agreement needs to be updated. This process is tedious and time-consuming. We recommend either standardizing a process to be done once a year for all new partners or listing all potential partners on the data-sharing agreement so that as new partners come into CE they are covered by the current agreement.

Recommendations to Improve Efficiency

Recommendations	Priority	Suggested Owner
24. Continue to assess the reasons for the low conversion rate from screening to assessment.	High	CE Director
25. Clarify the documentation needed to designate someone as chronically homeless.	High	CE Committee
26. Explore options for a centralized location of information about housing stock that is coming online.	Medium	CE Committee
27. Eliminate step 26 from the process map.	High	CE Committee
28. Create criteria to better determine who is most likely to succeed in mainstream housing. These criteria may need to promote more mainstream housing options, because of the shortage of PSH housing units.	Medium/Low	CE Committee
29. Consider increasing the frequency of CE orientation training. While it is presently conducted once a year, there seem to be a number of aspects of the system that are unclear to participants.	Medium	CE Committee
30. Either develop a process to update the data-sharing agreement yearly or list all potential partners in the agreement so that, as new partners come into CE, they are covered by the agreement.	Medium	CE Committee
31. Consider a dedicated phone line to take CE referrals directly from homeless individuals and/or a mobile assessment hub that could conduct assessments in different locations.	Medium/Low	CE Committee

Project Goal: Explore the Potential Lack of Equity in the System

CE is a new process in Chittenden County in which every organization participates in different ways. Different organizations have different roles, and even those with similar roles may not participate in the same way. While this can create frustration, we believe the different ways organizations participate in CE is too be expected and completely normal. Each organization in CE is balancing its internal needs, and the need for flexibility in serving consumers, with the desire to participate in CE as fully as possible. Understandably, most organizations differ in how they handle this balancing act.

While increasing participation is a goal, framing increased participation as "creating equity in the system" seems to ignore the many reasons organizations might participate in different ways. Furthermore, the implication of discussing a "lack of equity", (some are not carrying their weight) increases judgement and decreases safety and the likelihood that participation will increase.

As we discussed above, we believe that the coalition must work to increase trust and understand the different perspectives of its members. As trust increases, so will the equity of participation.

A Note to Funders

We understand that the funders of this project appreciate and applaud the many successes that CE has accomplished over the last few years and may want to support it to take the next steps in its development. As we stated above, data limitations kept us from conducting some of the analyses we would have liked to. Despite these limitations, we can recommend a few funding opportunities that should help CE develop:

- Consider funding another 20 hours a week of administration time, at least for 6 to 12 months. The focus of this job would be to improve data quality, implement the recommendations in this report, continue to build collaboration, and oversee some CE operations.
- Consider funding an outside facilitator to help the coalition identify and overcome barriers to building trust and work with housing navigators and BHA to improve the handoff process. We believe an outside neutral facilitator could be very helpful in helping the group through these tricky conversations.
- Depending on future data analysis,[25] consider funding more housing navigation services at CVOEO.
- Should the coalition decide to pursue a data warehousing solution, this would require some funding. While the platform is open source and free, there would be hosting and maintenance costs.
- Housing retention may also be a need but, as noted above, those services are being assessed through another process.

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[25] Specifically, is caseload correlated to clients becoming disengaged and/or time to housing readiness.

Appendix A: A List of People Interviewed

Name	Organization/Role
Chris Brzovic	Coordinated Entry Director
Erin Ahearn	Director of the Homeless Health Care Program at Community Health Center/Safe Harbor Health Center.
Erin McSweeney	Emergency Services, State of Vermont
Shellie Spaulding	Supervisor, Department for Children and Families, State of Vermont
Meghan Morrow Raftery	New England HMIS Manager Institute for Community Alliances
Caitlin Ettenborough	System Administrator Institute for Community Alliances
Nicole Kubon	Housing Resource Center Coordinator Committee on Temporary Shelter
Sarah Phillips	Vermont Office of Economic Opportunity, State of Vermont
Geoffrey T. Pippenger	General and Emergency Assistance Program Director, Economic Services Division, State of Vermont
Sarah K. Russell	Director of Housing Retention and Services Burlington Housing Authority
Alex Ellis	Intake Coordinator Spectrum Youth & Family Services
Linda Amante	Associate Director, Chittenden Community Action/CVOEO
Emily Taylor	Housing Field Advocate Chittenden Community Action
Lindsay Morse	Director of Care Coordination and Patient Transitions UVM Medical Center
Katie Spaeth	Coordinated Entry System Manager Institute for Community Alliances (Madison, WI)
Geraldine McCafferty	Director of Housing City of Springfield, MA
Amy Carmola	Director of Community Impact United Way of Northwest Vermont
Housing Navigator Focus Group Attendees	
Adam Frowine, Mike Brown, Ciara Kilbourn, Madeleine Doggett	COTS
Heather Bush, Danielle Jayce	Safe Harbor
Brian Hofmann	Anew Place
Ray Anastas, Emily Taylor, Christelle Bakala,	CVOEO

Jason Brill	US Dept. of Veterans Affairs

Appendix B: Suggestions from Consumers

How could the process of getting help with housing be better?

- One stop shopping for homeless folks in town—
- Too many chiefs and not enough Indians—what is required in one place is not required at others. It feels piecemeal.
- More coordination in the system
- Placements should not screen against criminal history or mental health.
- The ones working should be the first priority to get in.
- Accepting service dogs.
- Less hoops—feels like racial discrimination at time.
- CCHA brainstorming sessions are a good start.
- Transportation can be an issue—more learning about what is available. Bus schedules across town are hard. Those with disabilities it becomes harder.
- Availability is the hard part.
- Most severe should get first dibs—but also reward those who make the most effort—
- More advocates, more low-income housing that people have access to.
- Navigators could explain things better
- List of resources and where to get them
- Bus passes
- A more direct route to get short term help with food for a week.
- Transparency with where the money is going—
- More flexibility
- No changing hours over the summer
- Microwaves around town.
- Public bathrooms
- Change the question of how many times have you been homeless. It is confusing.
- Cold exception nights should go into a system that would trigger other agencies to reach out to you.
- Wet shelter is a good thing, but they could be more flexible with the hours.
- There seems to be a lack of continuity among agencies.
- Less paperwork.
- There seems to be a lack of continuity among agencies.
- There is a lot of stigma that adds challenges.
- There are a lot of abandon houses—
- We just need more housing—Harbor Place needs to be invested in.
- More advertising about homeless alliance meetings—Having everyone is under the same roof is helpful.
- Setting aside food items that are microwaveable for homeless folks.
- A list of all the services available
- A map of where different services can be found.

Appendix C: Clarification of Terms

Clarifying Intake/Assessment, Housing Navigation Services, Essential Services Case Management, and Housing Retention Services

While acknowledging that case management should remain flexible to best serve the individual needs of households, the following defines basic expectations as to what is provided. This is preceded by a definition of Intake/Screening, another essential function for programs serving the homeless, and a description of Housing Search & Placement.

Intake/Assessment: *To provide <u>coordination at the program or community level.</u>*

- Record basic household information to determine immediate need, and eligibility for other assistance.

- Conduct an assessment to determine the amount and type of assistance and support that the individual or family needs to regain stability in permanent housing.

- Determine what initial referrals may be appropriate to meet a range of household needs – including, shelter and housing, as well as mainstream services (such as child care, parenting, employment, education, mental health, substance use treatment/recovery, legal services, etc.) and benefits (such as WIC, Reach Up, 3SquaresVt, SSI/SSDI, etc.).

- Follow-up on initial referrals to prevent a household from "falling through the cracks."

Housing Navigation Services: *To provide logistical and housing support to households preparing to move into permanent housing.*

- Identify housing barriers, needs and preferences.
- Work to address barriers to project/housing admissions (e.g., criminal record, credit report, utility arrears, unfavorable references).
- Develop an action plan for locating housing. Support housing search and placement.
- Provide outreach and negotiate with landlords.
- Work closely with housing providers regarding eligibility documentation and verification.
- Follow-up on referrals to housing to support enrollment.
- Assist with submitting rental/housing applications and understanding leases.
- Ensure living environment is safe and ready for move in (facilitate inspections).
- Support compliance with fair market rent and rent reasonableness, if applicable.
- Assist in arranging for/supporting move (set up utilities, moving arrangements, *etc*).
- Find resources to support move-in (security deposit, moving costs, furnishings, other one-time costs).
- Provide education and training on the role, rights and responsibilities of the tenant and landlord.
- Develop of a housing support crisis plan that includes early prevention/intervention when housing is jeopardized.
- Identify of other service needs/ongoing retention support needs and connect client to mainstream services and benefits.

Essential Services Housing Case Management: *To provide coordination for households in emergency shelter settings, ensuring basic needs are addressed and providing comprehensive referrals to mainstream services and benefits.*

- Determine (in consultation with household and other community partners, if applicable) who shall be the lead case manager for the household.
- Work with participants to develop a housing and service plan, set goals, and help participants stay on course.
- Provide ongoing risk assessment and safety planning with victims fleeing violence or make appropriate referral.
- Employ best practices to help the household identify its strengths and opportunities, as well as underlying issues which may have led to homelessness, or could undermine success if not addressed.
- Provide information, referrals and encouragement for the household (or members of the household) to avail themselves of other appropriate services or take appropriate action to address barriers.
- Assist with developing, securing and coordinating mainstream services and benefits.
- Monitor and evaluate client progress.
- Maintain a relationship with household, identifying the appropriate level of support without creating over-dependence.
- Ensure households have appropriate services after they have moved into permanent housing, including housing retention services.

Housing Retention Services: *To provide ongoing, individualized support and coordination for households once stabilized in permanent housing.*

- Provide early identification and intervention for behaviors that may jeopardize housing, such as late rental payment and other lease violations.
- Coach on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.
- Assist in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action.
- Advocate and link with community resources to prevent eviction when housing is, or may potentially become jeopardized.
- Assist with the housing recertification process.
- Coordinate with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.
- Continue training in being a good tenant and lease compliance, including ongoing support with activities related to household management.
- Connect the household to mainstream services and benefits.

Appendix D: A Summary of Recommendations

Recommendations to Improve Consumer Feedback	Priority	Suggested Owner

1. Continue to evolve a consumer-centric culture to foster input.
  a. Add two questions to the beginning of the assessment:
    i. "Tell me about the best case management you ever had and why it was excellent."
    ii. "What do you need from me to insure I am meeting your needs?"
  b. And at some point, mid-way through the process, ask "What could we do better?"
	Medium	CE Committee

2. Produce a one-page list of services available, with a map, that all service providers could give to new consumers.	Medium/Low	A work group appointed for this task?
3. To increase consumer feedback, promote the attendance of consumers at homeless alliance meetings.	Medium/High	CCHA Membership Committee
Recommendations for Managing the Context and Culture	**Priority**	**Suggested Owner**
4. Build a culture of trust and transparency.		
a. Consider some targeted work aimed at increasing trust within the group. This work may require an outside facilitator.	High	Steering Committee Officers
5. Build a culture of innovation by committing to trying and testing new ideas.		

a. **Discuss and clarify cultural assumptions that may slow innovation and the pace of decisions. Among these potential assumptions are that:**
    i. decisions have to be perfect before starting;
    ii. all risk has to be eliminated before starting;
    iii. there needs to be complete consensus on all; decisions before starting;
    iv. all conversations or negotiations need to happen in the large group.
	High	Steering Committee Officers

b. Create a decision-making matrix to gain clarity and transparency about what types of decisions are made in what ways.	Medium/Low	Steering Committee Officers
c. Begin evaluating all meetings in order to surface issues quickly and improve performance[26].	Medium	Steering Committee Officers

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[26] We believe meeting evaluations are a best practice, but without trust frustrations may still not be surfaced.

Recommendations to Improve Coordination	Priority	Suggested Owner
6. Clarify the boundaries of CE. This will entail outlining the preferred referral process. Ideally this clarification will involve increased communication and feedback loops.	High	Steering Committee
7. Conduct a facilitated meeting or series of meetings with housing providers to build trust, identify barriers, and create safe paths to increase participation. The goals of these meetings would be to increase trust, increase understanding of different challenges and perspectives, eliminate side doors, and, ideally, draft a customized MOU with each housing provider that commit a percentage of a providers vouchers to CE.	High	Steering Committee
8. Focus energy on the onboarding of ESD so that issues are identified and addressed quickly. This work will help ensure that the next iteration of ESD's participation in the system is a possibility.	Medium	CE Director
9. Strengthen the medical vulnerability section of the assessment.	Medium	CE Committee
10. Consider adding HMIS licenses for UVM Medical Center, COTS, and other providers with limited access to the system.	Medium	Organization specific
11. Track progress of the work Health Care for the Homeless is doing in Boston to integrate HMIS and electronic medical records to see if this is a desirable path forward.[27]	Low/Long-Term	UVM Medical Center
12. Conduct a facilitated meeting or series of meetings with housing navigators and BHA with the goal of increasing coordination of hand-offs (for both housing and retention specialists). In these meetings, aim to replicate the process used by CHT for housing handoffs, if possible. Additionally, create more feedback loops between housing agencies and navigators.	High	CE Committee
13. Having BHA's Rental Assistance Operations Manager attend at least one Community Housing Review Committee each month to improve communication with housing navigators. This would also be useful for other housing providers.	High	CE Committee
14. Conduct periodic trainings with housing navigators on documentation required by BHA.	High	CE Committee
15. Create common criteria for refusing services.	Medium/Low	CE Committee
Recommendations to Improve Data	Priority	Suggested Owner
16. Recommendations to improve the quality of data		

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[27] While we understand that ICA believes that data warehousing is not a best practice, CE staff in MA seem to be very happy with their data warehousing solution. It does have costs both in dollars and maintenance, and there are factors in MA that make it more desirable; but the goal of increased coordination should be explored through all means.

a.	Develop a more comprehensive report that tracks HMIS and non HMIS data quality (percent of missing fields, perhaps) for each housing navigator and organization.	Very High	CE Director
b.	Run these reports weekly and agree upon a process to hold housing navigators accountable for data entry. Follow through with the process of increasing accountability.	High	CE Director
c.	Conduct outreach and training in HMIS to organizations that are less connected and whose data quality is low.	High	ICA in coordination with CE Director
d.	Consider moving towards entering data, and data elements, directly into HMIS instead of conducting the assessment on paper and rekeying or transferring the data.	Medium/Low	CE Committee
e.	Consider moving towards more alignment of data elements with BoS.	Medium/Low	CE Committee
f.	Come to agreement about what certain terms in HMIS mean (i.e. "rapid rehousing").**28**	High	CE Committee
g.	Continue to review assessment forms to clarify questions that are not HUD mandates and seem vague to consumers.**29**	Medium/Low	CE Committee
h.	Create (or clarify) a policy that specifies when those designated as "not homeless" are included, and when they are excluded, from the Master List.	Medium	CE Committee
i.	Explore and clarify how field 3554 (project type taking client off of the Master List) is different from field 3590 (Coordinated Entry outcome status). If both fields are not needed, eliminate one.	Medium	CE Committee
j.	In the "housing navigator" field, add an option for "No housing navigator assigned, ineligible". This will show whether data is missing from the field.	Medium	CE Committee
17. Recommendations to improve timeliness of data entry			
a.	Convene a series of facilitated meetings to discuss improving data in the system. (Focus areas could include timeliness of data entry; which critical fields are only uploaded quarterly; which data fields to use for exits; and standardizing what fields mean, among other topics).	High	CE Committee
18. Recommendations to better measure success			
a.	Agree as a group about how success will be measured. In this discussion, consider:	High	Steering Committee

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[28] Definitions used in the federal HOP Grant are included in Appendix C.
[29] While we understand that some questions are HUD mandated, numerous stakeholders and consumers mentioned that questions about the number of times a consumer has been homeless were confusing.

v. percentage of those who access the system are housed within six months; vi. average time to housing for those exiting the system through housing; vii. percentage of clients engaged and active in the process; viii. current Build for Zero (BFZ) dashboards.			
b. Consider establishing a working group that coordinates with BoS to leverage its work on this question.	High		CE Committee
c. Develop a dashboard that looks at trends and data over time for agreed-upon, high-level indicators of outcomes.	High		CE Committee
d. Review the dashboard quarterly, if not more frequently.	High		Steering Committee and CE Committee
19. Recommendations to better mine the data			
a. Clarify who owns the task of mining data.	High		Steering Committee
b. Align HMIS exit data with the newly developed process maps in order to track those who exit the system through vouchers and managed property. Additionally, add fields that allow tracking the number of clients waiting for different types of services,**30** and align these services with HUD's "exit destinations".	High		CE Committee
c. Once the fields are agreed upon, conduct trainings to ensure that everyone is using the agreed-upon definition of the field.	Medium		CE Committee
d. Add a "has housing retention" field to HMIS so that, upon exit, the success of housing retention services can be tracked. Because the type of housing retention services differs by organization, tracking this by organization should give data on what type of housing retention works best.	High		CE Committee
e. Develop reports that explore cycle time to Phase III by organization in order to determine which organizations are most successful. Explore differences in cycle time.	Medium		CE Committee
f. Develop reports that make it possible to explore what types of people are increasing in the system (mental health, physical health, vets, youth, etc.).	Medium		CE Committee
g. Develop reports that allow tracking trends over time regarding the number of people waiting for PSH, vouchers, and subsidies.	Medium/High		CE Committee
h. Run reports of all youth (and those with mental illness and other categories) to ensure that clients on the list	Medium		CE Committee

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[30] Currently the field titled "Project type taking client off the Master List" does not align with the process map.

are connected with those who can provide the most support and that referrals are appropriate.		
i. Explore correlations between: a. caseload and time to Phase III; b. caseload and total time to being housed; c. caseload and clients staying engaged.	Medium	CE Committee
j. Adjust what is measured based on data mining.	Low/Longer-Term	CE Committee
Recommendations to Increase Housing Options	Priority	Suggested Owner
20. Continue to advocate for more PSH units, vouchers, and subsidies	High	Everyone
21. Experiment with new off-ramps to the Master List. Consider:		
a. Piloting a program that matches people with housemates and offers support services that might allow the matches to be successful.	Medium/High	Workgroup appointed by Steering Committee
b. Expanding landlord liaison programs and landlord guarantees.	Medium	Workgroup appointed by Steering Committee
c. Establishing incentives for homeowners to create apartments to increase overall stock.	Low/Longer Term	Workgroup appointed by Steering Committee
d. Increasing data analysis to find out more specifically who is getting "bottlenecked" in the system.	High	CE Committee
e. Eliminating side doors, which keep housing stock from being used in CE.	High	CE Committee
Recommendations for Housing Navigator Capacity	Priority	Suggested Owner
22. Conduct additional analysis and consider funding for another housing navigator at CVOEO.	Medium	CVOEO/CE Committee
Recommendations for Administrative Capacity	Priority	Suggested Owner
23. Add a half-time administrative position that focuses primarily on improving data quality, implementing recommendations in this report, and CE operations.	High	Steering Committee
Recommendations to Improve Efficiency	Priority	Suggested Owner
24. Continue to assess the reasons for the low conversion rate from screening to assessment.	High	CE Director
25. Clarify the documentation needed to designate someone as chronically homeless.	High	CE Committee

26. Explore options for a centralized location of information about housing stock that is coming online.	Medium	CE Committee
27. Eliminate step 26 from the process map.	High	CE Committee
28. Create criteria to better determine who is most likely to succeed in mainstream housing. These criteria may need to promote more mainstream housing options, because of the shortage of PSH housing units.	Medium/Low	CE Committee
29. Consider increasing the frequency of CE orientation training. While it is presently conducted once a year, there seem to be a number of aspects of the system that are unclear to participants.	Medium	CE Committee
30. Either develop a process to update the data-sharing agreement yearly or list all potential partners in the agreement so that, as new partners come into CE, they are covered by the agreement.	Medium	CE Committee
31. Consider a dedicated phone line to take CE referrals directly from homeless individuals and/or a mobile assessment hub that could conduct assessments in different locations.	Medium/Low	CE Committee