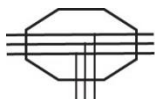




COORDINATED ENTRY EVALUATION

PREPARED FOR
HOMELESS ALLIANCE OF WESTERN NEW YORK
2023

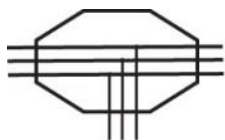


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Executive Summary

Background and Purpose:

Coordinated Entry Systems (CES) are integral to Continuums of Care (CoCs) and their homelessness responses nationwide. These systems aim to provide a standardized, coordinated response to homelessness, ensuring individuals are assessed uniformly and referred to housing resources based on set prioritization criteria. The overarching goal is to quickly match individuals with housing, prioritizing based on vulnerability and need when resources are scarce. However, systemic barriers, such as a dwindling supply of affordable housing units and rising costs, challenge the effectiveness of these response systems. The aftermath of the COVID-19 pandemic has further strained housing systems, with surges in evictions and rent increases, and Erie and Niagara Counties in New York have experienced similar trends. Buffalo, in particular, has seen one of the highest eviction rates nationally. Amidst these challenges and an 80% rise in homelessness from 2022 to 2023, the Homeless Alliance of Western New York (HAWNY) seeks an evaluation of its local CES to inform strategies to enhance its system's equity, efficiency, and effectiveness. This report presents a thorough evaluation of HAWNY's CES, marking the first such assessment since 2019.

Approach and Methodology

To ensure a comprehensive understanding of the CES, an equity-informed, multi-faceted approach was adopted. A CES is a complex system of interacting programs and components within a CoC, yet it also interacts with external systems, such as housing, health and human services, and transportation systems, that often influence its outcomes. We therefore distinguish between internal processes, which can be directly influenced by the CoC and improved more immediately, and external systems and processes, which CoC leadership can only influence through longer-term advocacy and partnerships. Our methods and data sources included the following:

Quantitative Analysis: A deep dive into the HMIS data provided insights into system trends, bottlenecks, and patterns, with a particular focus on racial equity issues in assessments.

- **Provider Interviews:** Engaging with a diverse group of providers offered a nuanced understanding of the CES from the provider's viewpoint.
- **Focus Group Discussions with Persons with Lived Experience:** These sessions captured collective insights on challenges faced by service users and potential solutions.
- **Equity Lens:** Throughout our evaluation, we conducted our analyses using an equity lens and holistic systems approach. We investigated whether there were disparities in access, assessment, or outcomes at any level of the CE process that disproportionately impacted households by race, ethnicity, gender, age, or disability status.

Key Findings

1. Strengths:

- Collaboration: The CES has fostered a high level of collaboration among stakeholders.
- Inclusivity and Equal Access: The system offers multiple points of entry for assessments.
- Stakeholder Buy-In: The CES enjoys broad stakeholder buy-in.

• Racial Equity Issues:

- Assessment Tool Disparities: The quantitative analysis revealed potential racial disparities arising from the assessment tool itself.
- Locational Disparities: The data indicated that the location where assessments are conducted can influence outcomes, with certain locations potentially disadvantaging specific racial or ethnic groups

• Bottlenecks: External pressures and internal processes have strained the CES.

• Transparency: Stakeholders have raised concerns about the perceived opacity in the system's prioritization and assessment mechanisms.

• Training: Inconsistencies in training approaches across agencies and the rapid pace of training sessions hinder comprehensive understanding.

• Feedback Mechanisms: While some stakeholders feel empowered to provide feedback, others feel marginalized.

Recommendations

Short Term:

- | | |
|---|---|
| ○ Develop a centralized communication platform | ○ Enhance client-friendly assessment spaces |
| ○ Standardize training for caseworkers | ○ Introduce warm hand-offs for referrals |
| ○ Introduce feedback mechanisms for clients and providers | |

Medium-Term:

- | | |
|----------------------------------|-----------------------------------|
| ○ Enhance Transparency | ○ Restructuring Case Conferencing |
| ○ Review Prioritization Criteria | |

Long-Term:

Addressing Changing Housing Markets

- Affordable Housing Development:
- Addressing Aging Housing Stock with a Focus on Affordability
- Homeownership Support
- Community Land Trusts (CLTs)
- Advocate for Increased resources for the Buffalo Landlord Incentive Program

System Adaptability

- Regular System Evaluations
- Development of Response Protocols
- Real-Time Data Analysis System
- Cross-Sector Collaboration Protocols

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Purpose

The primary objective of this report is to conduct a thorough evaluation of the CoC's Coordinated Entry (CE) system in alignment with the Housing and Urban Development (HUD) CE standards. Our assessment specifically targets the four pivotal phases of the system: access, assessment, prioritization, and referrals. In our endeavor to provide a comprehensive review, we have placed a particular emphasis on identifying system bottlenecks that may impede efficient service delivery. Additionally, understanding the client experience stands central to our evaluation, as it offers invaluable insights into the system's effectiveness from the perspective of those it serves. Through this report, we aim to shed light on areas of strength and potential improvement, ensuring that the HAWNY CE system aligns with best practices and truly meets the needs of its clientele.

Emphasis on System Bottlenecks and Client Experience

In our pursuit of a holistic understanding, we've delved deep into the system's operational intricacies, with a keen eye on potential bottlenecks. These bottlenecks, whether they manifest in procedural delays, resource constraints, or communication barriers, can significantly hinder the system's ability to deliver services efficiently. Addressing these challenges is paramount to ensuring that clients receive timely and appropriate assistance.

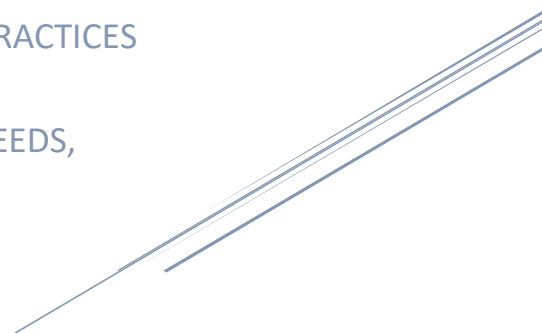
By centering the client experience in our evaluation, we aim to gauge the system's effectiveness not just in terms of procedural compliance but, more importantly, in its impact on the very individuals it seeks to serve.

Equally pivotal to our evaluation is the lived experience of the clients. Their journeys, feedback, and perspectives provide a wealth of insights that quantitative metrics alone cannot capture. By centering the client experience in our evaluation, we aim to gauge the system's effectiveness not just in terms of procedural compliance but, more importantly, in its impact on the very individuals it seeks to serve.

Aiming for Excellence

Through the pages of this report, we endeavor to illuminate both the commendable strengths of the HAWNY CE system and the areas ripe for enhancement.

OUR ULTIMATE GOAL IS TO ENSURE THAT THE
SYSTEM NOT ONLY ADHERES TO BEST PRACTICES
BUT ALSO EVOLVES IN A MANNER THAT
CONTINUALLY RESONATES WITH THE NEEDS,
ASPIRATIONS, AND WELL-BEING OF ITS
CLIENTELE.



Methods

This research sought to evaluate the coordinated entry system, combining both quantitative and qualitative methods. The aim was to understand system limitations and provide recommendations for improving efficiency, effectiveness, fairness, equality, and the client-centered nature of the system. This methodology report outlines the procedures and techniques used in the study, conducted between May and September 2023.

Quantitative Methodology

Descriptive Statistics Using HMIS Data

Data Collection:

- Source: The quantitative data was extracted from the Homeless Management Information Systems (HMIS)
- Time Frame: Data was extracted in July 2023 for the timeframe of 1/1/2019-12/31/2022
- Data Parameters: The study focused on understanding system limitations, gauging efficiency and effectiveness metrics, and assessing the level of fairness and equality in service provision.

Data Analysis:

Tools and Techniques:

The dataset was analyzed using Microsoft Excel for its data sorting and visualization capabilities, and R for advanced statistical functions. Descriptive statistics, including measures of central tendency and dispersion, were applied to summarize the data.

Visualization Techniques:

A variety of visualization tools were utilized to present the data in an easily interpretable format. Histograms were used to display the frequency distribution of data, helping to identify common patterns and outliers. Bar graphs were particularly useful in comparing different categories or groups, highlighting disparities or similarities in service provision. Additionally, box-and-whisker plots were included to depict the distribution of data, offering insights into the median, quartiles, and any potential anomalies in the dataset. These visual tools were instrumental in uncovering key patterns and trends, such as peak service usage periods and demographic group distributions.

Performance and Equity Evaluation:

The analysis concentrated on evaluating the system's efficiency (how quickly and effectively services were provided) and effectiveness (the impact of services on the target population). This involved analyzing metrics like service response times and successful housing placement rates. An equity analysis was also conducted to ensure fair service distribution across different demographic groups, including race, gender, age, and socioeconomic status.

System Limitations and Recommendations:

By identifying system limitations, such as service bottlenecks and gaps in serving certain populations, the analysis provided a foundation for making informed recommendations. These recommendations aim to improve the HMIS in terms of efficiency, effectiveness, and equity.

Qualitative Methodology: Semi-Structured Interviews

Semi-Structured Interview Method

To capture a broad spectrum of insights, the research team employed a nomination-based selection method. Participating organizations within the Coordinated Entry (CE) system were requested to nominate one representative actively engaged in the CE process. By adopting this strategy, the team ensured that the interviewees were knowledgeable and could offer invaluable firsthand perspectives on the intricacies of the CE process.

Provider Participant Selection:

To gather a rich variety of insights, this research used a nomination style selection method. Interviewees from participating CE organizations. Each organization involved in the Coordinated Entry (CE) process was asked to nominate one representative engaged in the CE process. This approach ensured our interview participants were well-informed and could provide valuable firsthand perspectives on the CE process.

A purposive sampling technique was employed to select 18 providers, considering criteria such as their experience with the system and their roles.

Data Collection:

The semi-structured interview guide was crafted to delve deep into the perceptions of providers concerning system strengths and limitations, governance mechanisms, areas of improvement for efficiency, effectiveness, fairness, equality, and enhancing the client-centered approach. The Interview protocol can be found in Appendix A

Procedure:

Interviews were carried out over Zoom, each lasting between 45-60 minutes. With participant consent, sessions were audio-recorded for accuracy and transcribed for coding.

Data Analysis:

Transcripts were prepared from the audio recordings of the interviews. An inductive coding process was employed, allowing themes to emerge organically from the data rather than imposing preconceived categories. These themes encompassed a range of critical areas such as:

- Definitions and understanding of the Coordinated Entry (CE) system.
- Identified strengths and challenges within the system.
- Perspectives on system efficiency and effectiveness.
- Insights into training needs and practices.
- Evaluations of the VI-SPDAT tool in practice.
- Issues related to fairness and potential discrimination within the system.
- The extent of client-centeredness in current practices.
- Feedback mechanisms and their effectiveness.

Basis for Recommendations:

The nuanced understanding gained from the qualitative data, particularly from the providers' perspectives, was instrumental in formulating recommendations. These aim to enhance the CE system's functionality, focusing on increasing its efficiency, effectiveness, fairness, and client-centeredness.

Qualitative Methodology: Focus Groups

Focus Group Method

The research team utilized focus groups to collect insights from homeless clients familiar with the Coordinated Entry System. The goal was to delve into the distinct challenges and perspectives of CE clients. Focus groups, with their interactive nature, offer a depth of data that might elude individual interviews or broad surveys. In evaluating the Coordinated Entry System, this method proved vital in assessing the system's functionality and its alignment with the genuine experiences of its main users.

Client Interview Selection:

In our research approach, we strategically selected three distinct sites for evaluation. Upon arrival at each location, we employed a convenience sampling method. This approach allowed us to capitalize on the availability of clients present at the sites during our visit, ensuring a spontaneous and random selection of participants. This randomness was crucial as it provided a diverse range of experiences and perspectives, reflecting the varied clientele that these sites cater to on a day-to-day basis.

A convenience sampling method of 30 clients from three distinct sites, ensuring diversity in terms of their experiences, demographics, and needs.

Data Collection:

The focus group protocol was crafted to gather insights and feedback from participants on their experiences with the coordinated entry process, focusing on what is working and why. The focus group protocol can be found in Appendix B.

Procedure:

The focus groups were carried out in person at three shelters across the CoC region (Salvation Army, Community Missions of Niagara, and Buffalo Community Mission). The focus groups were 45-60 mins each. Participants were provided snacks and a gift card as compensation for their time.

Data Analysis:

Transcripts were prepared from the audio recordings of the focus groups. An inductive coding process was utilized, allowing for the emergence of themes directly from the participants' discussions. These themes encompassed several key areas:

- Navigating systems and processes: Understanding how clients and providers interact with and navigate the complexities of the system.
- Access to resources and support: Examining the availability and accessibility of resources and support services for clients.
- Client empowerment: Insights into how the system contributes to or hinders the empowerment of clients.
- Client feedback mechanisms: Evaluating the effectiveness and responsiveness of existing feedback channels from the client's perspective.

Basis for Recommendations

Grounded in the qualitative data from the focus groups, which captured the real experiences and needs of clients and providers, this analysis forms the basis for targeted recommendations. These aim to enhance system navigability, resource availability, client empowerment, and feedback effectiveness, thereby improving the overall client experience.

Limitations

Quantitative Data:

- The data from HMIS may not fully capture the intricate dynamics of the coordinated entry system or the nuanced experiences of clients and providers.
- The reliability of HMIS data depends on the accuracy and completeness of the data entered. Inconsistencies, errors, or gaps in data entry can lead to an incomplete or skewed understanding of the system.

Qualitative Data:

Nomination-Based Selection Bias:

- The nomination-based selection method for semi-structured interviews might introduce bias, as organizations may have nominated individuals with views not representative of all participants within the CE process.

Limited Sample Size and Diversity:

- The purposive sampling technique for providers and the convenience sampling method for clients might not be representative of the entire population interacting with the CE system.
 - The selection of only 18 providers and 30 clients from three distinct sites may not capture the full diversity of experiences and challenges faced by all stakeholders.

Data Analysis Subjectivity:

- The inductive coding process, while valuable, is inherently subjective. Different researchers might interpret or code data differently, potentially leading to varied conclusions.

Bias and Subjectivity:

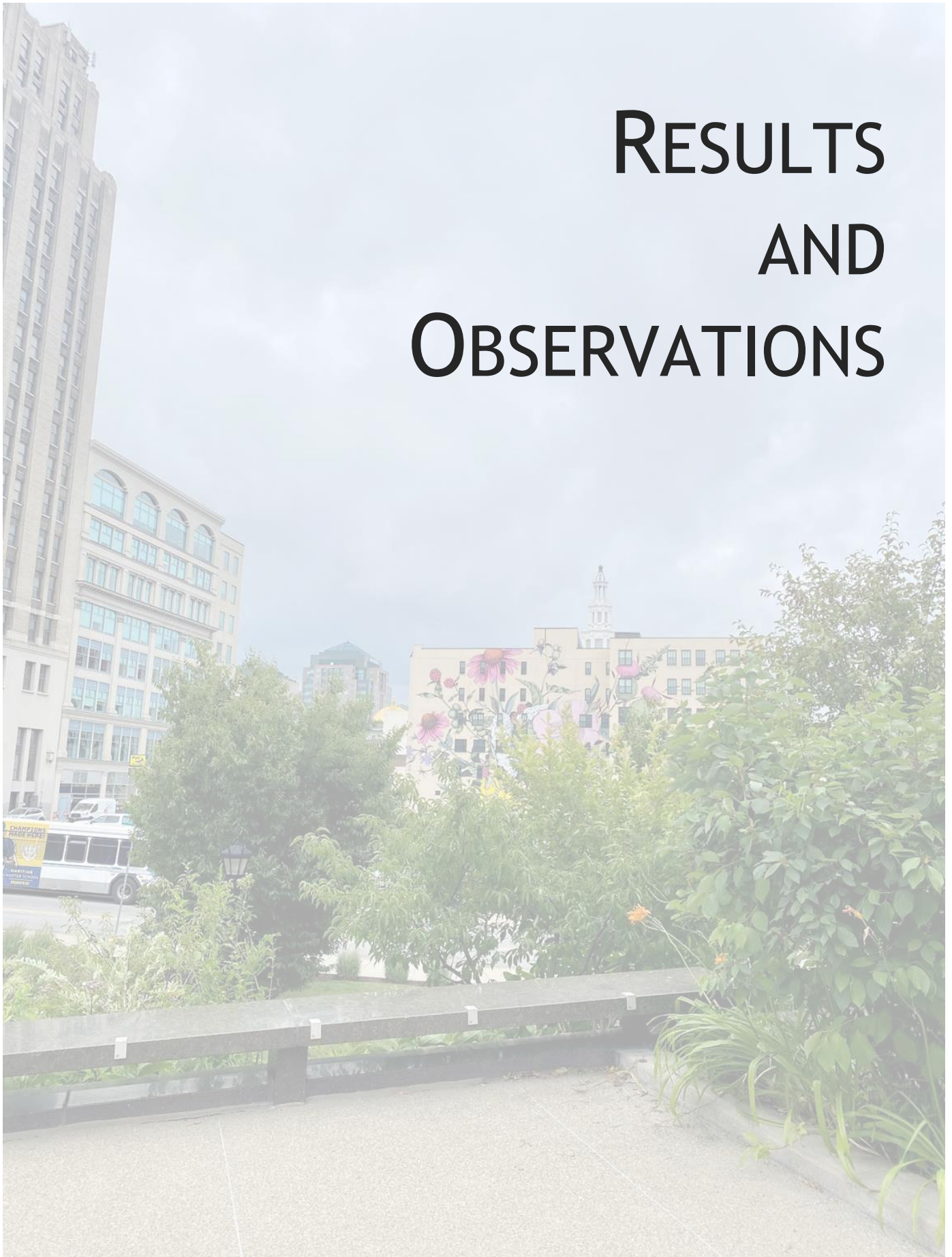
- There's always a potential for researcher bias to influence the interpretation of qualitative data, despite efforts to maintain neutrality.

Conclusion

Through a mixed methods approach, this research provided a comprehensive evaluation of the coordinated entry system. It combined the objectivity of the HMIS CE data with the personal experiences and perceptions of both providers and clients. These combined insights will be instrumental in formulating recommendations to enhance the system's efficiency, effectiveness, fairness, equality, and client-centered approach.

We advise harnessing the insights from this report as a foundation and further enhancing future evaluations by delving deeper into areas that were not extensively explored in this assessment.

RESULTS AND OBSERVATIONS



Quantitative Data Analysis

HMIS Data Analysis (2020-2022)

Based on three years of data from HAWNY’s HMIS, our evaluation offers a comprehensive quantitative insight into the Coordinated Entry (CE) system and broader homelessness assistance dynamics. We primarily concentrated on CE metrics, such as significant milestones like assessments and referrals. Simultaneously, we broadened our perspective to include overarching metrics like total program entries and housing exits. By doing so, we aimed to shed light on trends in access, assessment rates, and outcomes.

We applied an equity lens to discern demographic disparities in CE milestones, assessment scoring, prioritization, and outcomes. Our quantitative analysis was bifurcated into two categories: the demographic attributes of households and organization-locational factors. Our objective was to identify any significant disparities in the CE process, particularly those affecting demographic groups based on race, ethnicity, gender, age, or disability status. Another core area of focus was understanding the potential locational disparities concerning where households accessed the homelessness response system and whether these points of access had any bearing on movement through the CE process and outcomes.

Data Insights

From 2020 to 2022, there was a doubling of households, with a 71% increase in the number of households from 2021 to 2022. This significant increase mirrors the trend observed in the 2023 Point-in-Time (PIT) Count, which reported an 80% increase in individuals experiencing homelessness from January 2022 to January 2023. This indicates a pronounced influx of people seeking services in the NY-508 CoC. The underlying causes and implications of this surge, especially its impact on the CE process, are further detailed in the qualitative section of the report, yet further research is needed to adequately explore this concerning trend.

Population Overview

Our dataset included 67,950 unique program entries from the HAWNY HMIS. The earliest entry date was 4/24/1998 and the latest entry date 12/31/2022. There were comparatively few program entries prior to 2019 (less than 3,000 total) and very minimal CE data associated with these entries. We therefore restricted our analysis to program entries from 1/1/2019 to 12/31/2022. The following is the count of program entries in these years:

Table 1 Program Entry Count by Year

| <i>Year</i> | <i>Number of Program Entries</i> | <i>Total Households</i> |
|-------------|----------------------------------|-------------------------|
| 2019 | 10,676 | 7,920 |
| 2020 | 12,722 | 11,230 |
| 2021 | 15,077 | 13,265 |
| 2022 | 26,526 | 22,711 |

As shown in this table, there was a stark increase in program enrollments from 2021 to 2022 (75% increase). The dataset included a total of 57,564 unique households. There were 55,126 unique households with program entries from 2019 to 2022 as depicted in the above table. We focused our demographic analyses on the head of household. Throughout the following discussion, we refer to households or heads of households depending on the context.

Household Types

Households were divided into three categories: 1) Adults only, 2) Families with children, and 3) Unaccompanied youth. These households were distinguished as follows: 1) Adults only households have one or more members who were all above the age of 18; 2) Families with children are households with at least one member under the age of 18 and one member over the age of 18; and 3) Unaccompanied youth are households with one or more members where all members are under the age of 18.

There were 47,686 Adults only households, 3,845 Family households, and 434 Unaccompanied youth households. 3,161 households were of unknown type due to missing household data (all members had missing relationship to household data).

Table 2 Household Type by Year

| <i>Year</i> | <i>Adults Only</i> | <i>Families</i> | <i>Youth Only</i> |
|-------------|--------------------|-----------------|-------------------|
| 2019 | 6,653 | 1196 | 65 |
| 2020 | 10288 | 658 | 86 |
| 2021 | 11615 | 803 | 106 |
| 2022 | 19130 | 1188 | 177 |

There was a notable decrease in family households (adults and children) from 2019 to 2020, but this decrease has since reversed with 2022 returning to numbers comparable to 2019. Adults-only households and unaccompanied youth have been steadily increasing, driving the overall increases in households served.

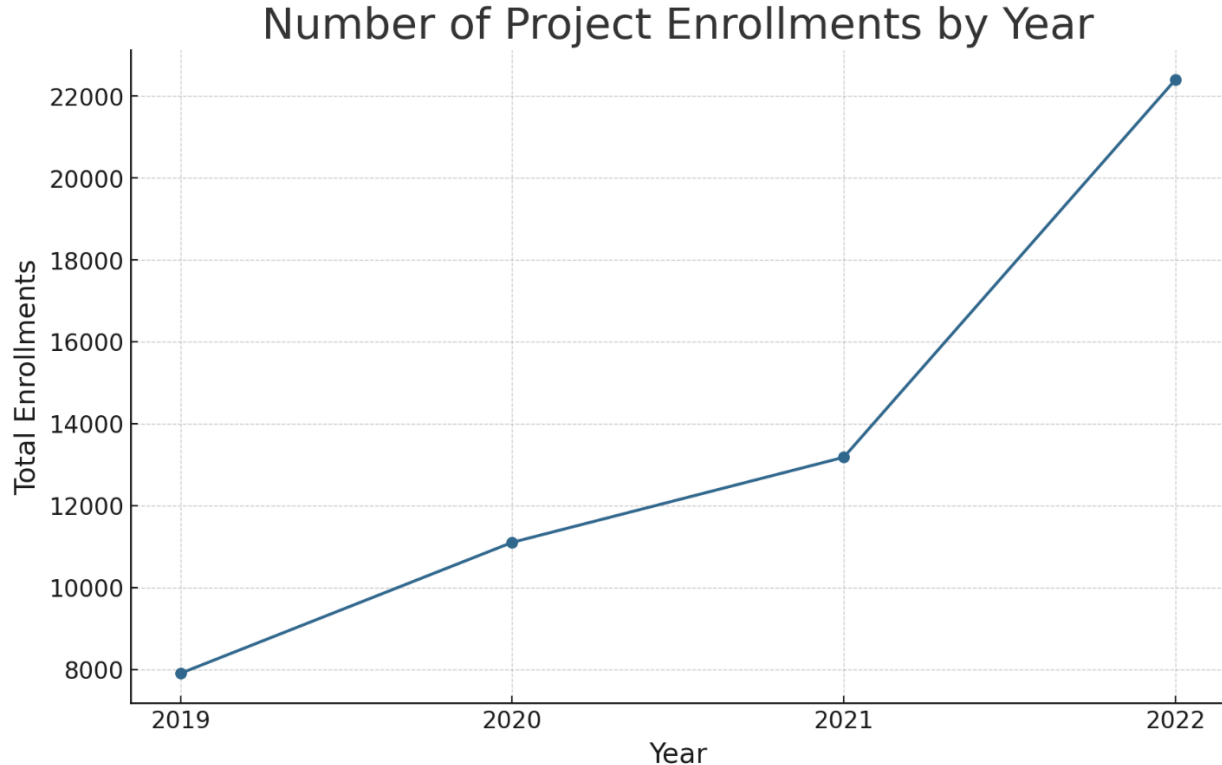


Figure 1 Increase in Project Enrollments

Demographics

Demographically, the age distribution portrayed a double-peaked curve skewed younger, with noticeable peaks in mid-30s and mid-50s (see Figure 2).

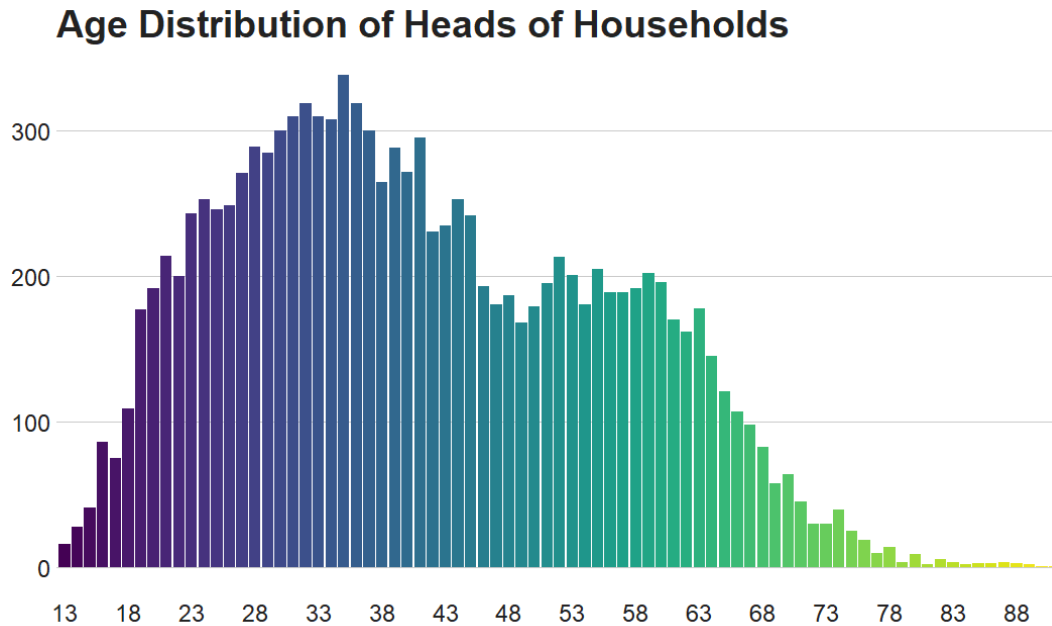


Figure 2 Age Distribution of Clients

Figure 3 compares the ages of heads of households for different types of households. From this graph, we can see that the ages of the heads of households for families with children are younger than adults only households. Furthermore, they do not display the double-peaked curve as adults only do.

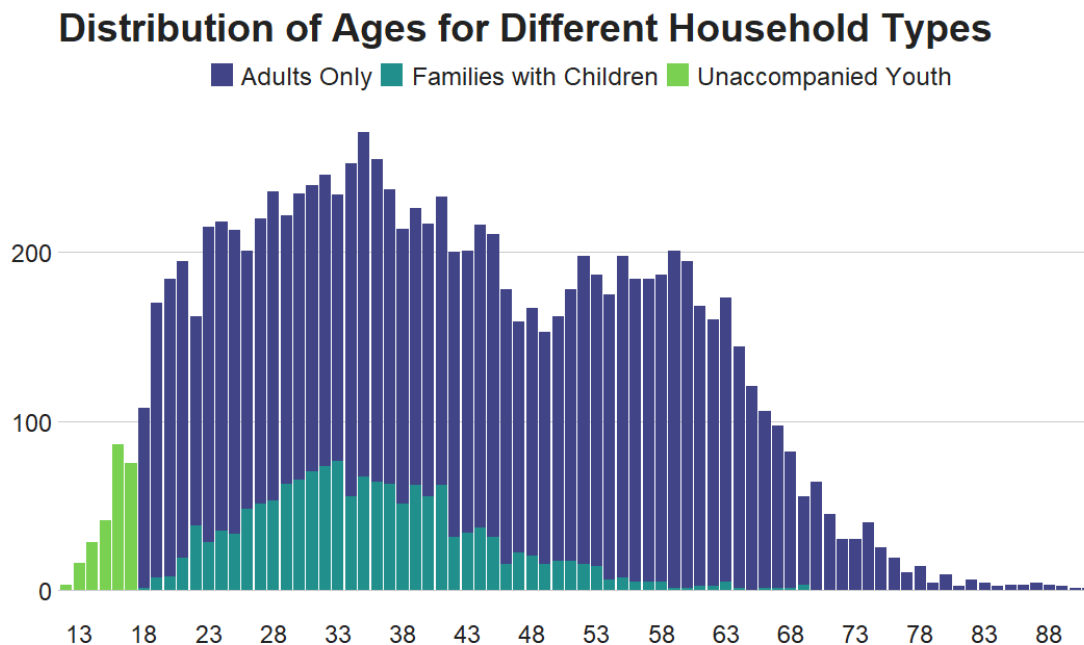


Figure 3 Age Distribution of Clients by Household Type

The age breakdown of household counts is depicted in the following table. The table also shows percentage changes from year to year for each age group. This data shows significant increases in both elderly and young adults as well as children. The graph below shows the changes in absolute numbers from 2019-2022 by age cohort. Yet, the largest percentage increase was in the 65 and older cohort, which increased by 94% from 2021 to 2022. The age cohort with the second largest percentage increase from 2021 to 2022 was the 18-24 group (80% increase), followed by the 55-64 group (75% increase).

Table 3 Changes in Absolute Numbers by Year

| Year | Under 18 | | 18-24 | | 25-34 | | 35-44 | | 45-54 | | 55-64 | | 65 and over | | Total |
|-------|----------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------|--------------------------|-------------|--------------------------|-------|
| | Count | % Change from Prior Year | Count | % Change from Prior Year | Count | % Change from Prior Year | Count | % Change from Prior Year | Count | % Change from Prior Year | Count | % Change from Prior Year | Count | % Change from Prior Year | |
| 2019 | 81 | N/A | 658 | N/A | 1837 | N/A | 1865 | N/A | 1448 | N/A | 1437 | N/A | 578 | N/A | 7904 |
| 2020 | 99 | 22% | 677 | 3% | 2182 | 19% | 2548 | 37% | 2066 | 43% | 2544 | 77% | 985 | 70% | 11101 |
| 2021 | 167 | 26% | 1268 | 87% | 2945 | 35% | 2851 | 12% | 2454 | 19% | 2547 | 0% | 947 | -4% | 13179 |
| 2022 | 249 | 49% | 2285 | 80% | 4905 | 67% | 4536 | 59% | 4126 | 68% | 4464 | 75% | 1833 | 94% | 22398 |
| Total | 596 | N/A | 4888 | N/A | 11869 | N/A | 11800 | N/A | 10094 | N/A | 10992 | N/A | 4343 | N/A | 54582 |

Referrals Data: Numbers of PSH and RRH referrals

Various patterns were noted concerning Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH) referrals.

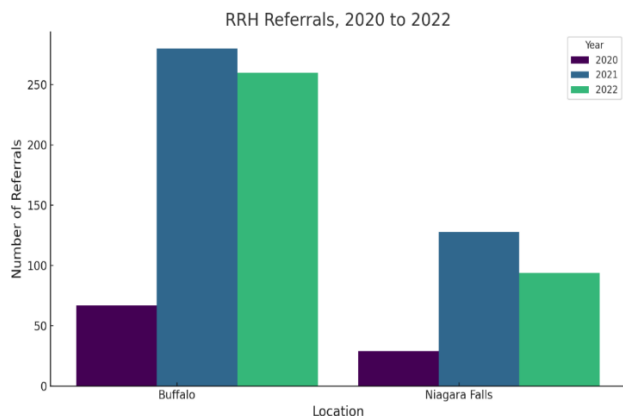


Figure 4 RRH Referrals, 2020-2022

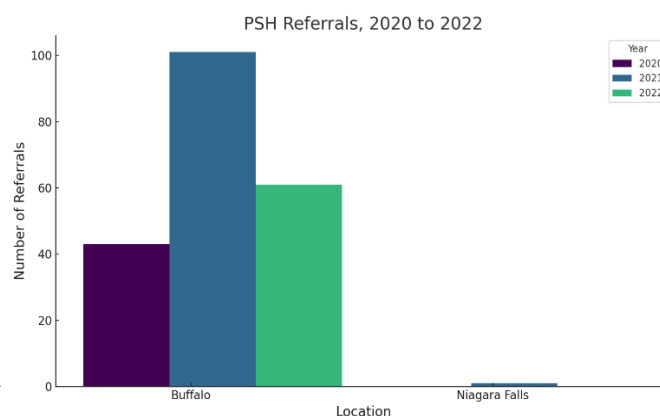


Figure 5 PSH Referrals, 2020-2022

From 2020 to 2022, a total of 206 referrals were made to PSH. This figure significantly lags behind RRH referrals, mainly attributed to the limited availability of PSH resources. Moreover, all PSH referrals originated from organizations situated in Buffalo. In contrast, Niagara Falls recorded only a single PSH referral, as depicted in the accompanying graph (Figure 5). Several trends were observed with referrals to Permanent Supportive Housing (PSH) and Rapid Rehousing (RRH). As depicted, there was a 150% increase in PSH referrals in 2021 with a subsequent 40% decrease in referrals in 2022.

Access and Outcomes

Our study sought to identify potential disparities in the CE process based on households' access points.

From 2019 to 2022, there were a total of 37,046 VI-SPDAT assessments completed. The yearly breakdown by assessment type is listed below:

Table 4 Number of VI-SPDAT Assessment by Year

| | 2019 | 2020 | 2021 | 2022 | Total |
|-----------------|------|------|------|-------|-------|
| VI 3.0 | 0 | 0 | 313 | 11014 | 11327 |
| VI-F 3.0 | 0 | 0 | 0 | 1102 | 1102 |
| VI 2.0 | 5760 | 5432 | 6896 | 990 | 19078 |
| VI-F 2.0 | 847 | 692 | 707 | 150 | 2396 |
| TAY | 818 | 545 | 878 | 902 | 3143 |
| Total | 7425 | 6669 | 8794 | 14158 | 37046 |

As illustrated in Figure 6, the annual tracking of assessments corresponds to the number of new program enrollments. Overall, the trends in assessments and exits correlate and track with the trends in new program entries and inflow into the homelessness response system. This data shows that the CE System is doing a good job in providing assessments even as the number households entering the crisis response system consistently rises over the course of 2020 to 2022. In 2022, the number of assessments and exits matched and even exceeded the number of new program entries during several months. Overall, the trendlines suggest that the CE System is keeping up with the inflow and adapting to provide services in a timely manner, even under the difficult circumstances of increased inflow over the course of the COVID-19 pandemic. Of particular importance, the number of exits to housing increased over the course of the pandemic. As depicted in the graph below, the rough proportion of housing exits to inflow is about one-third. These trendlines underscore the resiliency of HAWNY's homelessness response system in providing assessments, services, and housing-focused interventions in the face of accelerating inflow.

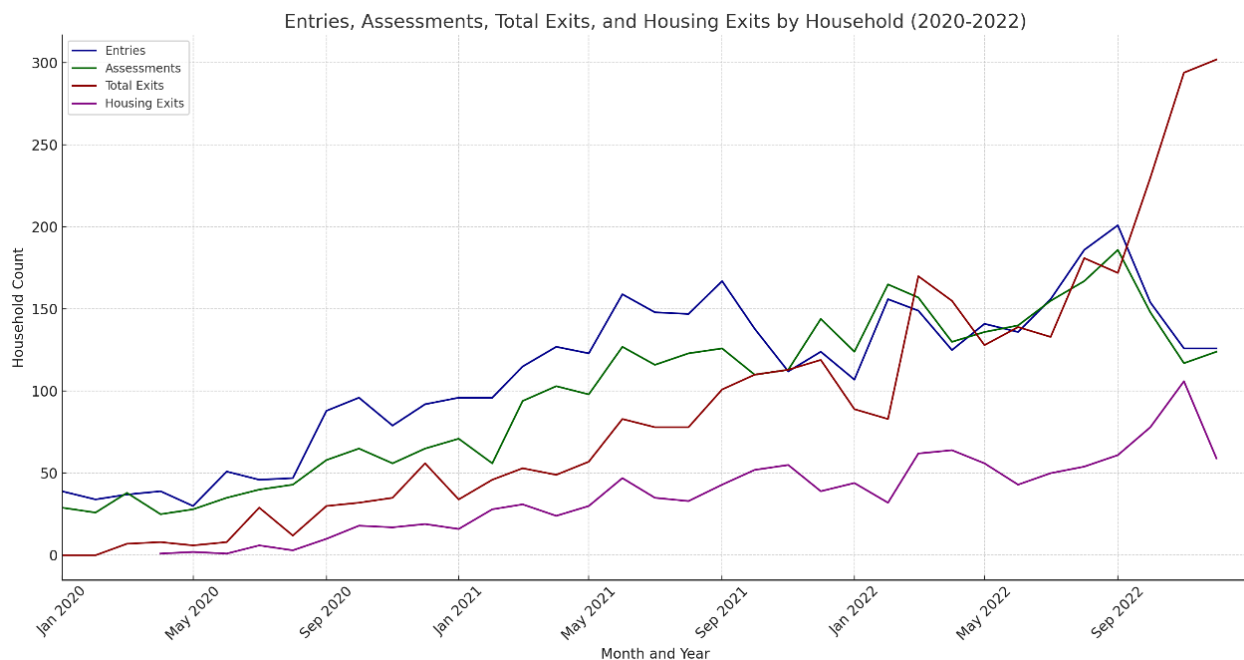


Figure 6 Monthly Trends in Program Entries

Disparities in Demographics

Race

Demographically dissected metrics revealed distinct trends among racial and ethnic groups in terms of inflow, housing outflow, and assessment completion. Black and African American heads of households, making up 48% of all program entries, recorded marginally higher rates of assessment completion and housing exits: half of all assessments completed were with Black households and half of housing exits were Black. 53% of households who exited to housing with rental subsidy were Black.

The total number of households served by race are depicted in the following table.

Table 5 Racial Demographics by Head of Household

| <i>By Head of Household</i> | | | |
|-----------------------------|--|---------------------|------------------|
| | <i>Race</i> | Heads of Households | Percent of Total |
| | <i>American Indian or Alaskan Native</i> | 1755 | 3% |
| | <i>Asian</i> | 767 | 1% |
| | <i>Black or African American</i> | 25999 | 48% |
| | <i>Native Hawaiian or Pacific Islander</i> | 611 | 1% |
| | <i>No Data</i> | 3549 | 7% |
| | <i>White</i> | 21117 | 39% |
| | <i>Grand Total</i> | 53798 | 100% |

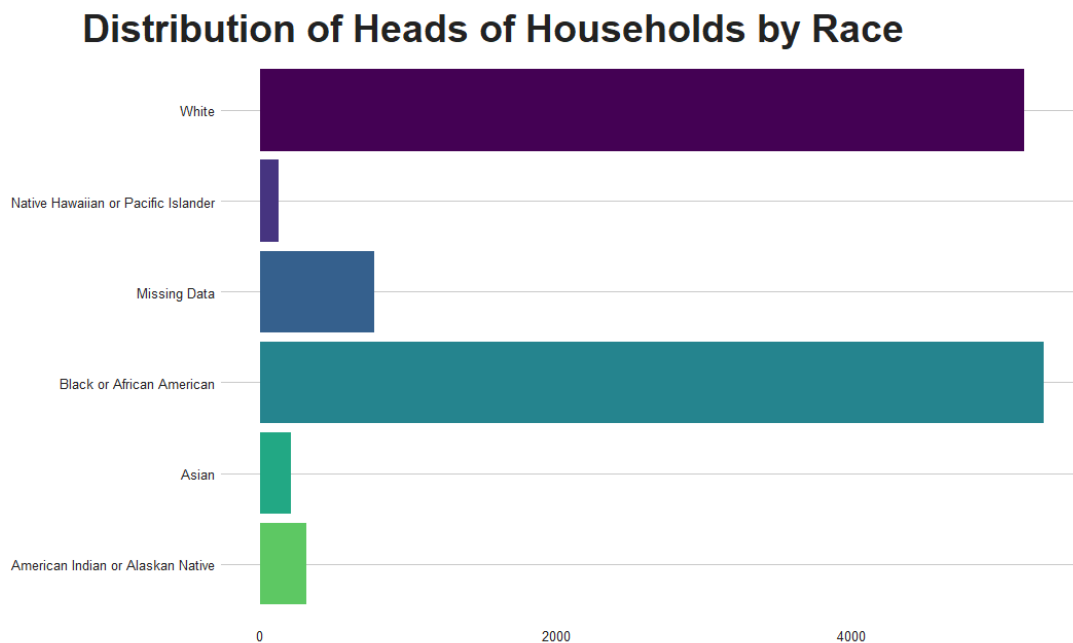


Figure 7 Racial Composition of Households

Race-based comparisons for housing rates were also performed. The table below presents the counts of enrollments, housed households, and households housed with a rental subsidy, categorized by race:

Table 6 Housing Rates by Race

| <i>Race</i> | <i>Pct of total enrollments housed</i> | <i>PCT of total enrollments housed with subsidy</i> | <i>Pct of total housed who were housed with subsidy</i> |
|--|--|---|---|
| <i>American Indian or Alaskan Native</i> | 18% | 9% | 49% |
| <i>Asian</i> | 14% | 5% | 32% |
| <i>Black or African American</i> | 22% | 11% | 49% |
| <i>Native Hawaiian or Pacific Islander</i> | 16% | 8% | 51% |
| <i>No Data</i> | 10% | 4% | 42% |
| <i>White</i> | 23% | 10% | 43% |
| <i>Grand Total</i> | 21% | 10% | 46% |

The above table shows comparative statistics of households who were housed and those who were housed with rental subsidy. Of note, a higher percentage of Black households who were housed were housed with rental subsidy (49%) versus White households (43%).

Table 7 Head of Household Demographics, Assessment Completion Rates, and Housing Exits by Race

| <i>Race</i> | <i>Total Enrollments</i> | <i>Assessments Completed</i> | <i>Housed</i> | <i>Housed with Subsidy</i> |
|--|--------------------------|------------------------------|---------------|----------------------------|
| <i>Total Counts</i> | | | | |
| <i>American Indian or Alaskan Native</i> | 1755 | 920 | 323 | 159 |
| <i>Asian</i> | 767 | 237 | 109 | 35 |
| <i>Black or African American</i> | 25999 | 12392 | 5799 | 2847 |
| <i>Native Hawaiian or Pacific Islander</i> | 611 | 307 | 100 | 51 |
| <i>No Data</i> | 3549 | 1240 | 371 | 157 |
| <i>White</i> | 21117 | 9808 | 4802 | 2087 |
| <i>Grand Total</i> | 53798 | 24904 | 11504 | 5336 |
| <i>Percent of Total Enrollments</i> | | | | |
| <i>American Indian or Alaskan Native</i> | 3% | 52% | 18% | 9% |
| <i>Asian</i> | 1% | 31% | 14% | 5% |
| <i>Black or African American</i> | 48% | 48% | 22% | 11% |
| <i>Native Hawaiian or Pacific Islander</i> | 1% | 50% | 16% | 8% |
| <i>No Data</i> | 7% | 35% | 10% | 4% |
| <i>White</i> | 39% | 46% | 23% | 10% |
| <i>Grand Total</i> | 100% | 46% | 21% | 10% |

Age

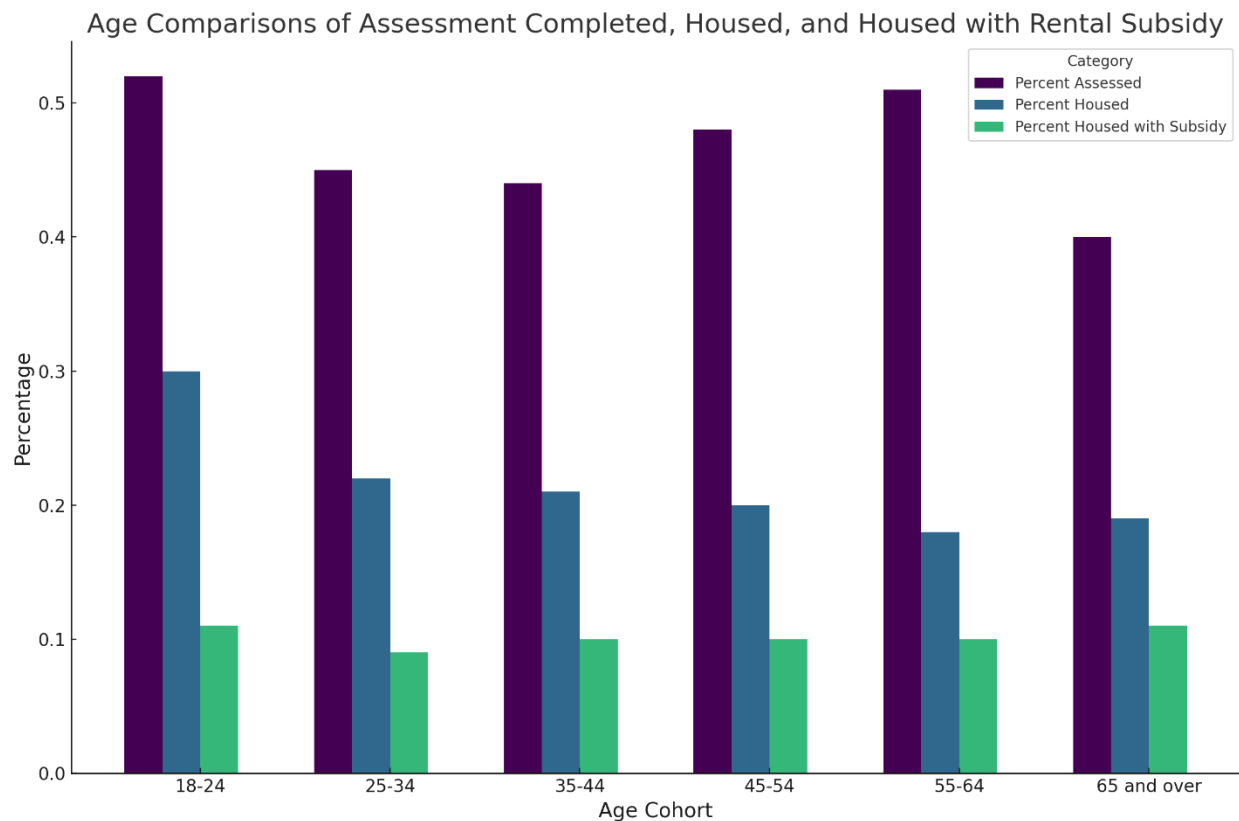


Figure 8 Assessments Completed and Sum of Subsidized Housing Exits, by Age Cohort

Moreover, there were discrepancies in the numbers of households completing assessments and transitioning to housing based on age cohorts. The preceding graph illustrates the breakdown of these metrics by age cohort. Housing exit destinations were pulled from the HMIS exit destination categories, which are based on self-report or provider knowledge of client exit destinations. The 65 and older age group exhibits the lowest assessment completion rate (40%), while the 18-24 cohort boasts the highest assessment completion rate (52%). Housing rates among the age groups show less variation, with the percentages of households exiting to housing remaining relatively stable across age groups, except for the 18-24 group, which displays a notably higher housing rate (30%). The final category reflects the percentage of households exiting to housing with a rental subsidy, a metric that is nearly uniform across age groups.

Race, Gender, and VI-SPDAT Assessment Scores

National research has demonstrated a racial bias in the VI-SPDAT.¹ This bias is also confirmed locally. Our analysis found the mean and median VI-SPDAT scores of Black or African American heads of households were lower than White heads of households. The distribution of assessment scores is shown below.

Table 8 Summary Statistics of Single VI-SPDAT 2.0 Scores by Race

| <i>Race</i> | <i>Mean</i> | <i>Median</i> | <i>Std Dev</i> | <i>Min</i> | <i>Max</i> | <i>N</i> |
|--|-------------|---------------|----------------|------------|------------|----------|
| <i>American Indian or Alaskan Native</i> | 7.42 | 7.0 | 3.02 | 2.0 | 16.0 | 66 |
| <i>Asian</i> | 6.70 | 5.0 | 3.43 | 4.0 | 14.0 | 10 |
| <i>Black or African American</i> | 6.98 | 7.0 | 2.90 | 1.0 | 15.0 | 881 |
| <i>Missing Data</i> | 7.27 | 7.0 | 3.01 | 2.0 | 15.0 | 86 |
| <i>Native Hawaiian or Pacific Islander</i> | 7.07 | 7.0 | 3.38 | 1.0 | 14.0 | 30 |
| <i>White</i> | 7.68 | 7.0 | 3.00 | 1.0 | 16.0 | 766 |

Table 9 Summary Statistics of Single VI-SPDAT 3.0 Scores by Race

| <i>Race</i> | <i>Mean</i> | <i>Median</i> | <i>Std Dev</i> | <i>Min</i> | <i>Max</i> | <i>N</i> |
|--|-------------|---------------|----------------|------------|------------|----------|
| <i>American Indian or Alaskan Native</i> | 7.11 | 7.0 | 2.69 | 3.0 | 12.0 | 46 |
| <i>Asian</i> | 5.40 | 5.0 | 1.96 | 3.0 | 10.0 | 10 |
| <i>Black or African American</i> | 6.77 | 7.0 | 2.49 | 1.0 | 14.0 | 647 |
| <i>Missing Data</i> | 7.86 | 8.0 | 2.73 | 2.0 | 13.0 | 57 |
| <i>Native Hawaiian or Pacific Islander</i> | 6.45 | 6.0 | 3.39 | 2.0 | 14.0 | 11 |
| <i>White</i> | 7.25 | 7.0 | 2.48 | 1.0 | 17.0 | 525 |

Table 10 Summary Statistics of TAY Scores by Race (N=368)

| <i>Race</i> | <i>Mean</i> | <i>Median</i> | <i>Std Dev</i> | <i>Min</i> | <i>Max</i> | <i>N</i> |
|--|-------------|---------------|----------------|------------|------------|----------|
| <i>American Indian or Alaskan Native</i> | 7.60 | 7.0 | 2.67 | 3.0 | 13.0 | 15 |
| <i>Asian</i> | 7.00 | 7.0 | 1.58 | 5.0 | 9.0 | 5 |
| <i>Black or African American</i> | 8.14 | 8.0 | 2.98 | 1.0 | 16.0 | 217 |
| <i>Missing Data</i> | 9.64 | 10.0 | 2.92 | 4.0 | 14.0 | 14 |
| <i>White</i> | 8.53 | 8.0 | 3.21 | 1.0 | 16.0 | 117 |

Table 11 Summary Statistics of Family VI 2.0 Scores by Race

| <i>Race</i> | <i>Mean</i> | <i>Median</i> | <i>Std Dev</i> | <i>Min</i> | <i>Max</i> | <i>N</i> |
|--|-------------|---------------|----------------|------------|------------|----------|
| <i>American Indian or Alaskan Native</i> | 8.59 | 8.0 | 3.66 | 4.0 | 15.0 | 17 |
| <i>Asian</i> | 6.80 | 7.0 | 1.79 | 5.0 | 9.0 | 5 |
| <i>Black or African American</i> | 8.20 | 8.0 | 2.76 | 2.0 | 17.0 | 244 |
| <i>Missing Data</i> | 9.50 | 10.0 | 3.44 | 4.0 | 19.0 | 24 |
| <i>Native Hawaiian or Pacific Islander</i> | 7.67 | 7.0 | 2.08 | 6.0 | 10.0 | 3 |
| <i>White</i> | 8.26 | 8.0 | 2.83 | 2.0 | 17.0 | 135 |

¹ See Wilkey, Catronia, et. al., "Coordinated Entry Systems: Racial Equity Analysis of Assessment Data," October 2019, C4 Strategies. Accessed at: https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity-Analysis_Oct112019.pdf

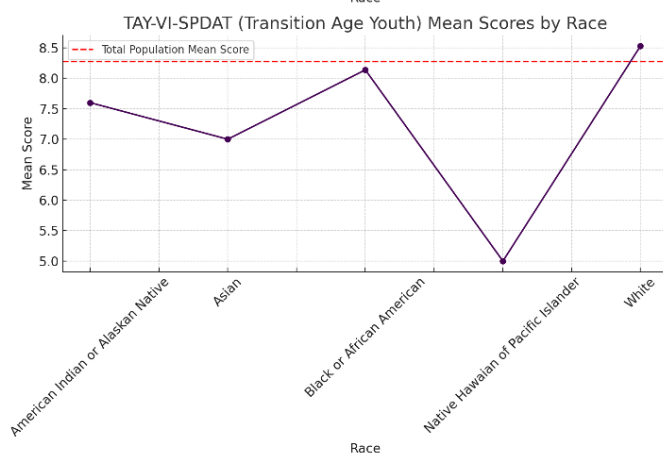
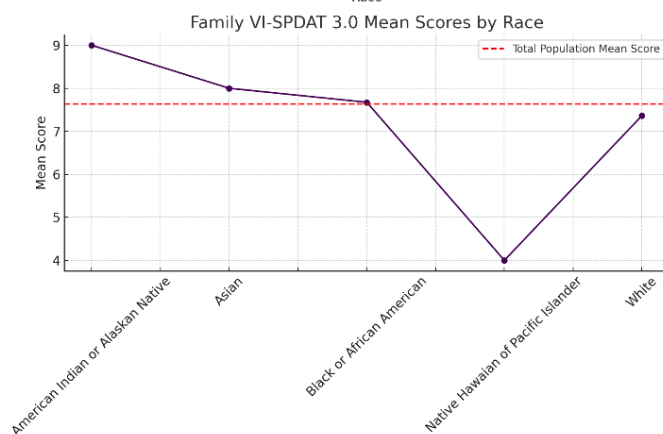
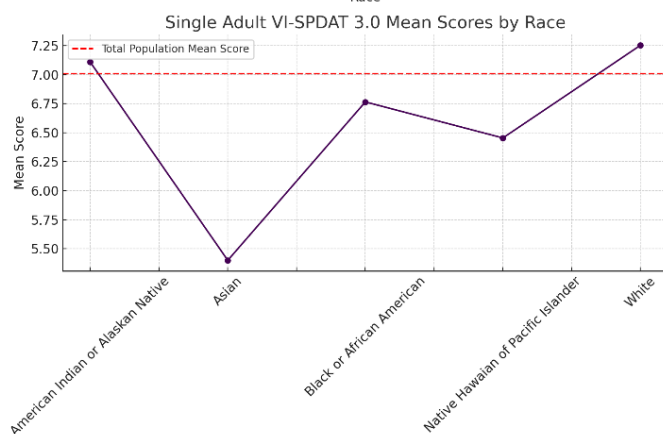
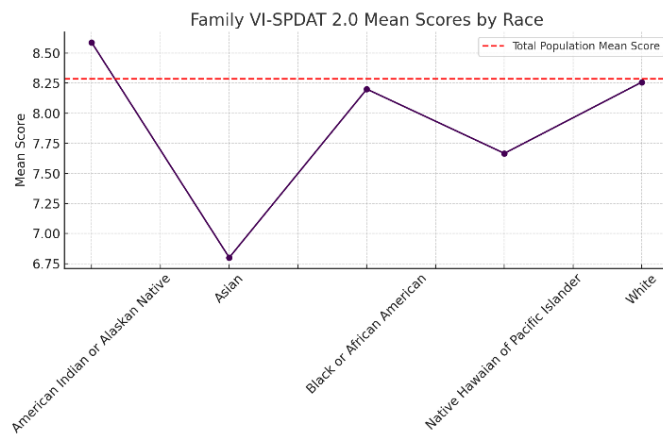
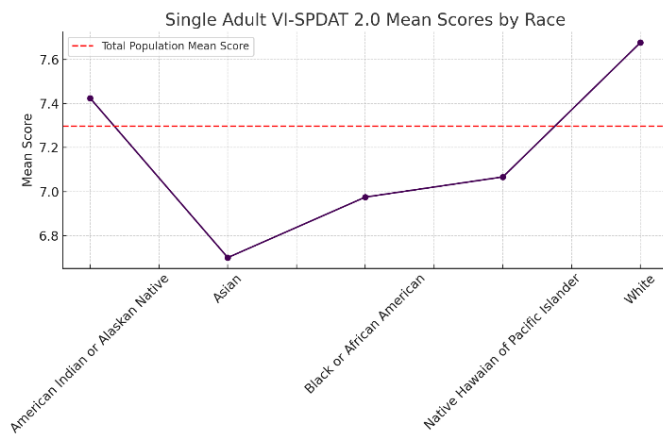


Figure 9 Comparison of Average (Mean) VI Scores by Race

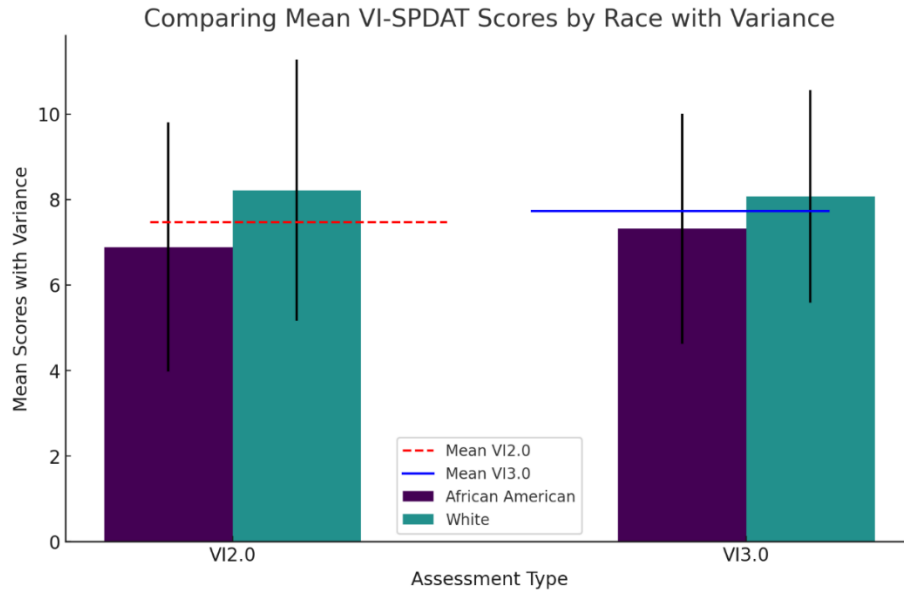


Figure 10 Comparison of Mean VI-SPDAT scores by Race

Further examination at the intersection of race and gender offers a more nuanced understanding of the disparities in assessment scores across demographic lines. Illustrated in the following bar chart, the comparison of White and Black racial demographics, along with gender, reveals several discrepancies in mean scores for single adults. Consistently, Black individuals score lower on average than their White counterparts. Notably, with the older VI-SPDAT 2.0, Black females score slightly higher on average than Black males. However, this pattern is reversed with the current VI-SPDAT 3.0.

In the graphs below (Figure 11), the horizontal red lines represent the mean scores for all individuals who completed the assessment, enabling a quick visual comparison of how the mean scores for specific groups compare to the overall average. An interesting trend emerges: in the older VI-SPDAT 2.0, White individuals, regardless of gender, scored on average higher than the general average. However, with the VI-SPDAT 3.0, only White males scored on average higher, while the average scores of White females decreased. Investigating the drivers behind this gendered disparity in scores warrants further exploration.

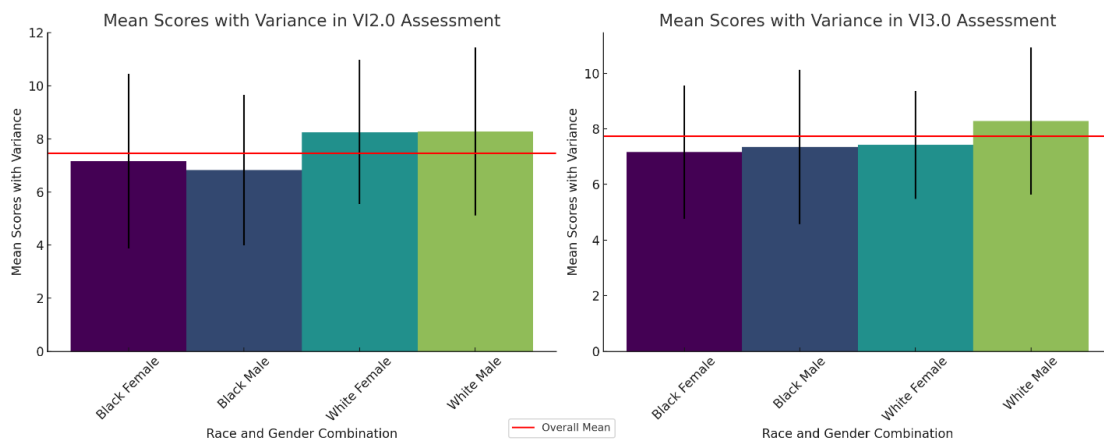


Figure 11 Assessment Scores by Racial Categories, Male and Female

Library and Assessment Scores

Our analysis found a significant racial disparity in the outcomes of CE assessments conducted at the library. Black heads of households, when compared to their White counterparts, consistently scored an average point lower on their assessments when undertaken at this specific location. This difference in scoring is not just a numerical variance but carries substantial implications for housing outcomes.

The fact that the location of the assessment, in this case, the library, plays such a pivotal role in the scoring disparity raises critical questions about the assessment environment, potential biases, or other external factors that might be influencing these results. It's imperative to understand why this specific location yields such disparate outcomes based on race, as it directly impacts the housing opportunities available to Black heads of households. Addressing this disparity is crucial to ensure that the CE system offers an equitable and unbiased service to all its users, regardless of race or assessment location.

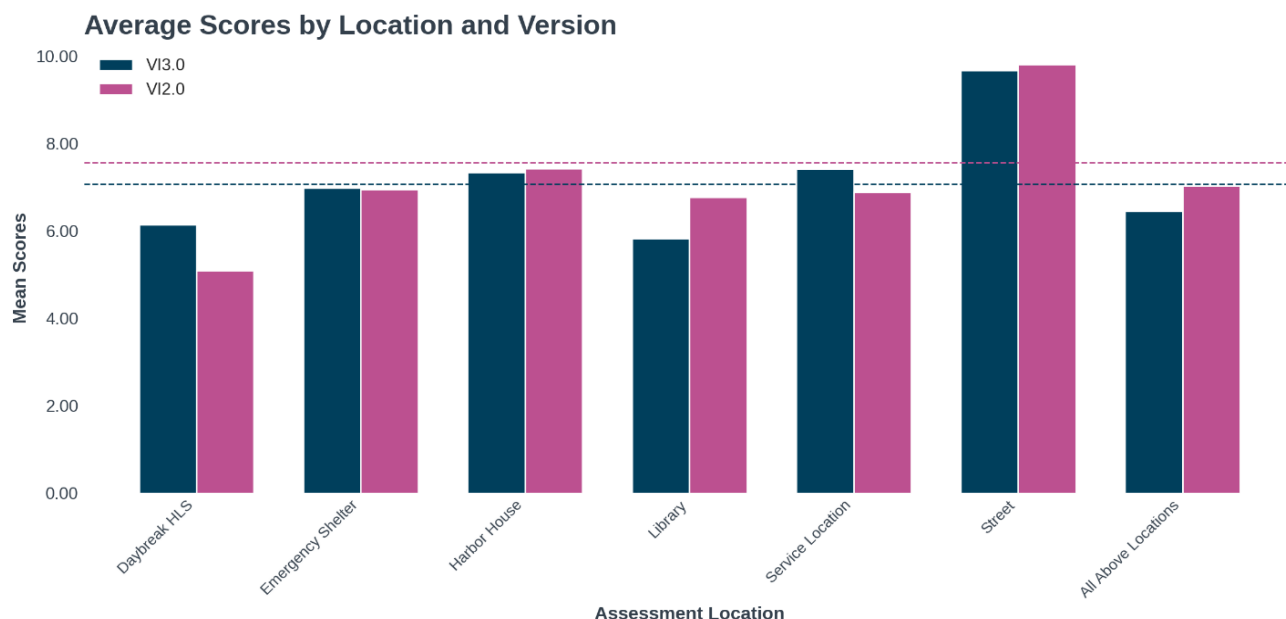


Figure 12 Average Scored by Location and VI-SPDAT Version

Assessment and Prioritization

Our in-depth equity analysis, focusing on the VI-SPDAT assessment scores, revealed distinct disparities when considering factors such as race and gender. Upon further examination of the data, it became apparent that racial disparities extended beyond the scores alone. There were noticeable differences in the durations between key CE milestones based on race.

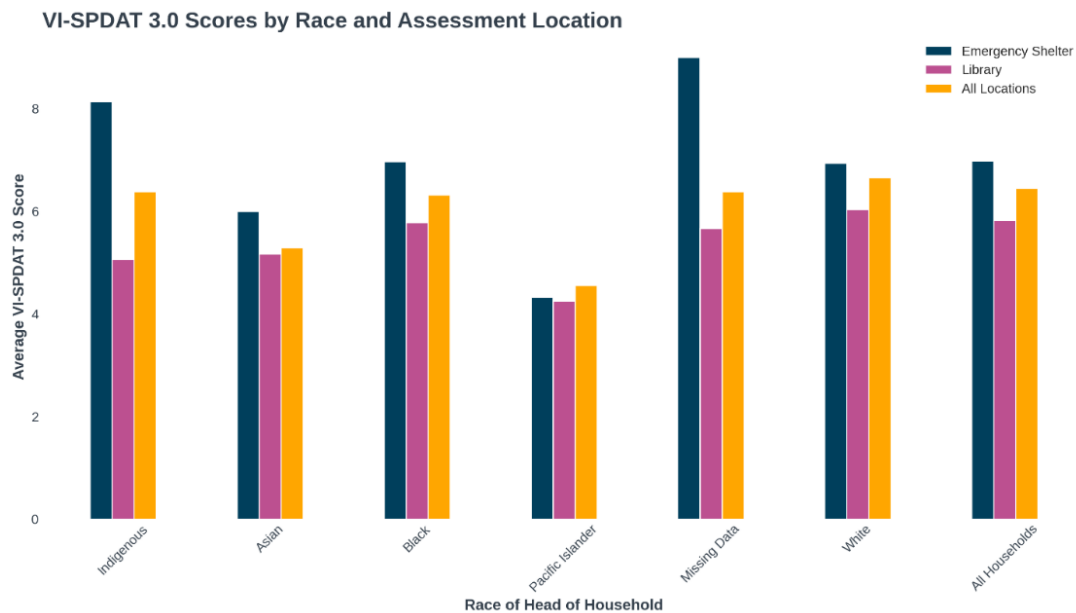


Figure 13 VI-SPDAT 3.0 scores by Race and Location

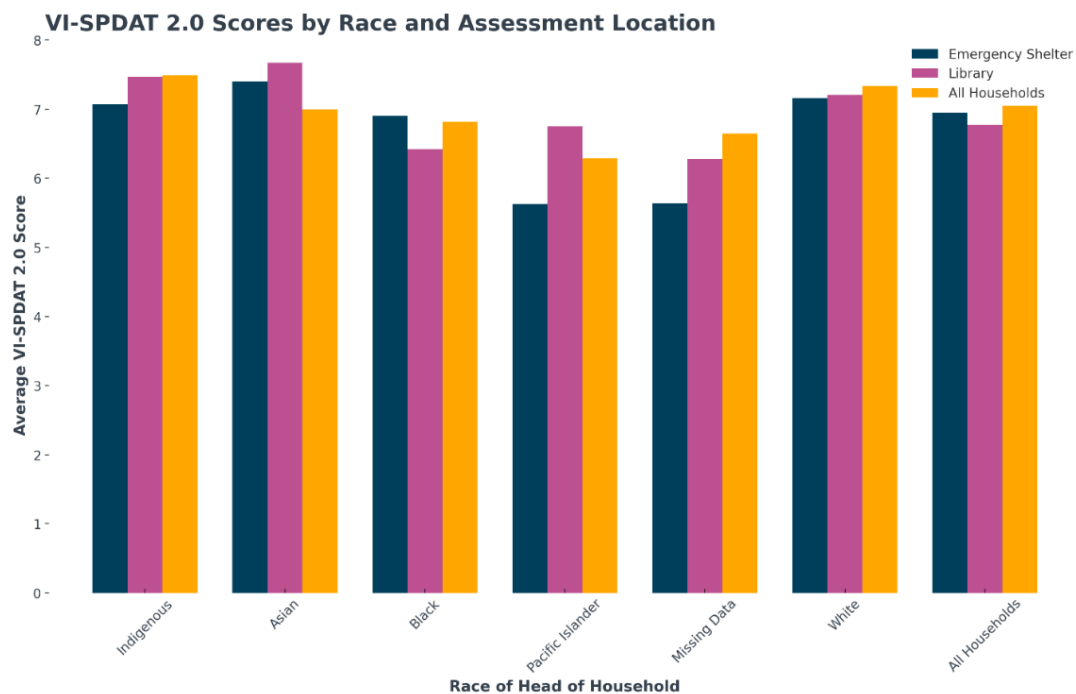


Figure 14 VI-SPDAT 2.0 Scores by Race and Location

Referral and Outcomes

A notable racial disparity surfaced in the duration from program entry to assessment, with Indigenous households experiencing the lengthiest average periods from initial program entry to assessment (among those who completed assessments). Following closely were Black households, averaging 77 days, compared to White households with an average of 60 days to complete an assessment. Indigenous and Black households exceeded the overall average of 70 days, while White and Asian households had averages below the total mean.

Table 12 Average LOT Homeless (Days)

| <i>Race</i> | <i>Average Length of Time to Assessment in Days</i> |
|--|---|
| <i>American Indian or Alaskan Native</i> | 88 |
| <i>Asian</i> | 51 |
| <i>Black or African American</i> | 77 |
| <i>Native Hawaiian or Pacific Islander</i> | 58 |
| <i>No Data</i> | 70 |
| <i>White</i> | 60 |
| <i>Grand Total</i> | 70 |

Time Intervals Between CE Milestones

Our data exhibited variability in the time taken between different milestones within the CE process. Average (mean) lengths of time from program entry to assessment were calculated for assessments completed from 2019 to 2022. The average lengths of time consistently decreased from 2020 to 2022. Included in this calculation were households who completed an assessment after their initial program entry (program entries where a household had completed a prior assessment were excluded from this calculation).

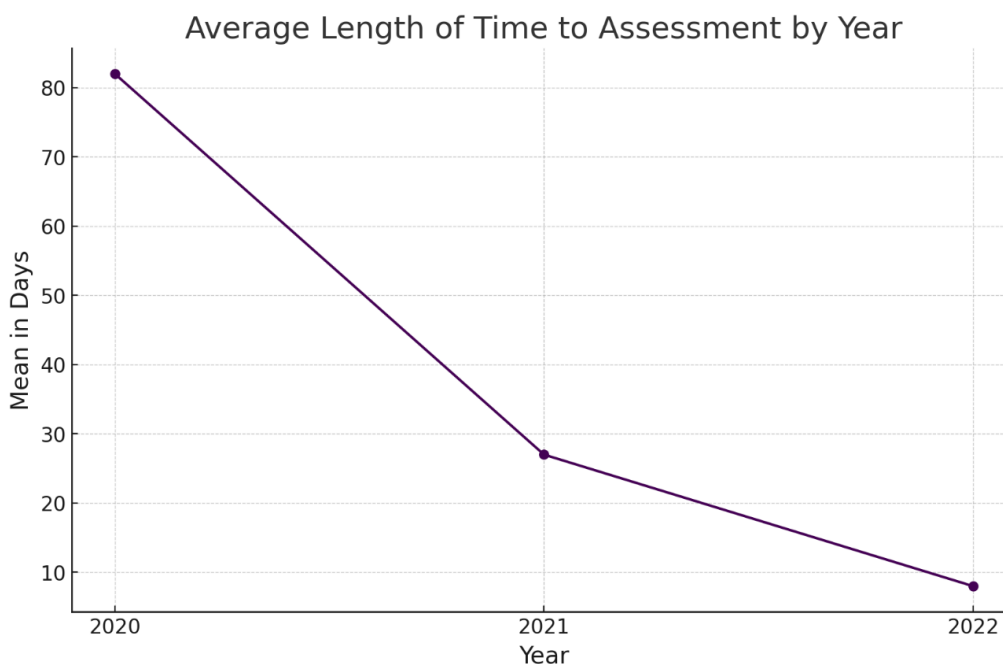


Figure 15 Average Length of Time to Assessment by Year

Breaking it down further by age cohort, we see that there was significant variation in assessment times in 2020 by age group. Elderly households 65 or older and transition-aged youth households (18-24) have the highest average lengths of time to assessment, yet this gap was largely closed in 2021 and 2022.

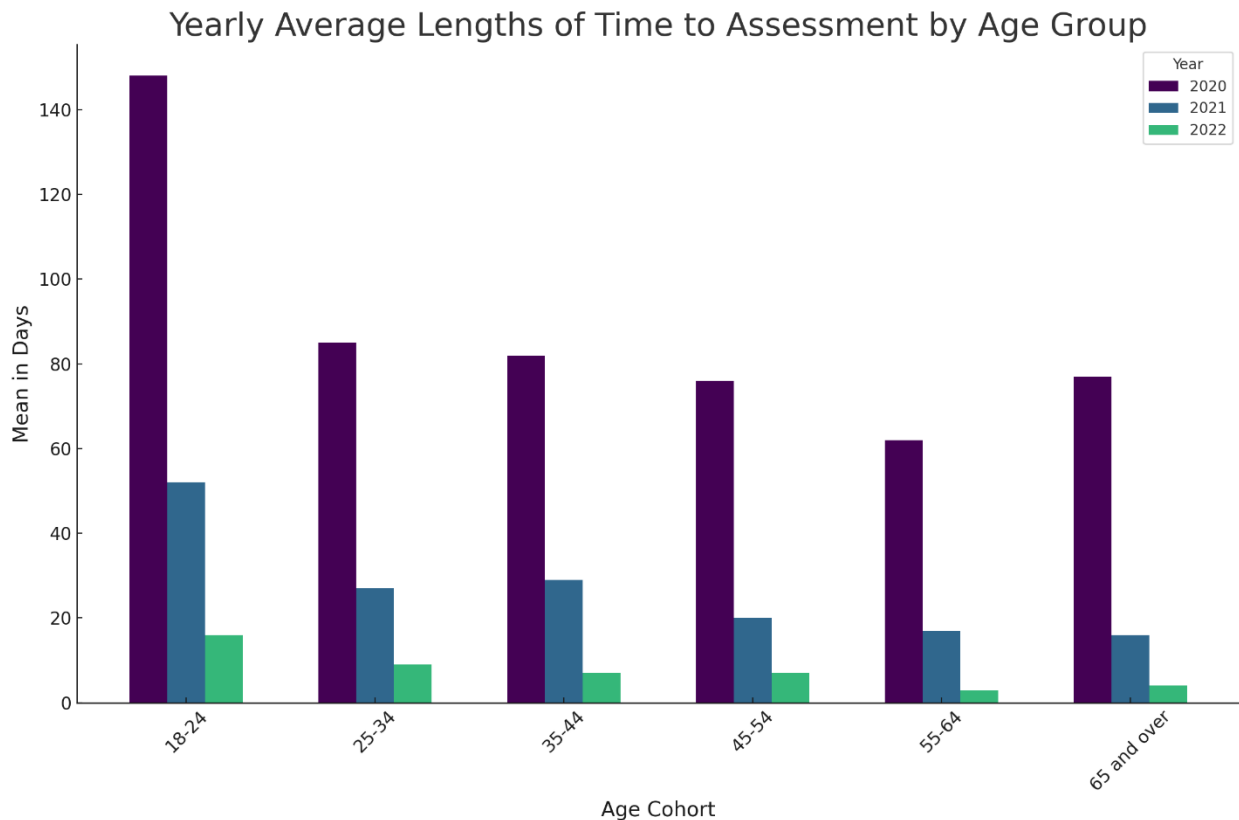


Figure 16 Yearly Distribution of Length of Time from Program Entry to Assessment Completion

Table 14 lists the average lengths of time in days for households to complete an assessment after a program enrollment is broken down by organization. This table includes enrollments who subsequently completed an assessment at some point after program entry. These households did not necessarily complete assessments within the program they entered. These data show significant lengths of time to assessment for some programs. *Yet, it is important to note that what is likely driving the high average lengths of time is that many of the households enrolled are exiting these programs before completing assessments.* When we restrict the calculations only to households who completed assessments before program exit, the lengths of time are much shorter. Table 15 depicts these data.

Table 13 Length of Time (in days) for Households to Complete an Assessment After a Program Enrollment, by Organization

| <i>Program Name</i> | <i>Enrollments Completing Assessments</i> | <i>Average Length of Time in Days</i> |
|---|--|--|
| <i>Niagara Gospel Rescue Mission-Overnight shelter</i> | 349 | 277 |
| <i>CMI-ES-Code Blue</i> | 103 | 223 |
| <i>Restoration Society ESG CV COVID-19 Shelter</i> | 3094 | 207 |
| <i>Buffalo City Mission</i> | 1351 | 192 |
| <i>Niagara County DSS</i> | 131 | 183 |
| <i>My Place Home-Temple of Christ</i> | 362 | 157 |
| <i>Cornerstone-Emergency</i> | 415 | 134 |
| <i>Matt Urban Hope House Shelter</i> | 321 | 123 |
| <i>CMI-ES-Hiawatha</i> | 211 | 109 |
| <i>Little Portion Friary Shelter</i> | 132 | 103 |
| <i>BestSelf McKinney</i> | 234 | 98 |
| <i>Restoration Society Harbor House</i> | 614 | 79 |
| <i>Restoration Society Code Blue 32 Shelter</i> | 1044 | 75 |
| <i>Restoration Society Code Blue 15 Shelter</i> | 575 | 75 |
| <i>Genesee County DSS Placements Homeless</i> | 186 | 74 |
| <i>Erie County DSS</i> | 527 | 71 |
| <i>Friends of Night People Homeless Program</i> | 177 | 52 |
| <i>Matt Urban Outreach</i> | 253 | 45 |
| <i>Back to Basics</i> | 156 | 32 |
| <i>Salvation Army of Buffalo - Emergency Family Shelter</i> | 275 | 16 |
| <i>Central Coordinated Entry Project</i> | 3309 | 10 |
| <i>Heart, Love, & Soul Daybreak Niagara Falls CV ESG Outreach</i> | 176 | 7 |
| Total | 15922 | 117 |

Table 15 restricts the calculations to include only households who completed assessments before they exited the program they entered. As we can see, the length of time to assessment is much shorter for these households. These calculations reveal that the primary factor causing extended assessment completion times is the number of households that move quickly through a program, such as a shelter, without getting the chance to finish their assessments. It would be valuable to conduct further analysis to understand why some households exit shelters swiftly without completing CE assessments.

It's crucial to note that households completing assessments at some point after entering the CE program, but before exiting the program, are not necessarily resolving their homelessness or leaving the area. Since they do not complete assessments during their initial shelter stay, there is a significant delay before they connect with CE and undergo assessment.

The failure to complete assessments in a timely manner raises concerns related to equity and access.

Table 14 Average Lengths of Time in Days from Entry to Assessments (Households Completing Assessments Before Program Exit)

| <i>Program Name</i> | <i>Enrollments Completing Assessments Before Program Exit</i> | <i>Average Length of Time to Assessment in Days</i> |
|---|--|--|
| <i>BestSelf Street Outreach</i> | 54 | 33 |
| <i>Erie County DSS</i> | 179 | 22 |
| <i>Cornerstone-Emergency</i> | 172 | 15 |
| <i>BestSelf McKinney</i> | 122 | 14 |
| <i>Buffalo City Mission</i> | 376 | 14 |
| <i>CMI-ES-Hiawatha</i> | 123 | 14 |
| <i>Genesee County DSS Placements Homeless</i> | 92 | 12 |
| <i>My Place Home-Temple of Christ</i> | 143 | 9 |
| <i>Matt Urban Hope House Shelter</i> | 179 | 8 |
| <i>ILGR RRH CoC</i> | 77 | 8 |
| <i>Friends of Night People Homeless Program</i> | 105 | 6 |
| <i>BestSelf MICA</i> | 65 | 3 |
| <i>Restoration Society Harbor House</i> | 388 | 3 |
| <i>Matt Urban Outreach</i> | 193 | 2 |
| <i>Restoration Society ESG CV COVID-19 Shelter</i> | 219 | 2 |
| <i>CMI-RRH-CoC</i> | 50 | 2 |
| <i>Salvation Army of Buffalo - Emergency Family Shelter</i> | 236 | 1 |
| <i>BestSelf YHDP Screening Project</i> | 65 | 1 |
| <i>Heart, Love, & Soul Daybreak Niagara Falls CV ESG Outreach</i> | 148 | 1 |
| <i>Central Coordinated Entry Project</i> | 2466 | 0 |
| <i>Back to Basics</i> | 123 | 0 |
| Total | 6256 | 7 |

Concluding Remarks

A thorough examination of HAWNY's HMIS data spanning three years has uncovered significant patterns and trends within the homelessness system and the Coordinated Entry (CE) process.

Key discoveries comprise:

1. **Demographic Trends:** A significant increase of 50% in new households was observed in 2022 compared to 2020 (as a 75% increase in program enrollments).
 - a. Previous success in reducing family homelessness was reversed in 2022, with numbers returning to 2019 levels.
 - b. There was an evident rise in older individuals accessing homelessness services. Program enrollments for people over 65 increased 94% from 2021 to 2022.
2. **Racial Disparities in Assessments were Mitigated by Prioritization Policies:** The data revealed that Black households, particularly those assessed at libraries, consistently scored lower than their White counterparts. However, these disparities are mitigated by the CE System prioritizing length of homelessness over vulnerability assessment score. We therefore did not observe racial disparities in outcomes, with housing exits by race being largely proportional to numbers of households by race.
3. **Locational Disparities:** Disparities based on the location of assessment were evident, with the library standing out as a notable point. These disparities were present in assessment scores, but as noted in point number 2, they were largely corrected for in the prioritization policy.
4. **Length of time to Assessment:** The average length of time from program entry to assessment has been consistently improving from 2020 to 2022.
 - a. Significant variability in the length of time it takes from entry to assessment by organization.
5. **Referral & Outcomes:** There is a significant number of households moving through the service system without a timely assessment which raises concerns related to equity and access for all households.
 - a. There was a stark reversal in PSH housing referrals – which saw a 150% increase in PSH referrals in 2021 with a subsequent 40% decrease in PSH referrals in 2022.

In summary, while the CE aims for an equitable approach, the current data underscores several areas where further study is warranted. These findings provide a foundation for understanding the current state of the homelessness system and the areas where attention might be required in subsequent analyses or actions.

Qualitative Data Analysis:

Client Focus Group

Summary

Our Coordinated Entry evaluation was centered around understanding the client-focused design and implementation of the system. To achieve this, we engaged in three focus groups with 20 individuals who are currently navigating the CE system. These participants are either experiencing homelessness or have been recently housed through the Rapid Re-Housing (RRH) program. Their firsthand experiences and insights were instrumental in evaluating how client-centric the CE system truly is in both its design and its day-to-day operations. Their feedback provided a comprehensive view of the system's strengths and areas that require further refinement to genuinely cater to the needs of its clients.

Table 15 Client Participation Demographics

| Location | TOTAL PARTICIPANTS | FEMALE | MALE | BLACK | WHITE | AM INDIAN | HISPANIC |
|-------------------------------|--------------------|------------|-------------|------------|------------|-----------|------------|
| Community Missions of Niagara | 15 | 7 (47%) | 8 (53%) | 9 (60%) | 4 (27%) | 1 (7%) | 1 (27%) |
| Salvation Army | 7 | 6 (86%) | 1 (14%) | 4 (57%) | 3 (43%) | 0 (0%) | 1 (14%) |
| Buffalo City Mission | 8 | 0 (0%) | 8 (100%) | 3 (38%) | 4 (50%) | 0 (0%) | 1 (13%) |
| TOTAL | 30 | 13 | 17 | 16 | 11 | 1 | 3 |

GENERAL FINDINGS

- Communication Gaps:** A significant challenge within the CE system is the prevalent communication breakdowns. Participants expressed frustration over bureaucratic hurdles and the need to navigate multiple agencies, which can be overwhelming. Focus groups highlighted that clients frequently feel misinformed, often learning about the process from peers. While peer information is valuable, it can lead to misinformation, increasing frustration and mistrust. Accurate guidance from caseworkers is essential for clients navigating these systems.
- Resource Accessibility:** The inconsistency in the quality and accessibility of resources was evident. While some individuals felt supported, others felt neglected, indicating a disparity in the client-centered approach of the system.
- Physical and Mental Struggles:** Clients feel that the CE system often doesn't adequately address the immediate physical and mental challenges they face, especially those recently discharged from medical facilities. Without immediate attention to these needs, individuals can experience heightened anxiety and feelings of helplessness.

Thematic Analysis:

Client-Centered Processes

In the realm of housing and service provision, a pressing concern emerges around the system's approach to being genuinely client-centered. Clients consistently express feelings of being sidelined. A pervasive sentiment is the communication gap between staff or case managers and the clients. This lack of clear, consistent communication leaves many clients navigating the system in a state of confusion and uncertainty about rules, requirements, and the subsequent steps in their journey. A specific area of confusion is the VI-SPDAT assessment, with many clients unclear about its purpose or even its existence. This lack of clarity around essential processes further emphasizes the system's communication shortcomings.

A strong desire for respect and understanding resonates among clients. They often feel they are perceived as lacking comprehension, leading to feelings of frustration, and being undervalued. This sentiment is further exacerbated by the system's handling of emotional health concerns, where clients feel their diagnoses or feelings are either dismissed or questioned, adding to their emotional distress. For the CE system to be effective and truly client-centered, there is a need to address these gaps.

What's Going Well:

Positive Interactions with Some Staff: While there are concerns about the overall system, many clients have had positive interactions with specific case managers or staff.

Awareness of the Need for Communication: Throughout the process, some clients have felt oriented enough to actively seek information and know the importance of communication.

Peer Support and Shared Experiences: The fact that clients discuss their experiences and challenges with each other suggests a level of peer support and shared understanding within the community. This camaraderie can be a valuable resource for emotional support and information sharing.

Desire for Improvement: The high participation in coming to and voicing their concerns and sharing their experiences indicates a level of client commitment and desire to improve their community and create a better system. This feedback is invaluable for any reforms or enhancements to the current system.

Discrimination: Clients did not generally describe any discriminatory practices within the system. When asked, they indicated that they thought there were larger issues of favoritism, but gave no indication that it was connected to race, ethnicity, gender, etc. Rather, some were concerned with the lack of resources for everyone. This is a significant accomplishment for a CE system which is strained with limited resources for its participants.

Key Insights:

- **Client-Centered Approach:** Clients feel a lack of agency in their housing choices, often having to make significant sacrifices to make it to appointments.
- **Desire for Respect:** Clients express a need for respect and understanding, feeling undervalued and misunderstood.
- **Grateful:** The clients were all very grateful for the opportunity to be heard – even with the understanding that we were not going to be able to do anything to directly help with their housing
- **Communication Gaps:** There's a prevalent communication disconnect, leading to confusion and feelings of being lost.
- **Looking for information:** All interviewees expressed a desire to understand the next steps and the process. Clients want clarity on their position in the system and subsequent actions.
- **Emotional Health Concerns:** Clients feel that their emotional health issues are dismissed or questioned, adding to their distress.

Participant Observations:

"I would have stayed down there if I knew that I had to stay down there [in shelter] in order to qualify for SPOA."

"Treat you like I want to be treated... like you got some sense. I got some sense... Like why do they have to talk to me like I don't understand what's going on? It's pissing me off."

"You know what, that's all that matters is that there's people out there that care and are trying. Thank you. One day something will change... Thank you for coming and listening."

"...I mean, don't get me wrong, I am really grateful to be here, at the [shelter], because a lot of things here, that helped me tremendously. However, there are people that work here that's supposed to help you, and Case Manager wise, they really don't give a shit about you."

I've heard someone mention VI... I didn't even know what VI meant until now. Yeah. I don't know if I've ever had the test, or whatever..."

"I tried to tell them that I had, I've been diagnosed with depression, and I haven't had any counselling in a long time. And I know something's wrong. And then the guy was like, how do you know that? I'm like, because I feel it. I know, I can feel my body, I can feel myself being off. And he's like, well, who diagnosed you with depression? I was like, my doctor. I've never heard that before. I'm like, I don't know what to tell you. So he was aggressive to a point where he was picking, you know what I mean? ... he had me way up here.... Now. I'm upset because you're telling me you don't feel anything I'm telling you is true... It should have been about giving me the evaluation, getting the information, and moving me on. So I left confused and upset."

Navigating Systems & Processes

In analyzing participant experiences, key themes highlighted challenges and inefficiencies in the current system. Participants frequently expressed frustration, feeling overwhelmed by bureaucratic obstacles and communication issues, leading to confusion and anxiety. Many called for a streamlined, more intuitive system. Communication stood out as a vital concern, emphasizing the need for clarity between service providers and clients. Criticisms included case manager competence, training, and problematic paperwork. Despite the system's supportive intent, many felt unsupported, underscoring the need for communication-focused reforms.

Key Insights:

- **Service Inefficiencies:**
 - Bureaucratic Challenges: Participants faced multiple sign-ups across agencies, requiring repeated releases, which was cumbersome and inefficient.
 - Length of the process: Many individuals attempting to navigate the housing process faced challenges and disruptions, leading to a high dropout rate. Despite the lengthy process, only a few persevere to secure housing.
 - **Lack of Coordination:**
 - Communication Barriers: Participants highlighted a significant lack of effective communication between staff and residents, leading to confusion and feelings of being in a loop without resolution.
 - None of the three focus groups had clarity on who was “eligible” for Rapid Rehousing.
 - **Provider Knowledge & Inconsistency:**
 - Client Confusion: The system's complexity and lack of clear guidance often left participants feeling lost and overwhelmed.
 - Participants often received varied and inconsistent information from different staff members, leading to confusion and frustration.
 - Clients have been perceiving/feeling the effects of staff turnover – they do not feel that staff are knowledgeable and competent to help with housing and case management.
 - **Lack of Resources:**
 - There's a perceived shrinking of available resources over the years, making it harder for individuals to access the help they need. Some clients perceived this as less money, while some saw the centralization of referrals and services as limiting their options.
 - **Staff Attitude & Conflicting Information:**
 - Some participants felt that certain staff members were mean or unhelpful, which deterred them from seeking assistance or asking questions.
-
-

Participant Observations:

"And then like one of the things that was really frustrating was... so like, I mean, I've worked through 211 the crisis service number, Niagara County Mental Health. My worker. DSS. So, I'm like going through all these services, myself, and instead of there being like a universal sign up for help. I would have to sign repeated releases, and this, and that in order to get everybody to be able to talk to each other, which is frustrating."

"But I do find this place to be really helpful... They have given me so much information. But the thing is with the information there are so many people involved you have to sign papers for this one's on paper for this one and this one... You know, but it's hard. It's very difficult. It's not easy, but I guess what I'm saying is you got to put a lot of footwork in."

"Miss [D] is over there and Miss [J] is over here. How do you not know how to contact each other, but Miss [D] telling me I need to talk to Miss [J] about communication? Okay, well, you would have communication if you knew her extension."

"All these people here... they don't they don't they don't communicate, so you got to go to them. And sometimes they don't even have the answer, right? ... they don't even have the answer, so you got to keep going and see somebody else..."

"I mean, we can FaceTime and all this other stuff today, but like they can't make it as simple as simple as coordinating meetings and stuff to talk to people."

"There's a lack of communication between the faculty here... or when they do communicate, you hear like four different things. So, I've asked and they say they don't know, and they send you to someone else and they don't know... That's my experience."

"But oftentimes, during [the] process, people don't make it through that process, because they end up getting kicked out of here, or something happens in that amount of time. And they never get housing. And that's what I witnessed. But it's a process, right? What happens, people don't be in for the long haul. They don't, out of the six months, only seeing like, two people besides me get housing... because I was dedicated coming from prison. I didn't want to be on the streets. So whatever they asked for me to do, I was going to do and I did it. But during that process, a lot of people got kicked out... like 10 people men, families, I witnessed it. They didn't come to summons with the curfew, some drugs or something happened the way they got kicked out of the mission [shelter]. And then that process if you started it, you got to do it all over again."

"They need to hire somebody else. If rapid rehousing gonna be rapidly rehousing people. I mean, they need to rapidly hire somebody."

Access to Resources

Client interviews suggest that the housing and service access system has disparities in resource distribution and service quality. Not all places offer equal services. Further, some participants suggest that proactive communication is essential, as noted: "It's all about network... asking questions." The VI-SPDAT assessment, while used, is not universally understood, with clients recalling an "interview where they asked you a bunch of questions..." without clear context. Case management experiences vary, with some case managers being lauded, while others are criticized for lack of knowledge or effort. Interviews with participants suggest that they are aware of the staff turnover and are feeling the effects of limited staff knowledge on the quality of their services. Overall, according to clients, the system's inconsistencies and lack of transparency pose challenges for seeking housing and services.

Key Insights:

- **Unequal Access to Resources:**
 - Inherent Inequalities: The system seems to favor those who are proactive, well-networked, and assertive. This creates a disparity where individuals with these skills or the confidence to use them have better outcomes.
 - Where you are matters: The quality and type of services vary significantly based on location or the specific institution.
 - **Lack of Clarity:**
 - There's a lack of clarity among clients about the assessment process, with some not even recognizing the term "VI-SPDAT" but recalling an "interview."
 - Systemic Transparency: The system lacks clear and transparent communication. Individuals should be informed about the next steps/phase in their housing journey, including clarity around their responsibilities, and what to expect, etc.
 - **Case Management:**
 - Service quality/Service Differentiation: Clients indicate that the quality of case management varies, with some case managers going above and beyond while others seem less informed or dedicated.
 - Staff Turnover: Frequent changes in case managers disrupt the continuity of care and can lead to inconsistent experiences for clients.
 - Training: There's a recognized need for better and consistent training for case managers to ensure they are equipped to support clients effectively.
-
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Participant Observations:

"It's also like she was saying it's all about your network, you got people here and they ain't talking to nobody asking about the housing, and they just sitting here every day, they're not trying to better themselves up asking questions, talking to people going to these offices."

"A lot of them [case workers] don't want to be bothered to try and ask that question and try and find out what's going on. They're just like, I don't have time right now."

*"... the mission has a lot more programs to help than the other place that the Falls... they don't really do anything for you, as compared to this place, [that] place is a ****hole... I know I was there."*

When asked about the VI-SPDAT: there was general confusion then someone said, "Oh, that interview where they asked you a bunch of questions..."

*"yeah, I'm not gonna badmouth one or the other. But some of them ain't gonna do **** for you. And others will do the extra... so it matters on who is your case."*

"I'm also on my third case manager. And there are too many people with the title case manager, but don't have the knowledge."

"There should be a case management training."

Health and Housing

Individuals grappling with health concerns face significant physical and emotional challenges daily. Being in a shelter compounds these challenges. From the participant interviews, it's evident that individuals face a complex interplay of health and housing challenges. Many discuss the profound physical and emotional difficulties they encounter daily, ranging from health concerns to mobility issues and inadequate nutrition. The shelter environment further exacerbates these challenges, with residents often lacking essential resources and struggling to manage their health conditions. The conversations reveal a palpable sense of urgency, with participants expressing feelings of confusion, being stuck, and feeling marginalized. The importance of streamlined access to services is underscored by the clients who emphasize the critical role of a centralized service location. For many involved in the focus groups, a single point of entry for services and housing options serves as a lifeline, preventing prolonged periods of homelessness and providing a beacon of hope in challenging circumstances.

Key Insights:

- **Physical and Emotional Challenges:** Individuals frequently discuss the physical and emotional challenges they face, which include health issues, mobility difficulties, and inadequate nutrition. The emotional toll of their situations is evident, with feelings of confusion, being stuck, and feeling marginalized frequently mentioned.
 - **Shelter Challenges:** Being in a shelter presents its own set of challenges. Residents often find themselves without the necessary resources, making it difficult to manage their health conditions.
 - **Centralized Access:** The importance of a centralized service location is emphasized, suggesting that navigating through a complex system increases anxiety for some and decreases their access. A single point of entry for services can be a lifeline for many.
 - **Hospital Experiences:** Extended hospital stays and the subsequent rehabilitation process can be physically and mentally taxing. The challenges of navigating the housing system after discharge can lead to feelings of frustration and helplessness. This is both physically and mentally taxing.
 - **Nutritional Concerns:** Access to proper nutrition is a significant concern. Direct quotes highlight the lack of fresh food options in shelters leading to further health complications.
 - **Transportation Issues:** The lack of reliable transportation makes it difficult for individuals to access services, leading to challenges like walking long distances or facing penalties on public transport due to lack of passes.
-

Participant Observations:

"And so I started in the hospital working with a social worker. But one of the things that was frustrating, and I was literally, there was nothing they could really progressively do until I was released from the hospital. So I got released from the hospital to nothing..."

"But the first month out [of the hospital], I mean, I could hardly walk. I mean, this was out of like, the rehab facility that I was at after, you know, 6-7 months in the hospital...I got to go down to DSS and go here, go there. And it was physically let alone mentally, but physically very detrimental to you know, my health situation. So I mean, I don't know if, like, I can't imagine how that is for like seniors and a situation. But I know for me, it was very taxing physically for what I had going on."

About our bringing fruit to the focus group: "This is honestly the first time we've had fruit since being here."

"And I have no available fruit, no fresh meat, I'm getting sick on all this processed food."

"Transportation is terrible - We just walk, 30 mins."

"I have to hop on a train half times to get downtown to go to see our workers downtown train just no matter how many times we all get kicked off the trains because we ain't got passes. Or they'll give you \$100 citation for being on the train without a ticket and they don't care if you're homeless or anything like that on the train. They don't care no crap."

"...having once place to enter is really important for me... Because of my anxiety I would have given up... it's the only reason I'm not still on the streets."

"don't get me wrong. I appreciate what they do. For me, I just don't like being stuck. I feel stuck. That's the whole trouble. On I'm one of those. I gotta be moving in one direction or another. Otherwise, I'm like a shark."

On her their state: "Cry, and drink water, cry, and go to sleep."

"we're homeless too. We feel like an outcast. Like we're stuck in the corner forget about because we don't got jobs or disabilities or newborn babies pregnant. We just feel like we're left out..."

"But I know, for me, having the health issues I had, I ended up back in the hospital twice..."

Qualitative Data Analysis:

Provider Interview Summaries

Summary

This section offers a synthesized analysis of interview responses about the Coordinated Entry System. The analysis is organized by principal themes identified in the questionnaire, including CE effectiveness, VI-SPDAT, whether the CE system is client-centered and trauma-informed, prioritization criteria and outreach meetings, training, and equity and fairness, supported by verbatim quotes.

Interviews were undertaken with a diverse group of providers, as detailed in Table 4. This selection encompasses a broad spectrum of regions, roles, and years of expertise. Collectively, their insights offer a comprehensive and nuanced understanding of the CE system from the provider's viewpoint, significantly shaping our recommendations.

Table 16 Provider Interview Representation

| PROVIDER TITLE | ORGANIZATION | DATE |
|-------------------------------|---|-----------|
| Director Of RRH | Compass House | 7/18/2023 |
| Chair | Twin Cities Task Force for the Homeless | 7/18/2023 |
| Program Manager – Ce Lead | Restoration Society | 7/19/2023 |
| Director - Community Outreach | Save the Michaels | 7/20/2023 |
| Case Manager | Save the Michaels | 7/20/2023 |
| Homeless Outreach Lead | Matt Urban | 7/21/2023 |
| Housing Case Manager | Salvation Army | 7/24/2023 |
| RRH Youth Case Manager | Community Missions of Niagara Frontier | 7/26/2023 |
| Director Of Operations | Community Missions of Niagara Frontier | 7/26/2023 |
| Transitional House Manager | Community Missions of Niagara Frontier | 7/26/2023 |
| RRH Case Manager | Community Missions of Niagara Frontier | 7/26/2023 |
| Case Manager | Community Missions of Niagara Frontier | 7/26/2023 |
| RRH Coc Case Manager | Community Missions of Niagara Frontier | 7/26/2023 |
| RRH Youth Case Manager | Community Missions of Niagara Frontier | 7/26/2023 |
| Executive Director | Family Promise | 7/31/2023 |
| Case Manager | Family Promise | 7/31/2023 |
| Program Manager | Restoration Society - Harbor House | 8/02/2023 |
| Director - Client Operations | Buffalo City Mission | 8/10/2023 |

GENERAL FINDINGS

1. **Open Communication:** Despite the challenges, there are positive notes on open communication between agencies, and established protocols are providing clarity and role definition for all involved. There seems to be significant stakeholder buy-in from the provider community.
2. **Operational Challenges:** The interviews revealed challenges like slow-moving lists and limited transparency, which affect the collaborative spirit of the CE process. The outreach committee, in particular, seems to be grappling with these challenges, leading to frustrations among both clients and agencies.
3. **Bottlenecks and Client Communication:** The system's design, which prioritizes based on scores and duration of homelessness, leads to referrals for clients who are either untraceable or not actively engaged with any provider. This inconsistency results in inefficiencies and frustrations for both clients and agencies.
4. **Resource Disparity:** The existing system is robust but struggles with a significant misalignment between the available resources and the diverse needs of the clientele. This mismatch hinders the effectiveness of interventions and underscores the necessity for a more individualized approach to address the unique needs of each demographic effectively.
5. **Inconsistent Communication:** Different agencies employ varied language and approaches when discussing the CES, leading to confusion and frustration among clients. This inconsistency can result in clients receiving mixed messages about the system and its processes.
6. **Training and Onboarding:** There's an emphasis on the importance of proper training for case management staff, with suggestions for a more hands-on and observational approach during the initial weeks. Proper training is seen as a way to improve efficiency and reduce turnover.
7. **Feedback Mechanisms and Stakeholder Engagement:** interviews suggest uneven access to feedback mechanisms in the CE process. There's a notable sentiment among stakeholders that community meetings could be more inclusive and effective. The current format, often led by an agenda and with large participation, tends to be less interactive, leading to muted participation and reduced collaboration.

Thematic Analysis

Coordinated Entry System: Internal Processes

What is the Coordinated Entry System?

Our interviews revealed that the Coordinated Entry System is viewed through various lenses, each emphasizing different aspects of its functionality and goals. Some see it as a structured yet flexible system for prioritizing housing needs, particularly in alignment with HUD contracts. Others view it as an initial point of contact for individuals experiencing homelessness, serving as a gateway to a range of services, including RRH. The system is also seen as a collaborative effort among various service providers with the primary goal of housing the homeless. Additionally, there is a focus on serving the most vulnerable individuals as quickly as possible.

Key Insights:

- The CES aims to identify and rank individuals based on their vulnerability, prioritizing assistance for those most in need.
- It ensures equal access and assesses vulnerability levels.
- The system acts as a conduit for housing referrals for the homeless.
- There's a need for more transparent communication to ensure all stakeholders have a unified understanding of the system.

Participant Observations:

The main purpose I guess, is just to find people who are experiencing homelessness, and rank them, I guess, based on vulnerability, and then assist the people who are the most vulnerable who have had the most time chronically homeless and assist them first and then go down the list until you get to no one, hopefully."

"I think coordinated entry is of course needed... you know, the homeless population and getting people into housing with those HUD contracts - COC PSH and rapid rehousing."

"I think it's equal access to everyone access, right, and also attempting to assess their vulnerability level"

"the mechanism for folks experiencing homelessness to get referred to housing programs."

"The Coordinated Entry system serves as the initial point of contact for individuals who believe they are homeless."

"The main goal, I would think of coordinated entry, is to alert our partnering agencies of that person's housing status as not having housing."

Strengths: Collaboration

The CE System has been particularly effective in several key areas, creating a robust framework for serving vulnerable populations. One of its standout features is the high level of collaboration among stakeholders. One respondent indicated the importance of breaking down silos and building connections among housing and service providers, a sentiment echoed by others who praise the system's ability to bring together various partners for a common goal. This collaborative spirit is further enhanced by the efficient meetings and tracking systems, which two respondents in Niagara attribute to the excellent facilitation by Heart, Love, and Soul. The Homeless Management Information System (HMIS) also receives commendation for its role in centralizing data, making it easier for providers to access crucial information.

Another strong suit of the CE system is its focus on inclusivity and equal access. One respondent notes the multiple points of entry for VI-SPDAT (VI) assessments, making the system more accessible to those in need. The system seems to enjoy broad stakeholder buy-in, a critical factor for its sustainability, highlighted by one observation of diverse representation and participation. High levels of collaboration and stakeholder buy-in indicate a communal investment in the system's success, making it more likely to weather challenges and innovate effectively. Thus, the CE system serves as both a resource allocation tool and a community-building mechanism, offering a holistic solution to the complex issue of homelessness.

Key Insights:

- The CES promotes collaboration and information sharing.
- It ensures equal access and has multiple entry points for assessments.

Participant Observations:

"What is going well, is that you have the buy-in of most, from my perspective... there's a lot of representation."

"What's going well, is that it's a place to put everything together in one spot. And we get together as a team, from all of the different services and all of the different partners for these individuals, and we're able to do what we can to get them housed."

"I think what's working okay, is we have a number of access points where people can get a VI done so that they can actually get onto it [the prioritization list]. So they can either have one done here, they have one done at the shelter, or they have one done at Heart Love and Soul or Save the Michaels in Lockport... those kinds of things. So I think that I think that if individuals are homeless, and the outreach, people can also do that, as well. So, I think that that's a positive."

Challenges: Transparency, Process Confusion, and Communication

The Coordinated Entry System faces several challenges that impact its efficiency and effectiveness. Stakeholders have voiced concerns about a perceived opacity in the system's prioritization and assessment mechanisms. This issue was particularly problematic in the Buffalo area. Stakeholders expressed confusion about how individuals are moved from the priority list to referrals, and there is a call for more proactive communication from CE leads. Some feel the system's complexity often leads to misunderstandings and stress among service providers and clients. For instance, one provider described the CE process as "obtuse" and feels they are on the "fringes" of understanding it, despite their years of experience. This lack of clarity extends to the VI-SPDAT, where at least one RRH housing provider is unaware of how VI scores are determined. Compounding these challenges is the issue of client communication. Inconsistent interactions with clients have been identified as a significant bottleneck, causing delays in referrals and posing challenges in optimal resource allocation.

Staffing issues exacerbate these challenges, with high turnover rates and limited case management resources hindering the system's effectiveness. Yet, a more overarching issue is the pronounced deficit of permanent supportive housing, especially in regions like Niagara. This deficiency has led to an accumulating backlog within the system. Compounding this is the evolving landscape of client needs, evident from the escalating VI scores. Consequently, RRH case managers find their caseloads dominated by clients with heightened needs, yet there's a mismatch with available housing options, particularly in the realm of PSH housing. This misalignment manifests as a system bottleneck, impeding the efficient service of high-need clients and extending the wait times for housing and services across the board. Feedback from various stakeholders underscores a growing apprehension about the system's responsiveness and efficacy, with prolonged housing wait times cited as detrimental to program outcomes.

Key Insights:

- There's a notable lack of transparency in the prioritization and assessment processes
- Stakeholders are unclear about the transition of individuals from the priority list to actual referrals
- There's a demand for more proactive communication from CE leads to address ambiguity
- Maintaining consistent communication with clients is a challenge, causing delays in referrals and resource allocation inefficiencies
- The system faces staffing challenges, including high turnover rates and limited case management resources
- RRH case managers are handling higher-needs clients without having access to suitable housing options, particularly PSH housing
- The challenges collectively result in system bottlenecks, making it tough to efficiently serve high-need clients and causing extended wait times for housing and services
- The prolonged wait times for housing have raised concerns about the system's timeliness and its impact on program outcomes

Participant Observations:

"One of our reports that I have to report on is getting people housed within 60 days... and we're waiting six to eight months today."

"Maybe one thing I do wish was a little bit more transparent is how we get from the priority list to the referrals... like I know homeless time and VI score are our main two components... but I do wish I could understand a little bit more how exactly that process is happening just because that's kind of like my job."

"One of the significant challenges...is the difficulty in maintaining consistent contact with clients. If a client gets a referral but cannot be located, the referral agency holds onto it for 30 days before sending it back. This delay can hinder the process, especially if the client is hard to find."

"I was not well-trained for my position and had to figure out the process over time."

"... with our lack of permanent supportive housing here [Niagara], we're struggling with individuals that have numbers way higher than a rapid rehousing program is actually technically designed for... Because now our Rapid Rehousing case managers are jammed up with those clients, and [our shelter case manager] is working with people that are more of a traditional RRH a four or five, six. And so she's struggling with getting them moved on, because we're jammed up, we're back logged the other way."

CE System Effectiveness: Adapting to External Pressures

Housing landscapes have transformed nationwide, and Western New York is no exception. The Coordinated Entry system faces complex systemic issues. The scarcity of housing, rising rents, and empowered landlords are all pressing concerns, exacerbated by the COVID-19. These external pressures Challenge CE efficacy but also threaten its operational integrity. The interviews underscored the tangible impact of these issues on the CE's operations. Over time, these challenges risk eroding the system's legitimacy and stakeholder trust, both of which are vital for the CE system's sustained functionality.

Rising Homelessness

There's a marked rise in homelessness. This surge not only strains the system but also underscores the urgency for more robust interventions and resources. The sheer volume of individuals needing prioritization has made the system appear less effective, suggesting a need for adaptability. The volume of clients who require assistance highlights a concerning delay in client referrals, which has ripple effects on program funding and overall efficiency. The extended referral times indicate a bottleneck in the system, necessitating a reevaluation of the referral process.

Key Insights:

- There's a significant increase in homelessness, stressing the current system
- The surge emphasizes an immediate need for enhanced interventions and resources
- The influx of individuals needing help impacts the system's perceived efficiency
- High client volumes lead to noticeable delays in referrals, affecting overall efficiency

Participant Observations:

"I would say that the Coordinated Entry System is doing its best, but we have been having a pretty rapid increase in homelessness. So, I think part of maybe the reason why it feels like it might not be working as well is because there are now a larger number of folks that need to be prioritized."

"...the homeless population too, is growing ever since COVID really ended and the eviction situation that happened so, I mean, I was able to get people assessed and referred for housing within three months... it's just not available anymore...we're waiting six to eight months today."

"... one of the issues is we're not reaching our funding capacity for a lot of our programs because we're having problems finding people... and I think that would really take away the lack of trust or transparency between agencies. Because their funding is impacted by not being able to find customers. Their reporting is impacted by not being able to find customers, and not filling those placements, and spending the money that they need to spend. Which they need to spend because we have so many people homeless, there's no reason not to spend it."

"There's not enough housing... we try to keep people in shelters for 30 days. I don't discharge anyone into homelessness - but I have people in shelter for six months, nine months, waiting on housing."

"I can't remember the last time I got someone a rapid rehousing referral. That's based on funding, right... I don't feel like anyone's had Rapid Rehousing since the fall of last year around here. It's just, there's no referrals."

Effects of COVID-19: Housing Dynamics and Landlord Participation

The aftermath of the COVID-19 pandemic has brought its own set of challenges. The pandemic's impact has reshaped the housing market dynamics, with landlords becoming more stringent in their tenant selection processes. This shift underscores the need for a more comprehensive approach to landlord engagement and housing policies.

Key Insights:

- The COVID-19 pandemic has significantly altered housing market dynamics
- Landlords have become less likely to engage with the system
- The result is a CE system that is moving slower – frustrating both staff and clients

Participant Observations:

"... real high standards for really horrible apartments you know, asking for like background checks and credit checks and credit above such a such number for a house that's full of roaches, and is water damaged and falling apart."

"And then we're losing COVID money. So there's there's a bunch of Rapid Rehousing programs that existed for a brief moment that are now shuttering. We've lost at least one agency that had like a normal ESG Rapid Rehousing program, and they're just they're not doing that kind of housing anymore. At all. They just completely closed the Rapid Rehousing department."

"... my biggest issue right now is definitely housing. Just like the price of everything and finding landlords that are appropriate, property management companies that will even take these kids because... they're 18 and 24... They have no rental history... no references or anything like that."

About the landlords that will participate: "... we do have some private ones, but they're the bottom of the barrel... We will work with those landlords, but we try to avoid them if we can."

Available Resources

Interviews suggested a disparity between the needs of clients and the resources on hand. The current system, while robust, appears to be grappling with the challenge of adequately addressing the multifaceted needs of its diverse clientele. This mismatch not only hinders the effectiveness of interventions but also underscores the necessity for a more individualized approach. By ensuring that resources are more closely aligned with the unique needs of each demographic, the system can enhance its responsiveness and efficacy.

Key Insights:

- The existing system faces a misalignment between client needs and available resources
- A lack of PSH has resulted in RRH being used for clients that may require a higher level of services

Participant Observations:

"I've had families with VI scores of 13 that haven't gotten a placement. The system is geared towards really high needs, but there are many people falling below that who can't get housed."

"... with our lack of permanent supportive housing here [Niagara], we're struggling with individuals that have numbers way higher than a rapid rehousing program is actually technically designed for... Because now our Rapid Rehousing case managers are jammed up with those clients, and [our shelter case manager] is working with people that are more of a traditional RRH a four or five, six. And so she's struggling with getting them moved on, because we're jammed up, we're back logged the other way."

But the reality is, we have to look and see, will our clients be successful when we step away from them? And, again, sometimes you have, so you have people that are advocating for their clients, which is completely understandable. And they just want them to get out of this or change the situation that they're currently in. Yeah, but the issue is, will that change be beneficial for that client? Longer term, longer term? Or will this just create yet another eviction? eviction? Another barrier?

Referrals and Outreach Meetings

The Coordinated Entry System outreach meetings (or case conferencing meetings) serve as a structured platform for agencies to collaborate on housing and homelessness issues. The system is generally praised for its collaboration and information-sharing protocols. These meetings are cited as effective platforms for discussing referrals and client situations and are considered valuable for building rapport and connections among agencies.

Interviews have suggested that while the CE system has made strides in addressing homelessness through structured prioritization and outreach meetings, there's a clear need for enhanced transparency, improved communication, and a more client-centered approach in the referral process.

Strengths: Collaboration and Communication Among Providers

Interviewees consistently commend the meetings' collaborative nature, highlighting the synergy among agencies. The CES's information-sharing and case-conferencing are especially effective. Established protocols, like transfer requests, provide clarity and role awareness. Open communication is a noted strength, with agencies actively communicating for urgent matters, fostering inter-agency relationships vital for coordinated goals. In the Niagara region, meetings are well-structured and clear, aiding professionals in discussing referrals and client situations cohesively, ensuring unified understanding.

Key Insights:

- The outreach meetings facilitate inter-agency collaboration on housing and homelessness
- Interviewees welcome the collaborative nature of the meetings, indicating effective inter-agency cooperation and rapport-building
- The CES's information-sharing mechanisms are functioning as intended
- Established protocols provide clarity and role definition for all involved
- Beyond scheduled meetings, agencies maintain open communication

Participant Observations:

"I think what really works on the set Thursday call is there's a lot of open communication."

"The communication part I think, is really well, the agencies work together."

"Outreach meetings are important for building rapport and connections - they are valuable for this reason."

Challenges: Slow-moving Lists, Limited Transparency, Meeting Facilitation

Escalating homelessness is exerting considerable strain on the system's capacity to prioritize individuals aptly. The Buffalo outreach committee faces this challenge, with weekly calls slowing, at least partially, due to housing and resource constraints, impacting the collaborative spirit of the process. This delay frustrates both clients and agencies. The system's prioritization, based on scores and duration of homelessness, often leads to inefficiencies due to challenges in reaching certain clients at the top of the prioritization list. Providers increasingly feel the prioritization list and referral process require updates, particularly when potentially housed or ineligible clients stay prioritized. This underscores the need for improved vetting before referrals. Incorporating a vetting/engagement process during case conferencing could address these issues.

Additionally, some providers are concerned about clients' referral readiness. Some providers have suggested that outreach workers may advocate without fully assessing client readiness, causing inefficiencies. While ideally all would have access to PSH housing, housing constraints and the RRH program's nature suggest RRH program's prioritization criteria may necessitate reconsideration.

Key Insights:

- The escalating homelessness rate is exerting significant strain on CES, especially in prioritizing individuals effectively
- The outreach committee's weekly calls are slowing down due to constraints in housing availability and resource limitations
- Inconsistent client communication is a challenge, with referrals often made for untraceable clients or those not actively engaged with any provider
- The prioritization list for referrals needs frequent updates, as there are concerns about clients who may no longer be eligible still occupying pivotal spots

Participant Observations:

"My issue is that there's people being referred out that aren't even around anymore."

"But one of the issues that all of the people are saying is that we can't find our people. Because I don't think that investigation is really being done prior to refer now."

"Well, a lot of those names don't need to be on there anymore. Like we'll go through and we'll say on a call, you could take her off, she's housed, you could take him off his housed, he moved to Pennsylvania."

"Sometimes week after week, I'm talking about the same client who's been housed for three months, four months is doing very well."

"And they just want them to get out of this or change the situation that they're currently in. Yeah, but the issue is, will that change be beneficial for that client? Longer term, longer term? Or will this just create yet another eviction? Another barrier?"

"They always advocate for them, and then it doesn't necessarily always work out. That's just that's my issue."

VI-SPDAT

The Coordinated Entry System and the VI-SPDAT assessment tool are fraught with challenges that range from wording and inclusivity to process administration and scoring. Service providers find the VI-SPDAT's wording to be confusing and not easily understood by the demographic it aims to serve. There are concerns that the tool doesn't adequately account for racial disparities and other factors like stress and trauma. The administration of the VI is often inconsistent, with some providers sticking strictly to the set questions while others rephrase or clarify them for better understanding.

The scoring system itself is a point of contention. Providers note that scores can be influenced by various factors, including the client's comfort level and the provider's relationship with the client. This leads to scoring variability and questions the tool's effectiveness in truly identifying the most vulnerable individuals. Moreover, there's a lack of standardized training on how to administer the VI, leading to further inconsistencies. Providers believe that the clients themselves are often confused by the assessment questions and are sometimes afraid that their answers will disqualify them from housing.

The process is further complicated by the lack of clear policies on when to redo assessments and the timeframe for reassessment. Overall, the system is seen as complex and not entirely straightforward, requiring a more transparent, standardized, and sensitive approach to truly serve its purpose.

Key Insights:

- As a tool, the VI-SPDAT tool within the CE system is perceived as confusing, with concerns about its wording and clarity for the target demographic
- Providers are concerned that clients often find the assessment questions perplexing and fear that their responses might hinder their housing opportunities.
- There's a concern that the tool doesn't adequately address racial disparities
- Inconsistent administration of the VI leads to variability in scoring, questioning its effectiveness in identifying the most vulnerable.
- The lack of standardized training for administering the VI results in further inconsistencies across providers.
- The system lacks clear policies on reassessment timelines, adding to its complexity and perceived inefficiency.

Participant Observations:

"People think its some kind of test or interview that would disqualify them for housing if they tell the truth."

"I do think that it sounds like word vomit reading it verbatim. And for people who are experiencing homelessness, it is not conducive to read it word for word."

"I think probably my biggest gripe is that the lack of transparency, and the way in which the VI-SPDAT is administered, because it seems to be different. It can be different. And it's also subjective to the person receiving the information."

"I take the scores with a grain of salt."

"When you have a worker that's worked with a client for six months, rather than a 211 person who's just answered the phone, you're gonna get a different score."

"There is confusion about how often to redo an assessment."

Client-Centered and Trauma-Informed Approach

The CE System is grappling with challenges in its pursuit to be genuinely client-centered. A significant issue is the lack of client understanding of the CES, where many clients perceive the CES as a basic list, overlooking its intricate, dynamic priority system. This misunderstanding is exacerbated by inconsistent language and approaches among different agencies, leading to client frustration and confusion about the next steps. While the CES has intentions of being trauma-informed, allowing clients to navigate sensitive questions at their comfort level, there remains a pressing need for enhanced transparency about the system's workings and clearer expectations. External entities, notably the Department of Social Services (DSS), sometimes disseminate misinformation, further muddying the waters. Service providers have underscored the importance of patience in explaining the CES process and managing client expectations, especially in light of potential housing delays.

Key Insights:

- Clients often perceive the Coordinated Entry System as a mere list, not recognizing its intricate, dynamic nature as a priority system. This lack of understanding hinders their ability to navigate the system effectively.
- Different agencies employ varied language and approaches when discussing the CES, leading to confusion and frustration among clients. This includes external agencies, such as DSS, which can provide clients with inaccurate or misleading information about CES.
- Recognizing the emotional and psychological state of clients is crucial.
- Clients need clear, concise explanations about the CES's workings, their position within it, and what they can expect. This transparency can reduce anxiety and build trust in the system.
- Given the misinformation from various sources, service providers must be patient and willing to explain the CES process multiple times to ensure clients are well-informed.
- Rapid Rehousing (RRH) case managers emphasize the importance of setting realistic expectations for clients, especially concerning potential wait times for housing. This clarity can prevent undue stress and disappointment.

Participant Observations:

"All together, they don't know what the end goal is. They know it's to help with housing, but some people will just think this is like you're gonna put me on a list."

"...clients are often misinformed by the Department of Social Services (DSS) and other agencies."

"Clients are always so hopeful - they think this will get them housing - so we have to be very clear about how long the process may take"

"...the system is so complicated that even when he tries to explain it to clients, the information often doesn't get through."

strategy: "And that's when I asked them, if you want to take a pass on this one, we can go to the next question, we can circle back around, or I can put my pen down, and we can just talk."

"As annoying as it is to repeat myself so many times, I think it is beneficial for the clients to call us because clearly they're getting inaccurate information."

CE Training: A Need for Structured Centralized Training

The Coordinated Entry System, integral to addressing homelessness, faces challenges in its training protocols. Feedback from participants indicates that the system's abstract nature and the rapid pace of training sessions hinder comprehensive understanding. The inconsistency in training approaches across agencies further complicates the situation. Some participants advocated for a hands-on training approach, allowing new entrants to observe before actively participating. Others indicated that they have had to navigate the system with limited guidance. The collective feedback underscores the need for a standardized, comprehensive, and client-centric training approach to enhance the system's effectiveness and ensure that clients are better served. The feedback from various participants paints a picture of a system with potential, but one that requires fine-tuning to reach its optimal efficacy.

Key Insights:

- Participants reported varied training experiences within the system; some found sessions to be rushed or lacked structured training altogether, while others felt well-equipped, pointing to inconsistencies in training quality and approach.
- There's a call for training that is not just technical but also client-centered. Recognizing social cues during assessments to ensure client comfort is crucial, especially given the vulnerabilities of the homeless demographic.
- Misinformation, especially from inter-agency communication gaps, complicates the system.
- One proposed solution is a hands-on training approach, where newcomers observe the process before taking on responsibilities. This immersive method is believed to offer a more holistic understanding of the system.
- There is a need for better communication between agencies. A cohesive understanding and approach between agencies can reduce misinformation and enhance the system's efficiency.

Participant Observations:

"... [B]eing part of RSI, I know there are certain people within the CE program that I will send our individuals to get further [CE] information, compared to other individuals [outside of RSI], because I know that that training isn't there."

"... they just kind of brushed it off, which just to me shows that they don't have the education to provide to other people. Not that they don't want to but it's just not there."

"... this time, what I did differently... For the first three weeks. You're just gonna watch, you're gonna sit and pay attention. You're going to listen to how I ask these questions and ask me questions about it... I really want you to see all of the things and understand them a little bit more without having to worry about it first... Just being able to experience it and get your feet wet? Know what you're doing first before I'm asking you to do it. Obviously, being able to do that [extended training periods] is a luxury because I was doing all the work and the training. But it was very, very, very valuable. And I feel like the people on my team right now have the best chance... a lot of agencies don't necessarily have that luxury [of resources and time] ... and I understand that, but I do think it could be really helpful..."

"I was not really fantastically trained for this position. The process of me kind of figuring out how to do it was long and not a lot of fun..."

"No, I mean, I think the level of training was good. I think his name's Nate from HAWNY is the one who initially trained me. He threw a lot of information me fast, you know, but we only had some time and but then whenever I have questions, and Nathan or Ryan and I had any issues, they usually helped me with it immediately. So good anytime I need anything they show me."

"[I think HAWNY should do more training]... but the thing is, is that our people are very short staffed, we don't have time for things like that, right, I mean look how long it took us to get to this call. And so people, they just don't have time [for training]."

I am really big on training... my belief is that the more folks understand of the system, the better that they can help their clients navigate the system, the fewer confusions or misleads or whatnot. The less people get frustrated, and you just have a kind of a high tide raises all boats kind of effect.

"...If they're not comfortable, I don't want them performing the VI-SPDAT."

Feedback Mechanisms

The Coordinated Entry (CE) system exhibits a dichotomy in its feedback mechanisms, reflecting varied experiences among its stakeholders. On one hand, certain stakeholders are effectively engaged, utilizing personal connections or committee roles to actively voice concerns and advocate for specific groups. This subset of stakeholders finds success in the existing feedback channels, indicating that these mechanisms do work well for some. On the other hand, there are some who encounter significant barriers to effective engagement. These challenges are exemplified by those whose primary engagement is in the large, more impersonal community meetings organized by HAWNY, where passive participation prevails, limiting the opportunity for meaningful dialogue and input. This contrast not only highlights a disparity in stakeholder experiences but also underscores the need for the CE system to evolve its feedback mechanisms. While some stakeholders navigate the current system successfully, others require more active recruitment efforts and alternative forums that facilitate more inclusive and effective participation. The goal is to ensure that all voices are heard, which is essential for the system's adaptability and effectiveness in addressing the diverse needs it serves.

Encouraging more participation in existing feedback mechanisms, and creating more varied opportunities, would ensure that the system remains responsive and adaptive to the diverse needs and insights of its entire community. Addressing this could help increase feelings of transparency and trust, collaboration, system responsiveness and long-term sustainability.

Key Insights:

- Stakeholders have varied perceptions of the feedback mechanisms within the Coordinated Entry system. While some feel they can actively advocate and provide feedback, others see a lack of structured channels to voice concerns.
- Individual Initiative Over System Design: Some stakeholders, due to their positions or personal connections, feel more empowered to provide feedback. However, this seems to be more a result of individual initiative rather than a systematic approach.
- Regular community meetings, intended for feedback, are described as large and lacking in collaboration. There's a call for these meetings to be more interactive and facilitated better to encourage active participation.
- The simple act of acknowledging feedback, even through automated responses, can significantly empower stakeholders, reinforcing the importance of establishing responsive feedback channels.

Participant Observations:

"I just joined the HAWNY board this year, because I felt like I was an isolates over here. I didn't feel like, after so many years of being in this process in this system, I still felt like I was on the fringes of a lot of conversations. And I'm trying to understand it better, right. So I joined and I have a lot more access to HAWNY now. Because I joined the board, I'm in a lot more meetings with them. So I do feel like now I am able to give my opinion a little bit more freely. I feel like the HAWNY meetings, the community meetings, which are kind of like the regular person's opportunity for feedback are very large. They're over 50 people on a zoom call with an agenda led by Kexin, you know, and I do think that there are tons of opportunities to make that more collaborative and more responsive and put people in small groups and get people talking, you know, it turns into a typical zoom call where everyone just is muted and sometimes not even on the screen and you know, and then it's just HAWNY walking through their agenda."

"I suppose so. I mean, I know the CE's Executive Director, I mean, just because I've been around such a long time..."

"No, no, never. there was ever a time I felt like I could give feedback... maybe it's just RSI, but it's like are we gonna get in trouble for saying something?... I think HAWNY could maybe [provide an opportunity] because we're gonna get that in all agencies possibly. But overall, could HAWNY have a little spot where people can leave feedback? I think that would be great you know, even if you don't feel comfortable going to your own boss, you can still come to us. Yeah. And I yeah, I think that would be an incredible option."

"Knowing that your voice is heard? Even if it's just an automated reply system, you know, there's so much research on just knowing that somebody's heard you... what that does to empower people. Even if it was just like a click of a button and you're just like submitting something, like hey, I'm just wanting to know... but that's up to HAWNY to show the agencies like you can do this, this is what this is going to do. And then just that reply, you know, automated reply, email, like we got your response... somebody heard me today... Doesn't have to be anything crazy."

Fairness and Discrimination

Summary

Generally, the stakeholders involved with the Coordinated Entry (CE) system did not express significant concerns regarding discrimination or inequality within the system. Most participants felt that the system aimed for fairness and did not overtly highlight instances of bias. This suggests that, at least from the perspective of these stakeholders, the CE system is perceived as striving towards an equitable approach in its operations. However, it's crucial to note that the absence of explicit concerns does not necessarily mean the system is free from implicit biases or systemic issues. Continuous monitoring and feedback are essential to ensure genuine equity and fairness in the system's implementation.

For example, one person indicated the issues with racial disparities with the VI-SPDAT and that the system doesn't have a way of accounting for these disparities.

"I don't know if it really counts race enough. I really don't think there's like questions about race or the effect that racism has on people or stress, or that Buffalo is a very segregated city still like a lot of the places that were able to people and east of Main Street, which is where the redlining is, and you know, all of these things, and it's an underinvested area. And so, I think that there are definitely some racial disparities with it."

Challenges: Unequal Access

Stakeholders generally don't perceive direct discrimination in the Coordinated Entry system. However, there are concerns about unequal access, with some clients receiving "emergency prioritization" based on urgency rather than consistent criteria. There's a sentiment that the system favors high-needs clients, potentially sidelining others. Some organizations, familiar with standard procedures, still seek special treatment, bypassing protocols. Additionally, in Niagara, there's a notable challenge in connecting youth to the system, possibly due to coordinator accessibility issues or understaffing.

Key Insights:

- **Inequality in Access:** While no direct discrimination is reported, some providers have created an ad hoc "emergency prioritization" or "triage" system to address what they deem 'urgent' situations. This approach, while adaptable, needs to be uniformly accessible and not just available due to advanced advocacy by certain providers.
- **System Bias Towards High-Needs Clients:** There's a perception that the system is more geared toward high-needs clients, potentially leaving a segment of the clientele underserved.
- **Problem Organizations:** Some organizations, despite being aware of the standard procedures, seek special treatment and bypass regular protocols, indicating a potential need for stricter enforcement of guidelines.

Participant Observations:

"Um, I so like, I would say, Sure, like I've, I've contributed even to like that, but not necessarily in a negative way, I would say when needed. So it's not like, Oh, I know that person. You know, let's not give them a referral. It's like, hey, there is a situation that needs attention. And if we do not act quickly, something even worse could happen. So I would say like, not "discrimination, but maybe like a different type of prioritization, like an emergency prioritization or something like that."

"I mean, I have done as much as I can with helping them visualize it and understand it and it's my understanding that they have gotten a talking to about that... I really think it comes down to like they know that that's not how it's supposed to work, and they just don't they don't want to follow that procedure if they want to get special treatment or whatever."

"I feel like I talked to youth a lot like in the community, and they told me that they tried to go through coordinated entry and they're trying to hook up with whoever like they have to they're finding it difficult to meet with these with the people that are doing the Coordinated Entry. Like they're just finding it difficult; they feel like these people don't have time for them."

Challenges

Bottlenecks

Bottlenecks have a cascading effect that touches every aspect of the Coordinated Entry System. Addressing this strain requires both immediate interventions and long-term strategic planning to ensure that the system remains robust and responsive. The following areas are contributing to system bottlenecks:

External Pressures

Rise in Homelessness and Referral Delays

Almost all interviews highlighted an increase in homelessness, which is straining the system and emphasizing the need for more robust interventions. The high volume of clients needing prioritization is giving the impression that the system is less effective, suggesting adaptability is required. Providers have indicated the increase of extended referral times, which indicates a bottleneck in the system, prompting a need to revisit the referral process.

COVID-19 and Landlord Disengagement

Interviews suggest a loss of landlords willing to work with the CES after COVID. The pandemic has introduced hesitations for landlords, affecting the availability of housing options for clients. Further, interviews suggest that landlords have increased their rents and their rental criteria for tenants making it more challenging for individuals from CES to find housing.

Internal Processes

Client Communication Delays

A specific challenge highlighted is the difficulty in maintaining consistent contact with clients. If a client receives a referral but cannot be located, the referral agency holds onto it for 30 days before returning it, causing significant delays in the process.

Implications

Service Delays: For clients, this can mean longer waiting times for housing placements, assessments, or other essential services. Such delays can exacerbate their vulnerabilities, especially if they are in dire need of immediate assistance.

Resource Strain: A surge in homelessness and high client volumes strain available resources, leading to noticeable delays in referrals and affecting overall system efficiency. Bottlenecks that contribute to resource strains create a strain on already overburdened staff. This can lead to burnout, especially if staff numbers remain unchanged. The long-term effect of this could result in institutional knowledge loss, which further strains the system.

Stakeholder Frustration: The perceived opacity and complexity of the system cause stress and frustration among both service providers and clients. This is a broad concern that can have significant implications for the effectiveness and trustworthiness of a system, especially one as crucial as the Coordinated Entry System. These can include decreased engagement and trust, operational delays, long-term erosion of system reputation, and reduced collaboration.

Transparency

Transparency is a recurring theme, emerging as a critical aspect that needs addressing in the Coordinated Entry System. Stakeholders emphasize the importance of clear communication, understanding the system's mechanisms, setting expectations, and establishing open feedback channels to ensure the system's effectiveness and trustworthiness.

System Opacity:

Stakeholders have raised concerns about the perceived opacity in the system's prioritization and assessment mechanisms. This lack of transparency was particularly problematic in the Buffalo area, leading to confusion about how individuals transition from the priority list to referrals.

Complexity & Misunderstandings:

The system's complexity seems to contribute to misunderstandings and stress among service providers and clients. There's a call for clearer and more proactive communication from CE leads. One provider even described the CE process as "obtuse," feeling that they're on the "fringes" of understanding it despite their experience.

Prioritization & Assessment:

The lack of clarity extends to processes like the VI-SPDAT. At least one Rapid Rehousing (RRH) housing provider expressed being unaware of how scores are determined, indicating a transparency issue in the assessment process.

Feedback Mechanisms:

There are indications that the feedback mechanisms within the system might not be as transparent as they could be. While some stakeholders feel empowered, possibly due to personal connections or influence, others feel marginalized or believe there isn't a clear feedback channel.

Implications

Erosion of Trust: A lack of transparency, especially in critical areas like prioritization, can erode stakeholder trust. When service providers don't understand or feel opacity in decision-making, they may become skeptical of the system's intentions and fairness.

Operational Inefficiencies: If service providers are unclear about processes or feel they're on the "fringes" of understanding, they may be unable to guide clients effectively, leading to potential delays or missteps.

Inequitable Service Provision: A lack of clarity in processes can lead to inconsistent or inequitable service provision. There's a risk that clients may not receive services that align with their actual needs.

Provider Frustration: The perceived opacity and complexity can lead to heightened frustration. This can reduce morale and lead to burnout among service providers who feel they're constantly navigating a system they don't fully understand.

Feedback Loop Breakdown: If feedback mechanisms aren't transparent, the system may miss valuable insights that could drive improvements.

Recommendations

This section presents a roadmap derived from the quantitative analysis, participant interviews, and focus group discussions. Our findings have culminated in a set of recommendations segmented into short-term, medium-term, and long-term initiatives. The short-term recommendations address immediate priorities identified from the data and stakeholders' feedback. Medium-term strategies represent transitional measures that have emerged as essential from our analysis and community insights. The long-term initiatives encapsulate the broader vision and aspirations gathered from our comprehensive evaluation process. Together, these recommendations offer a data-informed and stakeholder-validated approach to driving meaningful and sustained progress.

Short-Term Recommendations:

Immediate Priorities

Short-term goals are immediate priorities set to be achieved within the next three to six months. These objectives are designed to address pressing issues, streamline operations, and lay the groundwork for future initiatives. By focusing on these immediate targets, HAWNY can ensure quick wins, maintain momentum, and set the stage for more extensive, long-term strategies.

Centralized Communication Standards

Centralized Communication Platform Development:

- Enhance HAWNY's website so it serves as a one-stop information hub for all stakeholders. It should offer clear, concise, and regularly updated guidance on the CE process.
- Ensure the platform is easily accessible and user-friendly, catering to a diverse range of users, including those with limited tech skills or disabilities.

Inclusive Guidance for Clients:

- **Visual Aids:** Incorporate visual aids like simple diagrams or flowcharts on the platform. These should illustrate the various stages of the housing journey, making it easier for clients to understand where they are in the process and what to expect at each stage.
- **Dynamic Nature of Prioritization:** Clearly explain the dynamic nature of the prioritization process. This helps set realistic expectations and reduces confusion among clients.

Benefits Include:

Enhanced clarity and consistency: a centralized platform ensures that all stakeholders receive the same information, leading to greater consistency in understanding and implementing the CE process.

Improved stakeholder engagement: clear and accessible information can increase engagement and trust among stakeholders, including clients, service providers, and administrative staff.

Efficient resource utilization: centralizing communication can lead to more efficient use of resources, reducing the need for repeated individual inquiries and clarifications.

Empowerment of clients: by providing clients with understandable and actionable information, they are better equipped to navigate the housing process, leading to potentially faster and more successful housing outcomes.

CE training for Case Workers

Standardized Training Program Led by HAWNY:

- **Client-Centered Approach:** The training should prioritize a client-centered approach, ensuring that caseworkers are fully equipped to meet the diverse needs of their clients.

Key Training Components:

- **Understanding Coordinated Entry Goals:** A detailed discussion on the objectives of the coordinated entry system, highlighting its importance in the housing process.
- **In-depth CE Process Overview:** Training on all stages of the CE process, including specific responsibilities at each stage and methods to effectively communicate these to clients.
- **Standardized Assessment Tools:** Instructions on how to explain tools like the VI-SPDAT to clients, ensuring they understand the assessment's purpose and process.
- **Prioritization Process Explanation:** Guidance on explaining the prioritization process to clients, helping them understand how decisions are made.

Ongoing Education and Best Practices:

- **Refresher Courses:** Regularly scheduled refresher courses to keep caseworkers up-to-date with the latest practices and policies.

Performance Monitoring and Evaluation:

- Implement a system to gather feedback from clients about their experiences with caseworkers.
- Conduct regular evaluations of caseworkers, including check-ins and performance reviews

Benefits Include:

Improved Client Outcomes: Standardized training leads to a more consistent delivery of services, ensuring that all clients receive the same high-quality assistance regardless of which caseworker they interact with.

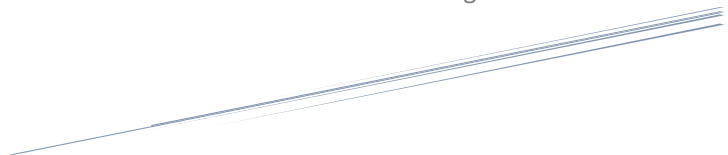
Increased Efficiency: A thorough understanding of the CE process allows caseworkers to navigate the system more efficiently, reducing delays and improving the speed at which clients receive assistance.

Clear Explanation of Processes: Training provides caseworkers with the skills to clearly explain complex processes like prioritization and assessment to clients, reducing confusion and anxiety.

Professional Development: Regular refresher courses and updates on best practices ensure that caseworkers continue to develop professionally and stay informed about the latest developments in the field.

System Effectiveness: Well-trained caseworkers contribute to the overall effectiveness of the Coordinated Entry system, ensuring that it operates smoothly and fulfills its objectives.

Community Impact: Effective casework can have a broader positive impact on the community by successfully transitioning more individuals out of homelessness and into stable housing situations.



Feedback Mechanisms

Feedback mechanisms are essential tools in any system, designed to gather input from various stakeholders, including clients, employees, and partners. The primary purpose of feedback mechanisms is to collect honest and constructive feedback on services, products, processes, or performance in order to make improvements.

Clients:

- Develop a standardized feedback mechanism for clients to share their experiences and suggestions.
Example: HAWNY could implement a listening tour model, holding a focus group for clients at different shelters or RRH facilities monthly or quarterly to listen to client concerns directly.
- Introduce a quarterly review process where feedback is analyzed, and actionable insights are derived.

Providers:

- Develop a standardized feedback mechanism for Providers to share their experiences and suggestions.
Example: HAWNY could implement a Google form for anonymous feedback in addition to in-person community oversight meeting.
- Introduce a quarterly review process where feedback is analyzed, and actionable insights are derived.

Benefits Include:

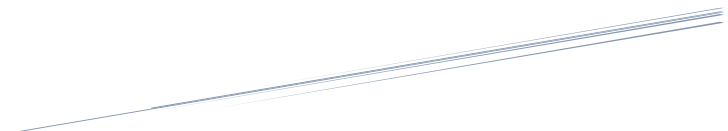
Validation and Empowerment: The system acknowledges their voices and perspectives by providing clients with a platform to share their experiences and concerns.

Reduction in Feelings of Isolation: Sharing experiences in a group setting can help clients realize they are not alone in their struggles.

Increased Trust in the System: When organizations actively seek feedback and show a genuine interest in listening to clients, it can build trust. Clients may feel that the system is genuinely working towards their well-being.

Opportunity for Catharsis: Sharing personal experiences and the act of articulating concerns and being heard can provide emotional relief.

Enhanced Sense of Control: A feedback mechanism can give clients a sense of agency, as they feel like they have a direct avenue to influence change.



Client Centered Process

Creating a client-friendly Assessment space

- Based on the HMIS data and insights gathered from interviews, the location of your assessment influences your score and the probability of securing housing. This is especially evident when the assessment is conducted with the CE Lead organization at the Buffalo Library.
- During our site visit, we visited the library site to see the centralized assessment hub. The space, while large, did not present as trauma-informed or client-friendly.
 - › The room was large and impersonal, making clients walk through the length of the room to the desks. This could prove to be off-putting to some clients.
 - › Additionally, the space did not have any private area for client assessment.
 - › Minimal upgrades to the environment could prove beneficial.

Warm Hand-Off after Referrals

Procedure for Warm Hand-Off:

- Introduce a procedure for using outreach/case manager teams (or a housing navigator position) to connect clients with housing providers after referral thereby reducing confusion and anxiety.
- Facilitating Initial Meetings: These teams or navigators would arrange and possibly attend the initial meetings between the client and the housing provider, ensuring that the client feels supported and the housing provider is fully informed about the client's needs and circumstances.

Guiding Clients Through the Referral Process:

- Guide the clients through the referral process – limiting confusion and building new trusting relationships between clients and housing providers.

Other Benefits Include:

Increased Success in Housing Placement: With more personalized support, clients are more likely to successfully complete the housing process, as potential barriers and misunderstandings are addressed early on.

Continuity of Care: A warm hand-off ensures that the client's needs and history are accurately communicated to the housing provider, leading to better-tailored support and services.

Enhanced Collaboration: Warm hand offs foster a culture of collaboration between case managers and housing providers. This collaborative approach can lead to more integrated services and better overall care for clients.

Medium-Term:

System Design

Medium-term strategies serve as pivotal transitional measures, bridging the gap between immediate interventions and long-term goals. Rooted in our comprehensive analysis and enriched by insights from the community, these strategies are designed to address current challenges while laying the groundwork for sustainable future improvements. They encapsulate a blend of tactical actions and foundational changes, ensuring that the system not only responds to present needs but also evolves in anticipation of future demands and challenges.

Transparency

Enhance Transparency

- **Simplified Communication Tools:** Develop and distribute easy-to-understand guides or infographics that explain the system's mechanisms, including prioritization and assessment processes. This would help demystify the complexity of the system for both service providers and clients.
- **Transparent Prioritization Criteria:** Clearly communicate the criteria and methodology used in the prioritization and assessment processes. This should include:
 - › Referral process used by the CE Lead.
 - › The By-name list for providers.
- **Transparent Reporting:** Regularly publish reports detailing the system's performance, challenges, and improvements. This could include data on how many people are helped, average waiting times, and success stories.
- **Enhanced Online Presence:** Develop a dedicated section on the HAWNY website for transparency-related information. This section could include updates, policy changes, and responses to common queries.
- **Feedback and Response System:** Establish a more structured and transparent feedback mechanism. This could include regular surveys, suggestion boxes, and public forums where stakeholders can voice their concerns and suggestions.
 - › Responses to feedback should be publicized to show that stakeholder input is valued and considered.

Review Prioritization Criteria

Re-Examining RRH Prioritization

Differentiating RRH from PSH:

- Clearly define the distinct roles and objectives of RRH and PSH.
- Reflect Unique Purpose in Criteria: Modify the prioritization criteria for RRH to align with its goal of rapid transition into housing and short-term support.
 - › This might involve focusing on individuals and families who are likely to achieve housing stability with temporary assistance.

Assessment of Resource Allocation:

- Initiate a comprehensive review of how resources in the RRH program are currently allocated. This includes financial resources, staffing, support services, and housing options.
- Evaluate the efficiency and effectiveness of the current resource distribution in meeting the program's objectives and client needs.
- Identify any gaps or mismatches between the resources provided and the actual needs of the clients. This involves understanding the diverse needs of the RRH client population and assessing whether current resources adequately address these needs.
 - › Utilize client feedback and data analysis to gain insights into areas where resources may be lacking or misallocated.
- Develop a strategy to realign resources with client needs if needed
- Focus on Client-Centered Outcomes: Adjust prioritization criteria to focus more on client-centered outcomes, ensuring that those who can benefit most from RRH are given priority.

Benefits Include:

Enhanced Resource Utilization: By aligning resources with actual client needs, the RRH program can utilize its resources more effectively and efficiently.

Improved Client Outcomes: Tailoring resources to meet specific client needs can lead to better housing stability and overall outcomes for clients.

Increased Program Effectiveness: A realignment of resources based on a thorough assessment ensures that the RRH program operates at its most effective, with a clear focus on client needs.

Adaptive and Responsive System: This approach allows the RRH program to be more adaptive and responsive to changing client demographics and needs.



Restructuring Case Conferencing

Enhancing the Use of Case Conferencing

Purpose of Conferences:

- Clarify the primary objectives of case conferencing, emphasizing its role in preparing clients for housing opportunities.
- Ensure that conferences focus on actionable steps to make clients move-in ready to ensure referrals occur efficiently.

Streamlining the Referral Process:

- Implement a protocol where only clients who are move-in ready are referred to housing opportunities. This ensures efficiency in the referral process.
- For transparency: Develop a clear, standardized checklist to determine move-in readiness. Meetings should ensure that everyone is focused on understanding where people are on their checklist and maintaining a running list of 'move-in ready' clients.

Ongoing Support for High-Priority Clients:

- Maintain high-priority clients at the top of the list, ensuring they receive consistent attention and support to ensure they become or remain move-in ready.
- Establish a weekly check-in system with case managers to monitor progress and address any barriers to becoming move-in ready.
- Provide additional resources or interventions for clients who are struggling to meet move-in readiness criteria.

Training and Support for Case Managers:

- Offer regular training sessions for case managers to update them on new protocols and best practices.
- Create a support network among case managers to share insights, challenges, and strategies for getting clients move-in ready.

Benefits Include:

Enhanced Client Preparedness: By focusing on preparing clients for housing opportunities, case conferencing ensures clients are better equipped and ready for the transition to housing.

Increased Efficiency: Referring only move-in ready clients streamlines the process, reducing time and resources spent on unsuccessful or premature housing placements.

Transparency and Clarity: A standardized checklist for move-in readiness provides clear criteria, enhancing transparency and understanding for both clients and case managers.

Focused Attention on Vulnerable Clients: Keeping high-priority clients at the forefront ensures they receive the necessary attention and support, improving their chances of successful housing placement.

Long-Term Strategic: *System Effectiveness*

Referencing interview evidence, along with the findings of the LISC Report, [Engaging the Future of Housing in the Buffalo-Niagara Region](#), a primary issue in Buffalo-Niagara is the combination of an aging and inadequate housing stock, persistent vacancy issues, and a widening socioeconomic gap. These factors contribute to a challenging housing landscape where low-income families struggle to find affordable, quality housing. The region's housing issues are further exacerbated by systemic challenges, such as insufficient supportive housing options and a lack of comprehensive strategies to address the needs of the most vulnerable populations.

With these compounding challenges HAWNY and its partners must focus on advocacy efforts that are impactful yet feasible.

Addressing Changing Housing Markets

Affordable Housing Development:

Advocating for the development of low-income housing is crucial, especially in a region with a high percentage of low-income households. This includes pushing for policies that mandate a certain percentage of new developments to be affordable and accessible to families earning at or below 80% of the area median income, and encouraging partnership with developers that allocate a percentage of housing reserved for people who are exiting homelessness.

Policy Advocacy to Expand Permanent Supportive Housing (PSH):

It's essential not only to increase the availability of housing but also to ensure these options include comprehensive wrap-around services. Such services are crucial for individuals who can only flourish in supportive living environments.

Partner with other advocacy groups to strengthen the voice and impact of policy advocacy efforts.

Notably, one interviewee highlighted past endeavors to promote PSH in Niagara Falls. This experience presents a valuable foundation for potential partnerships and further development, especially considering the current rise in consumer demand as an opportune moment for advancing relevant policies.

Employ data driven advocacy: Utilizing data collected from CES to actively engage with local and state policy makers to demonstrate the need for policy changes and potential impact of opposing intervention.

Addressing Aging Housing Stock with a Focus on Affordability:

According to the LISC Report, within Erie and Niagara Counties, as of 2019, about 55% of the vacant property are thought to be abandoned, or subject to tax delinquency, foreclosure, auctions, and structural demolitions. That means there is ~27,880 units available for repair and occupancy. HAWNY could work to partner with like-minded organizations to advocate for developing these properties into low-income housing, with a percentage earmarked for people exiting homelessness.

The [Whole Home Repair Program in Philadelphia](#) is an excellent example of a comprehensive approach to addressing aging housing stock and assisting with repairs. This program includes provisions for renters to have their landlords apply for the funding.

Homeownership Support:

Advocating for programs that assist low-income families in becoming homeowners, such as down payment assistance and first-time homebuyer education, is vital. In a market where homes are often selling above asking price, these programs can be crucial for homelessness prevention, by helping low-income families to secure stable housing. This is particularly important with an aging population.

The [Centennial Parkside Community Development Corporation](#) in West Philadelphia has been partnering with Universities and financial institutions to generate the knowledge and finances to work with local residents to renovate their homes to remain safe or purchase their first homes in their neighborhoods.

HAWNY should investigate the possibility of partnering with like-minded organizations that are focused on homeownership for residents in a changing housing market.

Community Land Trusts (CLTs):

Promoting or establishing Community Land Trusts can be a strategic move. CLTs can help maintain affordable housing stock, control land prices, and ensure long-term housing affordability, which is particularly important in a seller's market.

Example CLT's:

- [Dudley Neighbors Incorporated](#): 98 permanently affordable homes
- [Champlain Housing Trust](#): closely partnered with Burlington CoC to house those experiencing homelessness.

Advocate for Increased resources for the Buffalo Landlord Incentive Program:

Increase Financial Incentives:

- Increase the funding for direct incentives to landlords, such as signing bonuses or higher rental subsidies, to encourage them to rent to individuals exiting homelessness or those in need of affordable housing.
- Establish or augment a fund to cover potential damages to properties, beyond normal wear and tear, which can reassure landlords and encourage them to participate in the program.
- Implement a rent guarantee program to ensure landlords receive consistent rent payments, even if the tenant is unable to pay temporarily.

Enhance Services and Support:

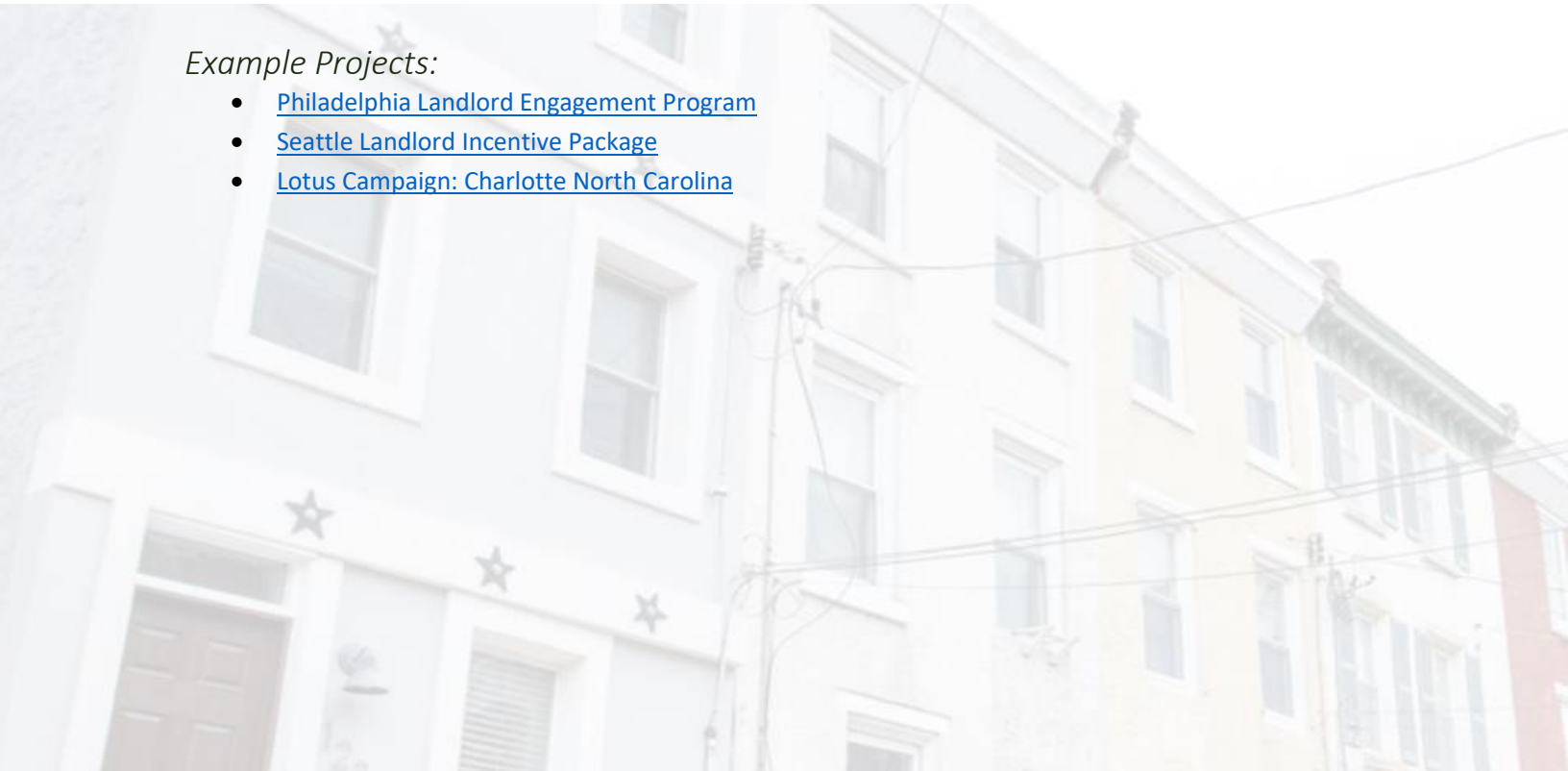
- Allocate resources for dedicated staff to provide ongoing support to landlords, addressing their concerns and ensuring a smooth process for both landlords and tenants.
- Offer access to legal and mediation services to resolve disputes between landlords and tenants, promoting a harmonious landlord-tenant relationship.
- Conduct regular inspections to ensure property maintenance and address any issues promptly, thereby maintaining the quality of the housing stock.

Partnership and Collaboration:

- Partner with local housing agencies, non-profits, and social service providers to create a network of support for both landlords and tenants.
- Work closely with local landlord associations to understand their needs and concerns, and to promote the program among their members.
- Conduct community outreach to educate potential landlords about the benefits of the program and the support available to them.

Example Projects:

- [Philadelphia Landlord Engagement Program](#)
- [Seattle Landlord Incentive Package](#)
- [Lotus Campaign: Charlotte North Carolina](#)



System Adaptability

Approach to Enhancing System Adaptability:

Regular System Evaluations:

- Implement a structured process for ongoing evaluation of the CES.
- Regularly assess the effectiveness, efficiency, and client-centeredness of the system.
- Identify areas that require adaptation or improvement based on changing needs and conditions.

Development of Response Protocols:

- Create flexible protocols that enable the CES to respond swiftly to changes such as shifts in housing markets or demographic trends.
- Ensure these protocols are scalable and can be adjusted as per the severity and nature of the changes.

Real-Time Data Analysis System:

- Develop a system for continuous monitoring and analysis of housing market trends and demographic changes.
- Utilize data analytics tools to provide actionable insights for timely decision-making.

Cross-Sector Collaboration Protocols:

- Establish protocols for rapid collaboration and information sharing with key sectors like local government, private housing developers, and community organizations.
- Foster a network of partnerships to support a coordinated response to housing challenges.

Benefits Include:

Proactive Rather Than Reactive: Regular evaluations and real-time data analysis allow the CES to anticipate changes and respond proactively, rather than reacting to crises.

Enhanced Responsiveness to Market and Demographic Changes: With protocols in place, the system can quickly adapt to shifts in housing markets and population needs, ensuring that services remain relevant and effective.

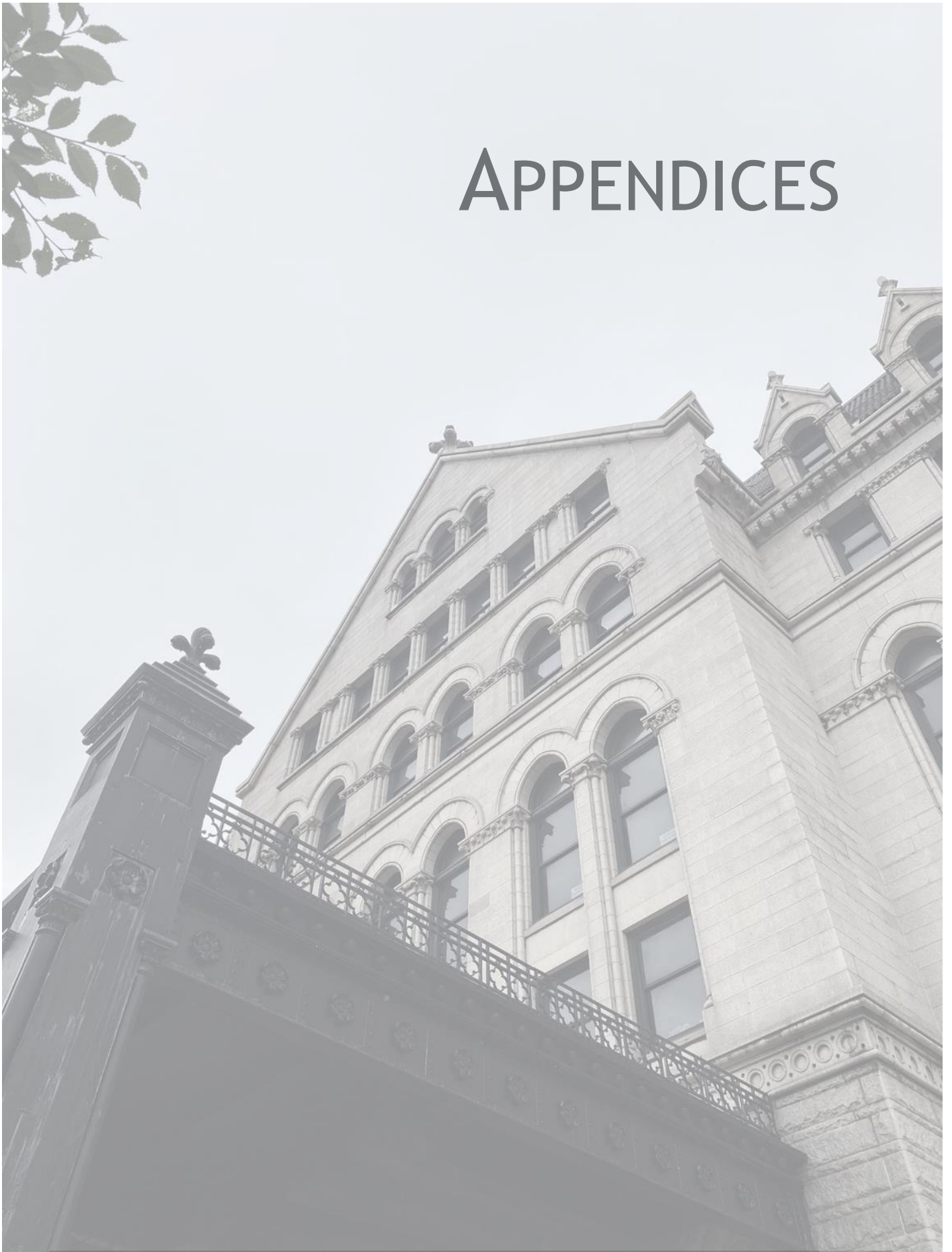
Improved Resource Allocation: Continuous monitoring and analysis lead to more informed decisions about resource allocation, ensuring that resources are used where they are most needed.

Stronger Cross-Sector Partnerships: Collaboration protocols strengthen relationships with other sectors, leading to a more integrated and comprehensive approach to housing challenges.

Increased System Resilience: A system that regularly adapts and improves is more resilient to external shocks, whether economic, social, or environmental.

Better Client Outcomes: Ultimately, a more adaptable system is better equipped to meet the evolving needs of clients, leading to improved housing stability and client satisfaction.

APPENDICES



Appendix A: Provider Interview Questions

Introduction

- Welcome and introduce yourself as the interviewer.
- Explain the purpose of the interview, which is to gather feedback and insights about the Coordinated Entry (CE) process.
- Ensure confidentiality and explain that their responses will only be used for evaluation purposes.

Background Information

1. Please provide some background about yourself, including your organization and your role, and how long you have been involved in the CE process.

Interview Questions for Participating Providers

Provider Perception of CE

2. In your perspective, what is the main purpose of the Coordinated Entry process?
3. From your perspective...
 - What is going well?
 - What needs improvement?

Provider Understanding

4. How well do you feel you understand the components of the CE process (assessment, prioritization, referral, housing)?
 - What parts are less clear? Why?
5. Would additional training improve your understanding?
 - If YES, what types/forms of additional training do you think would better prepare you and your colleagues?

Clarity and Transparency of CE for Clients

6. How do you typically explain the coordinated entry process to your clients?
7. In your experience, what are the common areas where clients tend to be confused or misunderstand the process?
 - Can you think of any improvements that can be made to help clients better understand and navigate the process?

Fairness and non-discrimination

8. Have you witnessed any instances where a client may have been treated unfairly in the coordinated entry process?
 - If YES: Can you describe the situation?
 - What additional measures could be implemented to lessen the frequency of these instances?
9. How do you ensure that trauma-informed approaches are integrated into the CE process (particularly during assessments)?

Efficiency and Effectiveness

10. In your experience, how effective has the CE process been in addressing the housing crises of the individuals you serve? ***Explain.***
 - *How effective has it been for your organization to accomplish its goals?*
11. Can you recall a specific situation where the coordinated entry process worked particularly well for a client? Can you pinpoint why this might be?
12. Can you share a recent challenge you faced when navigating the coordinated entry process with a client? How did you respond?

Case Conferencing

13. Describe the case conferencing process.
14. How useful/efficient do you find the meetings?
15. Can you tell me the purpose of case conferencing?
16. What improvements or additions would you like to see in case-conferencing meetings?

Governance and Oversight

17. Do participating agencies currently have sufficient opportunities to provide ongoing feedback on the CE process?
 - If yes, do you feel comfortable providing feedback?
 - If not, what mechanisms would you suggest for better feedback?
18. Have you or your organization modified any parts of the CE process?
 - If so, what is the main purpose behind the changes? Why did you make the changes?
 - Are they ad hoc or more permanent within the agency?
 - Have you offered them as feedback to HAWNY?

Additional Feedback

19. Is there anything else you want us to know?

Conclusion

- Thank participants for their time and insight.
- Offer them an opportunity to ask questions or provide additional comments.
- Reiterate the confidentiality of their responses and explain the next steps in the evaluation process.

Appendix B: Client Focus Group Protocol

Introduction:

Welcome and thank participants for their time and willingness to share their experiences. Explain the purpose of the focus group, which is to gather insights and feedback on their experiences with the coordinated entry process. Emphasize that their input will help improve the process for future clients.

Confidentiality and Consent:

Explain that the session will be recorded for analysis purposes only and that all personal information will remain confidential. Request participants' consent to record the session. Reiterate that they are free to skip any questions they are uncomfortable answering.

Icebreaker:

Start with a warm-up question to help participants feel more comfortable and encourage interaction among group members.

- 1) Can you briefly introduce yourself?
 - a. Name/Race or ethnicity/gender/Age
- 2) Background Information:
 - a. Was/Is this your first time experiencing homelessness?
 - b. How long did/have you experienced homelessness?
 - c. When you did not have housing – where did you most often stay?
 - d. Where did you first go for help?

Questions:

Assessment

When you first enter a shelter or engage with an outreach team, one of the first steps is to conduct a vulnerability assessment to better understand your needs and your situation.

- 1) Have you completed a vulnerability assessment? Where did you complete it?
 - a. If you have done it more than once, was it the same each time?
- 3) Did you understand the process they were taking you through?
 - a. For example, did they clearly explain why they needed to understand more about your situation?
- 4) When you took the assessment, did you feel comfortable about the process?
 - a. Did you feel you could skip some questions if you weren't comfortable answering?
 - b. Were there times when you didn't say everything because you were worried about sharing too much? If so, what might have made you feel more comfortable?
- 5) Did someone tell you what would happen after the assessment?
 - a. Were you told what your information would be used for?

Prioritization List: By-Name List

After you complete an assessment, your name is added to a priority list based on a variety of factors, such as your vulnerability score and the amount of time you have spent homeless.

- 6) Did the person who administered your assessment make it clear what it means to be on the list that decides who gets housing first?
- 7) There is not enough housing for everyone. This should be the goal, but in the meantime, difficult decisions have to be made regarding who gets housing first.
 - a. In this context – we want to know – how would you decide who should be prioritized for housing (for example: should medical conditions be the most important factor, or time spent homeless, or families with children, etc.)
 - b. Please know that there is no wrong answer – and we expect that many people will have differing ideas, and all are equally valid.

Case Management

- 8) Do you have case management?
 - a. Which organization are you working with?
 - b. How has it been going?
 - c. Did you hear from this person at least once a month?
 - d. Have they explained the housing process to you?
 - e. Did you feel you could ask them for help or clarification on your housing?
 - f. Did they keep your contact info and documentation current?

For people who are housed:

Referral

- 9) For people who have been housed: how were you told that you were being referred to housing?
- 10) Did you/do you understand what you need to do as part of these programs?

Housing

- 11) Did anyone help you find permanent housing?
- 12) Did you feel like you had choices when looking for a place to live?
- 13) Do you think your race or ethnicity affected your experience? Can you give an example?

Retention

- 14) Are you happy with where you live now?
- 15) Do you know who to call if there are problems with your landlord or neighbors?
- 16) Do you have someone you can call to help you with any issues that may come up?
- 17) What could housing providers or case managers do to better help someone stay in their new home for the long run?

Appendix C: Provider Interview Coding Scheme

| Category | Sub-code 1 | Sub-code 2 | Sub-Code 3 | Sub-Code 4 | Sub-Code 5 |
|--|---|---|--|--|--|
| Coordinated Entry System (CES) | Definition <i>Prioritization</i> <i>HUD Contracts</i> <i>Location to determine homelessness</i> <i>providing equal access/assess vulnerability</i> <i>Collaboration</i> <i>Identifying appropriate services for clients</i> <i>Serve the most vulnerable as quickly as possible</i> | Implementation/Process <i>Timeliness/effectiveness</i> <i>Cherry Picking (lack of understanding)</i> | Components <i>Confusing/Obtuse/misunderstanding</i> <i>HAWNY's CE policies and procedures</i> | Challenges/Improvements (within the system) <i>Transparency - prioritization</i> <i>Transparency - Assessment</i> <i>Client Contact</i> <i>VI-SPDAT</i> <i>Referrals</i> <i>Data collection and sharing</i> <i>Lack of training</i> <i>Staff turnover / limited case management</i> <i>Prioritization Efficiency Concerns</i> <i>Prioritization: Factors for</i> <i>Some are finding more success outside of the CE system -</i> <i>landlord hoarding and Luck</i> <i>Lack of PSH - Niagara</i> <i>System Backlog</i> | Whats going well <i>Collaboration</i> <i>Ease of documentation/info</i> <i>Equal Access for clients</i> <i>Buy-in</i> <i>Meetings and tracking system</i> <i>Multiple Access Points</i> |
| Vulnerability Index (VI) | Wording <i>Repetitive</i> <i>Sensitive in delivery</i> <i>Confusing</i> | Inclusivity <i>Racial disparities</i> <i>Access vs Effectiveness: In person vs Phone Assessments</i> | Process/administration <i>Rephrasing/clarifying Questions</i> <i>Client Comfort</i> | Scoring <i>Reassessments</i> <i>Scoring Variability</i> | |
| Client-Centered / Trauma-Informed Approach | Assessment and Sensivity <i>Language and Approach</i> | Implementation/explaining CE <i>Explaining the CE process/Organization communication</i> | Client Comprehension <i>Lack of Clear Next Steps</i> <i>Client Frustration: Transparency (score, disclosure of information, housing process after referral)</i> <i>Managing expectations: timing</i> <i>Misinformation from DSS about RRH</i> <i>Patience and Redundancy</i> <i>Dynamic Priority List</i> | Client Choice <i>Apartemnt choice</i> | |
| Outreach Meetings | Purpose | Whats going well <i>Collaboration</i> <i>Information Sharing</i> <i>Communication</i> <i>structured meeting with a clear process</i> | Challenges <i>Increasing Homelessness</i> <i>Client Contact</i> <i>Referrals</i> <i>Length of List/Pace of Help</i> <i>Outreach advocacy - misalignment of resources/housing readiness (connected to the lack of PSH)</i> | Improvements <i>By-Name List</i> <i>Warm Hand-offs</i> | |
| Training | Quality <i>Abstract</i> <i>Rushed but informative</i> | Content <i>Abstract</i> <i>Rushed but informative</i> | Improvements <i>Hands on Approach</i> <i>Longer training period - increaease staff retention (min burnou</i> <i>DSS training partnerships</i> | Client Challenges <i>Client Comprehension of CE (see client centered category)</i> <i>Client Comprehension of coordination of Providers</i> | |
| Effectiveness | Challenges (on the system) <i>Housing/Landlords</i> <i>Rising Homelessness</i> <i>Finding clients</i> <i>Gaps in the populations served (cracks)</i> <i>COVID - The list isn't moving</i> <i>Changing Barriers to Housing - COVID - new</i> <i>landlord issues</i> <i>Rising Rents</i> | Changing demographics <i>More families</i> <i>Aging population</i> | Staff Turnover <i>Housing placement issues</i> | Resource Allocation <i>Need - housing with case management (more than RRH)</i> <i>RRH vs PSH -- resouce mismatch for high needs clients</i> | |
| Feedback Mechanisms | Empowered <i>Advocacy for Clients</i> | Not enough opportunity <i>Oversight Committee - how its run</i> <i>No one is listening</i> | Challenges <i>Personal/informal connections</i> | | |
| Fairness and Discrimination | Racial Issues <i>VI-SPDAT as a tool</i> <i>Segregation and historical redlining</i> | Discrimination - general <i>Housing providers/landlords - Mental Health discriminatio</i> | Equitable prioritization/advocacy <i>Access issues - Youth in Niagara</i> | Prioritization <i>"emergency Prioritizations"</i> <i>"Problem organizations"</i> | |

Appendix D: Focus Group Coding Scheme

| Category | Sub-code 1 | Sub-code 2 | Sub-Code 3 | Sub-Code 4 | Sub-Code 5 |
|--|---|---|---|--|--|
| Health and Housing | Impact of Health on Daily Life <i>Health concerns</i> <i>Transportation</i> | Hospital Experiences | Hospital Readmission <i>Increased Resource Usage</i> | Social and Emotional Challenges <i>Feeling Stuck</i> <i>Importance of making it easy</i> | |
| Navigating Systems & Processes | Bureaucratic Challenges <i>Service Inefficiencies - Paperwork</i> <i>Lack Of Coordination</i> <i>Provider knowledge - Inconsistent Information</i> <i>Lack of Resources</i> | Managing Client Expectations <i>Time and Process</i> <i>Empowerment and Responsibility</i> | Communication Barriers and Paperwork <i>Communication Breakdown</i> <i>Referral Loop</i> | Client Confusion of Process <i>Lack of understanding of process leads to frustration</i> <i>Confusion of who qualifies for RRH</i> <i>Limited understanding of VI-SPDAT</i> <i>Mysterious</i> <i>Staff Attitude</i> <i>Conflicting information</i> | Financial Struggles: Housing applications Transportation DSS Rental Cap (with rising rents) |
| Access to Resources & Support | Not all places are providing equal service <i>Where you are matters</i> <i>Networking</i> <i>Your case manager matters</i> | VI-SPDAT Assessment <i>Access</i> <i>Understanding</i> | Case Management <i>Varies</i> <i>Service quality/Service Differentiation</i> <i>Staff Turnover</i> | | |
| Frustration with Current Systems | Housing Choice <i>No choice for apartments</i> | Communication <i>Desire for Respect and Understanding</i> <i>Clear and direct communication</i> <i>Conflicting Information</i> <i>VI-SPDAT</i> <i>Lack of Information</i> <i>Whats next</i> | Emotional Health <i>Confusion and Anxiety</i> <i>Not being Heard</i> | | |
| Importance of Feedback & Communication | Client Empowerment <i>Engaged</i> <i>Clients want to be heard</i> | Looking to the future <i>Understand Limitations</i> | Prioritization | Apartment Choice <i>No choices</i> | |