

*Hennepin County Coordinated
Entry Evaluation Report*

December 2022



Introduction

Hennepin County Continuum of Care (CoC) implements a Coordinated Entry System (CES) that assesses and prioritizes the most vulnerable and marginalized people who experience homelessness to provide housing solutions to those that need them the most.

According to its governance charter, “The mission of the Hennepin County CoC is to facilitate a community-wide process for the leadership and implementation of efforts to prevent and end homelessness in the geographic area of the Hennepin County CoC.”¹

The document *Hennepin CoC Coordinated Entry* describes the CES as:

- A centralized process that coordinates the intake, assessment, and referrals for people experiencing homelessness to access homeless dedicated housing.
- A system to track availability of homeless dedicated beds and to connect people experiencing homelessness to those spaces.²

The CoC, guided by Department of Housing and Urban Development (HUD) legislation and regulation and nationwide best practices, has designed and implemented a CES for the entire geographical area, with separate systems for individual and family applicants. Each system is responsible for implementing all CES activities, led by the lead agency and other stakeholders.

Hennepin County’s CoC partnered with C4 Innovations (C4) to evaluate the strengths and challenges of their CES to further strengthen their model and understand how to best support future enhancements within the CoC. These recommendations will further strengthen the homeless response system in the CoC’s goal to end homelessness.

¹ Hennepin County. (2019). *Hennepin County Continuum of Care Governance Charter*. <https://www.hennepin.us/-/media/hennepinus/your-government/projects-initiatives/coc/coc-governance-structure.docx>.

² Hennepin County. (2022). *Hennepin Continuum of Care Coordinated Entry Overview Handout*. <https://www.hennepin.us/-/media/hennepinus/residents/human-services/coordinated-entry/CES-overview-Hand-out.docx>.

Evaluation Methods

Qualitative Data

The C4 team visited Hennepin County from October 31 – November 2, 2022 to conduct interviews and listening sessions with key stakeholders and people with lived experience. The primary goals of the qualitative data collection activities were:

1. To accurately elicit information that evaluates the effectiveness of the client flow through the CES
2. To pinpoint any racial disparities within the county's CES

To explore these questions, C4 conducted four in-person listening sessions with community stakeholders and lead providers from each of the two CES systems, the singles system and the family system. The team also held two virtual interviews with employees at the lead agency. These listening sessions and interviews broadly followed the HUD CES self-assessment document and reviewed access, assessment, prioritization, and referral issues and criteria.

C4 worked closely with community liaisons, including direct service providers and Hennepin County staff, to recruit participants for interviews. Participants at all stages of the CE process were recruited. The team conducted a total of 13 one-on-one interviews with individuals with lived experience: five of these interviews were with individuals with experience in the singles system, and eight of these interviews were with individuals with experience in the family system. One-on-one interviews with people with lived experience of homelessness allowed for a more trauma-informed and person-centered approach to data collection and created a flexible schedule where individuals could participate in interviews at times that were most convenient to them.

All listening sessions and interviews were facilitated by three C4 staff members trained in trauma-informed data collection. Neither Hennepin County nor provider agency staff was present during the interviews with people with lived experience to support the most forthright, objective feedback possible.

Quantitative Data

C4 used available data extracted from the Homeless Management Information System (HMIS) to understand group discrepancies in prioritization, assessment, access, and referrals. The data used for this report was from the reporting period of April through December 2020. This data was gathered two years before the qualitative data collection period. Further, these data may be anomalous, given these months were during the height of the disruption of the COVID-19 pandemic. We recommend replicating these analyses with data before and/or after 2020 to assess how typical these findings were before the height of the pandemic and how these rates may have changed since the height of the pandemic.

Limitations

While reviewing the report, readers should bear in mind the following limitations:

- The quantitative data covered the time span of April 2020 to December 2020. The qualitative data ranged across a far larger period, including people’s current experiences. While these data sources have been combined within the report, readers should note the differences in the data-gathering approach.
- In early discussions with the CoC lead agency and others, C4 considered interviewing people with lived experience of homelessness in Hennepin County at all stages of the CES process, including those that did not get a housing placement through CES. This proved beyond the scope of this review. Researchers did, however, manage to interview people with lived experience of homelessness in Hennepin County who had used the CES and were successfully rehoused, as well as those that were still going through the process.
- Initially, the report sought to identify CESs that Hennepin stakeholders were interested in to provide a basic level of comparison. No systems were identified. The report does compare the CES against the CES self-assessments as agreed in the scope of work.

Overall CES Strengths

The evaluation team identified several strengths of the Hennepin County CES, outlined below.

- Overall, both the lead agency and stakeholders reflected that the implementation of a CES had led to an improvement in the prioritization of the most vulnerable and marginalized individuals and families experiencing homelessness. Specifically, they noted that a community-wide comprehensive system was preferred to the old system, wherein agencies connected directly with other agencies to gain referrals to housing.
- The Hennepin County lead agency, stakeholders, and providers continuously work to create a more equitable coordinated entry system. The lead agency continuously revisits the prioritization process, ensuring that the highest-need populations are being served. Further, partner agencies continue to conduct outreach to underserved populations, remaining culturally humble and trauma-informed. Beginning in 2023, the lead agency will review race and ethnicity data from HMIS quarterly and make changes to their processes as necessary.
- Hennepin County providers are committed to finding housing for applicants when they rise to the top of the prioritization pool. Providers only reject referrals when necessary, and only after exhausting all other options.
- The client choice assessment has been successfully implemented. Although there are growing pains and a learning curve, both providers and applicants appreciate the less invasive and more trauma-informed assessment questions.
- The CES swiftly adapted to the COVID-19 pandemic, ensuring that the system remained intact, and assessments, prioritization, and referrals still acted as intended. Some amendments were made to accommodate staffing shifts: outreach teams extended the length of time they could spend looking for individuals to conduct assessments or referrals and the lead agency partnered with more agencies and shelters to help locate people and move referrals through. According to one provider, “The crisis met the coordinated entry system, rather than the coordinated entry system meeting the crisis.”

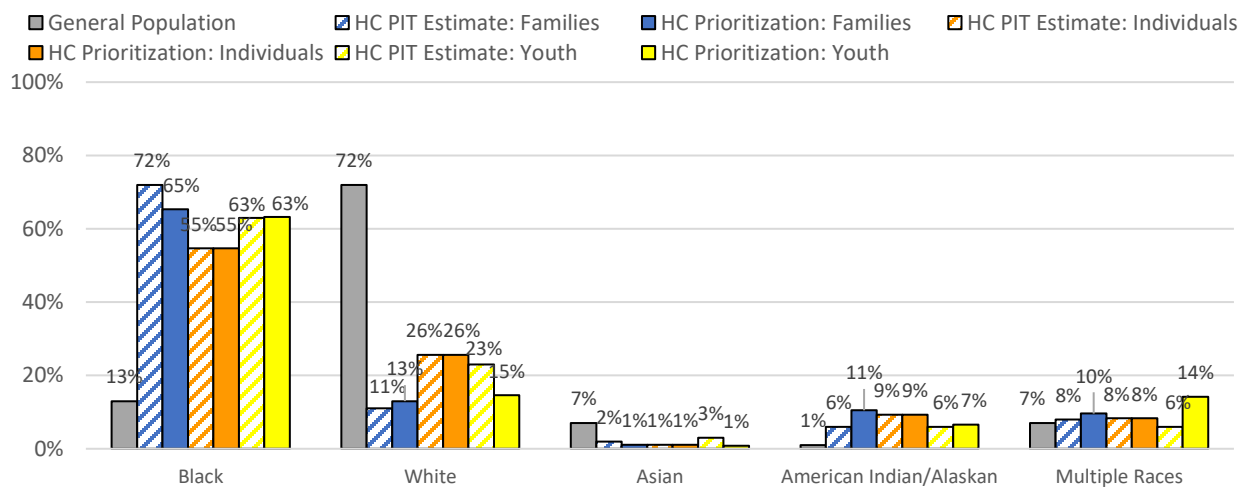
Overview of the Hennepin County CES

Equity

When comparing the racial and ethnic population distributions in Hennepin County's census rates and HMIS data counts, the greatest disparities exist in households identifying as Black and households identifying as White. Black households made up only 13% of the general population in Hennepin County, but accounted for 72% of families, 55% of individuals, and 63% of youth in the sheltered and unsheltered homeless population³. When compared to PIT estimates, Black families accounted for a lower percentage of the prioritization pool (65%). These results demonstrate that Black families, individuals, and youth were overrepresented in the homeless population and that Black families were underrepresented in the prioritization pool when Hennepin County was using the Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT) as its assessment tool. Since these data were collected, Hennepin County CoC has moved to a client choice assessment. Data are not yet available to confirm that this change has improved upon this inequity, although the new assessment was designed with this explicit purpose.

Notably, several providers voiced that they felt they were underserving Native and Indigenous communities and that their outreach efforts were not connecting with tribal populations. However, American Indian and Alaska Native (AIAN) represented comparable proportions of homelessness estimates and the prioritization pool in Hennepin County, with AIAN families showing slight overrepresentation in the prioritization pool (11%, when compared with 6% on the PIT estimate). Further research is needed to understand this anomaly.

Figure 1. Census, Point-in-Time (PIT) Estimates, and HMIS Prioritization List Rates by Race



Referrals are considered successful when a household is accepted into transitional or permanent housing. Families who identified as Hispanic/Latinx and families who identified as multiple races were most likely to have successful outcomes on their referrals, while families who identified as Asian and youth who identified as multiple races were least likely to have successful outcomes of their referrals (**Figure 2 and Figure 3**). This disparity was noted by individuals with lived

³ Hennepin County. (2020). 2020 Point-in-Time Count MN-500 Minneapolis/Hennepin County CoC. <https://www.hennepin.us/-/media/hennepinus/residents/human-services/coordinated-entry/coc-point-in-time.pdf>

experience: They believed individuals and families of color were treated differently as they moved through the system. Individuals with lived experience also felt that “staff favorites” were often more successful in receiving referrals.

Stakeholders acknowledged that those who were more confident in their ability to navigate the system may be more successful. Notably, some individuals and families of color may be less comfortable disclosing elements of their histories. One stakeholder shared, “[There is the] fear of losing your kids, [that is] much more profoundly reality-based for people of color than white people in our system. They may be less likely to disclose stuff because of that...” One individual who had been successfully referred to permanent supportive housing said, “Overall, it’s what you put into it. If you aren’t pushing yourself, they aren’t going to move quickly. You have to put more into it. They give ideas but you need to put more effort into it yourself.”

Figure 2. Successful Referral Rates by Race

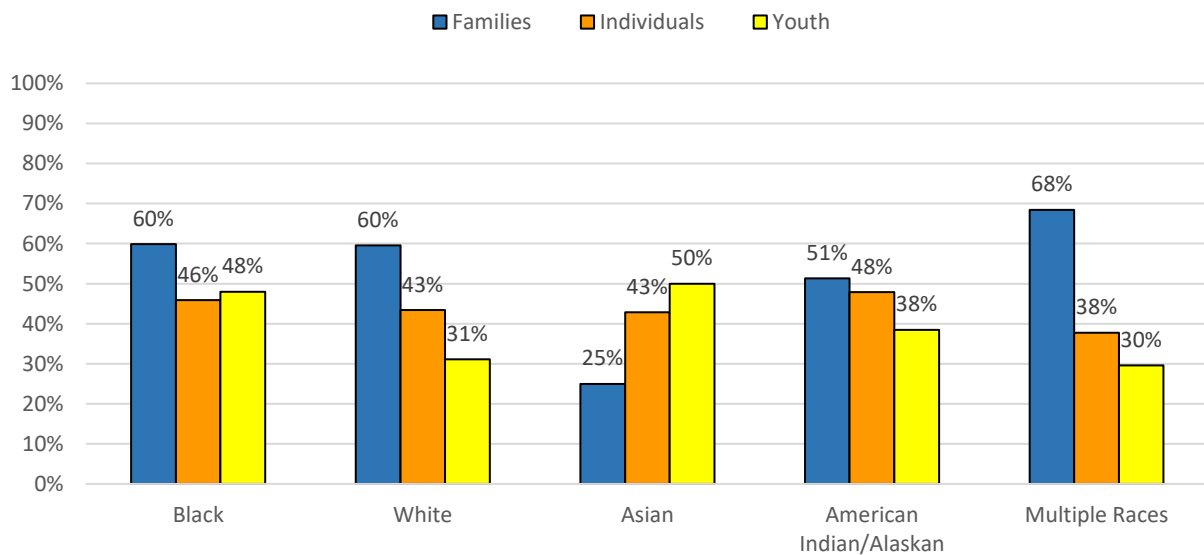
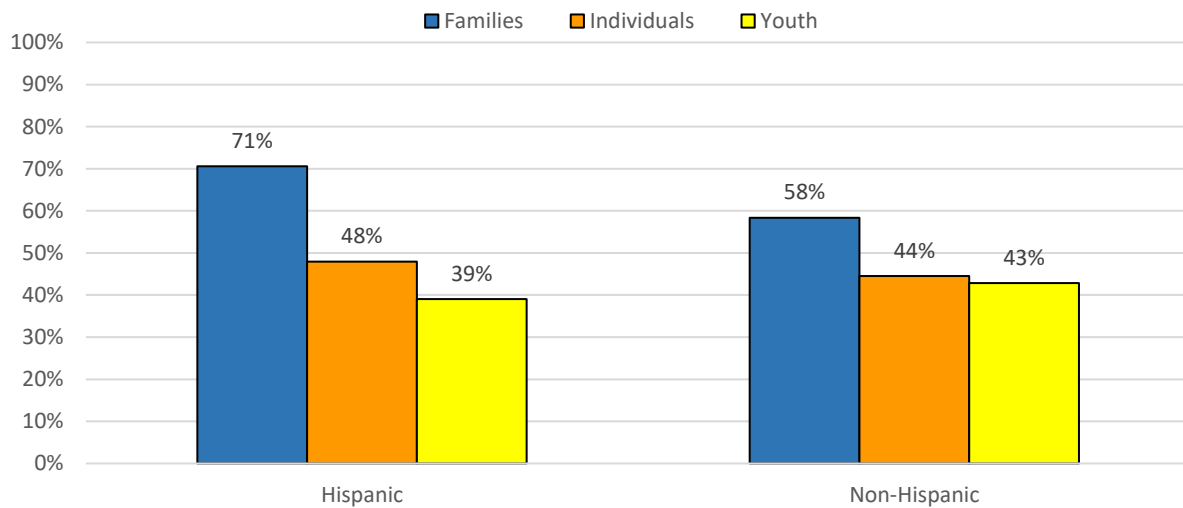


Figure 3. Successful Referral Rates by Ethnicity



During listening sessions, stakeholders were not certain of over- or under-representation of racial and ethnic groups in the prioritization pool or differences in races or ethnicity getting successful referrals. In their 2023 plan, the lead agency committed to working with the Hennepin County CES leadership and evaluation committees to review these data quarterly, to increase knowledge and understanding of the experiences of different groups.

Pandemic

When reflecting on the impact of the pandemic, providers in the family system recalled a dramatic decrease in referrals and hypothesized that the CARES Act rental assistance programs helped a lot of families. At the same time, landlords did not want to renew leases for families who used rental assistance, and families who were unable to find other housing options became homeless and eventually needed to access shelter.

Conversely, the singles system expanded, and providers set individuals up in hotels to help them remain safe. “Pop-up hotels” had assessors available to help support people in transitioning out of the hotels. Many individuals who had lived in these hotels did not want to leave for other housing options, so teams of assessors were deployed to find solutions.

The lead agency, key stakeholders, and people accessing the homeless response system all noted the impacts of staffing shortages on the homeless response system. In the family system, a majority of staff worked virtually throughout the pandemic. This required families to contact assessors themselves, shifting the burden to the families in crisis, because assessors were not able to do dynamic outreach and families could not meet them in person. This resulted in an increase in lost contacts and fewer families receiving services, in general. Many providers noted that their shelters could not operate at full capacity, and people with lived experience were impacted by the long wait times and staff turnover. One individual in the family system shared, “The shelter team told me they’d call me in two weeks. I’ve been through this two times before and was housed three months later. This time, I’ve been waiting for a year and haven’t gotten a call. I keep asking [my advocate], I’m waiting for them to call.”

Diversion

Hennepin County follows the HUD definition of CES, which includes diversion, assessment, referrals, and housing. The lead agency noted that best practice includes the opportunity to divert out of the homeless response system at any point during an applicant’s journey, but this is not well understood within the community. Community members and stakeholders viewed the diversion system as existing outside of the CES, and not serving the same people. One stakeholder described the diversion system as “not part of Hennepin County’s CES, by definition.” Another provider remarked that prevention, diversion, and shelter all precede coordinated entry.

At the time of the interview in October 2022, the lead agency was in the process of reforming the diversion system. They will select a single agency that will provide diversion services. The lead agency went on to note that when they advertise the CES, they are advertising the opportunity to access diversion systems.

In reference to self-solving, applicants expressed needing more support from assessors, case managers, and shelter teams in working towards finding housing outside of the CES: “Meet us halfway. There is stuff we can do on our own and you can help guide us. [Let’s] work together.”

Access

The Hennepin County system allows several points of entry. For example, individuals may access the CES through local emergency shelters or from a street outreach team. Access to the CES is advertised in shelters, in CES Connect, and in the Hennepin County newsletter. All organizations within the homeless response system have a comprehensive knowledge of how to connect people with a CES assessor. The lead agency noted, “[CES] is not a functionality of our shelter system, it’s a functionality of our homeless response system, so anybody can get access to it.”

Staff within shelters can run HMIS reports to find anyone within the shelter who has not accessed the CES. Additionally, both the lead agency and people with lived experience noted word of mouth among people using the homeless response system as an effective way to learn about how to access the CES. The Hennepin County lead agency also increased the number of assessors and created an easily accessible system for organizations to train and onboard new assessors on their own. Overall, the lead agency and other stakeholders agreed that this worked well for individuals and families that are defined as homeless through HUD Category 1.

There were mixed views from stakeholders within the two systems about whether access was harder for some races or ethnicities than others. Some agencies felt that all races could access the CES without issue and that this was reflected in the makeup of their shelters. However, one person felt that Native American and Hispanic/Latinx populations were underrepresented in the CES compared to the numbers who are experiencing homelessness. The lead agency spoke about its ongoing outreach to Native American organizations.

Both the lead agency and stakeholders discussed the need to improve service for undocumented immigrants. Agencies should have clear messaging that providers can and should serve individuals without needing documentation, as long as their funding streams allow for it. The lead agency noted that they need to connect with specialized agencies that have greater knowledge and understanding of how to work with this population. These agencies can provide training and resources to the wider Hennepin County CES community.

Other suggestions by stakeholders included:

- Develop standard messaging about the system to give to applicants during their assessment. The messaging could include information about what it means to be assessed, how frequently they needed to remain in touch to do to stay on the list, how long it may take to receive a referral, and resources that may help them self-solve. This messaging could be shared across all agencies so that all applicants receive the same amount of information and can give applicants something to refer back to over time.
- Consider applicants who are doubled up. The stakeholders acknowledged that this would not be useful for federally funded organizations but suggested that state-funded resources could be made available to those in need. This would broaden access to underrepresented populations, such as Hmong, Hispanic/Latinx, and East African populations who may be more likely to be doubled up, rather than Category 1 homeless.

Assessment

Community stakeholders and lead providers overwhelmingly shared their support for the lead agency's decision to move away from using the VI-SPDAT as Hennepin County's coordinated assessment tool. This decision was made after a series of studies demonstrated that the VI-SPDAT subscales do not equitably capture vulnerabilities for Black, Indigenous, and People of Color (BIPOC) compared to White people, and it became clear that usage of this tool further exacerbated racial inequities in the homeless response system.⁴ One participant shared, "I am proud of our community for making the change. If we know better, we need to do better. The system was harming people, and it was unethical to use the system as it was operating."

Although stakeholders saw this pivot as ethically necessary, the consequence of this rapid change was a lack of clarity in the introduction and implementation of the new client choice assessment tool. Providers are supportive of the emphasis on client choice and, in general, interested in softening the barriers that keep people from moving between rapid rehousing and permanent supported housing placements.

"Now we're at a place of using the client choice HMIS questions as an assessment, and I am okay with that as long as we don't use the VI-SPDAT. I wish we knew how to get people to the proper intensity of program. As a system, we won't know, but the client choice is an excellent start."

While the clients' choice assessment was popular among key stakeholders and lead providers, there were questions that they felt were not appropriate for younger families.

"Credit history, housing/rental history—they're not relevant when you're nineteen or twenty. That's a little acknowledged, but the language is not aimed towards young families...Housing history is part of the assessment that is really hard...For young people who have been couch hopping, trying to remember each place they've stayed for three years is incredibly traumatizing."

There was a further suggestion that some of the questions be reframed in the interest of being more transparent about what services are available to special populations. In particular, respondents felt that the question targeting this topic made it seem as though the spectrum of services were broader than the actual options available. Members of the Native American and East African communities in the Twin Cities do have these service options, so the initial question should be phrased to reflect that specificity.

Finally, respondents emphasized that completing CE assessments can be traumatic for people experiencing homelessness and trying to find housing. They suggested thinking through ways to make the process as trauma-informed and low-barrier as possible. Suggestions included:

- Provide assessment questions to clients ahead of time.
- Give clients some choice over where they may want to complete the assessment.
- Have peers support specialists conduct the assessment.

⁴ Wilkey, C., Donegan, R., Yampolskaya, S., & Cannon, R. (2019). Coordinated Entry Systems Racial Equity Analysis of Assessment Data. https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity-Analysis_Oct112019.pdf

Prioritization

After completing the assessment, applicants are entered into a “prioritization pool,” and are prioritized based on the chronicity of homelessness, length of homelessness, and disability. Applicants with the highest need will be referred first. The lead agency reviews this process annually, using data, feedback from the community, and recommendations from the leadership committees to ensure that the process is still working and that the right groups are being prioritized. Next year, they will change the prioritization requirements to replace “disability” with “medical fragility,” to ensure that the highest-risk populations are being served.

One provider described the prioritization pool as “an emergency room, not a waiting list. Some people have stomach flu, and some people have gunshot wounds.” This approach ensures that the system is equitable; individuals with the highest need are being served first. The majority of stakeholders expressed confusion and ambiguity around the prioritization process and said that information would help them in their roles.

Many people with lived experience of the family system expressed that the waiting was discouraging and that it was only exacerbated by the lack of transparency regarding where any given family stands in the prioritization pool. One participant shared, “There’s no communication, I’m just calling, calling, calling and not getting an answer.” Unfortunately, providers also felt in the dark around this process, remarking that “It’s hard for client populations to navigate systems when it’s still murky for us.”

People with lived experience and lead providers alike expressed confusion around where a childhood spent in foster care fits within the definition of homelessness. One provider shared, “When we ask if they were homeless as a youth, they often say they were in foster care, but we don’t know how to categorize that.” There is an opportunity here for clarification in this definition.

Both providers and people with lived experience lamented that children’s disabilities don’t count toward the disability status of a household, and therefore do not factor into a family’s prioritization score.

“The head of household being the only disability that makes you eligible for PSA can be really problematic, a lot of people have kids who have really complicated stuff. They have trouble navigating the system with their children’s disability but aren’t given the support that they would have gotten if [the adult] had the disability.”

The lead agency may consider referring this to the CoC Board and membership for further discussion on potential solutions and workarounds that involve state and local housing resources.

Referral

After agencies receive referrals, providers begin the intake process. Both the providers and lead agency noted that sometimes referrals are inaccurate, which can slow down the process. Most commonly, individuals and families will be referred to programs that they are ineligible for, due to issues such as recent eviction history, involvement with the justice system including outstanding warrants and level III sex offenses, severe and persistent mental illness (SPMI), and the need for substance use treatment or addiction support. In some cases, income or housing preferences are incorrectly recorded in HMIS. Despite these challenges, providers do everything in their power to

find individuals housing before officially rejecting individuals and families and returning them to the pool.

Stakeholders also noted the biggest challenge in the referral process is that some individuals and families are difficult to contact. In those cases, providers will exhaust their options to get in touch, including calls, texts, emails, street outreach, connections with assessors, and contact with other providers in the system.

The lead and some stakeholder agencies are aware that some stakeholder agencies are opening “side doors” into the system. In other words, some agencies are allowing some individuals and families to bypass the prioritization pool and achieve housing. Side doors undermine the equity principles that the CE system was created for.

Training

The lead agency offers housing provider trainings for housing projects and agency staff and assessors, quarterly trainings, and TA on the CES, and a quarterly “CES 101.” In addition to an annual refresher training for assessors, they receive training on safety plans and working with clients feeling or attempting to flee domestic violence. The lead agency does not provide trainings on racial equity, however, there are some agency- or funder-specific requirements around this training. The lead agency also sends out email newsletters with reminders about the CES system. They hope to add instructions on specific aspects of HMIS, including how to report on CES referrals and understand where individuals are in the CES system. Notably, stakeholders expressed a desire to have more knowledge of the inner workings of the prioritization pool.

Despite these training opportunities, stakeholders expressed uncertainty about the entire CES and wanted to learn more about each aspect of the process. Specifically, stakeholders were interested in learning more about the assessment process, prioritization, and where they fit in the puzzle. With this knowledge, stakeholders can better inform the individuals they are serving and help connect them with others who may be able to help. The lead agency and stakeholders both expressed a desire for co-learning opportunities with other agencies, to expand their knowledge and understanding of the system and share ways to best serve applicants.

CES Recommendations

1. Continue to work towards a trauma-informed assessment process. Both stakeholders and individuals with lived experience shared that the assessment and prioritization pool process was traumatizing. Applicants needed to detail their housing history and discuss past trauma with their assessor. After completing the assessment, little information can be provided about their status in the prioritization pool or what timeline they can expect. C4 recommends giving clients more agency throughout the assessment process, by offering to (1) provide assessment questions to clients ahead of time, (2) give clients some choice over where they may want to complete the assessment, and (3) have peers support specialists conduct or be present during the assessment.
2. Increase peer workers throughout the CES. Individuals with lived experience expressed the desire to receive support from others who had also experienced homelessness. In addition to sharing their knowledge and lived experience, applicants would be more comfortable speaking with people who better understood their experiences. C4 recommends

prioritizing hiring people with lived experience of homelessness to improve the experience of applicants within the system.

3. Continue providing widespread training across the homeless response system in Hennepin County to clarify the client choice assessment process, regularly reviewing the effectiveness of the training. The assessment and prioritization processes were unclear to agency leadership and providers. Clarification of these processes could allow more collaboration and efficiency between parts of the system. Further, stakeholders requested more information about certain questions on the client choice assessment. For example, several stakeholders were unsure about how past housing experiences, such as foster care and group homes, fit under the definition of homelessness.
4. Increase transparency with applicants at all stages of their interaction with the homeless response system in Hennepin County. Applicants shared their sense of disorientation within the system and their lack of clarity on where they stand in the prioritization pool. C4 recommends reflecting on where there may be opportunities to reinforce messaging to applicants.
5. Increase knowledge of program eligibility. In addition to clarifying what may make applicants ineligible for services, programs should better understand who is eligible. For example, many funding sources permit agencies to support undocumented immigrants. C4 recommends that the CoC creates opportunities for co-learning around supporting these communities. Agencies may benefit from presentations from housing providers who are successfully able to serve households that are undocumented.
6. Improve accuracy and efficiency of referrals by completing background checks. Stakeholders and providers noted that many individuals and families were referred to housing, only to be declined due to justice involvement, including past experiences or outstanding warrants. Completing these background checks before the referral would save the client's time, the provider's time, and the system's time. Further, it may improve the experience of applicants as it will decrease experiences of receiving referrals, expecting housing, and ultimately being declined and returned to the prioritization pool.
7. Offer opportunities for individuals living in shelters to be reassessed and make adjustments to their assessments which may impact prioritization. Individuals and families noted that throughout their time in shelter, the information provided in assessments may change. C4 recommends continually checking in with individuals and families in shelter to make sure that their assessments are up to date. Additionally, individuals and families shared that drop-in hours at shelters or in the community with assessors would be a helpful resource. These drop-in hours would allow them to easily connect with assessors, ask questions about CES, and receive resources on other options for receiving housing support outside of the CES. Not only would this increase transparency and access, but it may also increase the efficiency of referrals.
8. Ensure that agencies are not opening "side doors" to the system. The lead agency and some stakeholder agencies were aware that some agencies are opening "side doors" to the system, allowing individuals and families to receive referrals or housing support without going through the appropriate CES pathways. This undermines equity principles and harms applicants who are in the highest need of housing. C4 recommends that

agencies continue to share information with agencies and communities in group trainings and one-on-one meetings about the damage these “side doors” do to the system.

9. Clarify how agencies may run project-level reports in HMIS. Agencies were not clear on how to run reports in HMIS, view detailed CES referrals, and view where clients were in the CES workflow. C4 recommends increased training opportunities on how to use HMIS for these reports.
10. Include information about income in HMIS to decrease the time between referrals and program entry. C4 recommends that county-generated income documents be uploaded into HMIS at the time of referral. Again, this could improve efficacy and the experiences of applicants.
11. Ensure agencies, providers, and community members understand the diversion system. C4 recommends that as the new agency begins the re-implementation of the diversion system, they work with the lead agency and other stakeholders to lead a community-wide marketing and information campaign to educate the community on diversion best practices. This includes how diversion functions within the CES, how the diversion team works with applicants, and the range of services that the diversion team can offer. Additionally, the diversion agency may find it useful to re-think how CES participants can access the diversion system while they follow the assessment and prioritization process. At this time, CES applicants cannot use the diversion system. C4 recommends that CES applicants be able to access certain diversion services as needed, to reduce the burden on the prioritization system.

Conclusion

Hennepin County has implemented a comprehensive CES that works to the benefit of people experiencing homelessness. While they have experienced challenges, as outlined above, the lead agency’s commitment to continuous quality improvement has wrought significant change to the system that ultimately benefited the most vulnerable individuals and families within it.

The lead agency has prioritized the design and implementation of its system at a time when there is a myriad of pressures on the homeless service system to do more with less. Overall, they have successfully interpreted HUD and CoC regulations to implement their systems. Each aspect of the system broadly met the requirements that HUD has laid out in the CoC Interim rule and later guidance and rulings.

Stakeholders have shown an overall commitment to the process, and an enthusiasm to work alongside the CoC in implementing this process.

C4 recommends that the CoC consider each recommendation with the community as a whole, prioritizing the recommendations from people with lived experience of homelessness in Hennepin County.

Appendices: Listening Session/Interview Protocols

Appendix A—Lead Agency Listening Session Protocol

Introduction

1. Can you begin by giving us an overview of each of the CES in your region?
 - How it works?
 - Which agencies are active partners – what functions do they perform?
 - Who runs each aspect of the CES?
 - How do people access the CES?
 - Who carries out the assessment?
 - How do you decide on prioritization?
 - How do you make referrals?
 - How do you enter the data into HMIS?
2. How many referrals do you make monthly, on average?
3. How do you ensure that all folks have equal access to the CES?
4. Have you identified any racial, ethnic, or other groups that you've needed to make special outreach for, in order to ensure that they can access the system?
5. In what ways have you had to change the way your CES runs as a result of the COVID 19 pandemic? (Probe for changes to capacity, funding, house activities/socializations, etc.)
6. Have the increased resources contained within the Stimulus Act impacted your CES?
7. Have you implemented a prevention / diversion system within your CES? What does that look like?

Access

8. Where do you advertise your CES?
9. Has there been a change in the number of people accessing resources because of the pandemic? Are you seeing folks that would not have accessed resources before? Can you describe what has changed?

Assessment

10. Can you talk through how the assessment approach works?
11. How are assessors trained? How often?
12. What do people have to provide in order to access the CES? ID? Third party proof of homelessness? Proof of income? What happens if they can't provide certain things?
13. Have you needed to change how you assess as a result of the increased resources from the CARES Act?

Prioritization

14. When a RRH / PSH slot opens up, how do you find out about it?
15. How does prioritization get decided? Who sets and uses the criteria? Who decides how people get prioritized?
16. Which services are people considered for prioritization?
17. How do people remain on prioritization lists? What is the onus on the individual/family?
18. How does the group decide between two people who have equal scores and eligibility?

Referral

19. Who decides on referrals?
20. Does the housing agency have final decision on who they accept? (Outside federal eligibility criteria)
21. What happens if someone is rejected?
22. Do your housing agencies accept referrals from any other source?
23. Have you observed any particular group struggle to gain or keep housing, even though they receive a referral? Say more about your observations.

HMIS

24. Which elements of the CES system are kept in HMIS?
25. How do you maintain confidentiality by name lists documentation?
26. Have you had training on equity data analysis? If so, who from?
27. Have you carried out any racial equity focused data analysis? If so, what? Reference some examples as follows:
 - Comparing census and poverty data to the HIC / PIT
 - Comparing demographics of inflow of clients in the CES to successful / unsuccessful outflow.
 - Analyzing each element of the CES, access, assessment, prioritization, referral, returns to homelessness through an equity lens.
 - Use of the HUD / NAEH racial equity tool in your data review?
 - Qualitative data gathering such as interviews / surveys etc.

Closing Questions

28. What are you most proud of when you look at the CES?
29. What training does your agency provide to its staff? What about for the larger CES community?
30. Does your agency provide annual equity or diversity training? Who is it for? Describe the goals and the activities involved within this training?

31. What has been the overall level of cooperation by the rest of the community? Have there been any agencies that have been unable to join you?
32. What mainstream agencies have taken an active part in the CES?
33. What do you need most to improve your CES?
34. How do you identify folks that have been through the system once and do you do anything different with those folks second time around?

Appendix B—Community Partner Listening Session Protocol

Introduction (Round Robin)

1. What is your name, the agency that you work for, your role in CES, and how long you've been a part of the CES team?
2. What housing and services does your organization provide? (i.e., prevention, ES bed, permanent supportive housing, etc.)

Understanding Access

3. What type of CES access point does your region have? (i.e., single point of entry, no wrong door, etc.)
4. Do the people arriving at your access points appear to broadly be the same racial ethnicity as the folks who are unsheltered? Have you ever noticed that there are more of one race or another, or any other discrepancy?
5. If you are a DV agency, how are you involved in accessing the CES?
6. What impact has the pandemic had on your attempts to rehouse folks experiencing homelessness?
7. Are you seeing differences in the number of people accessing resources because of the pandemic? Are you seeing folks that would not have accessed resources before? Can you describe the new dynamic of the folks requesting assistance?

Understanding Assessment

8. What assessment tool are you using?
9. Have you and your colleagues been trained on your assessment tool?
10. Do you feel that the questions in your assessment tool are culturally appropriate for all of the folks you assess? Are there any that you find awkward or clunky?
11. Do you feel the assessment tool accurately reflects the needs of the people you assess?
12. Do you feel your applicants are referred to housing that is appropriate for their needs based on their score?
13. Have you noticed an increase in assessments as a result of the recent pandemic?
14. Does your region have a diversion/prevention screening in place? If so, are you seeing good results in that assessment or do some tweaks need to be made?
15. Anything else to add?

Understanding Prioritization

16. What is your understanding of prioritization?
17. Which services are people considered for prioritization?

18. If you provide housing, who do you contact to advise a rapid re-housing/permanent supportive housing unit is open?
19. If you provide housing, have you ever analyzed the racial or ethnicity makeup of your residents and compared it to census, poverty or PIT data?
20. Do you participate in case conferencing? If so, how often are these groups held and who leads them?
21. If you take part in prioritization, have you ever noticed any racial or ethnic discrepancies between those who apply, and those who make it through the prioritization system?
22. Have you seen a change in how you prioritize as a result of the increased resources from the CARES Act?
23. How do people remain on prioritization lists and how do you access movement on the list?

Understanding Referrals

24. Is there a policy on rejections by your agency to the CES? If so, what is your understanding of that policy?
25. Do any of the agencies within the community take individuals and families from outside the coordinated entry system? Which agencies are those?
26. Have you observed any particular group struggle to gain or keep housing, even though they receive a referral? Say more about your observations.

Understanding HMIS

27. Were you trained on the CES workflow in your HMIS system?
28. How user friendly is the system for tracking applicants in the process?
29. Do you feel that confidentiality is maintained through the by name list?

Closing Questions

30. What has been the most rewarding part of CE?
31. What challenges do you face in CE?
32. Is there any specific training your community could use in further the work of CE?
33. Does your agency provide annual equity or diversity training? Who is it for? Describe the goals and the activities involved within this training?
34. Do you feel the lead supports your efforts in working within the CE system?

Appendix C—Applicant Interview Protocol

1. How did you find out about your current housing?
2. What is your understanding of the lead agency and the services they provide?
3. What did you need to do to get into your housing?
 - a. How long did it take?
 - b. How many times/places did you tell your story?
4. When you filled in your assessment form did you fill it in by yourself, or did someone ask you a series of questions?
 - a. Were there any questions that you preferred not to answer?
 - b. Did you ever tone down your answers because you didn't want anyone to know some of the issues that you faced?
5. Where else did you go to get help? (Other housing or shelter programs or services?)
 - a. How/where? How was the experience?
 - b. Were you in shelter before? How did you get into the shelter?
 - c. Did the other programs help you?
6. What do you think about the process for getting shelter and housing in your region?
 - a. Easy to understand/why or why not?
 - b. Are people treated equally?
 - c. Family friendly/individual friendly/why or why not?
7. Do you feel that either your race or ethnicity, made it easier or harder for you to make it through this process? For example, do you think you may have been turned down for a shelter bed or an apartment because of your race / ethnicity?
8. Did anyone help you find your own/permanent housing? Were you offered options or availability of one location?
9. What do you think would making getting shelter and housing services in your region better for individuals or families like yours (individuals/families experiencing homelessness)?
10. Are you still in the same housing now? How long did your case manager help you as you moved in / after you moved in?
11. If you were to get into difficulties with your lease, where would you go to get help e.g., with utilities, loud neighbors, a notice to quit etc.?
12. Do you feel settled in your housing? Do you know your neighbors? Are there people on your street that you talk to? Are there places close to you that you can go to?
13. Any other comments?