

Coordinated Entry Data and System Performance

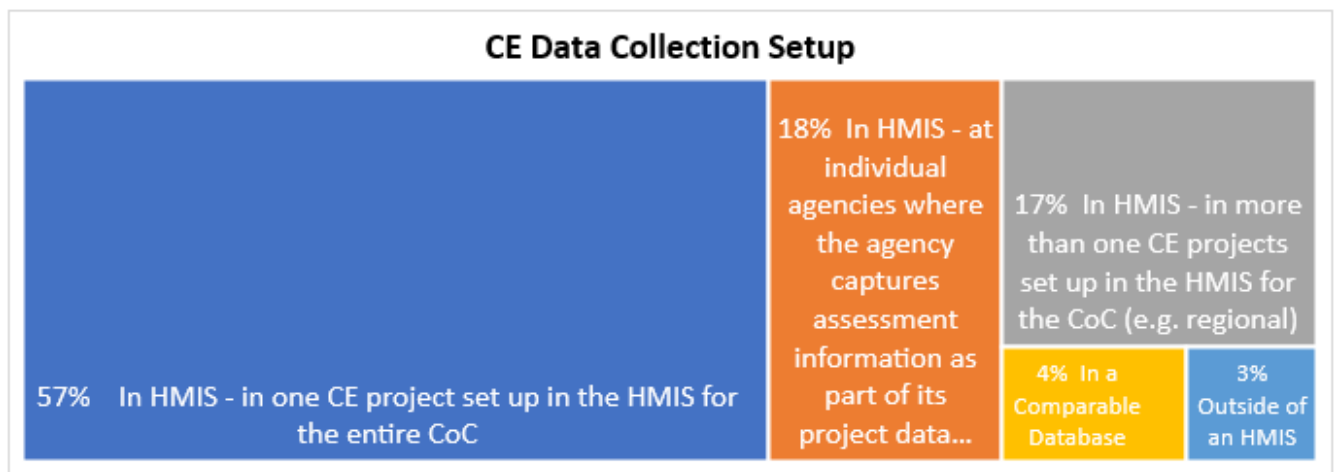
About Coordinated Entry

Coordinated Entry (CE) is a Continuum of Care (CoC)-established system-wide process to quickly and equitably coordinate the access, assessment, prioritization and referrals to housing and services for people experiencing or at imminent-risk of homelessness. There is not a “one-size-fits-all” approach to CE Systems design because each CoC’s resources, housing inventories, geographies and populations are unique. However, there are only a small number of access points CoCs can establish for their CE system, as established in Section I.C of HUD’s 2017 [Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#):

- a. “a central location or locations within a geographic area where individuals and families present to receive homeless housing and services;
- b. a 211 or other hotline system that screens and directly connects callers to appropriate homeless housing and service providers in the area;
- c. a “no wrong door” approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area but is assessed using the same tool and methodology so that referrals are consistently completed across the CoC;
- d. a specialized team of case workers that provides assessment services at provider locations within the CoC; or
- e. a regional approach in which “hubs” are created within smaller geographic areas.”

Setting up Coordinated Entry in HMIS

In a Homeless Management Information System (HMIS), the CE data collection is defined by which projects are collecting the HMIS Data Standard elements for CE--**Elements 4.19 Coordinated Entry Assessment and 4.20 Coordinated Entry Event**. These elements may be captured together in a CE Center or 211 under HMIS Project Type 14: Coordinated Entry. They may also be collected in a wide range of projects with other HMIS project types with a no-wrong-door or mobile team approach. Or the CE may be set-up as a combination of these approaches. Analysis of the first four months of CE Annual Performance Reports (APR) data submitted in Sage showed the diversity of approaches communities have taken to CE design and data collection.



(Sample Set – First 94 CE APRs submitted in FY22)

Regardless of the different ways CoCs have implemented CE systems, the core goal is to connect each individual and household to the housing and services necessary to end their homeless experience. Most CE systems which take persons experiencing homelessness already (in shelters or on the streets) to their next step in obtaining housing (providing a connection to housing -after a housing assessment). Many CE systems also serve as the front door to the shelter system in a CoC (i.e., the individual experiencing homelessness gets into a shelter bed after a crisis assessment). The “right” connection to the “right” housing for the individual or household is necessary to avoid cycles of homelessness and to create stability. CES, when done well, should provide access to the range of housing and services available in the CoC: analyzing assessments to determine the appropriate intervention; providing homelessness prevention services; placement in temporary crisis housing; diverting people from shelter; placement permanent housing.

Through the Continuum of Care Program, HUD funds over 400 individual grants for Coordinated Entry (SSO-CE). **Regardless of the approach selected for the CES, each of the grant recipients is required to submit a system-wide APR on the services they provide.** If the system combines approaches (e.g. a 211-call center that refers to shelters and then a specialized team of workers who provide assessments) then the data on the entire approach is collected in HMIS and generated in one system-wide APR report to HUD as outlined in the [CE APR HMIS Programming Specifications](#).

The CoC itself is responsible for creating the CE system and the data management and collection of its processes and outcomes. CoCs should use the APR as one point of review annually. The CoC must consider updating the CE to account for inventory changes and changes in the homeless population and should view this in context to the systems overall success in preventing and ending homelessness. HUD encouraged CoCs to amend their system to account for COVID-19 and local emergency issues may also require amendments. Additionally, the CoC is responsible for ensuring all data is being collected on the project(s). Initial reviews of the first CE APRs with CSV data show that data is not being entered as is required and must be improved in most locations. Several resources are available to assist CoCs in this regard, most of which can be found on the [CE Toolkit HUD Exchange](#).

What makes a CE system work and how do you use the data to make improvements?

The guidance below is a succinct overview of key features of an effective CE system. Additional details related to planning and implementing a CE system can be found in the [Coordinated Entry Core Elements Guide](#).



Process Flow

Regardless of the scope of the CE system, it must be designed to end homelessness. At a minimum, the system must assist people who are living in places unfit for habitation, including streets or vehicles, or living in shelters to access permanent housing. The process begins with a **Coordinated Entry Event** where one or more of the following actions occur, depending on the scope and structure of the CE system.

- A **Crisis Needs Assessment** or initial screening tool may be used to determine if the individual or household is a candidate for 1. homelessness prevention, 2. Emergency shelter, 3. diversion from shelter, or 4. shelter placement. If they are candidates for prevention or diversion, then a **referral to a homeless prevention assistance** project may be in order. If emergency shelter is required then a **referral to an emergency shelter bed** opening should be made. An alternative to placement in shelter could be the use of a **problem solving/diversion/rapid resolution intervention or service**. The CE staff may provide these services directly or may refer the individual or household to a skilled team elsewhere. This assessment or screening should help determine the best referral and then provide coordination services to assist the person/household to access the referral.
- A **Housing Needs Assessment** should be provided **by all CE system** which coordinate the housing referrals/placement for permanent housing to determine eligibility, best housing options and long-term affordability.

The HMIS or DV comparable database is used to capture key information about people accessing the CE system.

- **The Coordinated Entry Assessment element (4.19)** of the HMIS Data Standards collects information on how the assessment was done (phone, virtual, or in person) and the Assessment Level the household received (Crisis Needs or Housing Needs).
- Collection of this data creates the baseline for the work provided to the household moving forward.
- Any entry point of the CE system, shelter, or site-based CE center that is conducting assessments must collect this element.



Prioritization must move people into housing

The assessment and prioritization process must be based on an individual's vulnerability or need level according to a CoC's standardized prioritization criteria. During prioritization, the CE staff person uses assessment data to compare the participant's level of need with the needs of others on the priority list and prioritizes the person for housing and supportive services based on the CoC's prioritization standards. Prioritization must be based on a specific and definable set of criteria that are made publicly available through written prioritization standards, conducted according to the CoC's written prioritization policies and procedures, and applied consistently throughout the CoC to all households being prioritized. During COVID-19, prioritization also meant considering a person's need for housing and risks to avoid contracting or spreading the virus.

Prioritization does not mean creating a waiting list or that every person assessed is placed on the list. Nor does prioritization mean one list must be generated for all types of housing. If the CoC's inventory of available housing does not equate in some way with the number of people on a list that can be housed within a relatively short time, the CE system must be able to both prioritize some and provide guidance for others towards market rate or other subsidized housing options for others.

Further, the CoC must consider the type of housing available. If the CoC's inventory is only Permanent Supportive Housing (PSH) funded through the CoC, then no one should be on the prioritization list who does not meet the requirement for entry into PSH. As a reminder, a person accepted into PSH must have a disabling

condition that is of a long-term nature and impedes their ability to live independently. If the CoC has an inventory of RRH housing, then the CoC also needs to consider who the best candidates are for RRH. It may be that a person with a serious disabling condition or who is coming from an episode of chronic homelessness may need PSH rather than RRH.

Prioritization requires the CoC to seriously consider the types of housing that it has access to and make referrals that will enable people to not only obtain housing but sustain that housing. CoCs must also have a method of identifying open inventory or inventory becoming available soon to maximize the resources for the effort.

Data on whether the assessment resulted in prioritization and referral to housing must be captured by the organization that did the assessment and/or prioritization in the HMIS and may be dependent on record sharing and data entry settings for the end users. The data should be reviewed regularly, and changes made to the prioritization process if, at any time, a “waitlist” appears to be maintained rather than a “prioritization list.”



CE is directly related to the housing outcomes of a community

Regardless of the process used by the CoC for the CE system, collecting data during the CE process is critical to planning, allocation of resources, and ultimately to ending homelessness. Both the CE events and outcomes are to be tracked and reported in HMIS.

Each event recorded in data element 4.20 CE Event, has a corresponding “result” response which is critical to understanding if a referral made through CE was successful or not. Understanding this information can help ensure the CE system is moving the right people to the right projects at the right time.

A high number of unsuccessful referrals because of provider rejections should be analyzed to determine if the project is inappropriately screening people out based on criteria that are not communicated to the CE provider. A high number of unsuccessful referrals due to client rejections could mean the client was not made properly aware of project requirements or that client preferences were not considered.

Running the CE APR on a monthly or quarterly basis can be used to analyze the effectiveness of CE efforts. Data entry into the CE Event field is an important part of understanding what is working. The element must be collected on everyone coming through the CE system.

Referral To	Total Occurrences	Successful Referral	Unsuccessful Referral: Client Rejected	Unsuccessful Referral: Provider Rejected	No Outcome Recorded
Emergency Shelter bed opening	12,303	47%	6%	5%	42%
Transitional Housing bed/unit opening	3,206	28%	24%	35%	13%
Joint TH-RRH project/unit/resource opening	1,113	52%	9%	17%	21%
RRH project resource opening	19,028	47%	13%	24%	16%
PSH project resource opening	10,614	35%	19%	29%	17%
Other PH project/unit/resource opening	3,630	37%	21%	33%	9%

Source: 93 CE APRs submitted after 10-1-2021



Reporting

The CE APR is significantly different from other APRs for the CoC Program and there is a separate report in the HMIS and comparable database from the regular (full) APR. The CE report is generated across all projects within a CoC where elements 4.19 Coordinated Entry Assessment and 4.20 Coordinated Entry Event elements are collected. This may include projects operated by recipients that receive funding directly from the SSO-CE grant; recipients or subrecipients of Emergency Solutions Grant (ESG) funds to carry out CE activities; or any other project where the CoC has determined it is a requirement to collect CE data elements, based on the CE system design. The CE APR will inform HUD on the entire CoC’s CE system.

This is a CoC system-wide report, regardless of how the CE system operates (e.g. no wrong door, single point of contact, etc.). This means the report will always include ALL data about the CoC’s CE system, regardless of how many separate CE projects exist in the HMIS or comparable database. This also means if a CoC funds CE efforts for regions with separate grants they must still include the data for ALL regions in the APR for each grant. Likewise, the report is not to be generated on a single project, unless that project represents the entirety of the service and data collection of the entire CoC.

In CoCs where there are grants funding Victim Service Providers (VSPs) both the HMIS report and the VSP report are included in all APRs, thereby allowing the community to also consider the needs and supports provided to survivors of domestic violence.



Community Example – Coordinated Entry Impact on CoC Performance

HMIS and APR data from one medium size CoC paints a picture of what is potentially working and where investigation, improved program design, and successes occurred.

CoC Major City
CE Serves - Street Outreach contacts, sheltered people
Uses HMIS - Set up as a single CE

	Total CoC Units**	Households in Units**	Vacancies	Vacancy Rate
PSH	447	396	51	11%
RRH	659	562	97	15%
Total	1106	958	148	13%

Houses people in CoC and Market Rate Housing

People with an Assessment in CE*	856
Percentage of Assessed Prioritized*	90%
Percent of successful referrals to residential projects*	49%

* Source: CE-APR

** Source: Sage Bed and Unit Report generated for the entire CoC for one year

*** Source: AHAR Part 1 CoC Category

CE APR Key Data Points

- 13% vacancy rate indicates that funds for housing are likely underutilized and potentially returned to HUD at the end of the operating year. Re-evaluating referral processes may result in both faster housing placement and additional referrals to housing, which would result in higher utilization rates.
- 49% successful referrals to residential projects indicates a potential issue with either housing providers screening people out of their projects or, clients are not provided with enough information at CE to understand the project they're referred to. Further investigation into rejection reasons (available in 4.20) could identify areas of improvement.

System Performance Measures should show an improvement with an effective CE system. Length of time people remain homeless should decrease over time and positive housing placements and stability should increase. Each of these measures is applied to the same CoC as shown above.

1. Length of time persons remain homeless: median 50 days
2. The extent to which persons who exit homelessness to permanent housing destinations return to homelessness: 1% returned in 6 months; 17% returned in 12; and 25% returned in total over twenty-four months.
3. Number of homeless persons: 3,570 total adults within one year
4. Jobs and income growth for homeless persons in CoC Program-funded projects: 28% of leavers left the projects with increased income
5. Number of persons who become homeless for the first time reported in ES-SH-TH-PH: 2,873