



Texas Balance of State
Continuum of Care

Coordinated Entry Evaluation

December 2022



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2022 Coordinated Entry Evaluation

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About This Report



This evaluation report was completed by Civix and Footprint Consulting in coordination with Texas Homeless Network (THN), Texas Balance of State Continuum of Care (TX BoS CoC), and CoC providers. Civix delivers software and services to transform the public sector, including elections, ethics, business services, grants, disaster recovery, critical infrastructure and more. Our planners offer in-depth industry knowledge and proven planning processes to deliver solutions to state and local clients throughout the United States.

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Footprint Consulting is a woman-owned small business with deep experience in the state of Texas and focused on providing CoC, Coordinated Entry System (CES), and Emergency Solutions Grant (ESG) technical assistance, including to Balance of State CoCs. Footprint Consulting has experience leading HUD CES Referral workshops, HUD System Improvement workshops, and HUD Youth Homelessness Demonstration Project (YHDP) efforts for Balance of State CoCs.

Footprint Consulting | San Francisco, CA | footprint-consulting.com

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Introduction and Summary of Evaluation Plan

Introduction

Background

The U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program provides federal funding to nonprofits and state and local governments with the goal of ending homelessness.¹ HUD requires every CoC receiving funding to operate a Coordinated Entry System (CES) to increase the efficiency, accessibility, and effectiveness of the local housing crisis response system. Coordinated Entry (CE) is the process by which people experiencing or at risk of homelessness access the housing crisis response system and are assessed, prioritized, and referred to housing and supportive services that meet their needs in an efficient, centralized fashion.²

The Texas Balance of State CoC (TX BoS CoC), led by Texas Homeless Network (THN), coordinates local and regional homelessness resources for rural populations in 215 non-metropolitan counties throughout the state of Texas. The TX BoS CoC is composed of service providers, advocates, local government officials, and citizens working to eliminate homelessness. The goals of the TX BoS CoC are to:

- Promote community commitment to the goal of ending homelessness;
- Provide and/or facilitate funding to re-house people experiencing homelessness;
- Assist individuals experiencing homelessness to access and maintain mainstream benefits; and
- Optimize self-sufficiency to prevent recurrence of homelessness.³

Texas Homeless Network

As lead agency for the TX BoS CoC, THN helps CoC members meet HUD CoC and CES requirements, develop and improve their regional CE systems, implement best practices, and improve system performance. THN is also the lead agency for the TX BoS CoC Homeless Management Information System (HMIS) and is responsible for administering and operating HMIS on behalf of the CoC, enabling agencies to track client-level data on housing and services provided to people experiencing or at risk of homelessness.⁴

HUD requires CoCs to conduct an annual evaluation of their CES focused on the quality and effectiveness of the entire CE experience for program participants and service providers, including intake, assessment, prioritization, and referral processes.⁵ In compliance with this requirement, THN as the lead agency for the TX BoS CoC, has undertaken an evaluation of the CES and its regional CE implementations. The purpose of this report is to document the results of the CE evaluation, explore best practices, and outline recommendations for further development of the TX BoS CoC CES.

¹ U.S. Department of Housing and Urban Development. (2022). Continuum of Care Program. Available at: https://www.hud.gov/program_offices/comm_planning/coc.

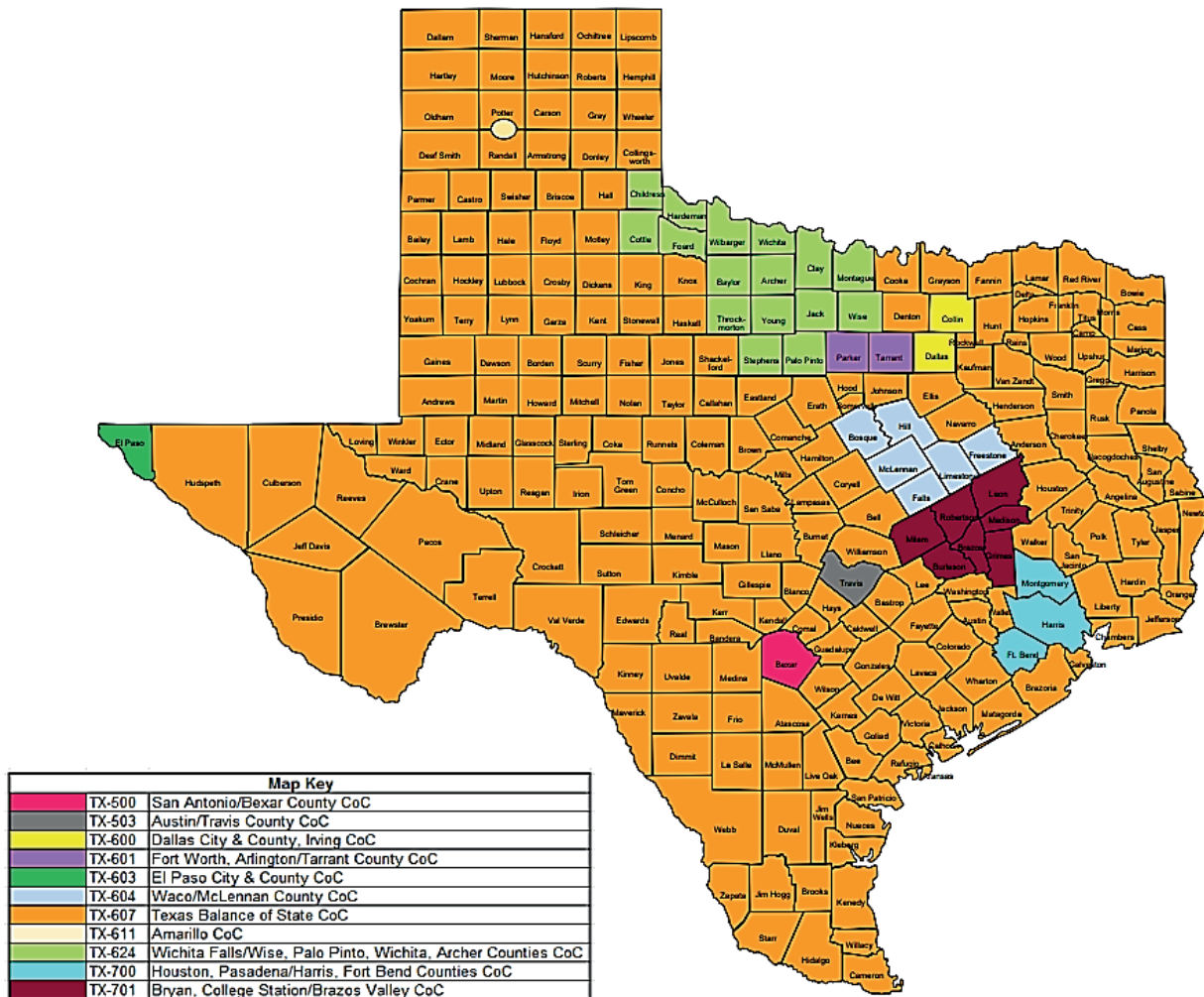
² U.S. Department of Housing and Urban Development. (n.d.). Coordinated Entry Core Elements. Available at: <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>.

³ Texas Homeless Network. (n.d.). What is a Continuum of Care? Available at: <https://www.thn.org/texas-balance-state-continuum-care/>.

⁴ U.S. Department of Housing and Urban Development. HUD Exchange: Homeless Management Information System. (2022). Available at: <https://www.hudexchange.info/programs/hmis/>.

⁵ U.S. Department of Housing and Urban Development. (n.d.) Coordinated Entry Management and Data Guide. Available at: <https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf>.

Figure 1: Texas Balance of State CoC Coverage



Source: Texas Homeless Network

Coordinated Entry (CE) Overview

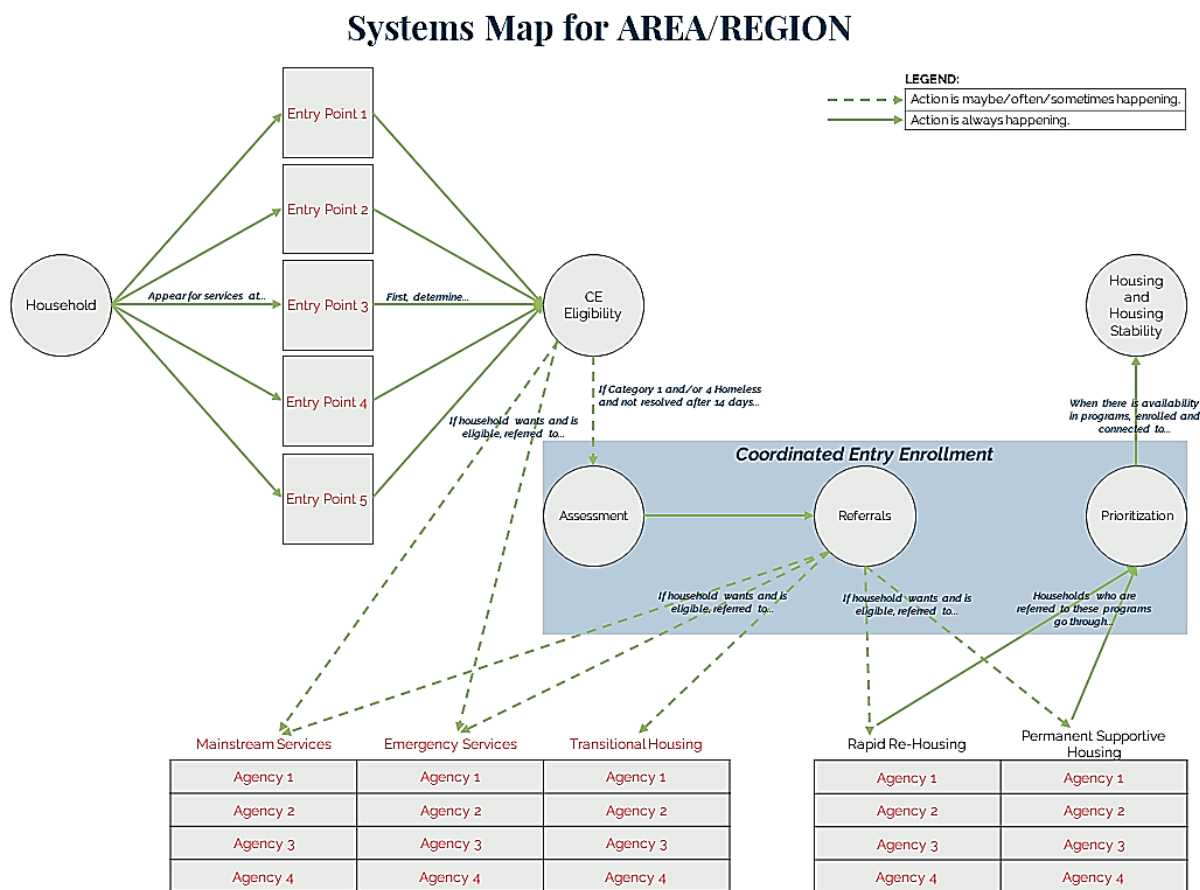
CE, a required component of the HUD CoC program, is a unified approach to managing processes and resources within the housing crisis response system that promotes the use of standardized and consistent decision making. The goal is to connect people with interventions to end their experience of homelessness which are best suited to their level of need.⁶ The CE process aims to provide standard assessment and access to services regardless of where people are seeking help. CE allows communities to use limited resources as efficiently as possible to maximize existing funding, increase system accessibility and fairness, improve housing outcomes, and to reduce overall system cost.

In the TX BoS CoC CES, households experiencing homelessness or fleeing, or attempting to flee, domestic violence may access housing crisis services at designated CE access points. CE assessors first determine if the

⁶ U.S. Department of Housing and Urban Development. (n.d.). Coordinated Entry Core Elements. Available at: <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>.

household can be diverted out of homelessness using diversion resources. If a household is literally homeless or fleeing or attempting to flee domestic violence and their housing crisis is not resolved through diversion, they may enroll in Coordinated Entry through completion of an assessment. Based on the results of their CE assessment, they are matched to services or programs that best fit their needs, and referrals are made according to the household's choice and eligibility. After households complete a CE enrollment, they are placed on the region's Housing Priority List. When there is a vacancy, the participating agency requests a referral from the Housing Priority List.⁷ Below is an overview of the TX BoS CoC CE process.

Figure 2: TX BoS CoC CE Overview



Source: TX BoS CoC Coordinated Entry Overview

HUD CES Evaluation Requirements

HUD requires CoCs to conduct an annual evaluation of their CES which is focused on the quality and effectiveness of the entire CE experience for program participants and service providers, including intake, assessment, prioritization, and referral processes.⁸ This annual evaluation will inform updates to the TX BoS

⁷ Texas Balance of State Continuum of Care. (2020). Coordinated Entry Written Standards, Version 2.0.

⁸ U.S. Department of Housing and Urban Development. (n.d.) Coordinated Entry Management and Data Guide. Available at: <https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf>.

CoC policies, procedures and written standards, and provide opportunities for improved CE processes and outcomes.

CoCs must document in written CE policies and procedures the frequency and method by which at least annual CE evaluations will be conducted, including how program participants will be selected to provide feedback. They must also describe the process by which evaluations will be used to implement updates existing CE policies and procedures.

CE evaluations often include the following types of evaluation activities: 1) compliance evaluation to assess a system's alignment with HUD CE requirements, 2) process evaluation, to assess whether CE has been implemented in accordance with the CoC's own policies and procedures, and 3) evaluation for system quality effectiveness -- how effective is the CE process in planning for, assessing, prioritizing, and referring people experiencing or at risk of homelessness to appropriate interventions.⁹

In addition to outlining basic requirements for CE evaluation, HUD also recommends the following components of CE evaluation:

- Incorporating system performance measures or other evaluation criteria into annual CE evaluation plans.
- Ensuring that evaluation is part of the implementation planning process from the inception of CE.
- Employing multiple feedback methodologies to ensure participating projects and households have frequent and meaningful opportunities for feedback, such as surveys, focus groups, and individual interviews.¹⁰

⁹ U.S. Department of Housing and Urban Development. (n.d.) Coordinated Entry Management and Data Guide. Available at: <https://files.hudexchange.info/resources/documents/coordinated-entry-management-and-data-guide.pdf>.

¹⁰ U.S. Department of Housing and Urban Development. (n.d.). Coordinated Entry Process Self-Assessment. Available at: <https://files.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf>.

| Executive Summary

Executive Summary

Summary of Evaluation Plan

As lead agency for the TX BoS CoC, THN has undertaken an evaluation of the CES and its regional CE implementations. The purpose of this report is to document the results of the CE evaluation, explore best practices, and outline recommendations for further development of the TX BoS CoC CES. To frame the evaluation approach and development of assessment tools and materials, three primary research questions were identified:

- 1 How are those experiencing literal homelessness, fleeing, or attempting to flee domestic violence accessing housing and/or services through CE in each region of the TX BoS CoC?
- 2 Is the CE assessment and referral process being implemented as planned across each region of the TX Bos CoC?
- 3 How is the CE process connecting those enrolled in CE with the appropriate housing opportunities and/or services to quickly end their experience of homelessness?

The 2022 TX BoS CoC CE evaluation incorporates quantitative and qualitative evaluation methods and includes analysis of data from HMIS, Stella P, and System Performance Measures (SPMs) as a component of performance monitoring. The evaluation also includes detailed analysis of qualitative data, including program participant surveys, service provider surveys, and feedback gathered from participant focus groups. The evaluation incorporates feedback derived from key stakeholder interviews and review and assessment of key CE policies, procedures, program documents, marketing, and training materials.

Figure 3: Overview of Evaluation Activities



Overview of Qualitative Evaluation Activities

Program Participant Surveys

People with lived experience of homelessness play a crucial role in understanding and evaluating the CoC's CE process, as they have experienced the process, challenges, and most effective interventions to address their housing and service needs. HUD encourages CoCs and communities to include those with lived experience in the creation of their plans to address homelessness and evaluations.

As part of the CE evaluation, program participant surveys were administered via a web-based survey tool from September 2022 to October 2022. The program participant survey, developed in collaboration with a consultant with lived expertise, collected feedback from participants currently engaged in CE or who have been housed by CE within the last year. Participants were asked to share their experiences of the CE system, including accessibility, assessment, prioritization, and referral processes. The full survey and analysis are available in Appendix A and Appendix B.

Program Participant Focus Groups

To capture qualitative data on the CE process from people with lived experience, the consulting team conducted three focus groups in October and November 2022 covering four CoC regions and five CoC provider sites, with each focus group covering one to two CoC regions. The CoC regions and sites were selected in coordination with THN based on their location, engagement with participants in CE, HMIS data, and characteristics related to local CE implementation. The full focus group framework and analysis are available in Appendix E and Appendix F.

Service Provider Surveys and Stakeholder Interviews

The feedback of service providers engaged in the work of ending homelessness is critical to accurately understanding and assessing the TX BoS CoC CE process. To gather such feedback, a survey for service providers was emailed to CoC provider sites across the TX BoS CoC's geographic coverage area and remained open from September 2022 to October 2022. The survey, delivered via a web-based survey tool, solicited feedback from providers currently engaged as participating agencies in CE or who had participated within the past year. The survey consisted of 39 questions covering topics including CE planning, access, assessment, prioritization, referral, training, and data management. The full survey and analysis are available in Appendix C and D.

In addition to service provider surveys, many one-on-one stakeholder interviews were conducted with CoC and service provider staff. These interviews helped inform the key findings discussed in the "Evaluation Analysis" section, as well the key recommendations for actions and next steps. For full details and analysis, please see Appendix A through Appendix G.

Overview of System Assessment

In addition to qualitative evaluation activities and data analysis, the CES evaluation also includes assessment of CE through a detailed review of CE policies, procedures, practices, trainings, CoC written materials, and quantitative data analysis of local CE and SPM data. This aspect of the CES evaluation utilized a multi-step assessment process focused on evaluating the following areas of the TX BoS CoC's CE system:

- Planning
- Access
- Assessment, Prioritization, and Referral
- Data Management

In addition to applying HUD guidance and best practices, the assessment relied on HUD's [CoC Performance Analysis and Improvement Toolkit](#), which is used by CoCs across the country to improve CES performance. Following the steps in the toolkit, each CE component (i.e., access, assessment, prioritization, referral) underwent the following:

- Analysis of performance data;
- Identification of areas for improvement;
- Exploration of contributing factors through stakeholder interviews, surveys, and focus groups;
- Development of long-term strategies for performance improvement; and
- Creation of an implementation roadmap.

Analysis of performance data is typically completed using [Stella P](#) and HUD System Performance Measure (SPM) data reporting. Stella P is an analysis and strategy tool that helps CoCs to understand how their system is performing and to highlight performance disparities. It provides a visual of how households move through the homeless services system using data from HMIS. Stella P looks at system-level performance for three critical performance measures:

- Number of days homeless (Days Homeless)
- Exits from the homeless system to permanent destinations (Exits)
- Returns to the homeless system after exits to permanent destinations (Returns)

Stella P is available to all CoCs by accessing the [Homeless Data Exchange \(HDX\) 2.0](#). Although gaps in data collection and reliability hinder the ability to fully visualize how households flow through CE, CoCs can still recognize trends in how program participants tend to move through the system and any disparities that may exist. For full details on evaluation activities, specific methodology, analysis and key findings for each evaluation activity, please see Appendix A through Appendix G.

Data and Other Limitations

The TX BoS CoC is the largest of the 11 CoCs in Texas, covering 215 of 254 Texas counties.¹¹ Because of the CoC's size and relatively rural service area, the data collection for this evaluation may not fully capture the experiences of the entirety of the CoC. Additionally, poor data quality and inconsistent data collection practices prompted evaluators to disproportionately lean on surveys, documentation, interviews and focus groups rather than quantitative data for its analysis.

During the evaluation, program participant surveys and service provider surveys were distributed broadly across the CoC service area to both CoC and non-CoC sites, but because of site limitations including size, staffing, and reach, survey respondent coverage may not be consistent across the CoC.

Six focus group regions were selected based on THN's recommendation with a focus on ensuring coverage throughout the CoC. However, due to site and project constraints, clients at five sites in four different regions participated. Consequently, focus group findings are limited to the experiences of clients at particular sites within these regions in the TX BoS CoC.

¹¹ Texas Homeless Network. (n.d.). What is a Continuum of Care? Available at: <https://www.thn.org/texas-balance-state-continuum-care/>.

Summary of Key Evaluation Findings

Through evaluation and assessment of the TX BoS CoC's CES, several areas of strength and success, as well as areas of attention, were identified for each step of the CoC's CE process.

Areas of Strength and Success

Overall, the evaluation found that the TX BoS CoC CES is functional and that the CoC and its service providers are dedicated to its continual improvement. The CoC staff and providers consulted were generally optimistic about the system, acknowledging its importance and its potential.

Results of the program participant surveys and focus groups also revealed that program participants reported that they were generally satisfied with their experiences with the CE system. Participants found their case managers to be responsive to their needs; some described situations where case managers went above and beyond to assist their clients in a timely and efficient manner. Among service providers, most considered CE onboarding and training to be "very" or "somewhat" effective. Additionally, most providers found the overall CE process to be "very" or "mostly" transparent in terms of assessment, prioritization, and referral.

Areas of Attention

While the full analysis is detailed in the "Evaluation Analysis" section of this report and includes specific observations and detailed findings, there were three underlying factors identified as impacting CES at every phase of the CE process evaluated. By focusing the TX BoS CoC's efforts on addressing these underlying factors, the CoC will be better able to identify and implement system improvements, improve rates of exit to permanent housing destinations, and reduce disparities for those disproportionately served by the TX BoS CoC's CES. The underlying factors observed include the following:

1 Data Collection and Quality

High quality system data is necessary to understand system performance. With limited data, it can be difficult to identify specific areas of the CE system for improvement. The evaluation and system assessment revealed the need for improved consistency as to CE data collection and quality for the TX BoS CoC. Certain components of the CE system are noticeably absent of data, especially when recording destination at exit. Using 2021 HMIS data, the CoC reported that 52.8 percent of program participants exited to destinations that were unknown, significantly higher than the national average of 26.2 percent. These and other data outcomes are reflective of the challenges that CoC regions are facing in implementing CE.

According to CE assessment and data analysis, as well as provider surveys and stakeholder interviews, data collection and quality issues include:

- CE referrals may frequently be informal and not go through CES or recorded in HMIS, as often only a single program or provider covers a large geographic area or region.
- Limited funding availability may make it difficult for some provider agencies to hire staff to conduct CE assessments and enter data into HMIS.
- Program participants at the top of the CE prioritization list may not meet eligibility requirements for high-barrier programs. Consequently, provider agencies do not fill their vacancies with referrals from the top of the CoC's Housing Priority List and data may go uncollected.
- If service provider staff believes it will not result in referral and placement in permanent housing, there may be low incentive for provider staff to assess people for CE or collect CE

data.

2 Underserved Rural Communities

Of the total number of households enrolled in CE in 2021, HMIS data for TX BoC CoC shows that approximately 4 percent of people were from rural areas. This is not representative of the rural poverty rate in Texas, which was reported to be 15.8 percent in 2022;¹² this, as well as data derived from evaluation surveys and stakeholder interviews, indicates that CE may not be well-utilized in these rural areas. Given what we know of the sparse number of homeless services located in rural areas, lack of access to the limited number of resources is the biggest reason for low enrollment of rural populations in CE. Program participants surveyed stated that issues such as lack of transportation, access to internet, and physical and mental health disabilities impede their access. Addressing these issues is not straightforward. Rural homelessness as it presents itself isn't widely understood amongst service providers and policy makers living in urban areas, and many challenges exist when serving this population.¹³

Table 1: Rural, Suburban, and Urban Communities

Rural and Balance of State CoCs	Suburban	Mix of urban, suburban, and rural
<ul style="list-style-type: none"> Fewer homeless service providers and resources Wide distances between providers Lack of connectedness or collaboration between providers Limited visibility of homeless populations Limited public transportation Limited jobs and affordable housing Lack of awareness about issue of homelessness 	<ul style="list-style-type: none"> Fewer homeless service providers and resources Limited visibility of homeless population Limited public transportation Lack of awareness about issue of homelessness 	<ul style="list-style-type: none"> Variation in ability of homeless service providers and resources Variation in needs of homeless population(s) in different areas of the CoC Variation in key stakeholders and access points across the CoC Lack of awareness about issue of homelessness outside urban areas

Source: U.S. Department of Housing and Urban Development. Coordinated Entry Core Elements

¹² U.S. Department of Agriculture. State Fact Sheet: Texas, 2022. Available at: <https://data.ers.usda.gov/reports.aspx?StateFIPS=48&StateName=Texas&ID=17854>

¹³ U.S. Department of Housing and Urban Development. Coordinated Entry Core Elements Guidance, pp. 24. Available at: <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>

3 Lack of Low Barrier Shelters and Housing Units

One of HUD's primary goals for CE is that it is easily accessible no matter how people are present. Individuals must not be screened out of the CES due to perceived barriers including lack of income, active substance abuse, or criminal record, among others.

In many communities across TX BoS CoC, the most vulnerable individuals with the greatest need for housing and services are screened out for such reasons and thus do not have access to either shelter or permanent housing in many cases.¹⁴ When asked about barriers to matching program participants to housing, 34 percent of providers said they were unable to match people to housing programs either due to access or ineligibility. In multiple interviews with service providers, providers were forthcoming about their stringent eligibility requirements but conceded that they understood the impact this has on their local system. Such high barriers to obtaining shelter and housing not only extends the length of a person's time spent experiencing homelessness, but it leaves highly desirable beds vacant, impairing the CES as provider agencies sidestep the CE prioritization policies. Improving or increasing low barrier options is vital to system improvement.

Given these challenges, however, the TX BoS CoC CES *is* functional and the CoC and its service providers are dedicated to its continual improvement. The CoC staff and providers consulted were generally optimistic about the system, acknowledging its importance and its potential.

Summary of Recommendations

Evaluation of the TX BoS CoC CES resulted in several high-level recommendations categorized according to three key phases of CES and administration:

- Ensuring Access
- Assessment and Prioritization
- Referral and Placement

¹⁴ CPD-17-01 "Notice Establishing Additional Requirements for a CoC Centralized or Coordinated Assessment System". U.S. Department of Housing and Urban Development (2017). p. 11. Available at: <https://www.hudexchange.info/resource/5208/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system/>

1

Ensuring Access

Assesses current access points, resources allocated to marketing and outreach, and distribution of these resources across the geographic area to achieve full coverage of the CES.

Ensuring Access

Observations

1. Vast rural geography and a patchwork of systems complicates the ability for people to access CE

2. For counties that have little or no engagement with CE, they principally conduct their assessment via online or by email, hindering the ability of the person to access services.

3. CE access points are advertised mostly by word of mouth among service providers

Recommendations

1. Reduce barriers to CE access in rural areas by centralizing services and providing additional transportation options

2. Eliminate technical barriers that may delay enrollment in CE and access to housing

3. Develop and share outreach strategies across regions to increase public awareness of CE access points, particularly in rural areas

2 Assessment and Prioritization

Examines CE assessment tool standardization to ensure consistency across persons completing an assessment, and that referrals are made based on level of vulnerability and guided by CES prioritization standards.

Assessment and Prioritization		
Observations		
1. Prioritization is not applied consistently across the TX BoS CoC for all populations	2. CE assessments are principally conducted via online or by email, hindering the ability of a person to access CE	3. Diversion practices are not executed uniformly across the TX BoS CoC
Recommendations		
1. Adjust CE prioritization policies by regularly evaluating data, changing needs, and available resources	2. Help communities identify, analyze, and provide input on policy and programmatic changes that positively impact Black and African American households in the homeless services system	3. Support uniform execution of diversion practices across the CoC

3 Referral and Placement

Assesses utilization of CE referral process and success of housing placement in the CES.

Referral and Placement		
Observations		
1. The CE is not universally used to fill permanent housing units	2. Long periods exist between CE referral and housing placement due to lack of affordable housing units, especially for those with disabilities or barriers due to criminal background	3. It is difficult to locate CE households who have been referred to housing and services
Recommendations		
1. Increase utilization of CE referral process across TX BoS CoC	2. Reduce the household wait time between CE referral and housing placement	3. Examine strategies to reduce the length of time and resources needed to locate referred program participants

4

Administration

Assesses administration and maintenance of the coordinated entry system for performance improvement.

Administration	
Observations	
1. Current level of training offered does not meet the needs of providers	1. No mechanism exists at the CoC level to regularly review performance data, identify areas of concern, and elevate to appropriate bodies to address.
Recommendations	
2. Adopt a renewed focus on CE training, one that is housing-focused and reflective of provider needs.	2. Expand the role of the CoC's System Change Committee to regularly address performance improvement

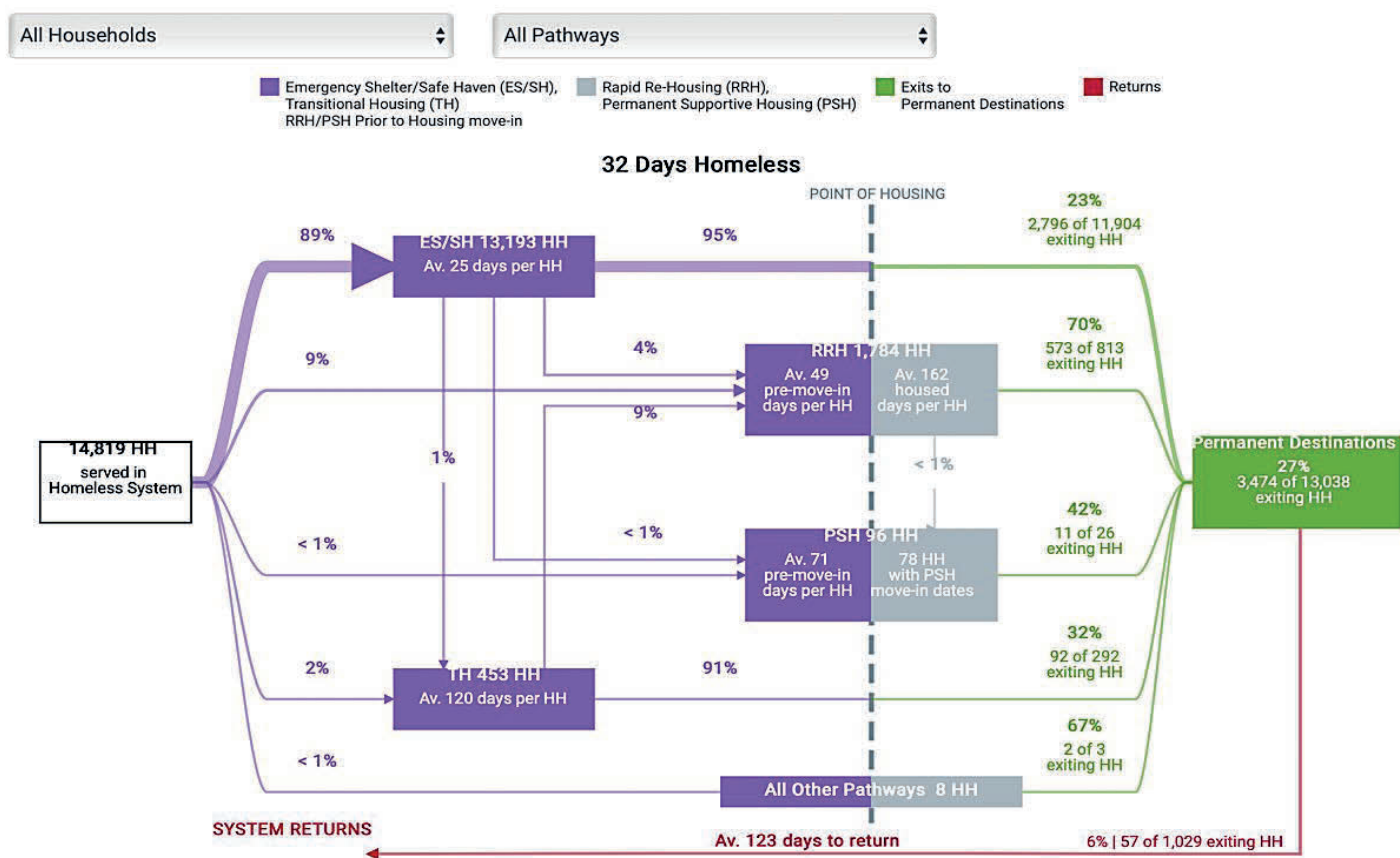
| Evaluation Analysis

Evaluation Analysis: System Mapping

The “Evaluation Analysis” sections detail the observations, analysis, key findings, and recommended actions and next steps derived from the evaluation of the TX BoS CoC’s CES. The CoC and its partners are encouraged to use the evaluation analysis as a tool in the local planning process to prioritize efforts to meet the TX BoS CoC’s overall goals to end homelessness.

In terms of system mapping, data and information from Stella P can help CoCs recognize trends in how program participants move through the CE system and any disparities that may exist. Below is a system map of how program participants flowed through the TX BoS CoC CES in 2021.

Figure 4: Household Flow Through the Homeless Services System



Source: Stella P, Homeless Data Exchange (HDX) 2.0

The figure above shows that among the 14,819 households served in the homeless services system in 2021:

- The average length of time a program participant is in the system is 32 days.
- Approximately 89 percent of households entered the system at an emergency shelter where they stayed for an average of 25 days.
- The vast majority of those in emergency shelter (95 percent) exited the system, with only 23 percent in shelter exiting to permanent destinations.
- Total exits by all households in the system to permanent destinations is only 27 percent, with rapid rehousing (RRH) demonstrating the most positive housing outcomes in exits to permanent destinations at 70 percent of exits.

Due to observation of low HMIS data collection or quality, however, program exit outcomes are only estimates. Because it appears that many participating CE agencies may bypass the CE referral system, it is difficult to determine the true length of stay in the homeless services system for TX BoS CoC. However, what the Stella P data does indicate is that:

- There are too few CE access points in the system, and those that do exist are limited to emergency shelters;
- There is a long wait time between referral and housing placement due to agencies bypassing the referral system and limited availability of affordable housing stock; and
- The best housing stability outcomes are connected to households enrolled in RRH.

In terms of the CoC's SPM data, some notable performance indicators of success for TX BoS CoC include that program participants spend less time homeless (SPM 1), there is a significantly lower rate of return to homelessness (SPM 2), and there is a higher percent of system leavers increasing their earned and total income at exit (SPM 3) as compared to national averages. For a full analysis of the TX BoS CoC's SPM data, please see Appendix G.

Evaluation Analysis: Access

A CES is only successful if people at risk of or experiencing homelessness know about the system and how to effectively access it. As such, HUD requires that CES covers the **entire geographic area** of the CoC with well-advertised, accessible access points. The CES should provide **fair and equal access** to anyone in the county in need of homeless services, without regard to their location, race, ethnicity, age, family composition, LGBTQ identity, disabilities, immigration status, or English language ability. Finally, the CES should **keep participants engaged** and create a process by which they feel safe and comfortable accessing the system. Assessors should ensure participants understand the assessment and what they can expect from being added to the community queue.

Access to CE in the TX BoS CoC is not uniform across the CoC. Not all regions operate a CES, and for those that do, ease of access is dependent on whether the geographic area is rural or urban, how many access points exist and how well they are marketed. Generally, the most common way in which people access CES is through emergency shelter. When asked which resource they reached out to first to obtain housing, 31 percent of survey respondents said they utilized an emergency shelter to seek assistance. Another 17.8 percent contacted a housing agency or other social service agency, and 6.1 percent contacted a city or county agency. Emergency shelters are often the first (and only) line of defense when someone is having a housing crisis and lives in a rural area, or an area with limited resources.

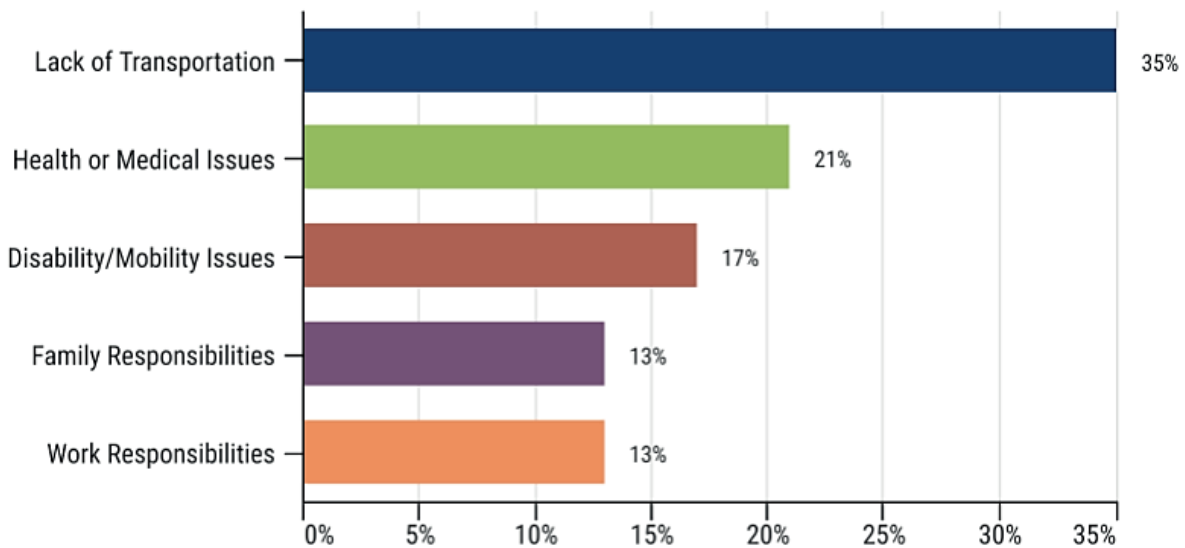
Moreover, technical challenges in filling out online applications in areas that do not participate in CE, along with a lack of low-barrier shelter and housing resources, further impede a person's ability to get help when they need it. If a person is able to fill out an assessment, many highly vulnerable people find themselves screened out of emergency and prevention services (a HUD requirement), and housing programs. These services and programs impose eligibility requirements (i.e., criminal background checks, drug testing, etc.) that screen people out. The low utilization of emergency shelter beds as revealed in TX BoS CoC data reflects this dynamic.

1 Observation #1: Vast rural geography and a patchwork of systems complicates the ability for people to access CE.

There are several counties that, although their location falls within the TX BoS CoC, do not operate a CES. Section II.A.1 of the [HUD Coordinated Entry Notice](#) requires that the CE process cover the entire geographic area claimed by the CoC. Many of the regions that do not operate a CES are rural, thus depriving vulnerable people the opportunity to be assessed and connected to a network of resources.

Regardless of the first access point, both service providers and program participants reported that lack of transportation was the biggest barrier to accessing the CE system, with 34 percent of program participant survey respondents (n=94) noting this is a significant barrier. Minimal transportation resources often exist in rural areas, which may further block access to a system that may or may not be operational in their area. Program participant survey respondents noted the lack of availability of transportation, including high gas costs, as the biggest challenge to accessing coordinated entry. Most unsheltered people do not own an (operational) vehicle and must rely on friends or family for transportation if public transportation options are not available.

Figure 5: Common Barriers Connecting with CE



Source: 2022 TX BoS CoC CE Program Participant Survey

If a person is disabled and uses a wheelchair or other mobility/medical device, public transport may be their only option to access services. If the person does not have internet, or the ability to get to a local library to fill out a CE application online, being able to take the bus to an access point to access services may be their only option.

1 Recommendation #1: Reduce barriers to CE access in rural areas by centralizing services and providing additional transportation options.

Actions and Next Steps:

- Give caseworkers, peer supporters, outreach staff, volunteers, and other direct care workers

the authority to provide transportation resources (bus passes, ride share credits, etc.) immediately upon request.

- Provide regions with a list of public and private funders and eligible transportation costs.
- Coordinate and centralize resources in a single place to allow for easier access. Provide a blueprint for regions to host their own quarterly event in a centralized place such as a Project Homeless Connect, where different resources can come together and offer a “one stop shop” to serve people who are at-risk of or experiencing homelessness.
- Help counties identify partner agencies who can supplement CE access points.
- Build a transportation network of volunteers willing to accompany people to appointments, help them fill out their CE application, etc.
- Conduct targeted outreach to regions that do not participate in CES.

2

Observation #2: For counties that have little or no engagement with Coordinated Entry, they principally conduct their assessments via online or by email, hindering the ability of a person to access services.

When asked about access to CE in counties where agencies have little to no engagement with the Coordinated Entry providers, participant survey respondents and focus group participants said that they had experienced challenges accessing the system due to technical difficulties associated with having to fill out a program application or assessment online. Filling out online applications require a fast internet connection (to download and upload documents), knowledge and ability to locate documentation to communicate personal information (i.e., Social Security number, phone numbers and contact details to stay in touch, sources of income, etc.), overcoming other potential roadblocks (i.e., firewalls, weak wireless signal, etc.) and access to a printer if a signature is required. This can delay access to services or deter people from filling out the assessment.

Focus group respondents also mentioned medical issues such as vision impairments as a barrier to filling out online applications. People with vision impairments may use screen readers to access the web, but if the application does not provide image alternative text, captions, and transcripts, they will not be able to see the content. Others may have cognitive impairments such as difficulty concentrating, remembering, or making decisions that prohibit them from being able to fill out an online application.

Although this does not seem to be an issue observed amongst counties that are more active in CE, because of the large number of people impacted by these hurdles in counties that have low/no participation within the TX Balance of State boundaries, we chose to elevate this observation in our report.

2

Recommendation #2: Eliminate technical barriers that may delay enrollment in CE and access to housing.

Actions and Next Steps:

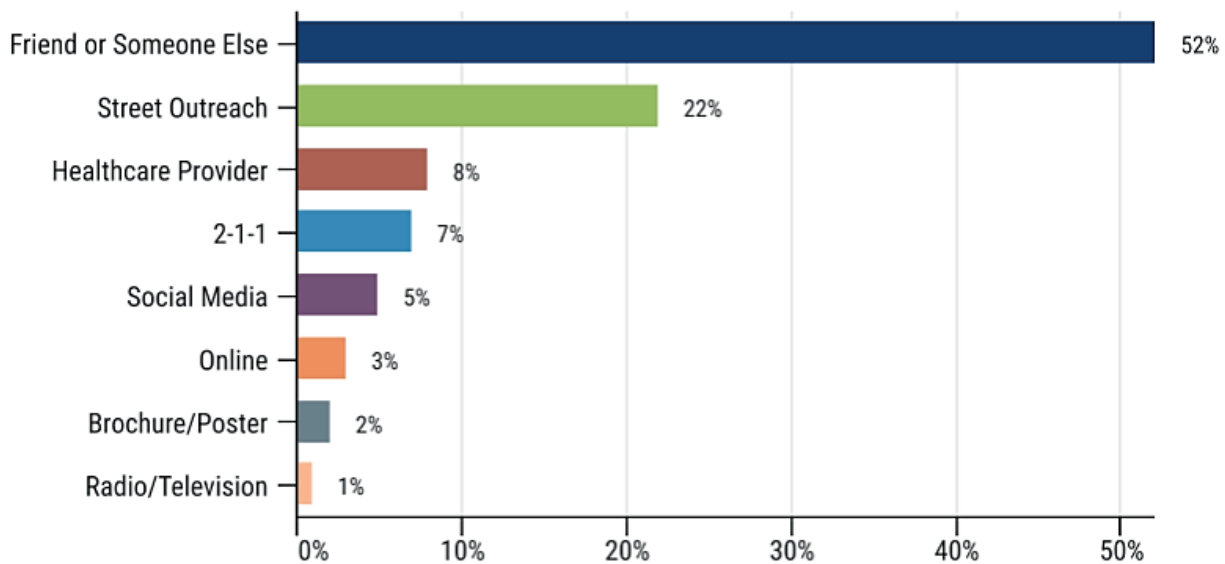
- Outreach to agencies in counties with low or no engagement in CE and provide support to offer alternative options to people who are unable to remotely enroll in their local programs.
- Use this as an opportunity to build relationships with counties who need support to improve access and re-start the conversation to get them on CE.
- Share and encourage adoption of best practices:
 - Use outreach workers to teach local providers that interact with unsheltered people how to conduct assessments and/or connect them to housing resources.

- Provide in-person options to conduct CE assessments in person.
- Work with rural communities to identify community partners who can supplement or operate true CE access points (virtually or in-person). Examples include: school system homeless liaisons, court systems, legal aid providers, healthcare networks and providers, faith-based organizations, emergency responders, libraries, and other agencies who serve the prioritized populations and potential applicants.

3 Observation #3: CE access points are advertised mostly by word of mouth among service providers.

CE marketing efforts vary among provider agencies, but in stakeholder interviews, providers noted that they did very little marketing or outreach because “most everyone knows who we are, and they just know where to show up. Another provider said that they “did not have to do any marketing because they had an existing waitlist.” This was especially evident in rural areas, where a local Salvation Army may be the sole provider for emergency housing and support services in the area. This is reflected in program participant survey responses, in which 52 percent (n=84) respondents noted they learned of service providers through their own networks.

Figure 6: Use of Housing Information Sources by Program Participant Survey Respondents



Source : 2022 TX BoS CoC CE Program Participant Survey

3 Recommendation #3: Develop and share outreach strategies across CoC regions to increase public awareness of access points, particularly in rural areas.

Actions and Next Steps:

- Develop and share templates of CE marketing materials for counties to post in public places, use to advertise on public transportation, social media, radio, and television.
- All outreach workers should carry business cards with them that have the CES phone number on them.
- Develop strategies for advertising access points in rural areas:
 - Co-locate outreach workers at rural schools with regular hours to connect unstably

- housed youth and families to access points
- Create personal relationships with sheriff's departments, health clinics, hospitals, gas stations, post office and convenience store clerks, health clinics and provide them with brochures and business cards on how to connect people with CES.
- Work with local healthcare providers (i.e., hospitals/clinics) to ensure that when individuals and families enter through their doors there is a question in their intake that identifies them as homeless. Ensure that healthcare workers have the necessary materials (i.e., brochures/business cards) to provide CES contact info and ability to request an outreach worker if requested by a patient.
- Review draft marketing materials with participants with lived experience to get their feedback on effectiveness prior to publishing.
- Develop a communications plan to define how information is shared about access points with stakeholders, providers, community referral sources and people who are experiencing a housing crisis who are likely to seek help.

Evaluation Analysis: Assessment and Prioritization

HUD requires CoCs to use the **same standardized assessment tool for all participants** across its CES, except when they have approved specialized tools for designated subpopulations. While there are different methodologies on how a CoC can collect information, CE assessments should accurately determine program participant needs and be **applied consistently** across all persons who complete the assessment. CoCs are also expected to create **prioritization standards** based on a person's level of vulnerability to determine where they will be referred from CE into the homeless response system.

1 Observation #1: Prioritization is not applied consistently across the TX BoS CoC for all populations.

In Section II.B.3 of the [HUD Coordinated Entry Notice](#), HUD requires that prioritization is well defined, documented and applied consistently across all programs.¹⁵ It is not applied consistently across all programs because agencies who do not operate a low-barrier program do not follow the CoC's prioritization guidelines. Persons who are prioritized at the top of the list are deemed ineligible for their program due to their own assessments that screen people out due to criminal backgrounds, proof of residency, being sober, etc. For example, the TX BoS CoC CE COVID-19 [Prioritization Standards](#)¹⁶ for RRH are the following:¹⁷

¹⁵ *ibid*

¹⁶ At the time of this evaluation, the TX BoS CoC was using their COVID-19 Prioritization Standards (November 2022)

¹⁷ "Coordinated Entry COVID-19 Prioritization Standards" Texas Balance of State Continuum of Care. Available at: <https://www.thn.org/wp-content/uploads/2021/03/CE-COVID-19-Prioritization-Extension-Final.pdf>

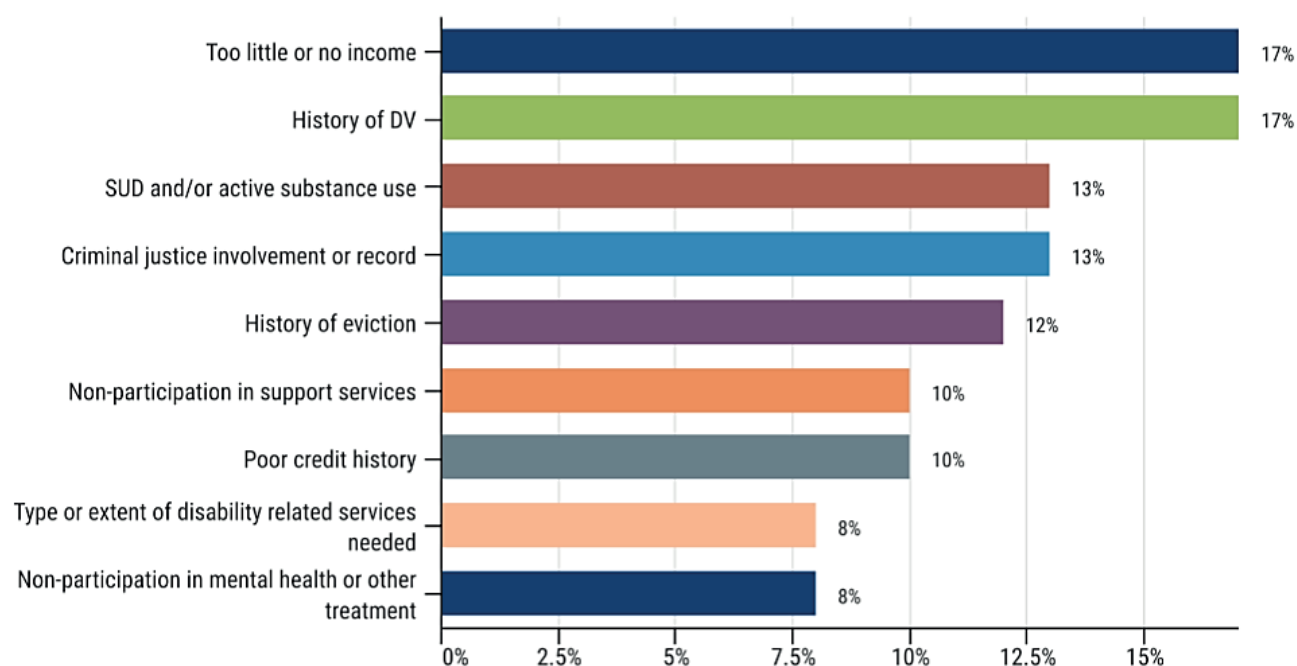
Table 2: TX BoS CoC CE Prioritization Standards for RRH

Project Type	Eligibility	COVID-19 Prioritization Standards
Re-Housing	Literally Homeless Category 1 & 4 and VI-SPDAT Score Range: 4 - 7 or F-VI-SPDAT Score Range: 4 - 8	<ol style="list-style-type: none"> 1. Answered "Yes" on the VI-SPDAT/F-VI-SPDAT for "Do you (or any family members) have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?" 2. Any household member age 55 or older 3. Survivor Prioritization 4. Sleeping in an unsheltered location 5. Earliest enrollment date in HMIS or an HMIS-comparable database

Source: TX BoS CoC COVID-19 CE Prioritization Standards

Individuals who meet these priority standards are oftentimes the same people who meet HUD's [Definition of Chronically Homeless](#), are prioritized high on the Housing Priority List, and are subsequently screened out and deemed ineligible by local agencies.

Figure 7: Reasons Program Participants are Screened Out of Referral Process



Source: 2022 TX BoS CoC CE Provider Survey

Survey responses received by providers during the CE evaluation, and confirmed through one-on-one stakeholder interviews, showed that a person having either a history of domestic violence or too little or no income was the most likely reason they were skipped over on the Housing Priority List, extending their length of unsheltered homelessness. Screening out a person with a criminal record is also common. One emergency shelter provider said that because their shelter also serves families, they conduct a criminal background check on all persons before admitting them to the shelter.

1 Recommendation #1: Adjust CE prioritization policies by regularly evaluating data, changing needs, and available resources.

Prioritization policies, like the CES itself, are intended to be dynamic and updated over time. Needs, priorities and resources change, and prioritization policies should reflect these changes. The different environments across the large geography in the CoC are vast, thus it is important to create an inclusive process to accommodate the broad needs of communities served during its evaluation.

Although the CoC has plans to update its prioritization standards, it does not plan to do so until it completes a rollout of a new assessment to replace the VI-SPDAT. Any changes to the prioritization standards would be reflected in changes to the assessment tool. Until then, the CoC will revert back to the prioritization standards that existed before COVID-19. To ensure prioritization standards meet system needs, the TX BoS CoC should begin evaluating its current prioritization standards rather than wait until the rollout of a new assessment tool which may take years.

Actions and Next Steps:

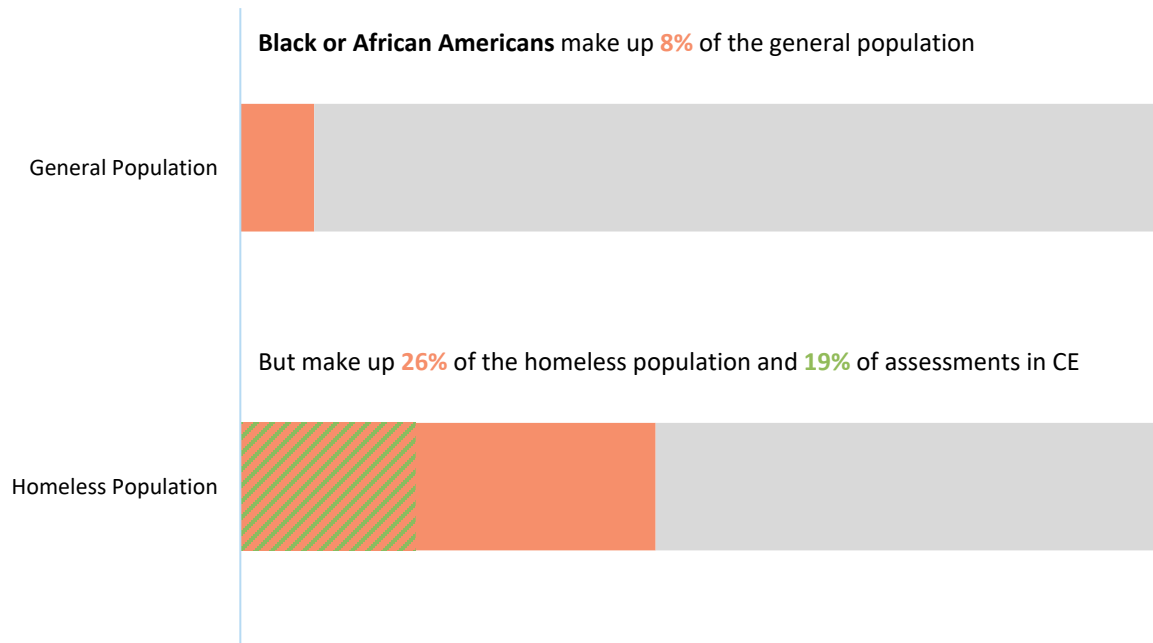
- Gather feedback from communities on how the prioritization policy should be adjusted so they utilize the CE referral process and fill available beds with persons at the top of the Housing Priority List.
- Designate the CE Steering Committee as the entity responsible for overseeing the effectiveness of the prioritization list. Expand members of this committee to include: BIPOC, People with Lived Experience, and HMIS data staff to gather critical input on contributing factors, strategies, and how to interpret and collect the appropriate data.
- “Right size” or match available resources to the population to reduce time between CE assessment and referral. This will reduce the length of time from CE assessment to referral, a key HUD performance outcome.
- Support efforts to reduce system-wide barriers to housing, such as identification and documentation requirements, by helping communities to build partnerships with key agencies

2 Observation #2: Black or African American people are disproportionately assessed in the TX BoS CoC CES.

It is critical that communities use an [equitable CE process](#) that prioritizes households most disproportionately impacted by homelessness. In 2019, a [Racial Equity Analysis](#) was published by [C4 Innovations](#) found that current tools used to assess and prioritize persons who are at risk of or experiencing homelessness do not promote racial equity amongst disenfranchised communities.

Section II.B.1 of the HUD [Coordinated Entry Notice](#) requires that CES be accessible to all subpopulations. Using [HUD’s Race Equity Analysis Tool](#), a tool that compares data from the American Community Survey (ACS) and the Point-in-Time (PIT) Count, revealed that people experiencing homelessness are disproportionately Black or African American as compared to their representation in the general population. The analysis found that although Black or African American people only make up 8 percent of the population in Texas (ACS) they represent 26 percent of the total homeless population for the TX BoS CoC (2019 PIT Count). However, even though Black people represent over a quarter of the total homeless population in the TX BoS CoC, they make up only 19 percent of the CE assessments completed for TX BoS CoC based on HMIS data.

Figure 8: Proportion of Black or African American People Experiencing Homelessness Compared to the General Population and CE Enrollments for TX BoS CoC



Source: [HUD's Race Equity Analysis Tool for TX BoS CoC](#)

Additionally, Black households remain in CES for nearly twice as long as White households (Table 3).

Table 3: Average Days from Exit to Enrollment by Race and Ethnicity

Race and Ethnicity	Average days from CE enrollment to exit
Race	
American Indian, Alaska Native, or Indigenous	39
Black, African American, or African	83
Multi-Racial	112
White	47
Data not collected	45
Ethnicity	
Non-Hispanic/Non-Latin(a)(o)(x)	91
Hispanic/Latin(a)(o)(x)	26
Average	61

Source 2021 TX BoS CoC Coordinated Entry Data

Unfortunately, as C4's Race Equity Analysis explains, Black or African American households in the TX BoS CoC, like "in all CoCs across the country, BIPOC single adults and families are presenting to the Coordinated Entry System at disproportionately higher rates compared to each community's general population. Further, there was a higher percentage of BIPOC families than BIPOC single adults."¹⁸ The CoC's data is reflective of this finding, as Black or African American families experiencing homelessness represent 39 percent of all families in the 2019 PIT Count as compared to the general population.

2

Recommendation #2: Help communities identify, analyze, and provide input on policy and programmatic changes that positively impact Black or African American households in the homeless services system.

CE policies have the potential to directly address inequalities in the homeless response system and protect those most vulnerable by streamlining connections to permanent housing. Communities have the ability to shape these policies by helping to educate decision-makers within the CoC by giving context to their local challenges, and whether potential solutions are plausible and can be met with available resources.

¹⁸ *Racial Equity Analysis of Assessment Data*. C4 Innovations. October 2019. pp. 10. Available at: https://c4innovates.com/wp-content/uploads/2019/10/CES_Racial_Equity-Analysis_Oct112019.pdf

Actions and Next Steps:

- Help communities identify and document discriminatory practices to help retain or obtain permanent housing.
- Incorporate intersectional factors such as gender, household type, disability status, and ability to obtain mainstream benefits to CES outcome analysis to provide greater insight in how the racial inequities present themselves.
- Develop a process to include an override or “all stop” function flag, or suspend prioritization change, if data, experience, or other feedback demonstrates that it is not furthering the CoC’s equity goals.

3 Observation #3: Diversion practices are not executed uniformly across the TX BoS CoC.

Diversion is an important part of the CE process and HUD expects communities to incorporate diversion interventions into their assessment process so participants can divert to safe and stable housing options.¹⁹

For resource scarce communities, especially in rural areas, diversion strategies reduce the in-flow into homelessness when the search for permanent housing beds feels futile and overwhelming. By reducing new entries into homelessness, diversion allows communities to leverage its current resources because it:

- Frees up shelter capacity;
- Cuts down on shelter wait lists;
- Reduces demand for limited shelter beds;
- Improves system performance outcomes by reducing new entries and re-entries into homelessness; and
- Targets more intensive homeless interventions and resources to be provided to those more vulnerable with no alternatives to a shelter stay.²⁰

In the TX BoS CoC, there has been little community investment and activity dedicated to diverting households out of homelessness. Although all households should receive opportunities to be diverted no matter how they present, HMIS data shows that in 2021, 68 percent of people who accessed the system said they were homeless for the first time, a population that is highly vulnerable and are the ideal candidates for diversion.

When asked why their agency does not use diversion strategies to divert people away from homelessness, provider survey respondents provided reasons which varied. The responses varied from limited or shortage of diversion funding, lack of knowledge about diversion and how it can be applied in the community, to lack of available staff to conduct diversion.

Although the TX BoS CoC provides tools such as diversion workflows, training, and HMIS guidance to support local implementation of diversion, many of the same challenges impacting implementation of CE also apply to implementation of diversion strategies. Each still costs time and staff capacity to implement and thus must be prioritized as a need in communities. However, several providers during the evaluation mentioned the desire to better understand and manage their local Housing Priority List to reduce wait time and the demand for shelter beds. Supporting utilization of diversion strategies coupled with improved management of the Housing

¹⁹ U.S. Department of Housing and Urban Development. Coordinated Entry Core Elements, pp. 16. Available at:

²⁰ National Alliance to End Homelessness. What’s the Role of Emergency Shelter in Diversion? October 2018. Available at: <https://endhomelessness.org/blog/whats-role-emergency-shelter-diversion/>

Priority List would result in immediate benefits to the size of the waitlist and wait times for housing placements. These results may push communities to prioritize and increase efforts to implement local diversion strategies.

In the meantime, training is provided by the TX BoS CoC on diversion fundamentals, particularly during the pandemic. Recognizing that not all strategies address whatever unique challenges exist, the CoC gives local communities the flexibility to test and implement diversion strategies, as long as it meets HUD regulations and follows CE Written Standards. To be successful, the diversion strategy must be *extremely housing focused*. For example, in Worcester, MA staff focus heavily on individual housing plans, with “engagement specialists” assessing the fastest housing outcomes possible for each person seeking shelter. Their approach includes diversion for people who may have a viable alternative to emergency shelter, and views every shelter stay as a bridge back to housing.

3 Recommendation #3: Support uniform execution of diversion practices across the CoC.

Actions and Next Steps:

- Educate agencies who do not participate in diversion about the importance of diversion in their local system, how it can be used to reduce shelter wait lists, reduce length of time homeless, etc.
- Share diversion best practices from other communities.
- Educate community partners and mainstream providers about diversion, the CE referral process, and how it is intended to operate within the CES.
- Help build local capacity by offering strategies on how agencies can braid funding sources, acquire staff/resources, and build partnerships to implement diversion.
- Conduct a thorough review of diversion trainings to ensure they are housing-focused (not just assessment focused).
- Create a Diversion Workgroup whose primary role will be to:²¹
 - Develop a clear message to attract CoC wide buy-in for diversion strategy.
 - Review monthly HMIS data reports.
 - Use as a platform for communities to discuss diversion related issues and problem-solve.
 - Engage People with Lived Experience (PWLE) for feedback and expertise on how to hold diversion conversations, what factors are contributing to the disparities and data outcomes, etc.
 - Elevate issues via Diversion Coordinator to either CE Steering Committee or Performance Improvement Committee.
- Consider hiring a Diversion Coordinator; the role would be to:
 - Educate community partners and mainstream providers (i.e., Juvenile Justice system, hospitals, clinics, and child welfare systems) about diversion, the referral process and how it is intended to operate within CE.
 - Identify and meet local CE training needs.
 - Raise private funding to supplement a pot of flex funds.
 - Lead the CoC Diversion Workgroup.
 - Provide input to CE Steering Committee and Performance Improvement Committee.

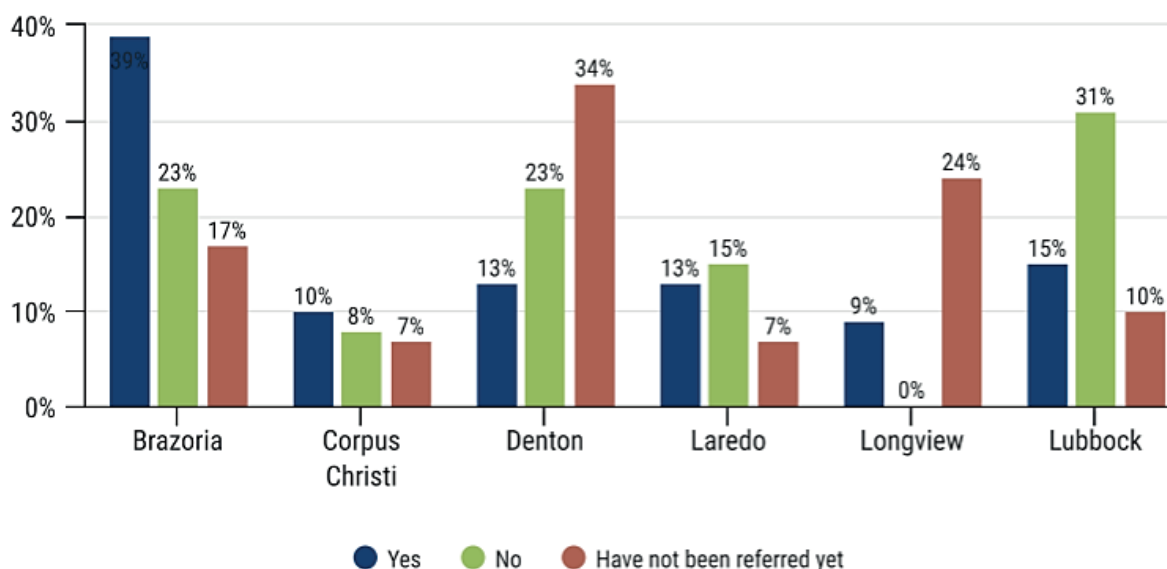
²¹ National Alliance to End Homelessness (NAEH). Closing the Front Door: Creating a Successful Diversion Program for Homeless Families. August 2011. Available at: <https://endhomelessness.org/resource/closing-the-front-door-creating-a-successful-diversion-program-for-homeless/>

Evaluation Analysis: Referrals and Placements

The goal of the CES is to create a system that allows for intentional referrals of people to housing and services based on their vulnerability and need. Through these systems, those with the highest priority, as determined by the CoC's policies, are referred to the available interventions first. Regardless of priority, HUD requires a uniform and coordinated referral process for all beds, units, and services available at participating projects within the CoC's geographic area.

All referrals should come directly from the CES to all projects receiving CoC funds, as well as to other housing and homelessness projects. However, within the TX BoS CoC, the utilization of the CE referral process varies widely. As such, HMIS data on CE referrals and key metrics which help determine areas to target for performance improvement within the CE referral process is limited. CE evaluation surveys, focus groups, and stakeholder interviews provided a broad understanding of the barriers and various challenges that exist when referring program participants in the TX BoS CoC CES.

Figure 9: Do you feel that you were correctly matched with and referred to housing and services you needed?



Source : 2022 TX BoS CoC CE Program Participant Survey

For instance, program participant survey responses uncovered inconsistencies between regions in how referrals moved through CES. This creates an environment where program participants, depending upon where they live, have differing experiences being served by the system. These differing experiences are reflected in the challenges cited by CE providers. Surveys conducted revealed inconsistencies in both participant and provider experiences due to a combination of challenges (i.e., lack of funding, staff capacity, etc.) that are unique to the region implementing CE. That being said, most providers surveyed (83 percent, n = 98) said their agency receives referrals, with only 17 percent (n = 19) stating that they did not. Additionally, 29.4 percent of survey respondents felt that the referral process worked well, with 41.7 (n = 47) either not having an opinion or were unsure. Roughly 50 percent of program participant survey respondents (n = 98) stated that they were not aware of their placement on the Housing Priority List. As can be seen in Figure 9, there was a higher percentage of respondents stating they were matched correctly in the Brazoria region. In contrast, there were higher comparative “no” to “yes” responses in the Denton and Lubbock regions. In Denton and Longview, there were higher rates of individuals that have not yet been referred.

1 Observation #1: The CE is not universally used by participating agencies to fill permanent housing units.

The CE is not universally used by participating agencies to fill vacant permanent housing units. Although CE is used as intended by participating agencies to assess and prioritize households, the TX BoS CoC CE referral process is not used as consistently, and in some instances, side-stepped altogether. This is for a few reasons. Most commonly, informal handoffs between providers of selected persons are easier, and are usually quicker to fill the bed rather than going through the CE process. Informal handoffs have always been the standard practice and persist especially in rural areas where the number of resources is limited.

Additionally, by sidestepping the referral process, agencies are intentionally screening people out with perceived barriers. Some providers stated that they felt that pulling prioritized persons off the by-name-list was a waste of time because they typically don't meet eligibility requirements. Criminal background checks, drug testing and other requirements were cited as reasons why they did not pull referrals off the by-name-list.

1 Recommendation #1: Increase utilization of CE referral process across TX BoS CoC.

A CE referral system that is operating as intended helps to ensure that the group of persons with the highest priority is offered housing and supportive services first. A functional referral system is guided by intentional protocols that follow the CoC's prioritization standards as documented in its written policies and procedures. By not utilizing the CE referral process, highly vulnerable people experience homelessness for longer periods of time and referral data is not collected in HMIS, rendering the CoCs unable to make data-informed decisions to improve performance.

Actions and Next Steps:

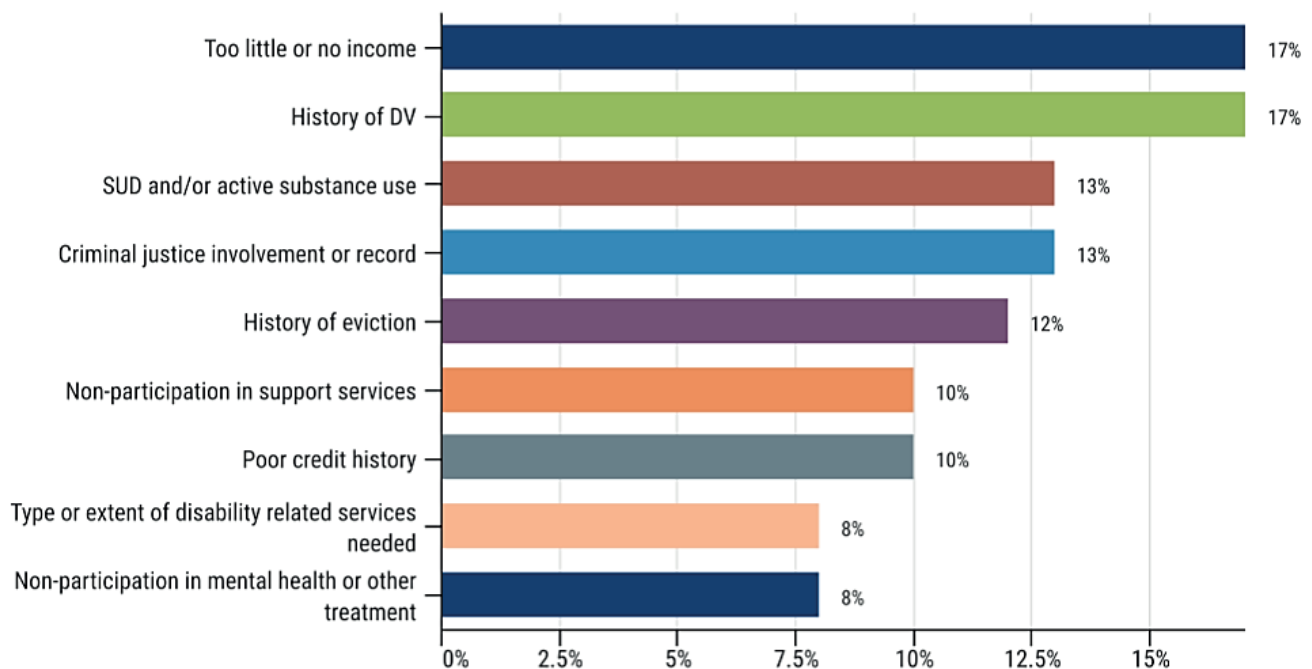
- Communicate the benefits of using the CE referral process to reluctant agencies.
- Provide examples of how an effective CE referral process operates in other communities and the impact it has on reducing the length of time homelessness for people who are highly vulnerable and/or experiencing chronic homelessness.
- Create samples of simple CE referral workflows that communities can reference and/or adopt locally when building out their referral system. Visual workflows should be simple and clearly define the roles of each provider, timeline, expectations, and duties when a housing match occurs to promote: 1) successful referrals for participants; 2) reduce the time in between referral and housing program enrollment and 3) maximize housing program capacity.
- Develop an example process by which providers may adopt, on how agencies may notify their local CE about housing and supportive services availability when vacancy or bed opens, and/or new resources are brought online.
- For those with funding constraints, provide guidance on coordinated investment strategies to help grow their capacity. Provide examples of how other communities are funding their CE staff and administration, what funding sources are eligible, and how to braid funding sources.
- Funding for this work can be paid for with CoC and Emergency Shelter Grant (ESG) funds (i.e., RRH housing navigation activities).
- Clarifying uniform procedures and criteria for programs to deny referred clients and create a system to ensure adherence.

- Provide HMIS training to agencies on how to make and accept CE referrals from one provider to another.

2 Observation #2: Long periods exist between CE referral and housing placement due to lack of affordable housing units, especially for those with disabilities or barriers due to criminal background.

Numerous providers and survey respondents expressed their frustration with the length of time it took to get housed once a referral had been made. The extended length of time is due to several factors including: 1) lack of affordable housing units; 2) minimal housing search and placement support; 3) lack of low-barrier housing programs, screening people out of the few available resources that exist. Each of these is acute in rural areas.

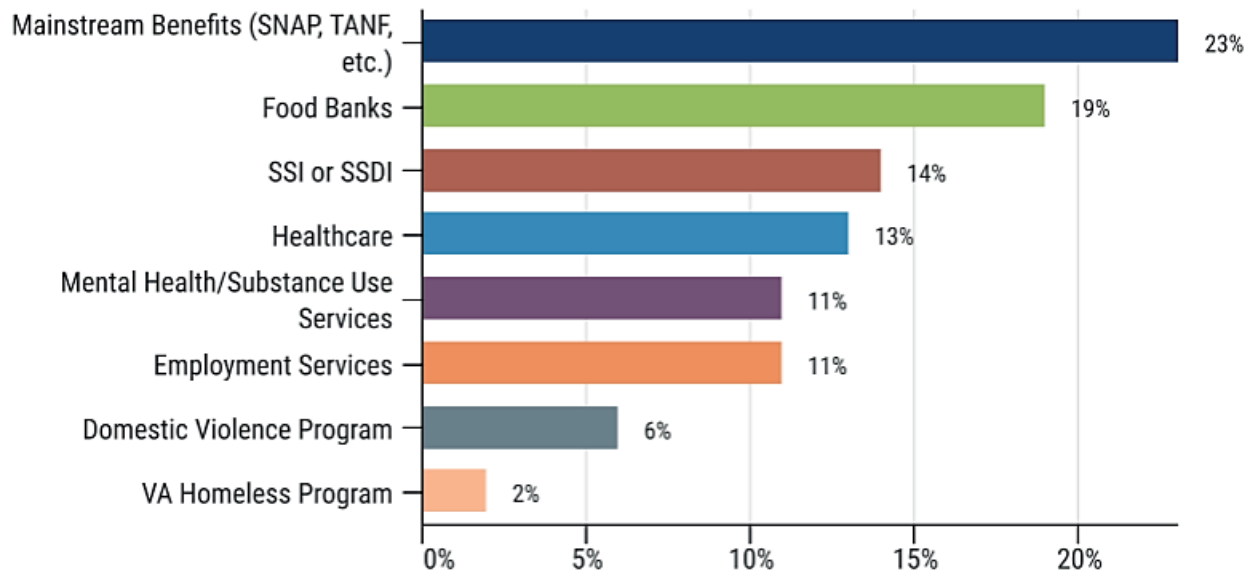
Figure 10: Barriers Resulting in Screening Out of CE Referral Process



Source : 2022 TX BoS CoC CE Provider Survey

Once a CE referral is made, and while the individual waits for housing, connections to supportive services should be offered. Program participant survey respondents responded that after they were referred, they were not connected to other services. When asked what additional services were provided through CE, the most common was mainstream benefits (23 percent, n=80) such as SNAP, TANF, followed by food banks (19 percent, n=67) and SSI or SSDI (14 percent, n=50). Only 11 percent were referred to employment (n=39) and/or mental health services (n=40), which may be due to the scarce availability of these types of resources in rural areas.

Figure 11: Other Services Offered to Program Participants



Source : 2022 TX BoS CoC CE Program Participant Survey

In focus groups, program participants shared that more support is needed for people who recently moved to the area, don't know what area they should live in, how they can get help and what transportation options exist. Other areas of support that focus group participants requested included help with application fees, transportation, and resources with up-to-date listings of landlords who accept housing subsidies. Focus group participants also identified technological and physical barriers that prevent or slow their housing search. For example, participants identified internet access and printer access as barriers that prevented them from being able to sign their documents quickly. One difference we found between the sites that may have the largest impact on clients seeking housing was that some sites cover the cost of application fees for housing and appeared to be more deliberate in the housing options that they provided to clients.

For example, program participants in the Cameron region said that by the time they were filling out an application, they understood that they had already been approved, whereas participants in the Hidalgo region said that they spent a lot of time and money filling out applications for housing with no guarantee that they would be successful in finding a place to live.

2 **Recommendation #2: Reduce the household wait time between CE referral and housing placement.**

Actions and Next Steps:

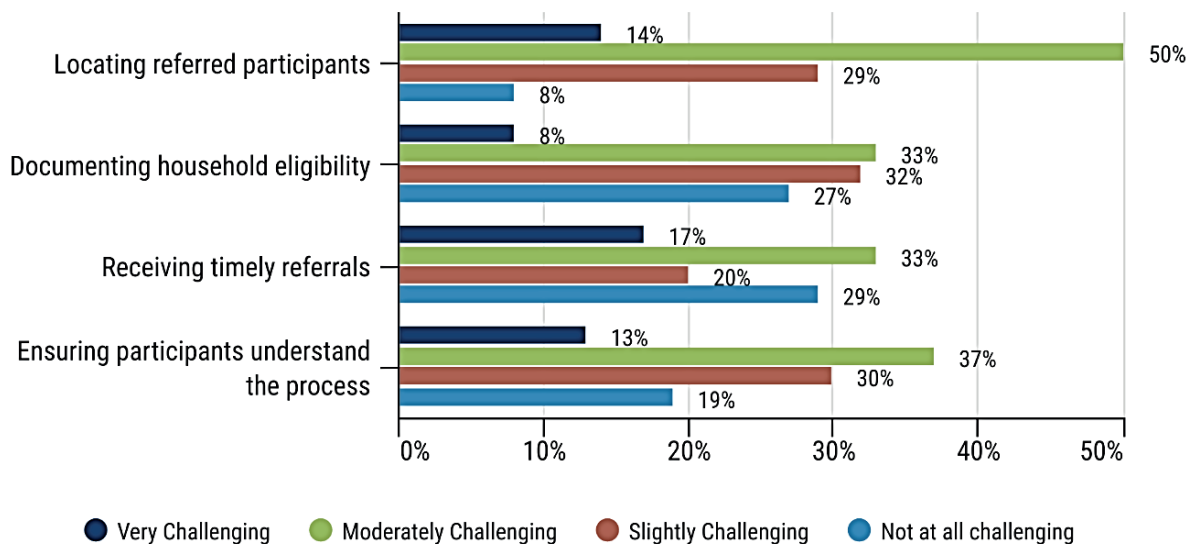
- Provide community examples of what funding and resources are needed to invest in a robust CE referral to housing placement process. For example, the CoC could recommend a list of positions for agencies to consider such as a Housing Match Specialist based who maintains an accurate inventory of available housing, eligibility requirements and the by name list for coordination with community engagement teams.
- Create a multi-year roadmap and list of resources to consider when building out a program

- or improving the effectiveness of current programs.
- Provide training to CE and provider staff on how to create and maintain housing inventory and vacancy lists.
- Eliminate (physical and technical) barriers for program participants who are conducting their housing search online by offering transportation assistance, support with application fees, assist with filling out applications, and provide a current list of places that will accept housing vouchers or subsidies.
- Increase strength of partnerships with employers and vocational programs.

3 Observation #3: It is difficult to locate CE households who have been referred to housing and services.

Locating program participants is a challenge that many communities struggle to overcome. In the TX BoS CoC, a consistent, thorough referral search strategy is needed to help locate missing households who have been referred to housing from the CES. Program participants can be difficult to locate for many reasons, most often because they are reluctant to share their contact information and their contact information changes regularly. Most providers surveyed said that locating participants was either “moderately” (n=33 out of 66 respondents to this question) or “very challenging (n=9),” impacting the length of time it took to fill emergency shelter beds and vacant units in their programs.

Figure 12: Challenges in Receiving Referrals from CE



Source : 2022 TX BoS CoC CE Provider Survey

Resource deficiencies inhibit agencies from being able to locate households to document their eligibility for housing programs, update expired documents and/or contact information. Other challenges, such as police enforcement, insufficient outreach, and operating programs in large geographic and/or rural areas drive people experiencing homelessness into hiding and eliminate reliable venues that are traditionally used to connect with households. By developing a cohesive referral search strategy accompanied with strengthened partnerships, training, and an increased use of HMIS, efforts to locate households will be more effective.

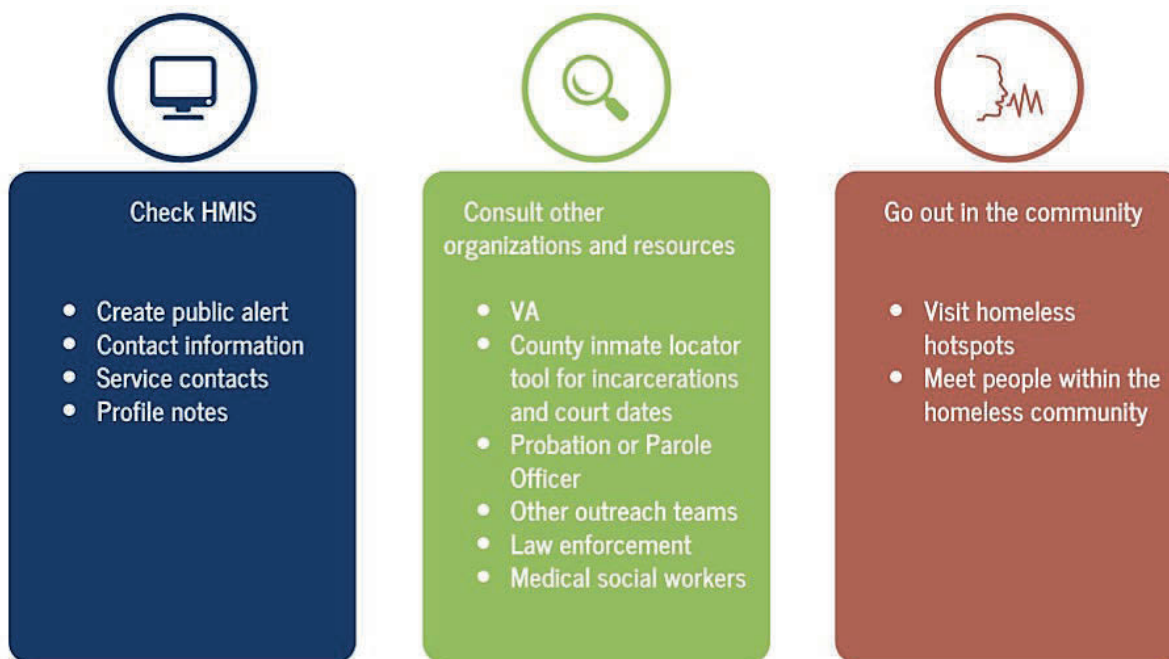
3

Recommendation #3: Examine strategies to reduce the length of time and resources needed to locate referred program participants.

Actions and Next Steps:

- Increase efforts to update the contact information of participants listed on the Housing Priority List. Include approaches such as:
 - Encourage participants to sign up for and regularly check email addresses;
 - Train providers to input detailed contact information in HMIS and update information regularly;
 - Consider a modification to the HMIS interface to encourage updating contact and location information (i.e., by showing contact information first or creating a flag or red highlight reminder for providers if information has not been updated for a certain period of time).
- Train providers on effective approaches to locating participants.
- Develop a “How to Find Someone Resource Guide” for CES purposes only.
- Create a checklist to enumerate expectations regarding reasonable attempts to locate referred households.
- Create a network of outreach providers and community partners that can be notified when someone is attempting to be contacted.
- Position specialized service navigators to “work” the top of the list; example duties include maintaining frequent engagement with people at the top of the list and helping persons get “document ready.”
- Invest funding in HMIS administration to advocate and train providers to use HMIS. The more partners such as hospitals, clinics, jails, meal sites, police, etc., use HMIS the higher likelihood the person’s contact information will be up to date and ability to be located.
- Prioritize strengthening partnerships with hospitals to overcome barriers on sharing data and accessing HMIS.

Figure 13: Client Search Checklist



Evaluation Analysis: Administration

The following are general observations about the Coordinated Entry System, with recommendations that can be addressed administratively through: 1) the refinement and/or development of HMIS CoC and CE policies; update of training policies/curriculum; and 3) input and buy-in from the CoC Membership and Board.

1 Observation #1: Current level of training offered does not meet the needs of providers.

In 2005, the CoC did a “roadshow,” traveling to different counties, teaching them how to implement Coordinated Entry. Looking back, CoC staff acknowledged that the training was heavily focused on assessment rather than housing. A reset is needed to reorient people to a housing-focused CE system.

In our analysis, we heard from both provider surveys and one-on-one stakeholder interviews that CE training is cumbersome in length and that after the initial training, they did not feel that the ongoing training provided was adequate. In the most recent CE Steering Committee when asked what their community needs the most right now, CE training was mentioned more than any other response.

With high staff turnover, and for many, a limited number of staff that often wear many hats, keeping up with CE training is not a priority. Additionally, the HUD Coordinated Entry Notice requires CoCs to conduct an assessment training annually, but since the pandemic, that has not been a priority of many CoCs.

1 Recommendation #1: Adopt a renewed focus on CE training, one that is housing-focused and reflective of provider needs.

By re-establishing a robust CE training system, the TX BoS CoC can anticipate the following impact: 1) more providers will participate in CE; 2) data collection and data quality will improve; 3) the CoC will be better able to understand how households move through the system; and 4) areas for CE performance improvement can be better identified.

Actions and Next Steps:

- Level-set and provide renewed emphasis on housing-focused training topics such as: training on CE referrals, connecting people to housing, Housing Priority Lists, and the importance of moving households through the system.
- Collaborate with PWLE to develop and co-facilitate training for providers with high-barrier programs to destigmatize people with high needs and address concerns with providing services to this population.
- Develop reference manuals and “how-to-guides” that can be printed or searched online, so providers can quickly reference answers to specific questions they have. Agencies will also be able to quickly use in-house and train new staff.
- Incorporate into trainings real world examples, walking through different scenarios on how households present, are assessed and referred to in CES.

2 Observation #2: No mechanism exists at the CoC level to regularly review performance data, identify areas of concern, and elevate to appropriate bodies to address.

In order to improve CE system performance, there must be a mechanism that regularly reviews data, identifies areas of concern and in turn, addresses and/or elevates those concerns to the appropriate persons. As it stands, the Coordinated Entry Steering Committee does not review or address performance data, nor does the HMIS Data Committee. The Data Committee is primarily composed of HMIS users that focus on HMIS policy. An effective committee devoted to analyzing CE performance and outcomes should meet and review CE performance data at minimum quarterly, not just to assess performance on HUD outcomes, but to evaluate whether any adjustments made to the system is moving the needle on performance. The committee should be nimble and respond to the changing environment.

2 Recommendation #2: Create a Performance Improvement Committee to regularly analyze CE data and make suggestions for improvements to Coordinated Entry System.

Actions and Next Steps:

- The Performance Improvement Committee should be representative of a diversity of voices from different areas of expertise that can identify contributing factors, contextualize data and potential impact of recommended changes to system for performance improvement. Representation should include individuals from:
 - HMIS Data Committee - to provide insight on performance outcomes, what impacts on data may result if programmatic changes are made.

- Coordinated Entry Steering Committee - to provide insight into how CE may be adjusted or updated to address system changes, identify training needs.
- PWLE - to provide input and feedback on trends, disparities, and outcomes the committee is identifying in the CE data; provides expertise and guidance on housing-focused strategies.
- African Americans and other underrepresented subpopulations - to identify contributing factors and strategize solutions to address systemic barriers to access and assessment.
- A decision-maker or someone who can elevate recommendations quickly to a decision-maker in CoC leadership; someone who can educate and obtain buy-in from other decision-makers.
- Give the Performance Improvement Committee the flexibility to implement small changes in the CE system without going through a formal review process.

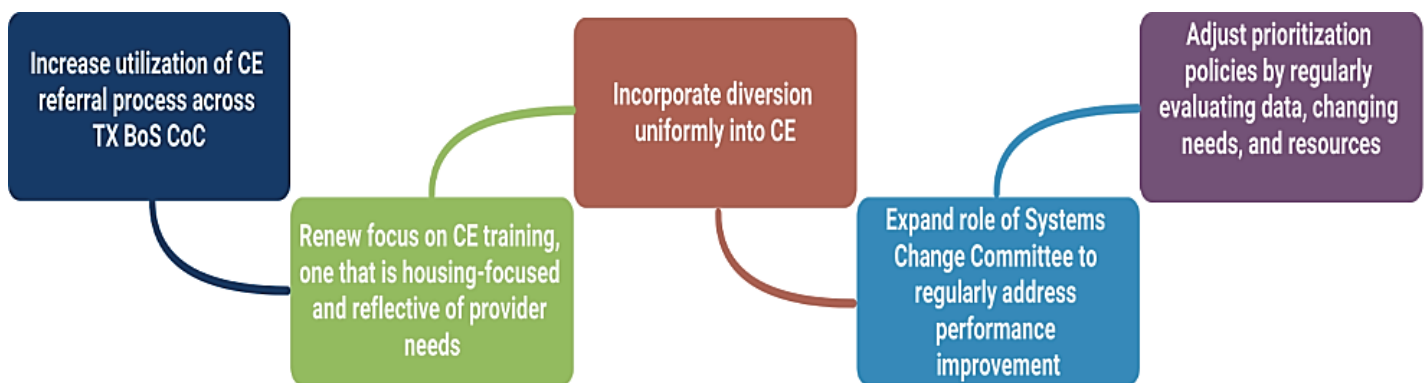
Evaluation Road Map and Next Steps

Evaluation Road Map and Next Steps

Although a detailed list of recommendations to improve the performance of the TX BoS CoC CES is included in the “Evaluation Analysis” section of this report, the “Evaluation Road Map and Next Steps” section proposes one possible course of action that can be used to help prioritize and strategically guide implementation of these recommendations.

The roadmap outlined here is just one of many possible options to address challenges and areas of attention identified by the evaluation, and it will depend on the CoC’s planning capacity, decision-making structure, and available resources to determine what activities and changes can be implemented and in what order. To further inform your selection of priority action items and next steps, please see the “Evaluation Analysis” section and Appendix A through Appendix G.

While there is no recommended timeline associated with these recommendations, the sooner system improvements and adjustments can be made, the better performance outcomes the community will see. Five of the most urgent recommendations are included in the following roadmap:



1 Increase utilization of CE referral process across TX BoS CoC.

Due to lengthy Housing Priority Lists and long wait times between CE referral and housing placement, obtaining buy-in and support from agencies who have traditionally by-passed using CES for referrals should be the CoC’s first priority. It is recommended that the CoC review the evaluation recommendations and identify pieces that can begin or be implemented right away, especially those that do not require substantial leadership or decision-making involvement. An example might be providing technical assistance by delivering training on CE referral fundamentals, the importance of using the Housing Priority List to fill vacancies, and examples of simple referral workflows and communication protocols. In the meantime, CoC data-focused staff are encouraged to begin analyzing existing CE referral data and develop a plan to provide technical assistance and training to staff on HMIS requirements to improve data collection and data quality.

2 Renew focus on CE training, one that is housing-focused and reflective of provider needs.

As targeted assistance to increase participation in the CE referral process rolls out, it is important to ensure that the trainings being provided are housing focused. The CoC should conduct a robust review of all trainings

and prioritize delivery of training topics that increase the placement of unsheltered households into permanent housing. Trainings should not only be housing focused, but provided with an equity lens, built upon input received from PWLE and from those who represent underrepresented populations in the CES.

3 Incorporate diversion uniformly into CE to reduce inflow into the homeless response system.

Incorporating diversion strategies into a homeless response system is critical to reduce the in-flow of homelessness in a rural, resource scarce environment. Thus, after working with agencies to obtain greater buy-in on the CE referral system and rolling out housing-focused CE trainings, it is recommended that the CoC turn its efforts to incorporating diversion activities across all access points and shelters. Like the CE referral work, much of the effort will be laying the foundation and educating agencies about the importance of diversion and how it can positively impact the flow of the system. To focus these efforts, we recommend that the CoC create a Diversion Workgroup to centralize needs, problem-solve and prioritize efforts to increase use of diversion in the CES.

4 Create a Performance Improvement Committee to regularly analyze CE data and make suggestions for improvements to Coordinated Entry System.

As data collection and data quality improves, it will be easier to examine the data and make suggestions for system improvement. It is recommended to create a Performance Improvement Committee that can take this on. Membership should include representation from the Data Committee, CE Steering Committee, and PWLE to consider the impact of the changes to the system on vulnerable populations. It is recommended that the committee meet at a minimum quarterly to review data and monitor tweaks to the system and overall performance.

5 Adjust CE prioritization policies by regularly evaluating data, changing needs, and resources.

While not an urgent need, it's important that the CoC CE Steering Committee continue to check in and elevate community feedback on the current prioritization standards. Prioritization standards that better reflect the resources and priorities of the community will, over the long-term, increase participation in the CES.

| Appendices

Appendix A & B: Program Participant Survey

Appendix A: Program Participant Coordinated Entry Survey

Please see the Program Participant Coordinated Entry Survey attached.



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Program Participants

Thank you for taking the time to complete the Coordinated Entry survey for the Texas Balance of State Continuum of Care (TX BoS CoC)!

Coordinated Entry (CE) is the system used to prioritize and refer people to housing and services if they are experiencing homelessness or fleeing domestic violence. You might be most familiar with this process from the series of questions you answered with a case manager in your search for housing. This questionnaire is known as the VI-SPDAT, and it includes questions on your housing history, health and wellness, daily functioning, and situations that may put you at risk.

Your participation in this survey is crucial to helping improve housing and services for people experiencing homelessness in Texas. Your feedback on this survey will be used as part of an annual evaluation of the CE system. We encourage you to share openly, but please feel free to skip any questions that you do not wish to answer. This survey will be open from September 6, 2022 through October 9, 2022.

Thank you for sharing your experience!

*Should you need to access this survey in Spanish, please click here:

https://www.surveymonkey.com/r/TXBoS_CESurvey_Espanol. If you need assistance, or require this survey in an alternate format, please contact: Kyra Henderson at kyra@thn.org or Michele Plaugic at mplaugic@gocivix.com.

Current Living Situation

1. Where are you currently located? If you are frequently moving around, or from place to place, please note the city and county you spend the majority of your time in.

City

County

* 2. Are you currently unhoused or experiencing homelessness?

☐ Yes

☐ No



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Program Participants

* 3. How long has your current episode of homelessness lasted?

- ☐ Less than one month
- ☐ 1 - 6 months
- ☐ 6 months - 1 year
- ☐ 1 - 2 years
- ☐ 3+ years



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Program Participants

4. Did you get housing within the past year through the Coordinated Entry process or through another agency or organization?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

5. Are you currently housed in the same city or county where you previously experienced homelessness?

- ☐ Yes
- ☐ No

6. Prior to finding housing, for how long had you been unhoused or experiencing homelessness?

- ☐ Less than one month
- ☐ 1 - 6 months
- ☐ 6 months - 1 year
- ☐ 1 - 2 years
- ☐ 3+ years



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Program Participants

7. Where have you been staying most often? Select all that apply.

- ☐ In own room, apartment, or home without outside rental assistance
- ☐ In own room, apartment, or home with a Section 8 Voucher, Emergency Housing Voucher, or similar rental assistance
- ☐ With friends/family
- ☐ Outside/Other place not meant for human habitation (e.g., car, abandoned building)
- ☐ Emergency Shelter
- ☐ Transitional Housing Program (temporary housing with support services for people experiencing homelessness)
- ☐ Rapid Re-Housing Program (permanent housing that provides up to 24 months of tenant-based rental assistance and supportive services for people experiencing homelessness)
- ☐ Permanent Supportive Housing Program (permanent rental assistance and support for people experiencing homelessness where at least one member of the household has a disability)

8. If you are not currently in housing, have you ever had housing through the following kinds of programs? Please check all that apply.

- ☐ Transitional Housing (temporary housing with support services for people experiencing homelessness)
- ☐ Rapid Re-Housing (permanent housing that provides up to 24 months of tenant-based rental assistance and supportive services for people experiencing homelessness)
- ☐ Permanent Supportive Housing (permanent rental assistance and support for people experiencing homelessness where at least one member of the household has a disability)

9. In what region and county are you currently accessing housing and services through CE?

Or if you are not currently accessing housing and services, where did you access them previously?

- ☐ Abilene Region: **Taylor County**
- ☐ Beaumont/Orange Region: **Chambers, Jefferson, Hardin, and Orange County**
- ☐ Brazoria Region: **Brazoria County**
- ☐ Cameron Region: **Cameron County**
- ☐ Colorado Valley Region: **Bastrop, Lee, Fayette, Colorado, and Austin Counties**
- ☐ Comal Region: **Comal County**
- ☐ Corpus Christi Region: **Nueces County**
- ☐ Denton Region: **Denton County**
- ☐ Galveston Region: **Galveston County**
- ☐ Hidalgo Region: **Hidalgo County**
- ☐ Killeen Region: **Bell, Coryell, Hamilton, and Lampasas Counties**
- ☐ Laredo Region: **Webb County**
- ☐ Longview Region: **Upshur, Marion, Gregg, Harrison, Panola, and Rusk Counties**
- ☐ Lubbock Region: **Lubbock County**
- ☐ Mount Pleasant Region: **Lamar, Red River, Delta, Hopkins, Franklin, Titus, and Wood Counties**
- ☐ Odessa Region: **Ector County**
- ☐ San Angelo Region: **Tom Green County**
- ☐ Texarkana Region: **Bowie, Cass, Morris, and Camp Counties**
- ☐ Victoria Region: **Gonzales, Lavaca, DeWitt, Jackson, Victoria, Goliad, Refugio, Calhoun, and Aransas Counties**
- ☐ Other (please specify)
- ☐ None of the above

Access

10. What was the first place you called or went to get help when you needed help with housing?

- ☐ Emergency shelter
- ☐ Church or other faith-based organization
- ☐ Housing agency or other social service agency
- ☐ City or County agency
- ☐ 211 or other phone line
- ☐ Other (please specify):

11. Where did you find information about the program or place you went for help? Please check all that apply.

- ☐ From a street outreach team or other service provider
- ☐ From a healthcare provider
- ☐ A friend or someone else told me
- ☐ I saw a poster, flier, brochure or other materials
- ☐ I called 2-1-1 for information
- ☐ I looked online for information
- ☐ I heard about it on the radio or on television
- ☐ Social media (e.g., Facebook, Instagram, Twitter, etc.)
- ☐ Other (please specify):

12. How easy was it for you to access housing and/or services?

- ☐ Very easy
- ☐ Somewhat easy
- ☐ Neither easy nor difficult
- ☐ Somewhat difficult
- ☐ Very difficult

13. What challenges did you face in accessing housing and services? Please check all that apply.

- ☐ Lack of transportation
- ☐ Family responsibilities
- ☐ Work responsibilities
- ☐ Health or medical issue
- ☐ Disability and/or mobility issue

Other (please specify):

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Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Program Participants

Assessment

14. Have you participated in a VI-SPDAT in the last year? The VI-SPDAT is a series of questions that you answered with a case manager in your search for housing. This questionnaire includes questions on your housing history, health and wellness, daily functioning, and situations that may put you at risk.

- ☐ Yes
- ☐ No
- ☐ I'm not sure

15. Thinking back to the last time you were assessed for housing and services, what was your overall experience with the person who did the assessment for you?

- ☐ Very positive
- ☐ Somewhat positive
- ☐ Neither positive nor negative
- ☐ Somewhat negative
- ☐ Very negative

16. Thinking back to the last time you interacted with your case manager or housing service provider, how satisfied were you with them?

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied

17. When you sought help with your housing situation, did agency staff try to help you find a place to stay that night if you needed one?

- ☐ Yes
- ☐ No
- ☐ Not needed

18. Was the housing information and support you received from agency staff helpful?

- ☐ Very helpful
- ☐ Somewhat helpful
- ☐ Slightly helpful
- ☐ Not at all helpful

Referral

19. Did agency staff help you identify and locate housing?

- ☐ Yes
- ☐ No
- ☐ Not yet

20. Are you, or were you, aware of your placement on the list for housing, and how the list is prioritized?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

21. Are you, or were you, aware of what housing or services you were referred for?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

22. If you were referred to a housing or support service, did you receive clear information about what to expect?

- ☐ Yes
- ☐ No
- ☐ Have not been referred yet

23. Do you feel that you were correctly matched with and referred to the housing and services you needed?

- ☐ Yes
- ☐ No
- ☐ Have not been referred yet

24. While you were waiting for housing services, were you connected to any of the following services? Check all that apply.

- ☐ Employment services
- ☐ Mainstream benefits (TANF, Medicaid, WIC, SNAP)
- ☐ Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)
- ☐ Mental Health/substance use services
- ☐ Healthcare
- ☐ Food banks
- ☐ VA homeless program
- ☐ Domestic violence program

25. Is your housing situation better, worse or the same as it was before you sought help for your housing situation?

- ☐ Better
- ☐ About the same
- ☐ Worse

26. What else, if anything, could help you to end your experience of homelessness, or help get you into housing more quickly?



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Program Participants

27. Do you believe that you experienced discrimination in the CE process as you tried to access housing and services?

- ☐ No, I was not discriminated against
- ☐ Yes, due to race or ethnicity
- ☐ Yes, due to religion
- ☐ Yes, due to gender or gender identity
- ☐ Yes, due to sexual orientation
- ☐ Yes, due to national origin
- ☐ Yes, due to familial status
- ☐ Yes, due to disability

Please describe your experience:

Demographic Information

28. What is your age?

☐ Under 18

☐ 18-24

☐ 25-34

☐ 35-44

☐ 45-54

☐ 55-64

☐ 65+

29. What gender do you identify with?

☐ Female

☐ Male

☐ Gender that is not singularly 'Female' or 'Male' (e.g., non-binary, genderfluid, agender, culturally specific gender)

☐ Questioning

☐ Transgender

☐ Decline to answer

☐ Other (please specify):

30. Which of the following best describes you?

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian American
- ☐ Black or African American
- ☐ Middle Eastern or North African
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ Two or more races
- ☐ Decline to answer

31. Are you Hispanic or Latin(a)(o)(x)?

- ☐ Yes
- ☐ No

32. Have you been told or do you believe you have a disabling condition such as mental illness, substance use disorder, or physical disability?

- ☐ Yes
- ☐ No

33. How many **other** people (excluding you) live in your household?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4+

34. How many people in your household are under age 18?

- ☐ 0
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4+

35. Is there anything else about you or your experience of homelessness or the CE process that you would like to share with us? If you have ideas on how to improve the process, please let us know!

Appendix B: Program Participant Coordinated Entry Survey Results

Survey Overview

People with lived experience of homelessness play a crucial role in understanding and evaluating the CoC's CE process, as they have experienced the process, challenges, and most effective interventions to address their housing and service needs.²² HUD encourages CoCs and communities to include those with lived experience in the creation of their plans to address homelessness and evaluations.

As part of the CE evaluation, program participant surveys were administered via a web-based survey tool from September 6, 2022, to October 16, 2022. The program participant survey, developed in collaboration with a consultant with lived expertise, collected feedback from participants currently engaged in CE or who have been housed by CE within the last year. Participants were asked to share their experiences of the CE system, including accessibility, assessment, prioritization, and referral processes.

The program participant survey covered topics including the respondent's:

- Current living situation,
- Region of participation in CE,
- Experience and ease of accessing housing and services,
- Satisfaction with assessment, prioritization, and referral experience,
- Barriers or challenges with the CE process, and
- Demographic information.

Methodology

People with lived experience of homelessness have an important and unique perspective to share as part of the evaluation and should be valued as equal partners in the process. This includes compensating people with lived experience equitably for their contribution.²³ To compensate program participants for their time and experience, survey participation incentives in the form of gift cards were deployed to targeted TX Bos CoC regions. Providers in five regions within the TX BoS CoC were provided with gift cards to encourage and compensate program participants for their survey participation. In total, 45.9 percent of participant survey respondents received an incentive for their participation.

The survey, which was provided in English and Spanish, was distributed to service provider sites across the CoC's 17 regions along with outreach marketing materials including a weblink and QR code linked directly to the survey. Provider sites were provided PDFs of the survey to allow for participation from participants requiring a hard copy survey or additional assistance completing the survey questions. Providers were encouraged to share the survey widely via email and social media, post the survey outreach poster at their sites, and provide the survey to their program population onsite at intake, through case management visits, and through other outreach efforts. The goal of survey outreach efforts was to ensure that survey responses

²² U.S. Department of Housing and Urban Development. (n.d.). CoC Program Special NOFO Digest: Inclusion of People with Lived Experience and Expertise of Homelessness. Available at: <https://www.hudexchange.info/programs/e-snaps/coc-supplemental-nofo-to-address-unsheltered-rural-homelessness/coc-program-special-nofo-digest-inclusion-of-people-with-lived-experience-and-expertise-of-homelessness/>.

²³ U.S. Department of Housing and Urban Development. (n.d.). Homeless System Response: Paying People with Lived Experience and Expertise. Available at: <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Paying-People-with-Lived-Experience-and-Expertise.pdf>.

were reflective of each TX BoS CoC region and those that it serves. The full survey is available for review in Appendix A.

Survey Results

Respondent Demographics

The program participant survey received 196 responses for people who could be identified through survey responses as currently or previously accessing CE within a region of the TX BoS CoC. Because the survey was made available to the public through the THN website and through email list serves, the survey received 63 responses from people who were determined to have participated in CE outside of a TX BoS CoC region.

Age

Of the 196 respondents, the majority of responses came from individuals between the ages of 25 and 64, with 25 percent of respondents in the 55-64 age range (n=25), 23 percent in the 45-54 age range (n=34), and 19 percent in the 25-34 age range (n=19).

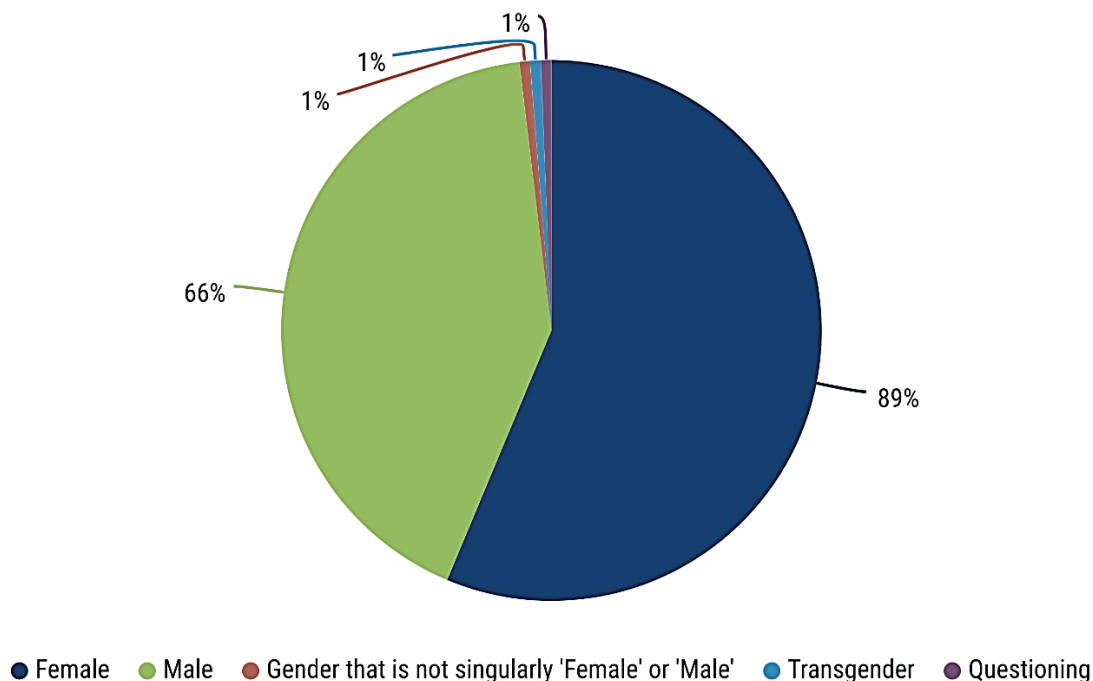
Table 4: Age of Survey Respondents

Age of Survey Respondents	Percentage
18-24	3%
25-34	19%
35-44	23%
45-54	25%
55-64	21%
65+	8%

Gender

The majority of survey respondents are female (55 percent), and 42 percent are male. Another one percent identifies as a gender that is not singularly “female” or “male,” one percent of respondents are transgender, and another one percent are questioning.

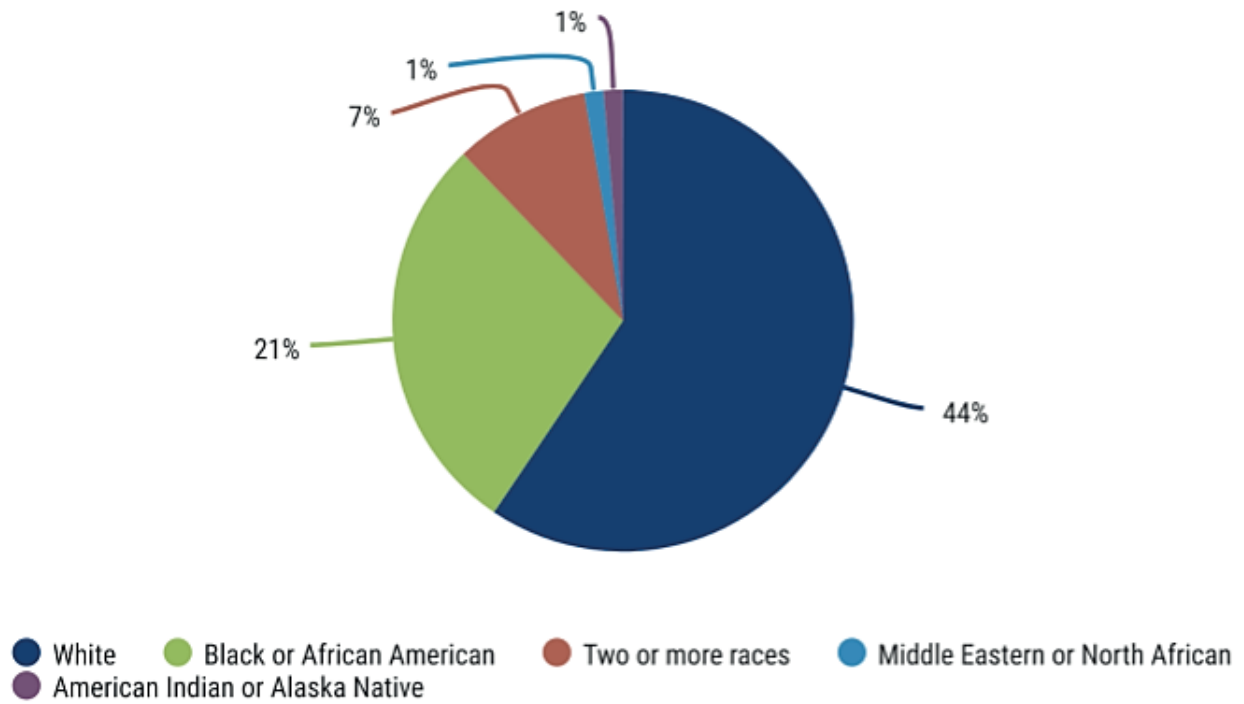
Figure 14: Gender of Respondents



Race and Ethnicity

A majority of survey respondents (44 percent) stated they are white, followed by 21 percent identifying as Black or African American, and 7 percent responding that they are two or more races.

Figure 15: Respondent Race



Disability

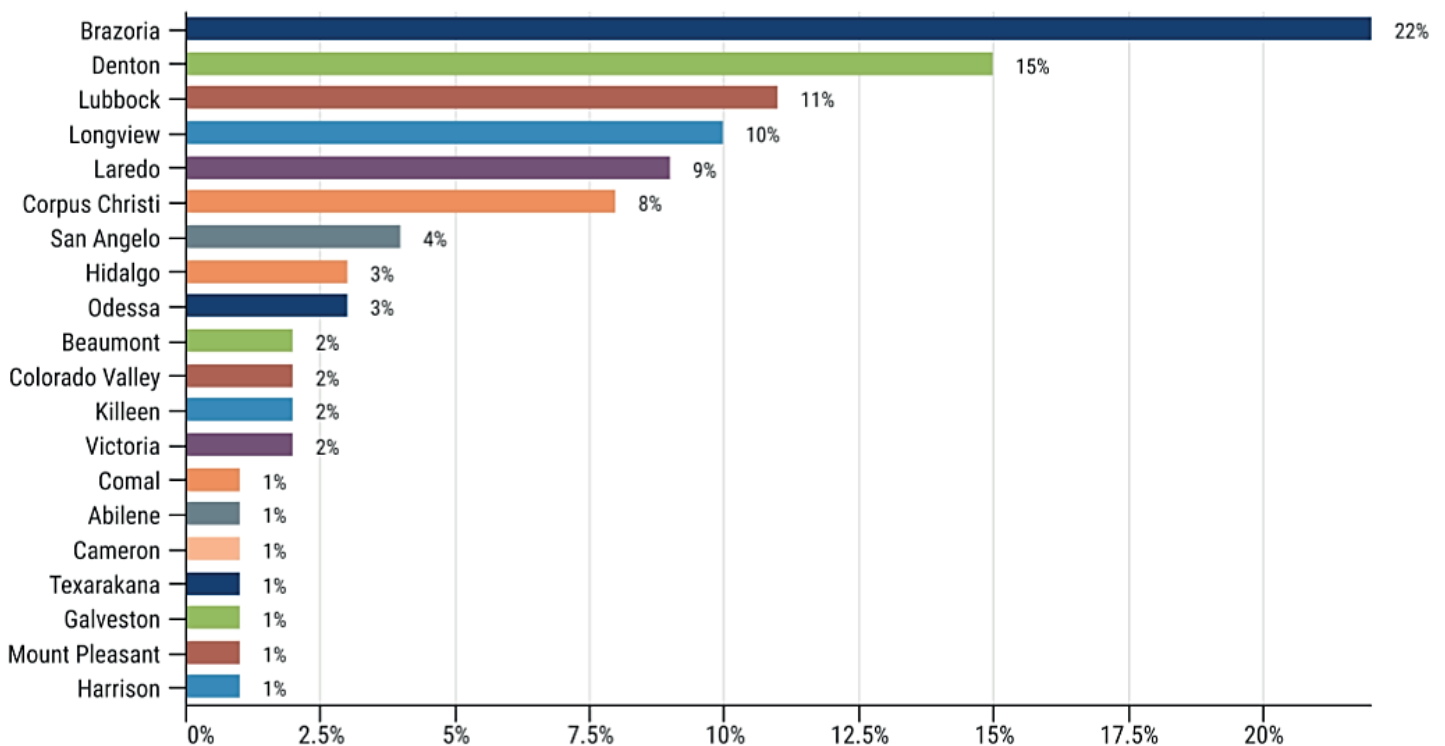
In terms of disability, most respondents have been told or believe they have a disabling condition such as mental illness, substance use disorder, or a physical disability (52 percent).

In addition, 47 percent of respondents reported that they do not have other people living in their household, while 14 percent have one other person and 8 percent have two other people living in their household. The majority of respondents do not have minors living in their household (58 percent).

City and County of Residence

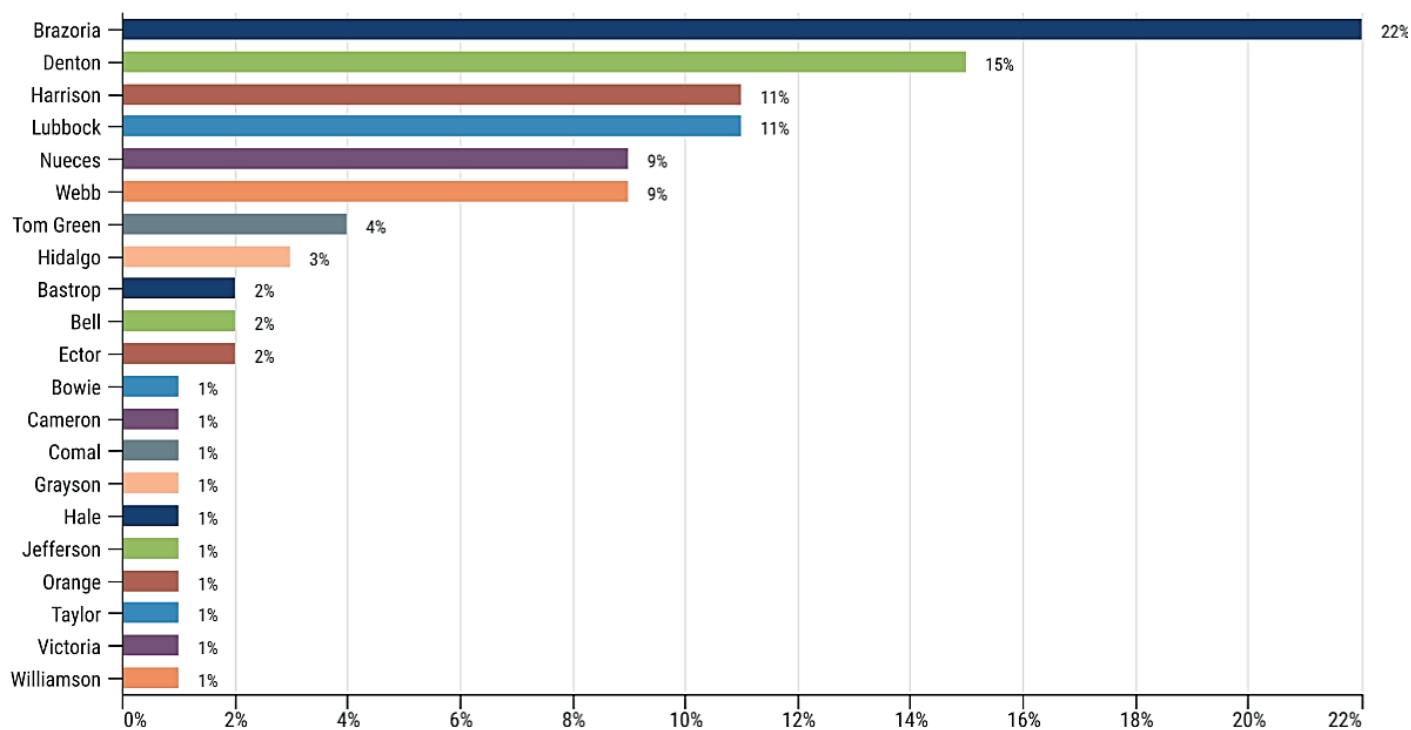
In this survey, respondents were asked to provide where they are currently located by city and county. If they frequently move around, or do not stay somewhere consistently, the participants were asked to note the location in which they spend the majority of their time. The majority of survey respondents (22 percent, totaling 46 respondents) reside in Brazoria County, followed by Denton County (15 percent, or 31 respondents), Lubbock County (11 percent, or 23 respondents), and Longview County (10 percent, or 22 respondents).

Figure 16: Current County of Residence



As a follow up, respondents were asked in what region and county they accessed or are currently accessing housing and services through CE.

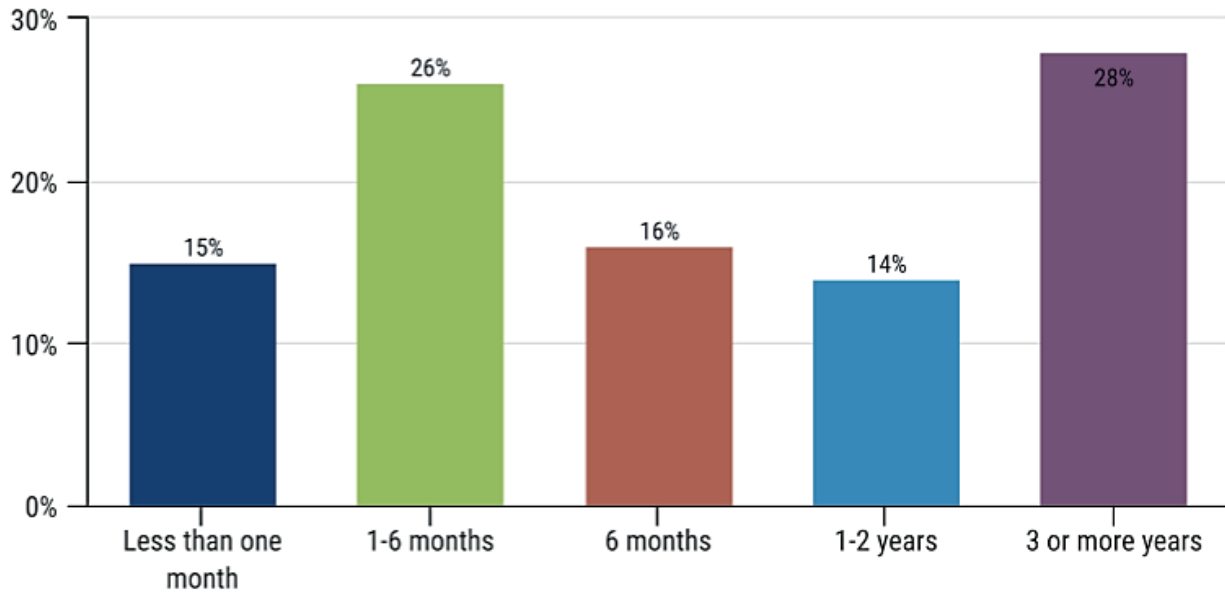
Figure 17: Region Where Previously or Currently Accessing Housing Through CE



Housing Status

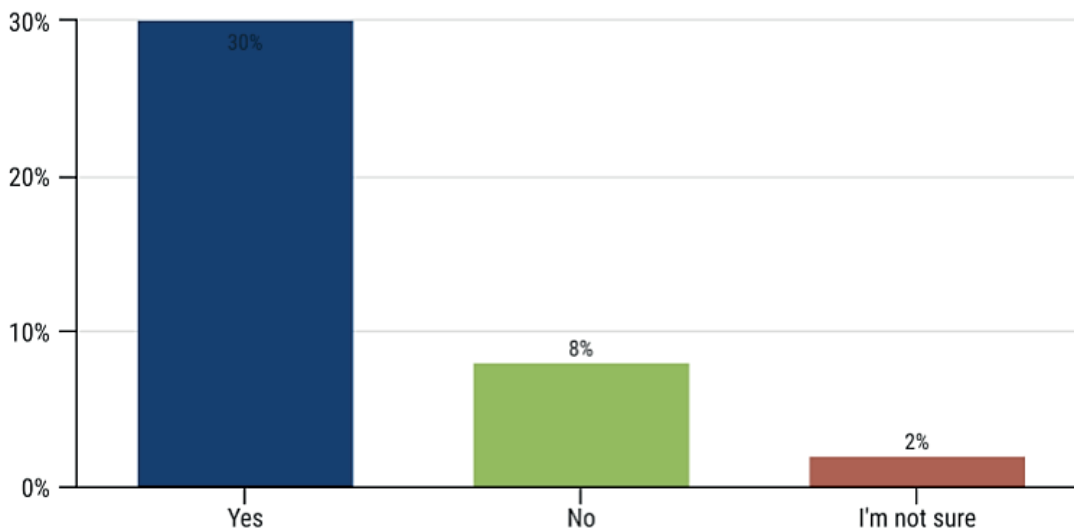
Approximately half of survey respondents reported that they are currently unhoused, with a plurality having been unhoused for 3+ years (28 percent of respondents). The next highest group are individuals that have been experiencing homelessness between one and six months, accounting for 26 percent of survey respondents.

Figure 18: Length of Time Experiencing Homelessness



When asked if they obtained housing through the CE process or with another organization this past year, 30 percent of respondents stated they had. Of these respondents, 26 percent were unhoused for 1-6 months, 16 percent for six months to one year, 15 percent were unhoused for less than one month, 14 percent were unhoused for 1-2 years, and 28 percent were unhoused for 3+ years.

Figure 19: Have you accessed housing through CE in the past year?

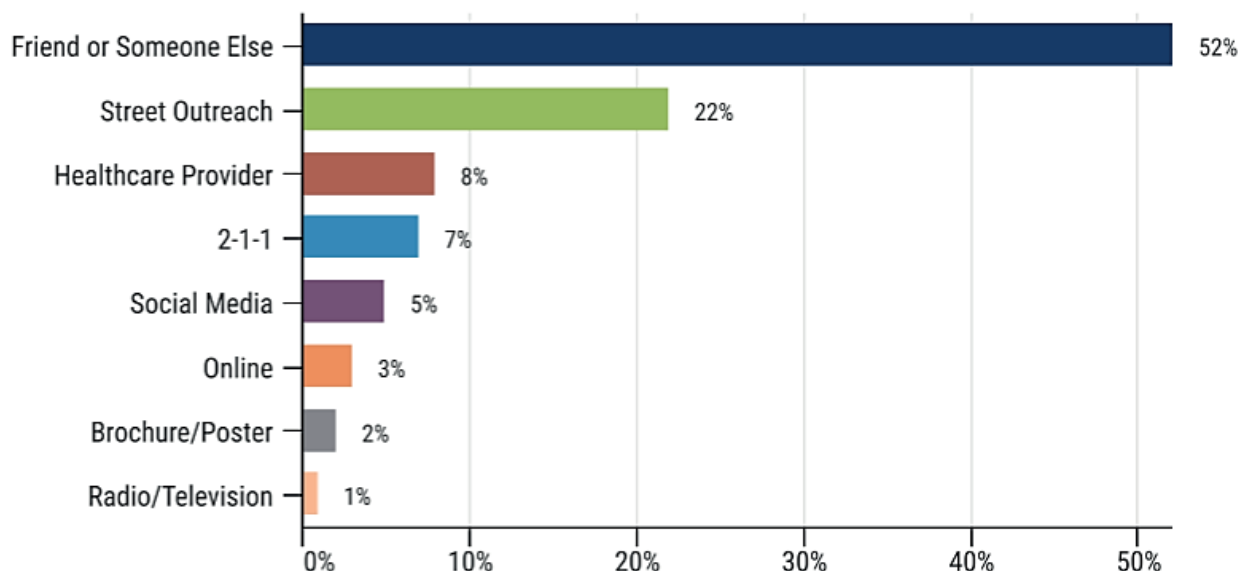


The majority of respondents, at 61.2 percent, have stayed outside or in another place not intended for human habitation such as a car or abandoned building. The next most common response, at 29.5 percent, stay with friends or family and 20 percent stay in an emergency shelter.

Access

Of the resources available to contact when help is needed to obtain housing, 31 percent of respondents utilized an emergency shelter to seek assistance. Another 17.8 percent contacted a housing agency or other social service agency, and 6.1 percent contacted a city or county agency. Information on housing programs was primarily obtained through personal networks of friends or family (52 percent), street outreach (22 percent), healthcare providers (8 percent), and 2-1-1 (7 percent).

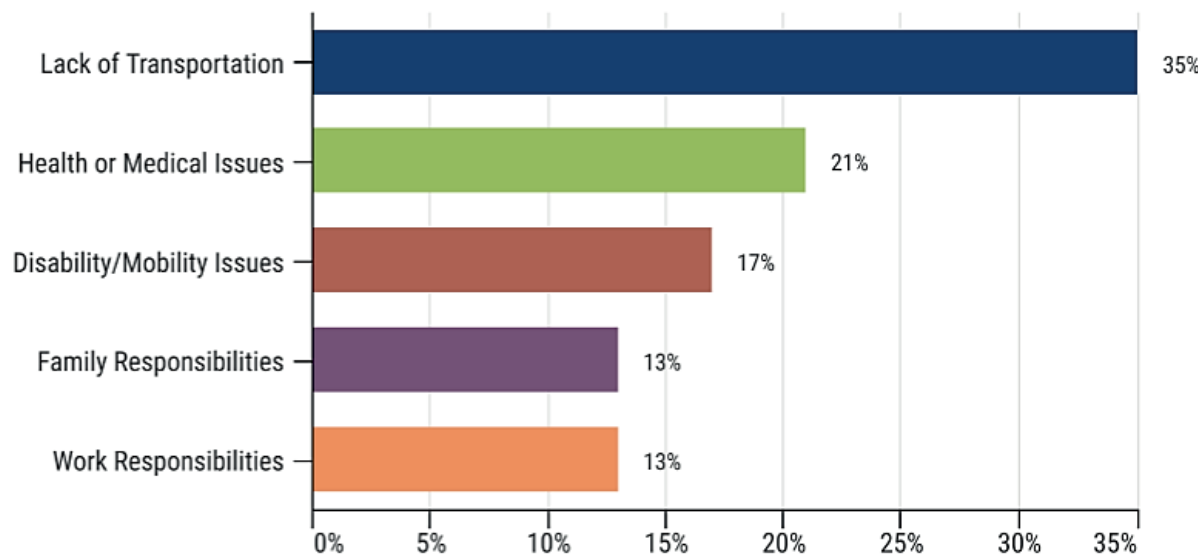
Figure 20: Use of Housing Information Sources by Respondents



Barriers to Access

The highest cited challenge in accessing housing and services was lack of transportation with 35 percent of respondents noting that this was a barrier for them. Following that, 21 percent of survey respondents stated health or medical issues posed barriers to access and 17 percent noted that disabilities and/or mobility were challenges. For 13 percent of respondents, family and work responsibilities were challenges to accessing CE.

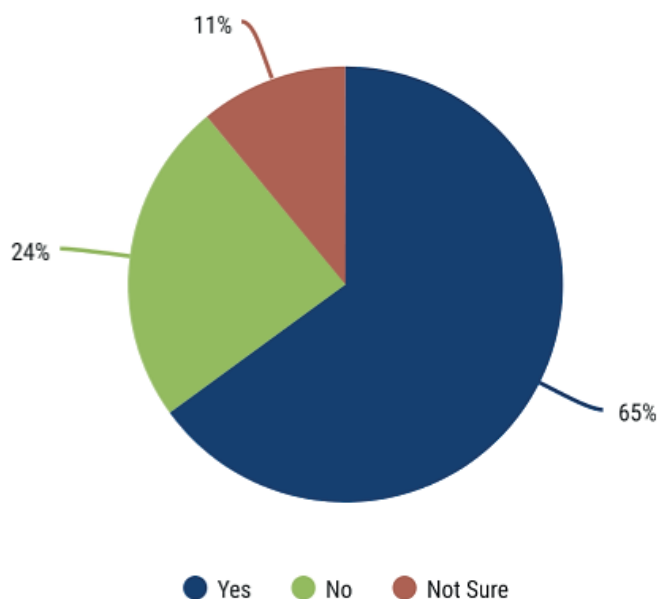
Figure 21: Challenges in Accessing Housing and Services



Assessment

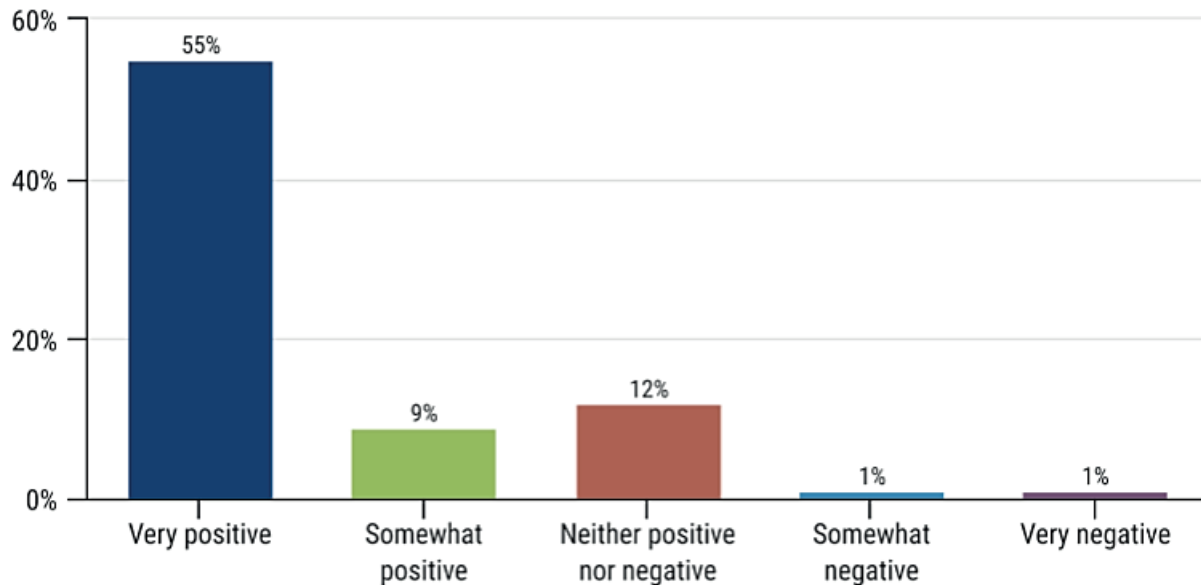
When asked if they had been assessed by CE through the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) in the last year, 65 percent of respondents stated “yes,” 24 percent stated “no” they had not, and 11 percent stated they were “not sure.” Please note the VI-SPDAT was explained to the survey respondents as the following: “The VI-SPDAT is a series of questions that you answered with a case manager in your search for housing. This questionnaire includes questions on your housing history, health and wellness, daily functioning, and situations that may put you at risk.”

Figure 22: Participants Assessed through the VI-SPDAT Assessment



When asked about the overall experience with the person who conducted their CE assessment, 55 percent of respondents stated the experience was “very positive” and nine percent stated it was “somewhat positive.” Overall, respondents were “very satisfied” or “somewhat satisfied” with their interactions with their case manager or housing service providers.

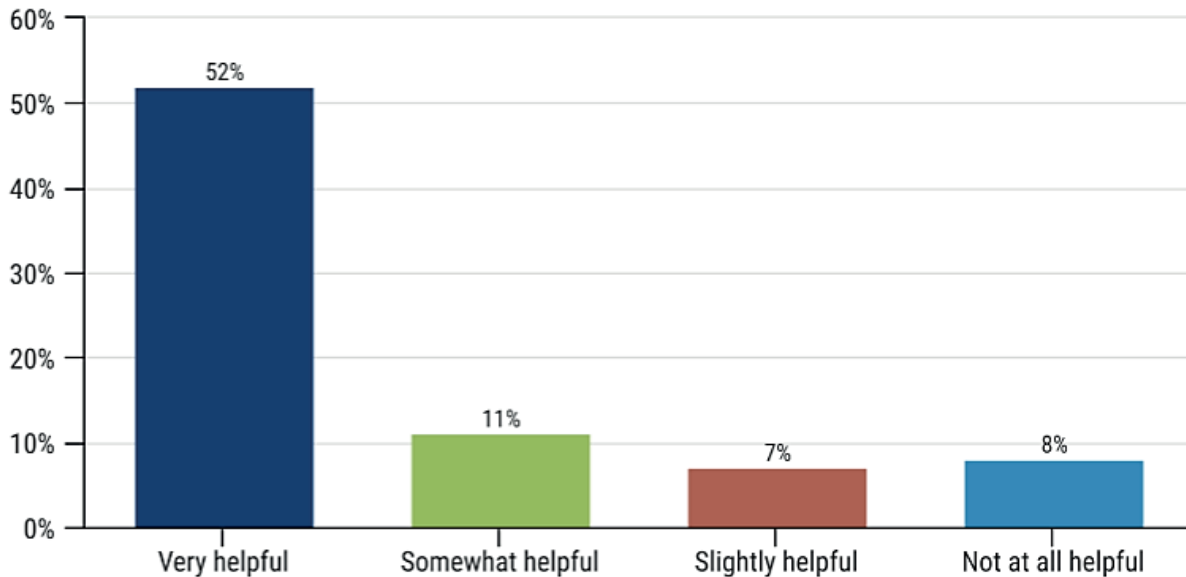
Figure 23: Rating of Experience with CE Assessment



Referral and Prioritization

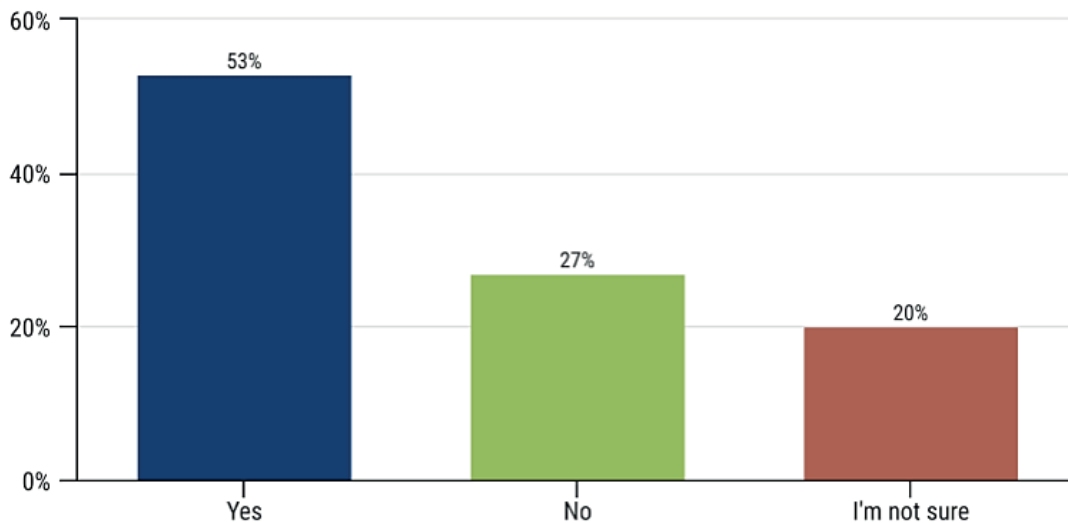
Respondents were asked if the housing information and support they received from agency staff was helpful. In response, 52 percent participants noted that it was “very helpful”, and 11 percent stated the assistance was “somewhat helpful.” On the lower end of the scale, seven percent respondents state the support was only “slightly helpful” and eight percent stated it was “not at all helpful.”

Figure 24: Was the housing information and support helpful?



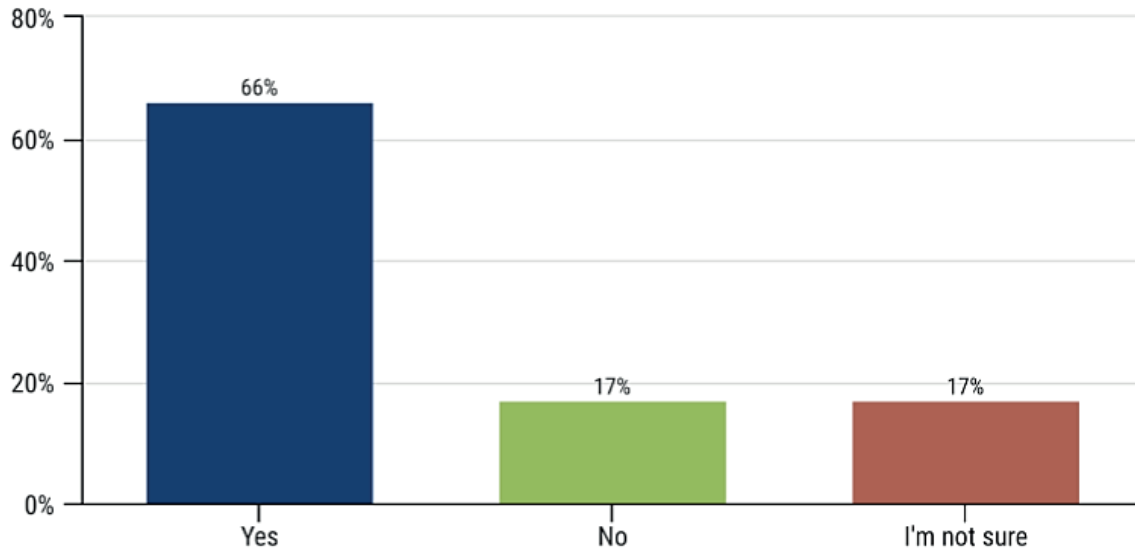
However, there were differing numbers when it came to questions regarding transparency of the CE process. When respondents were asked if they are or were aware of their placement on the list for housing and how the list is prioritized, there were a higher number of negative responses at 27 percent stating “no,” they were not aware. While 53 percent respondents state “yes,” there were also 20 percent respondents who stated they were not sure.

Figure 25: Were you aware of your placement on the list for housing?



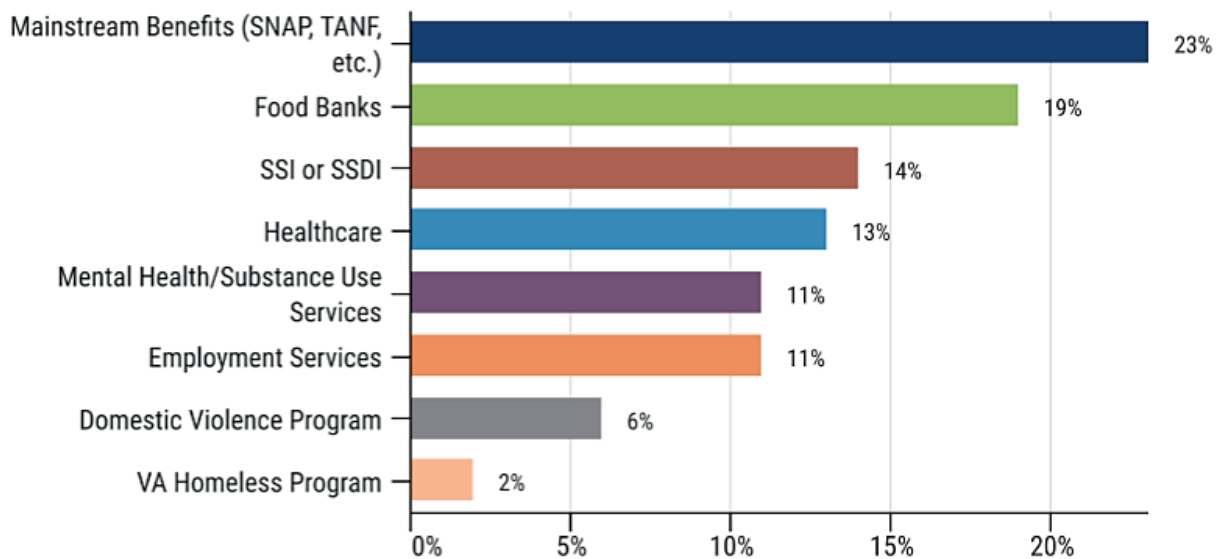
When asked if they were aware of what housing or services they were referred, there was a higher number of positive responses at 66 percent, with 17 percent responding “no” and 17 percent stating they were not sure. When asked if they received clear information about what to expect with regard to housing or support services, 107 respondents stated “yes” and 18 responded “no”, with 27 not having yet been referred.

Figure 26: Awareness of Housing or Services to Which Participants Were Referred



While respondents were waiting for housing services, they were connected to additional services through Coordinated Entry. These services included mainstream benefits such as TANF, Medicaid, SNAP, with 23 percent of respondents receiving those services. Additional services include food banks (19 percent), Social Security or Social Security disability insurance (14 percent), healthcare (13 percent), employment services (11 percent), domestic violence program (6 percent), and VA homeless program assistance (2 percent).

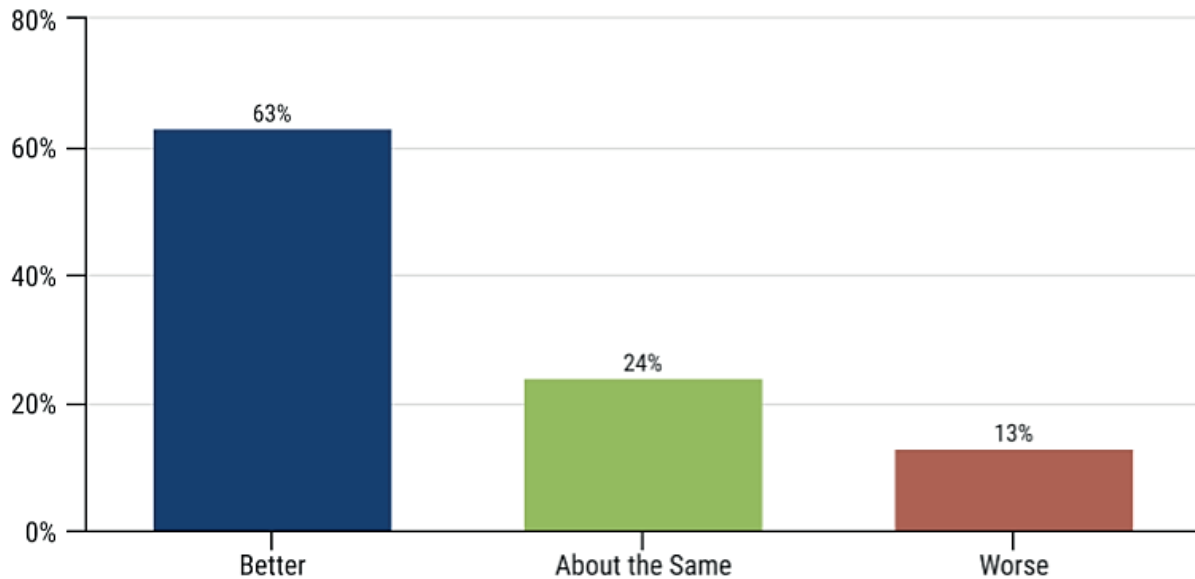
Figure 27: Additional Services Provided Through CE



Housing Outcomes

When asked if their housing situation was better, worse or the same as it was before the respondents sought help for their housing situation, 63 percent stated their situation was better, 24 percent said about the same, and 13 percent cited their situation was worse now than before they sought assistance.

Figure 28: Status of Housing Situation



Experience of Discrimination

When respondents were asked if they experienced discrimination in the Coordinated Entry process as they tried to access housing and services, 137 respondents stated they had not been discriminated against. Fifteen respondents stated they had, with the highest numbers (n=3) reporting discrimination due to race or ethnicity, familial status, and disability.

Table 5: Have you experienced discrimination in the CE process?

Discrimination	Percent
No, not discriminated against	90%
Yes, due to race or ethnicity	2%
Yes, due to familial status	2%
Yes, due to disability	2%
Yes, due to religion	1%
Yes, due to gender/gender identity	1%
Yes, due to sexual orientation	1%
Yes, due to national origin	1%

Analysis and Key Takeaways

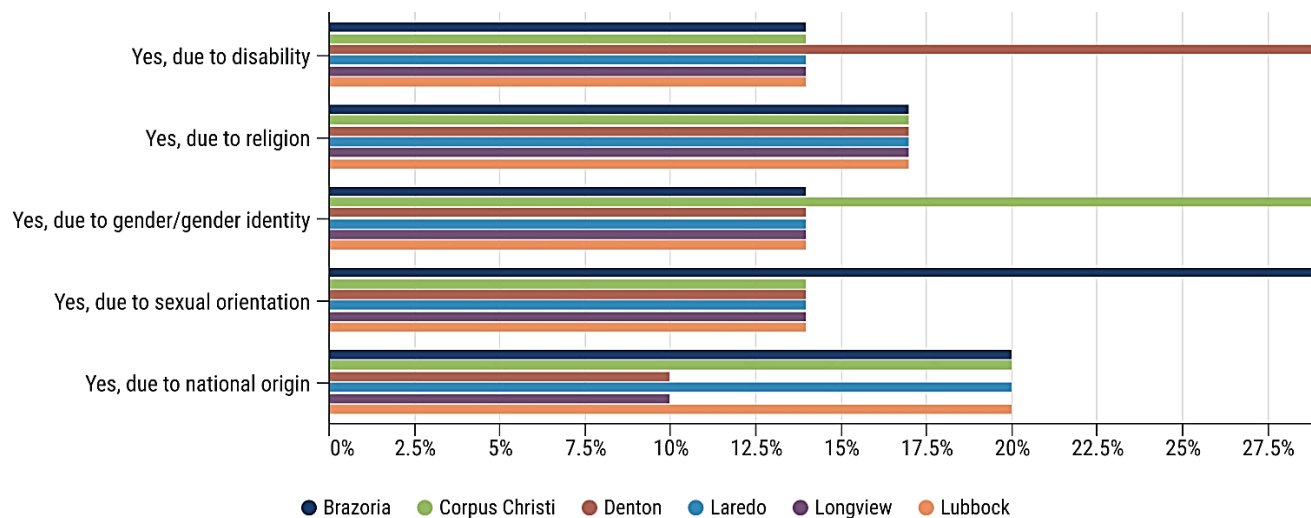
The majority of respondents accessed or are currently accessing housing and services through CE in the following regions in order from most to least respondents: Brazoria (n=46), Denton (n=31), Lubbock (n=23), Longview (n=22), Laredo (n=19), and Corpus Christi (n=18). The remaining regions represent four percent or less respectively of the respondent pool. For analysis purposes, any region comparisons will be made amongst the six aforementioned regions.

When respondents were asked if they experienced discrimination in the CE process as they tried to access housing and services, 90 percent of respondents stated they had not been discriminated against. 10 percent of respondents stated they had, with the highest percentage (two percent) reporting discrimination due to race or ethnicity, familial status, and disability.

The chart below shows the ratio of respondents reporting that they experienced discrimination on the part of participants and the regions in which those participants experienced that discrimination. The percentages are in comparison to the specific regions amongst those that stated they were discriminated against. As a reminder, the vast majority at 90 percent of the total respondents stated they had not been discriminated against.

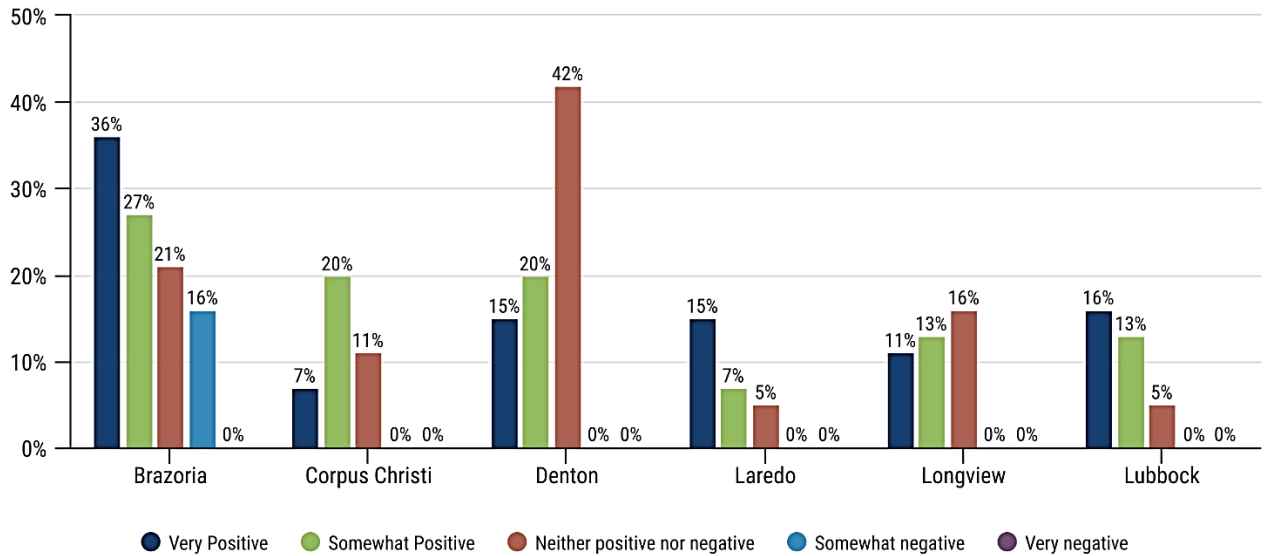
Regional Analysis

Figure 29: Discrimination Reported by Respondents



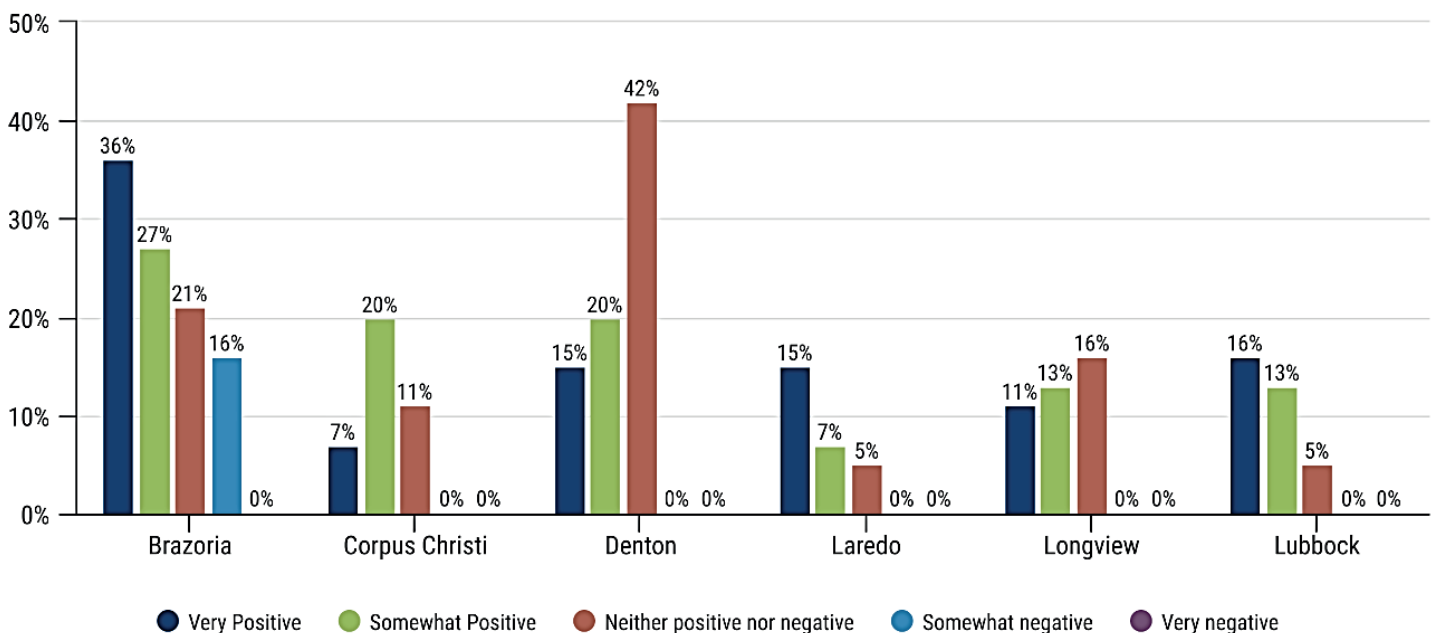
Regarding accessing CE, participants relied mostly on their networks (43 percent, n=76) to gain information on available and potential programs to seek assistance. Information for housing programs were also obtained from street outreach (18 percent, n=37), healthcare providers (6 percent, n=13), and 2-1-1 (5.6 percent, n=13). This same pattern was reflected through individual regions as well.

Figure 30: How was your overall experience with the person who conducted your CE assessment?



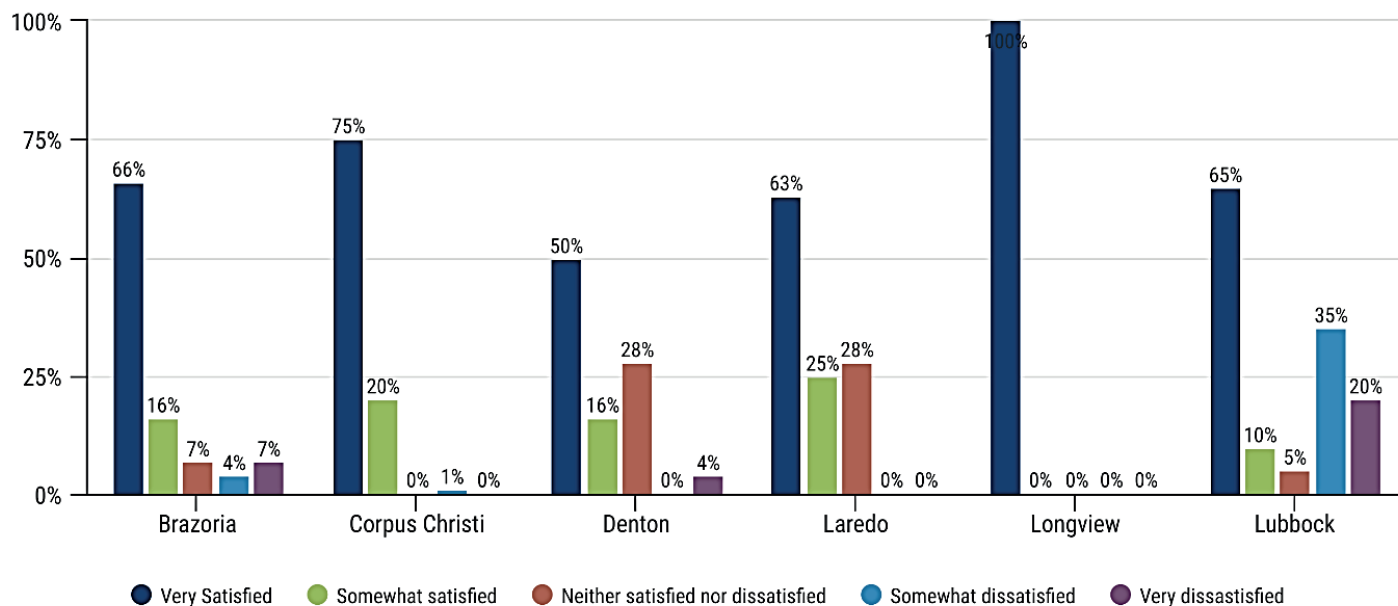
When asked about the overall experience with the person who conducted their CE assessment, 55 percent of respondents stated the experience was “very positive” and nine percent stated it was “somewhat positive”. Overall, respondents were “very satisfied” or “somewhat satisfied” with their assessment experience with their case manager or housing service providers. On a regional basis, there were higher numbers of “neither positive nor negative” responses in Denton and Longview, particularly in Denton with 42 percent of the responses, which is more than the positive responses in that region.

Figure 31: Thinking back to the last time you were assessed for housing and services, what was your overall experience with the person who did the assessment for you?



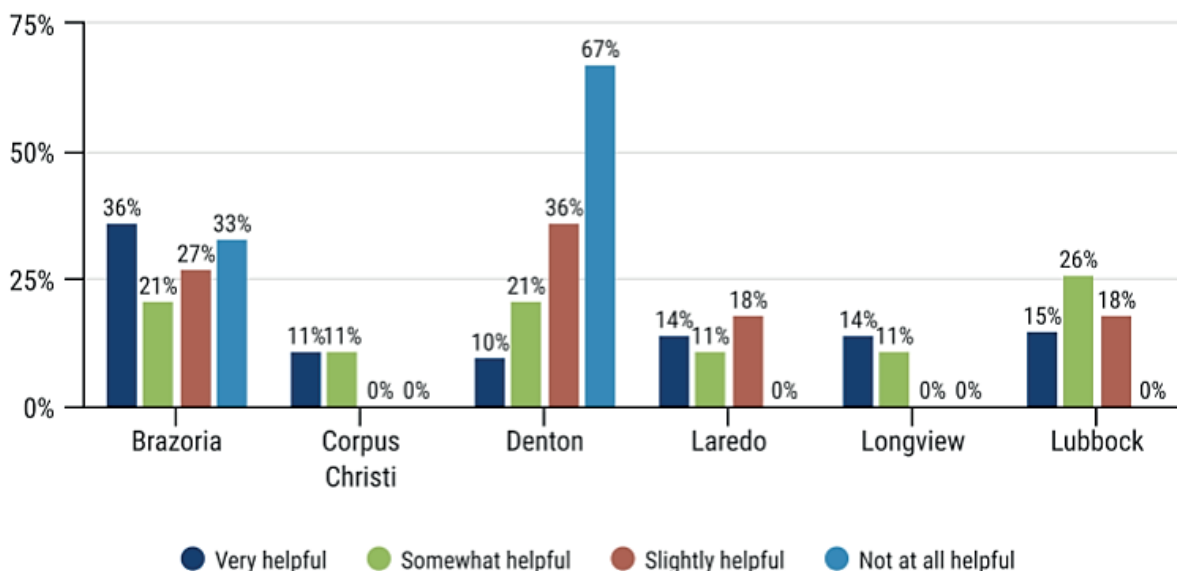
When asked to reflect on the last time they interacted with their case manager, these responses somewhat differed from the initial assessment experience. Respondents were still satisfied overall. However, Denton and Laredo still had a higher comparative percentage of “neither satisfied nor dissatisfied” and Lubbock has a significantly higher percentage of “somewhat dissatisfied” and “very dissatisfied” responses.

Figure 32: Thinking back to the last time you interacted with your case manager or housing service provider, how satisfied were you with them?



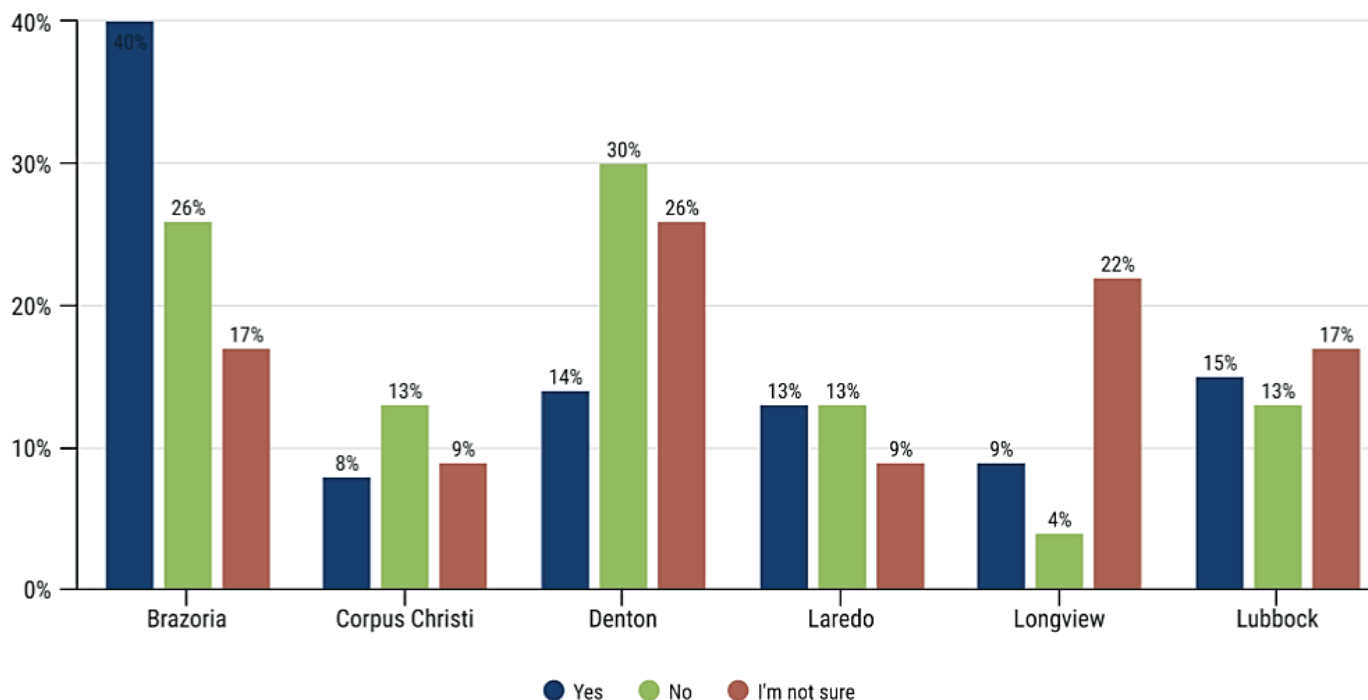
Respondents were asked if the housing information and support they received from agency staff was “helpful.” In response, 52 percent of participants noted that it was “very helpful,” and 11 percent stated the assistance was “somewhat helpful.” On the lower end of the scale, seven percent respondents state the support was only “slightly helpful” and eight percent stated it was “not at all helpful.”

Figure 33: Was the housing information and support you received from agency staff helpful?



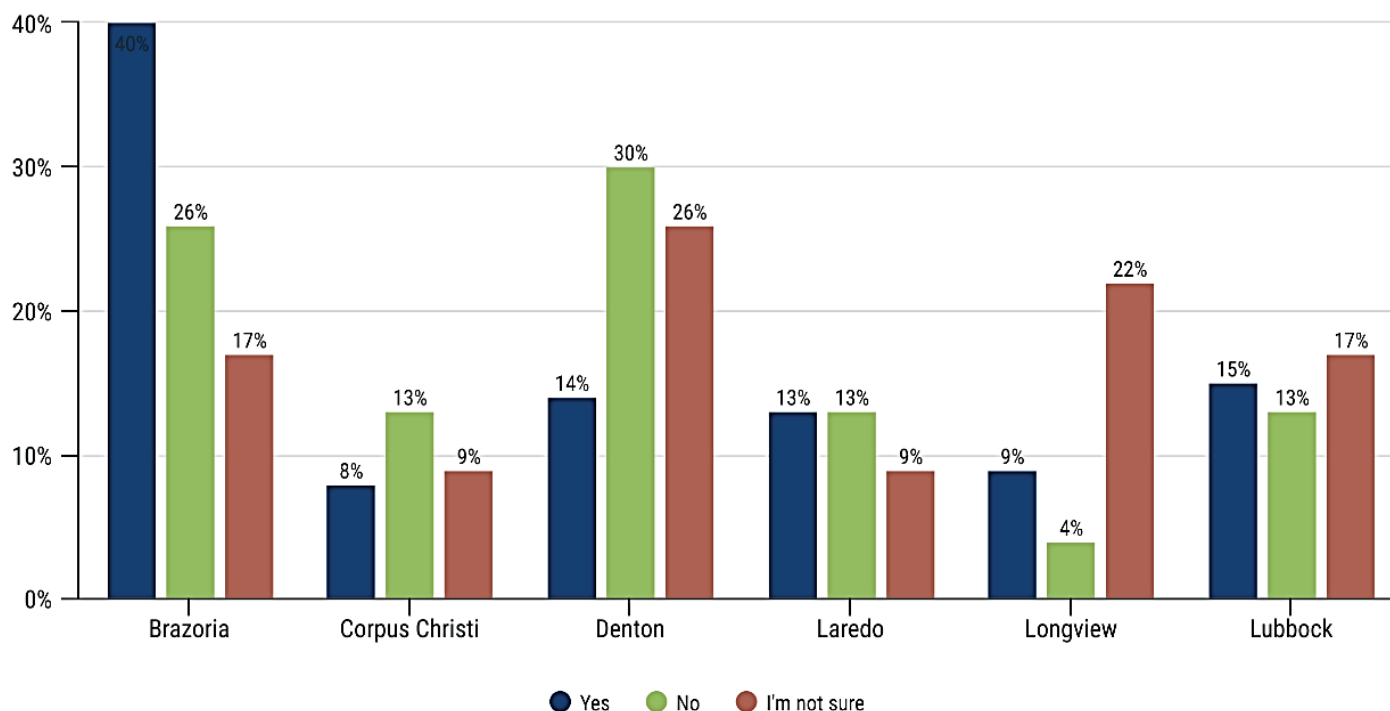
When asked if they were aware of their placement on the list for housing and how the list is prioritized, there were a higher number of negative responses at 27 percent stating “no”, they were not aware. While 53 percent respondents stated “yes”, there were also 23 percent respondents who stated they were not sure. Regionally, a higher comparative percentage of “yes” responses were in Brazoria. Whereas Denton and Laredo regions had higher comparative “no” responses’ regarding the participants’ knowledge of their placement on the housing list.

Figure 34: Are you, or were you, aware of your placement on the list for housing, and how the list is prioritized?



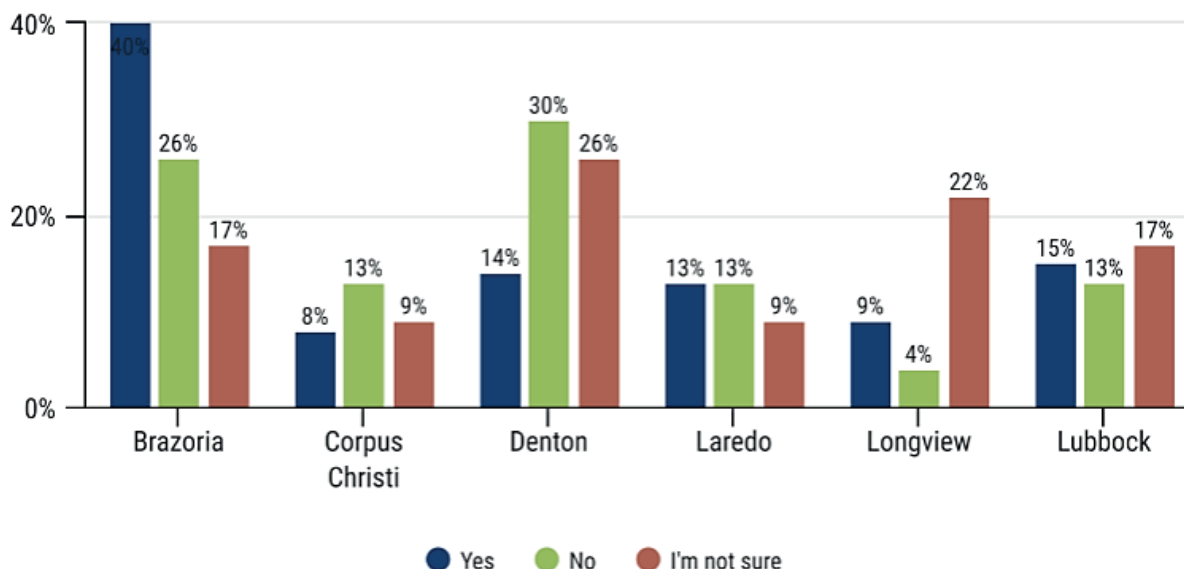
When asked if they were aware of what housing or services they were referred, there was a higher number of positive responses at 66 percent, with 17 percent responding “no” and 17 percent stating they were “not sure.” Again, Brazoria had a higher comparative number of “yes” responses with Denton having a higher number of ‘no’ responses. Longview had a significant percentage of “I’m not sure” responses compared to “yes” and “no”, indicating a high degree of doubt.

Figure 35: Are you, or were you, aware of what housing or services you were referred for?



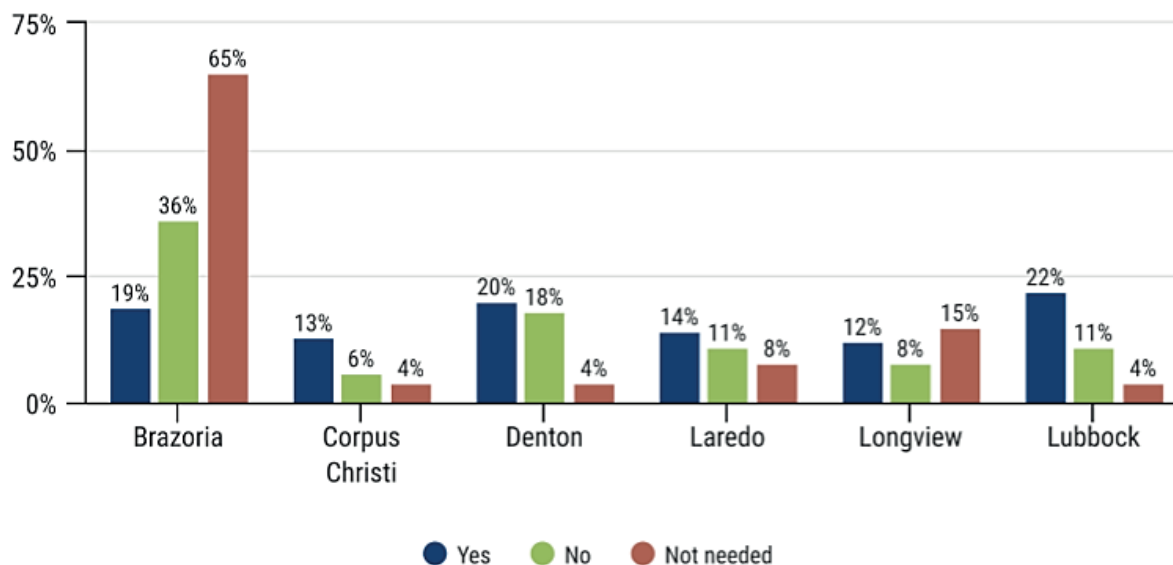
When asked if they received clear information about what to expect with regard to housing or support services, 107 respondents stated “yes” and 18 responded no, with 27 not having yet been referred. Denton and Longview both have a higher percentage of individuals that have not yet been referred, and Denton has the highest percentage of individuals that stated they did not receive clear information about what to expect.

Figure 36: If you were referred to a housing or support service, did you receive clear information about what to expect?



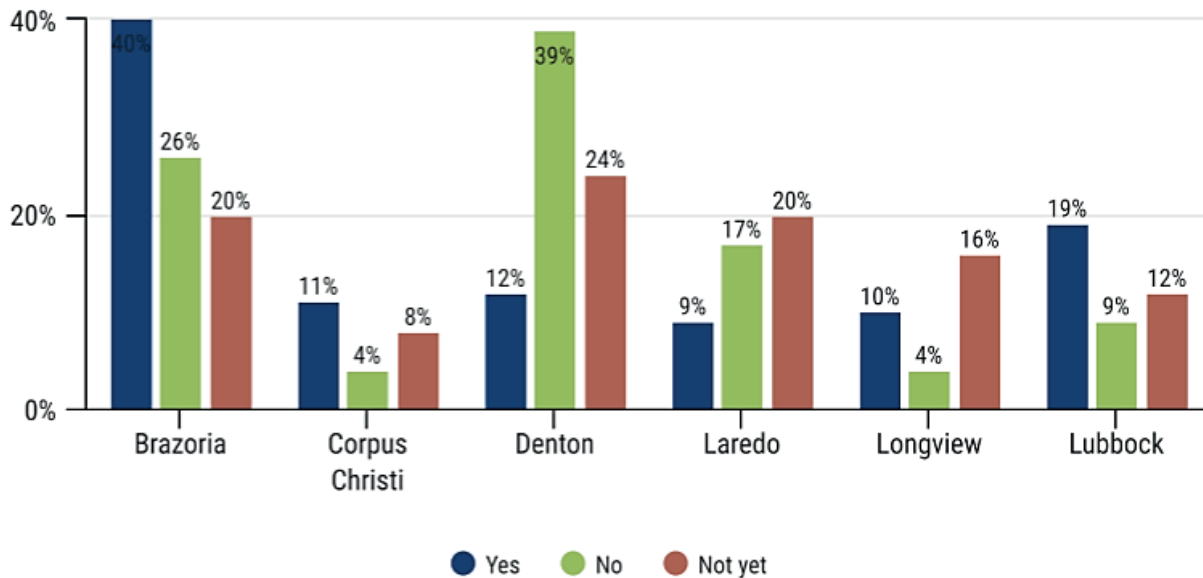
Respondents were also asked if agency staff tried to help find the participants a place to stay the night if they needed one. In Brazoria, most of the respondents did not need a place to stay, and 36 percent of the respondents had a place to stay than those that did not.

Figure 37: When you sought help with your housing situation, did agency staff try to help you find a place to stay that night if you needed one?



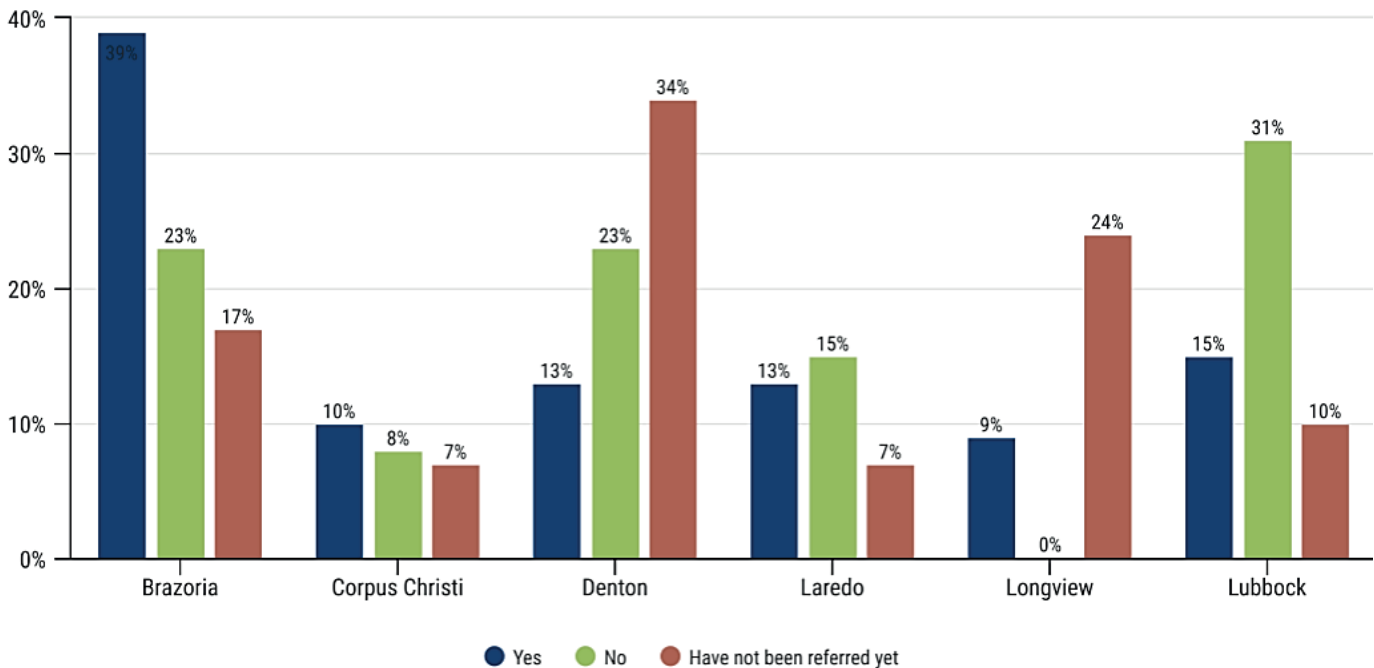
In regard to locating permanent housing, respondents were asked if agency staff assisted them in identifying and locating housing. The percentage of “no” responses in Denton were significantly higher at 39 percent. Conversely, Brazoria had more success with this factor at 40 percent positive responses.

Figure 38: Did agency staff help you identify and locate housing?



When respondents were asked if they feel they were correctly matched with and referred to housing and services they needed, Brazoria respondents again had a higher percentage of positive responses (39 percent). In comparison, Lubbock had a significantly higher number of negative responses at 31 percent. Denton and Longview also had significantly higher “Have not been referred yet” responses in comparison to the “yes” and “no” responses for those regions.

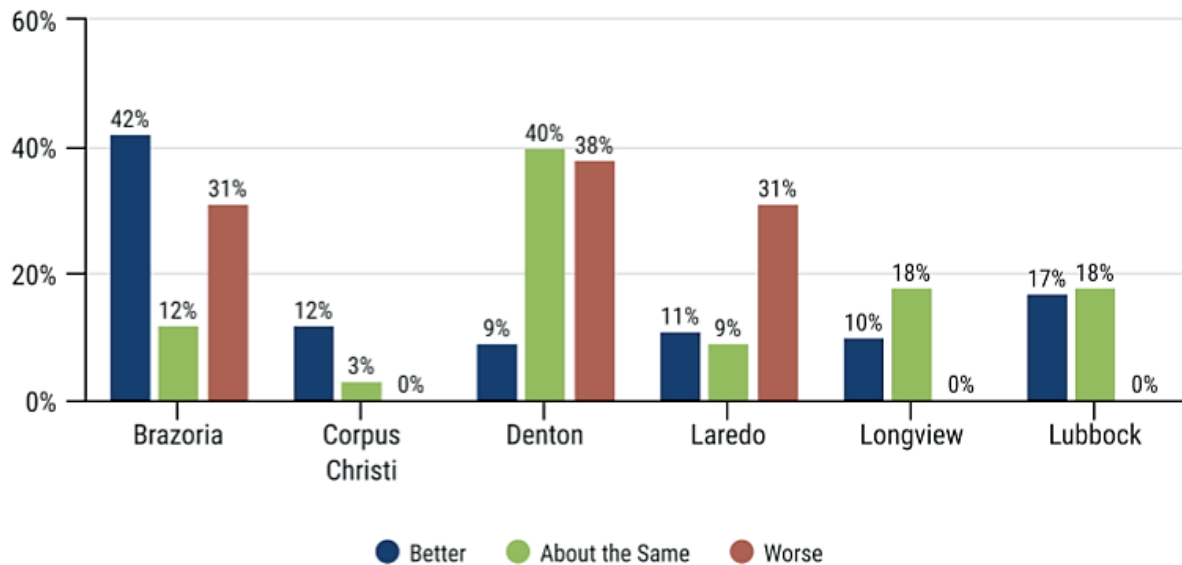
Figure 39: Do you feel that you were correctly matched with and referred to housing and services you needed?



Overall, satisfaction with the status of housing situations indicated that 63 percent of the total respondents felt they are in a better housing situation than before with 24 percent indicating it is about the same and 13

percent indicating it is worse. When looking at the regions of Brazoria, Denton, Laredo, Longview, and Lubbock, there are higher percentages of worse housing situations in comparison to those respondents that stated their current housing situation is better.

Figure 40: Do you feel that you were correctly matched with and referred to housing and services you needed?



Appendix C & D: Service Provider Survey

Appendix C: Service Provider Coordinated Entry Survey

Please see the Service Provider Coordinated Entry Survey attached.



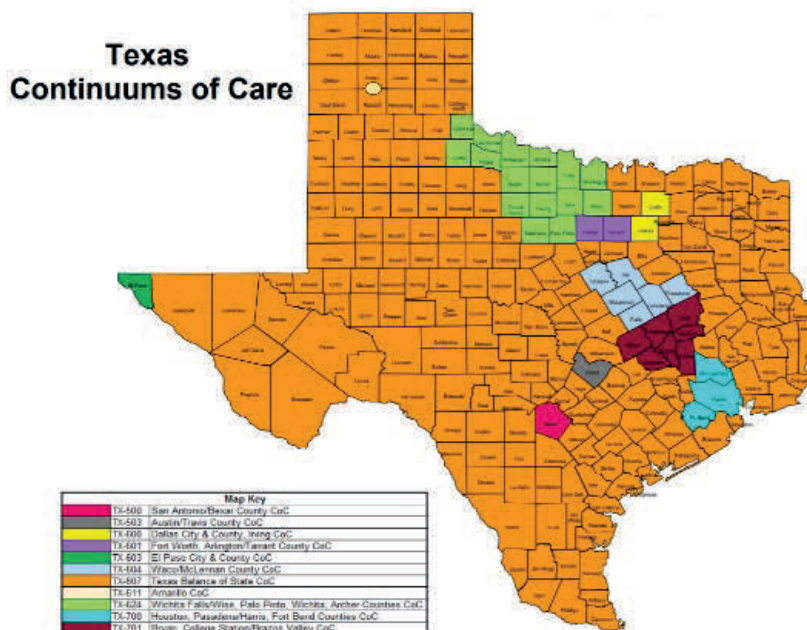
Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Service Providers

Thank you for taking the time to complete the Texas Balance of State Continuum of Care (CoC) Coordinated Entry System (CES) Survey for Service Providers!

We appreciate the hard work you do every day on behalf of people experiencing homelessness. Your expertise and insight will be used to create recommendations to make it easier for people experiencing homelessness to access CE, have their needs accurately and equitably assessed and prioritized, and receive quicker, more effective referrals to housing and services. This survey will be open from September 6, 2022 through October 9, 2022.

We greatly appreciate your feedback and participation in the CE evaluation process. Thank you!

The geographic coverage area for the Texas Balance of State CoC is shown in orange below.



1. What region is your organization located in?

2. Please specify what types of services your organization and/or program provides (please check all that apply):

- ☐ Emergency Shelter
- ☐ Transitional Housing
- ☐ Rapid Re-Housing
- ☐ Domestic Violence (DV) Services Organization
- ☐ Resource/Drop-In Center
- ☐ Street Outreach
- ☐ Supportive Services (e.g., employment, counseling, etc.)
- ☐ Housing Provider
- ☐ Hospital or Healthcare Provider
- ☐ Other (please specify)

3. Is the agency or organization you work for considered a CoC or non-CoC provider?

- ☐ CoC
- ☐ Non-CoC
- ☐ I'm not sure

* 4. Does your agency/organization participate in Coordinated Entry (CE)?

- ☐ Yes, we are currently participating in CE
- ☐ No, we do not participate in CE
- ☐ I'm not sure



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Service Providers

* 5. What are the barriers to participation in CE?

- ☐ Time
- ☐ Organizational staffing or capacity
- ☐ Funding
- ☐ Lack of understanding/training
- ☐ Other (please specify)



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Service Providers

6. What roles does your organization play in CE? Check all that apply.

- ☐ We act as a CE Access/Entry Point (i.e., we assess and navigate people to housing and services through CE)
- ☐ We are a Housing Program (i.e., we provide Rapid Re-Housing (RRH) or Permanent Supportive Housing (PSH), etc.)
- ☐ We provide emergency shelter
- ☐ We provide transitional housing
- ☐ We make referrals to CE
- ☐ Other (please specify)



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Service Providers

7. What is your primary staff role at your organization or within your program?

- ☐ I provide direct services to program participants (i.e., assessment, case management, outreach, housing location, peer support, etc.)
- ☐ I supervise or manage staff who provide direct services to program participants
- ☐ I am an Executive Director, Director, or other Senior Manager at my organization
- ☐ I work on administrative, data management, or other program needs
- ☐ Other (please specify)

8. Does your organization specifically target services to one or more subpopulations of people experiencing homelessness? If so, select the subpopulation(s) below.

- ☐ Veterans
- ☐ People experiencing chronic homelessness
- ☐ Families with children
- ☐ Youth (age 24 or younger)
- ☐ Persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous situations including human trafficking
- ☐ People experiencing severe mental illness
- ☐ People identifying as LGBTQ+
- ☐ People experiencing active Substance Use Disorder
- ☐ People who were formerly incarcerated
- ☐ Other (please specify)

9. Did you receive onboarding and training on CE from the Texas Balance of State CoC, THN, or your organization?

- ☐ Yes
- ☐ No

10. How would you rate the Texas Balance of State CoC's onboarding and training for CE?

- ☐ Not at all effective
- ☐ Somewhat ineffective
- ☐ Neutral
- ☐ Somewhat effective
- ☐ Very effective
- ☐ Didn't participate

11. What additional training, materials/tools or guidance would be helpful?



**Texas Balance of State Continuum of Care (TX BoS CoC)
Coordinated Entry (CE) Survey for Service Providers**

12. To what extent do you feel CE in your region does the following well?

	Poor	Neutral	Well	Not Sure	N/A
Accessible to all people protected under the Fair Housing Act and HUD's equal access rules	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessible to persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous situations including human trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Uses a low barrier and Housing First approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows best practices for HMIS data collection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Effectively uses CES marketing efforts to reach those who may have barriers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows best practices for training and onboarding of CES organizations and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Follows CoC Written Standards and CES Policies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Follows all other HUD required elements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oversight and leadership of the CoC and CES through local structures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Correctly matches participants to the housing and services they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Closely manages its housing priority/by-name list with clear knowledge of where participants sit in the community queue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entry points are not limited to physical access points such as buildings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other information you would like to share on the above?

13. How do you feel CE in your region does in regards to accessibility on the following measures?

	Poor	Neutral	Well	Not Sure
Participants are easily able to access coordinated entry through street outreach and designated entry points	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

People are able to access emergency shelter independent of the hours of the CES intake and assessment process

☐☐☐☐

If needed, auxiliary aids and services are readily available at entry points to ensure effective communication (i.e., Braille, audio, large type, assistive listening devices, and sign language interpreters)

☐☐☐☐

Materials are available to meet the needs of minority, ethnic, and groups with Limited English Proficiency (i.e., Spanish, Vietnamese, and Chinese including Cantonese, Mandarin, etc.)

☐☐☐☐

Entry points are easily accessible through modes of public transportation

☐☐☐☐

Entry points maintain hours of operation that are accessible to those they serve

☐☐☐☐

People are not expected to wait in long lines or queues to receive an initial intake or assistance

☐☐☐☐

Is there any other information you would like to share on the above?

14. In your region, how accessible is the CES to the following subpopulations of people experiencing homelessness?

	Always accessible	Mostly accessible	Somewhat accessible	Rarely accessible	Not at all accessible
People experiencing chronic homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People experiencing unsheltered homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Families with children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous situations including human trafficking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Black, Indigenous, and People of Color	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LGBTQ+ community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People who were formerly incarcerated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seniors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with serious mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People with physical	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

disabilities or
mobility
challenges



Is there any other information you would like to share on the above?

15. Whenever possible, our agency employs diversion strategies to safely and appropriately solve housing stability issues for participants without them having to enter shelter or the homeless services system:

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Neither agree nor disagree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ I don't know

16. If your agency does not use diversion strategies to divert people away from homelessness, what is the reason why?



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Service Providers

17. In your region, how well is the CE affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, handicap (disability), or who are least likely to apply in the absence of special outreach?

- ☐ Very Poor
- ☐ Poor
- ☐ Neutral
- ☐ Well
- ☐ Very Well

18. Do you feel that there are processes within your region's CE system that are discriminatory in practice?

- ☐ Yes
- ☐ No
- ☐ I'm not sure

If so, please describe:

19. What are the most common barriers to **connecting with CE** that you've seen?

- ☐ Lack of transportation
- ☐ Family responsibilities
- ☐ Work responsibilities
- ☐ Health or medical issue(s)
- ☐ Disability and/or mobility issue(s)
- ☐ Lack of information
- ☐ Financial challenges
- ☐ Other (please specify)

20. What are the most common barriers to **being matched with housing through CE** that you've seen?

- ☐ Participants are ineligible for housing programs in their community
- ☐ Participants are unable to connect with housing programs in their community due to access (lack of transportation, financial constraints)
- ☐ Participants are unable to connect with housing programs in their community due to a disabling condition such as mental illness, substance use disorder, or physical disability
- ☐ Housing program did not meet the needs of the participant
- ☐ Not enough supply of available housing
- ☐ Communication challenges with housing providers
- ☐ Other (please specify)

21. In your region, how often do CE access or entry points meet the following criteria?

	Always	Often	Sometimes	Rarely	Never	I'm not sure
Every CE access or entry point uses the same assessment approach	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency and homelessness prevention services are accessible through CE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Street outreach efforts are connected to the CE process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CE access or entry points connect participants to mainstream and community-based services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety planning for individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous situations including human trafficking is provided and accessible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other information you would like to share on the above?

22. In your region, how often does the CE assessment process meet the following standards?

questions without
retribution or
limiting their
access to
assistance

Is there any other information you would like to share on the above?

23. In your region, do CE assessments regularly screen people out of the referral process due to any of the perceived barriers below? (Please check all that apply.)

- ☐ Too little or no income
- ☐ Active Substance Use Disorder (SUD) and/or active substance use
- ☐ History of domestic violence, dating violence, sexual assault, stalking, or human trafficking
- ☐ Non-participation in support services
- ☐ The type or extent of disability-related services or supports needed by the program participant
- ☐ Criminal justice involvement or record
- ☐ Non-participation in mental health or other treatment
- ☐ Poor credit history
- ☐ History of eviction
- ☐ Other (please specify)



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Service Providers

24. How consistent is CE in your region when referring participants to housing and/or support services?

	Always	Often	Sometimes	Rarely	Never	I'm not sure
There is a consistent and uniform referral process for CoC and ESG program resources	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program participants receive clear information about the project or resource they are referred to, what to expect, and what is expected of them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a program participant is prioritized for Permanent Supportive Housing (PSH) and there is no PSH available, the program participant is offered other appropriate program options available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Referrals allow for program participant choice in services and housing options	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program						

participants can reject a given housing or service option without retribution or limiting their access to the resources for which they qualify

☐☐☐☐☐☐

A case conferencing process is in place to discuss and more effectively refer and house program participants in the community queue

☐☐☐☐☐☐

Participants understand the CE process and know where their placement on the list is

☐☐☐☐☐☐

Is there any other information you would like to share on the above?

25. In your region, how often do receiving agencies meet the following CE requirements?

	Always	Often	Sometimes	Rarely	Never	I'm not sure
CoC and ESG funded programs use CE as the only referral source to fill program openings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projects receiving referrals comply with the appropriate equal access and nondiscrimination provisions of laws and regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projects receiving referrals do not screen out program participants based on perceived barriers, little or no income, treatment or services compliance, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Projects receiving referrals do not steer program participants to particular neighborhoods or types of housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For those that do not qualify for a housing intervention, they are connected to other services such as benefits and employment services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other information you would like to share on the above?

* 26. Does your agency receive referrals?

☐ Yes

☐ No



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Service Providers

27. How challenging are the following issues when receiving referrals from CE?

	Very challenging	Moderately challenging	Slightly challenging	Not at all challenging
Locating referred participants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Documenting household eligibility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving timely referrals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring participants understand the process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

What could help address these challenges?



Texas Balance of State Continuum of Care (TX BoS CoC) Coordinated Entry (CE) Survey for Service Providers

28. In your region, how well does CE prioritize program participants so that those with the highest needs/priority are offered assistance first?

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
CE assessment data is not used to discriminate against program participant households on any legally protected basis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program participants know how to file a discrimination complaint with the CoC, CE entry point, or service provider agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program participants are treated with respect in the assessment and referral process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Program participants are treated with respect throughout the CE housing process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there any other information you would like to share on the above?

29. In your experience, do program participants maintain their CE prioritization if they reject an initial referral option?

☐ Yes

☐ No

☐ I'm not sure



Texas Balance of State Continuum of Care (TX BoS CoC)
Coordinated Entry (CE) Survey for Service Providers

30. In your region, does the CE assessment, prioritization, and referral process accurately reflect the vulnerability and needs of program participants?

- ☐ Strongly agree
- ☐ Agree
- ☐ Neutral
- ☐ Disagree
- ☐ Strongly disagree
- ☐ I'm not sure

31. In your region, how well is program participant information managed to protect participant privacy while providing the information needed to end their experience of homelessness?

	Always	Often	Sometimes	Rarely	Never	I'm not sure
Protocols are followed to obtain participant consent to share and store client information needed for assessment and referral purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clients may participate in coordinated entry even if they refuse to allow their data to be shared with other providers or agencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Participant						

information and documents are only shared when the participant has provided written consent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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The CoC and its providers ensure adequate privacy protections of client information in HMIS or other data systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Data collection is uniform across agencies participating in CES	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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CES data is collected and analyzed to help create more effective assessment and prioritization processes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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HMIS data on CES is monitored and kept up-to-date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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HMIS data on CES is reported to track performance and improvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Is there any other information you would like to share on the above?

32. How would you rate the overall transparency of the CE process in your region?

- ☐ Not at all transparent
- ☐ Somewhat transparent
- ☐ Mostly transparent
- ☐ Very transparent

What could improve transparency?

33. In your experience, how long does it take for someone **to be referred** to a housing program or destination after the CE assessment?

	Less than 1 week	Up to a month (2-4 weeks)	From 1 to 5 months	6-12 months	More than a year	2+ years	I'm not sure	N/A
Chronically homeless individual or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household with children (non-Veteran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unaccompanied youth (under age 24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual with disability (not chronically homeless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual without disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIPOC individual or household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ+ individual or household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who were formerly incarcerated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any other information you would like to share on the above?

34. In your experience, how long does it take for someone **to be housed after being referred** to a housing program or destination?

	Less than 1 week	Up to a month (2-4 weeks)	From 1 to 5 months	6-12 months	More than a year	2+ years	I'm not sure	N/A
Chronically homeless individual or family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household with children (non-Veteran)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unaccompanied youth (under age 24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual with disability (not chronically homeless)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual without disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BIPOC individual or household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LGBTQ+ individual or household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who were formerly incarcerated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there any other information you would like to share on the above?

35. In your experience, what aspects of CE are most effective in your region?

36. What aspects of CE in your region would you most like to improve?

37. What challenges and concerns have you heard among providers?

38. What, if any, recommendations do you have to improve the CE process in your region?

39. What type or topics of training would help you better understand and participate in CE, if any?

Appendix D: Service Provider Coordinated Entry Survey Results

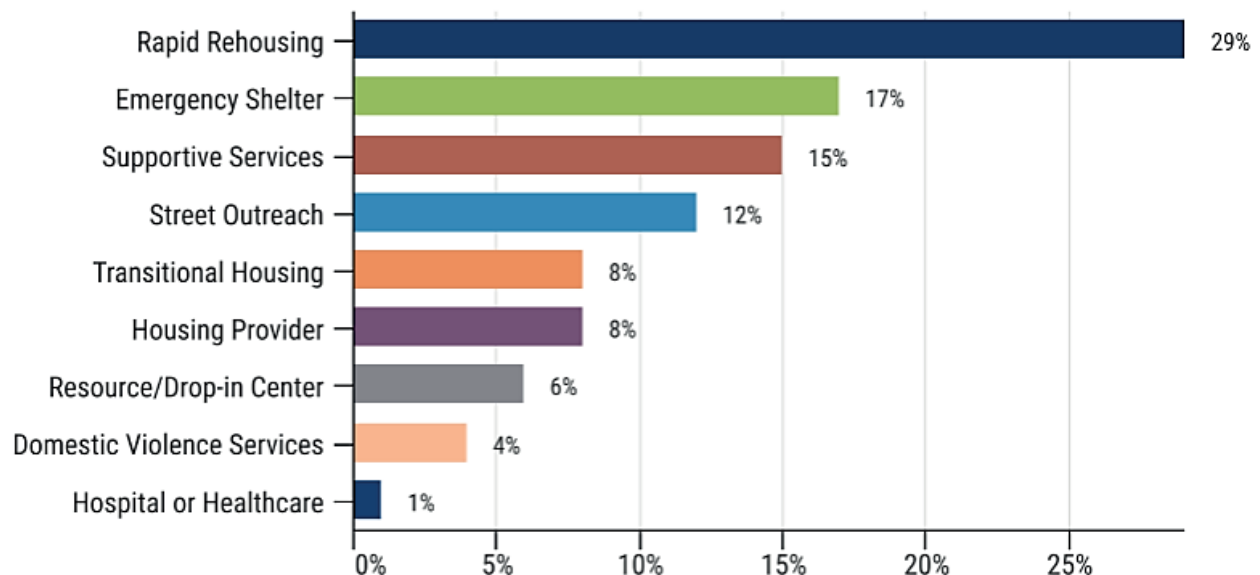
Survey Overview

The provider survey was emailed to CoC provider sites across the TX BoS CoC's geographic coverage area and remained open from September 6, 2022, to October 16, 2022. The survey, delivered via a web-based survey tool, solicited feedback from providers currently engaged as participating agencies in CE or who had participated within the past year. The survey consisted of 39 questions covering topics including CE planning, access, assessment, prioritization, referral, training, and data management. The full survey is available for review in Appendix C.

Survey Results

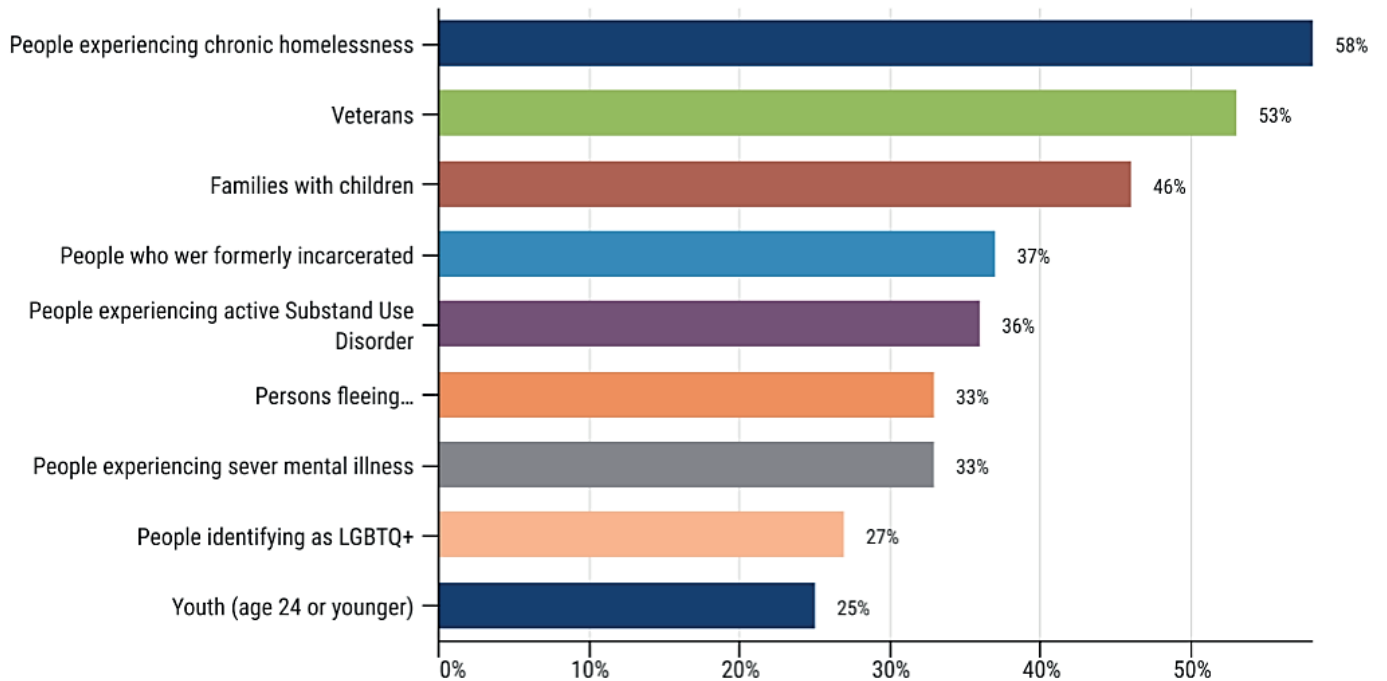
There were 113 responses to the Provider Coordinated Entry Survey. Of these responses, 78 responded that they are a CoC provider and 15 responded that they are non-CoC service providers. There were 18 respondents that stated they were not sure whether they were part of CoC or non-CoC provider organization.

Figure 41: Provider Organization Services



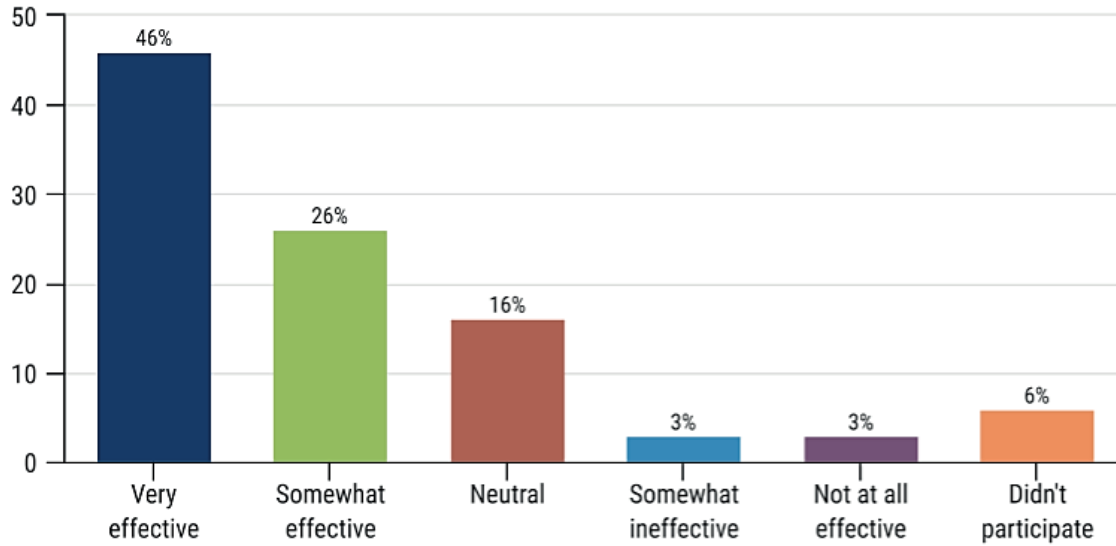
Respondents were asked if their organization specifically targets services to one or more subpopulations of people experiencing homelessness. The majority of respondents answered that they provide housing or services to subpopulations including people experiencing chronic homelessness, veterans, and families with children. Respondents also reported that they provide housing or services to persons fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks. In addition, respondents indicated they also provide housing or services to people experiencing severe mental illness, people identifying as LGBTQ+, people experiencing active Substance Use Disorder, and people who were formerly incarcerated.

Figure 42: Targeted Subpopulations by Agencies to Receive Services



When asked if they received onboarding and training on CE from the TX BoS CoC, THN, or their own organizations, the majority of respondents stated yes (91%), with only eight respondents stating they had not received CE onboarding and training. Respondents were also asked to rate the TX BoS CoC's onboarding and training for CE. In response, the majority of the 100 survey participants that answered this question, 46 percent (n=46), stated the onboarding and training were very effective and 26 percent stated it was somewhat effective. Conversely, three percent of participants noted the training and onboarding was somewhat ineffective and three percent noted that it was not effective. A higher number of participants were neutral at 16 percent of respondents.

Figure 43: How would you rate the onboarding and training for CE?

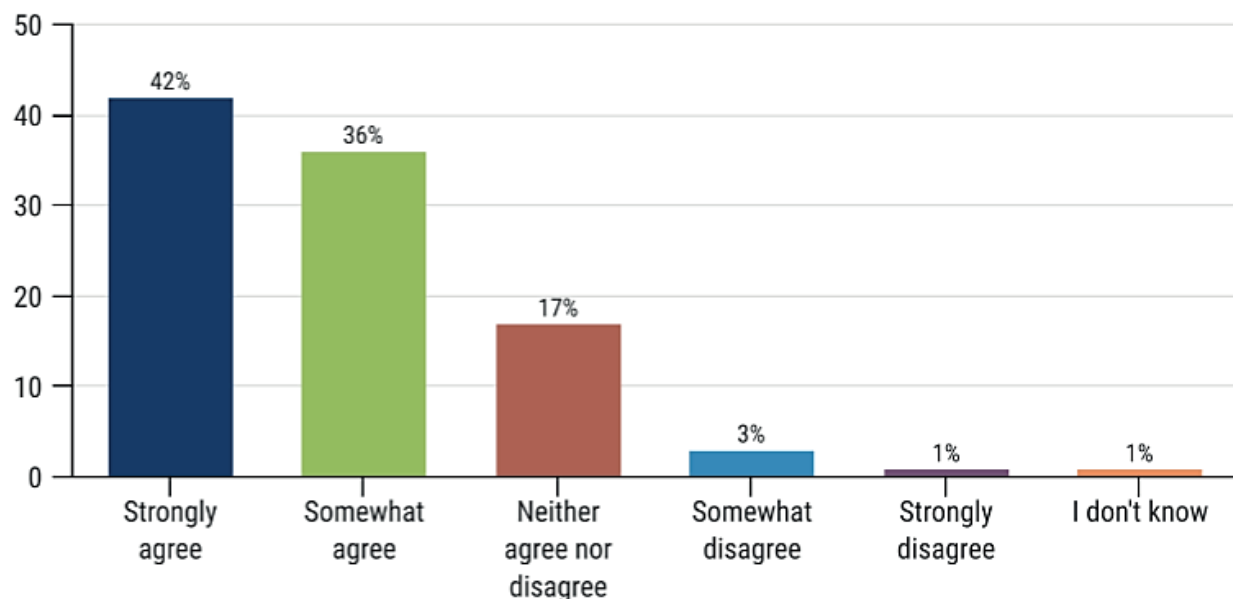


Access

When asked to what extent the CE system in their respective regions does well, provider respondents indicated that their CE is accessible to all people protected under the Fair Housing Act and HUD’s equal access rules. Only 6.9 percent of respondents stated that this was poorly accessible in their region and 19.4 percent respondents noted neutral. Another 46.9 percent respondents stated their CE is well accessible to persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks. Another 15.9 percent noted “neutral”, and 6.2 percent indicated “poor” accessibility.

Respondents were asked if their respective agencies employ diversion strategies to safely and appropriately solve housing stability issues for participants without them having to enter shelter or the homeless services system. Of the responses, 42 percent stated they “strongly agree” and 36 percent “somewhat agree.”

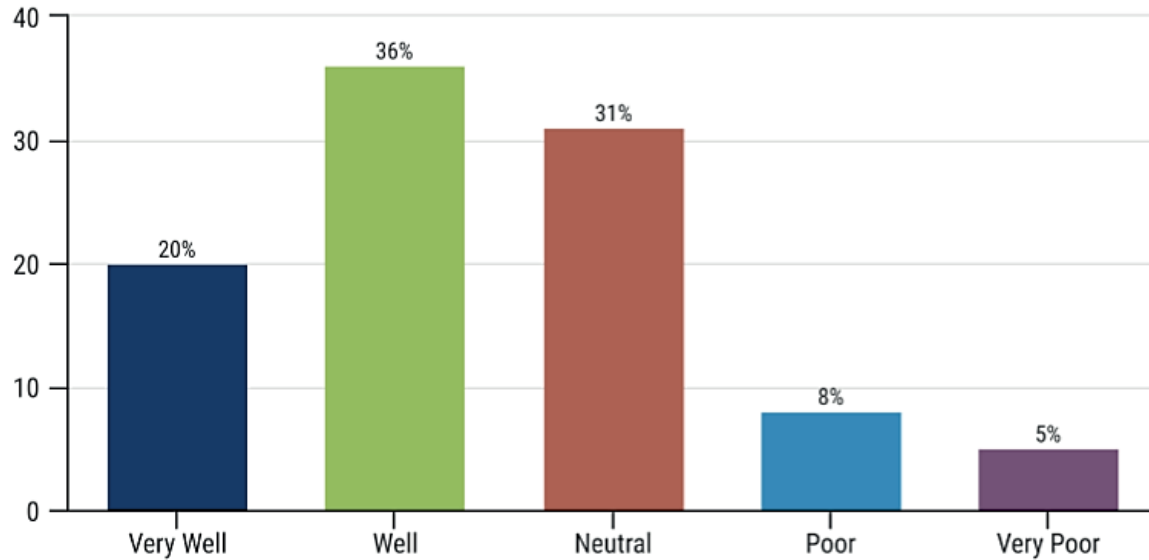
Figure 44: Does Your Agency Employ Diversion Strategies to Solve Housing Stability Issues Without Participants Having to Enter Shelter or Homeless Services System?



As a follow up to this question, respondents were also asked if their agency does not use diversion strategies to divert people away from homelessness, what is the reason why? The responses varied from limited or shortage of diversion funding, lack of knowledge about diversion and how it can be applied in the community, to lack of available staff.

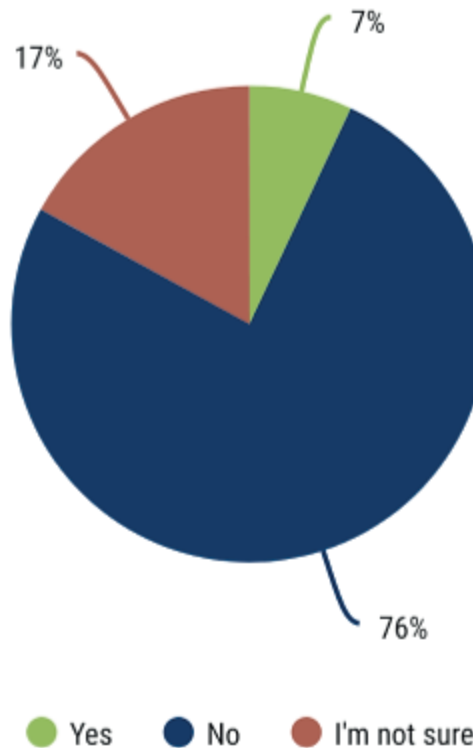
When asked how well their region's CE affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, handicap (disability), etc., 27.4 percent respondents stated "well" and 15 percent noted "very well." However, in this response there were a high number of neutrals at 23 percent, with 6.2 percent responding "poor" and 3.5 percent responding, "very poor."

Figure 45: Affirmative Marketing by Agencies



As a follow up, respondents were asked if they feel that there are processes within their CE system that are discriminatory in practice. There were 76 percent of respondents stated their CE processes are not discriminatory, 17 percent indicated they are not sure, and seven percent stated there are discriminatory processes.

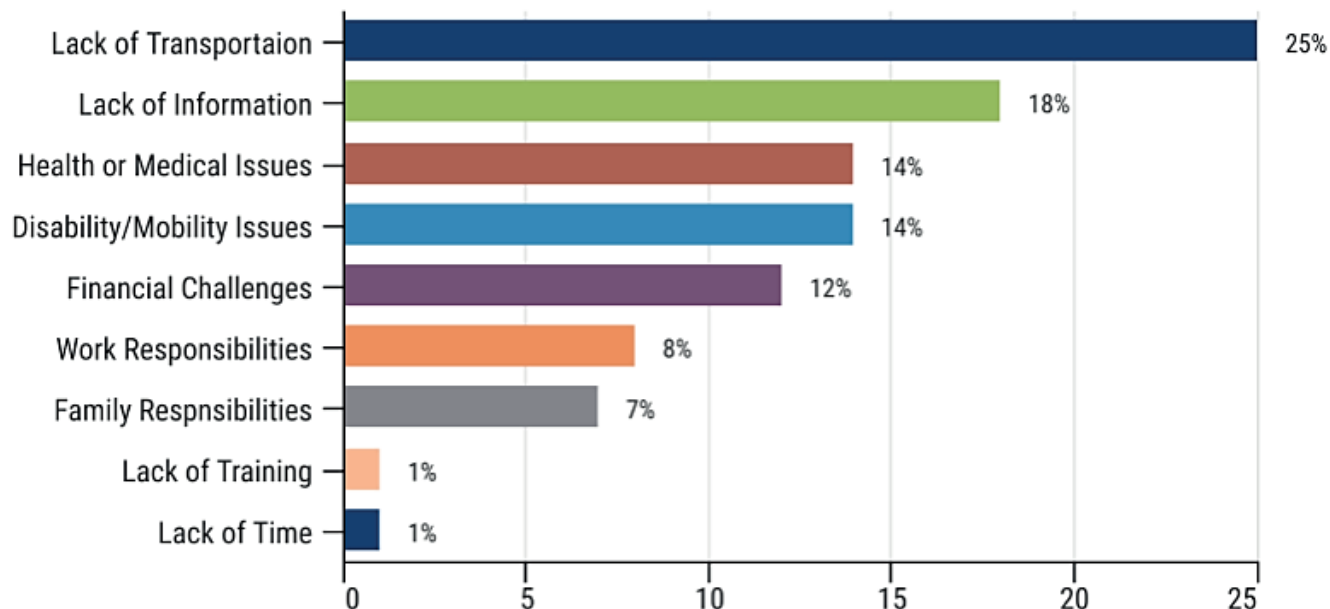
Figure 46: Do you feel there are processes within your region's CE system that are discriminatory in practice?



Barriers to Access

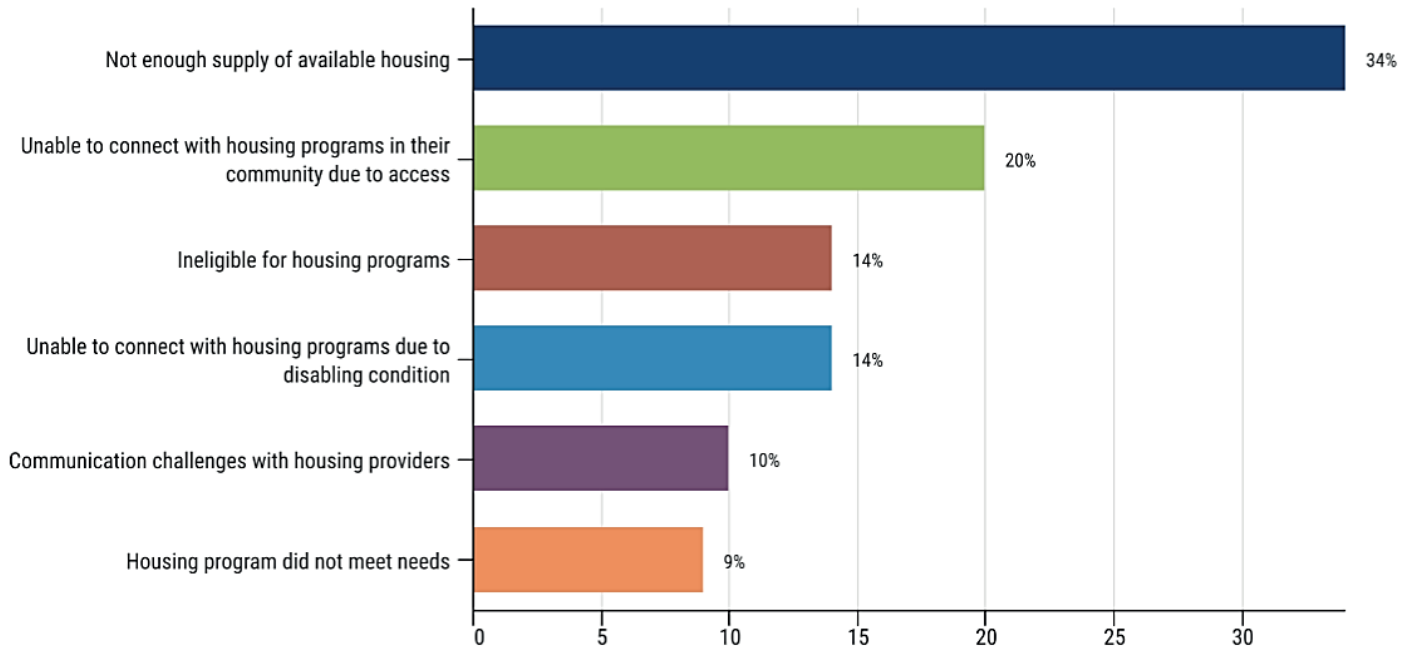
In response to the question asking about the most common barriers to connecting with CE, lack of transport with 25 percent of responses was the most significant barrier. Following that are lack of information at 18 percent of responses, health or medical issues and disability/mobility issues at 14 percent each, and financial challenges at 12 percent. Work responsibilities and family responsibilities had eight percent and 7 percent respectively.

Figure 47: Common Barrier to Connecting with CE



In terms of barriers to accessing and being matched with housing through their CE system, respondents stated the most significant barrier, at 34 percent, was the lack of supply of available housing. The next most significant barrier at 20 percent of responses was the inability to connect with housing programs in their community due to access, such as lack of transportation and financial constraints. Following this theme is another barrier, the inability to connect with housing programs due to a disabling condition at 14 percent. In addition, at 14 percent is general ineligibility for housing program, as well as communication challenges with housing providers (10 percent) and housing programs not meeting needs (9 percent).

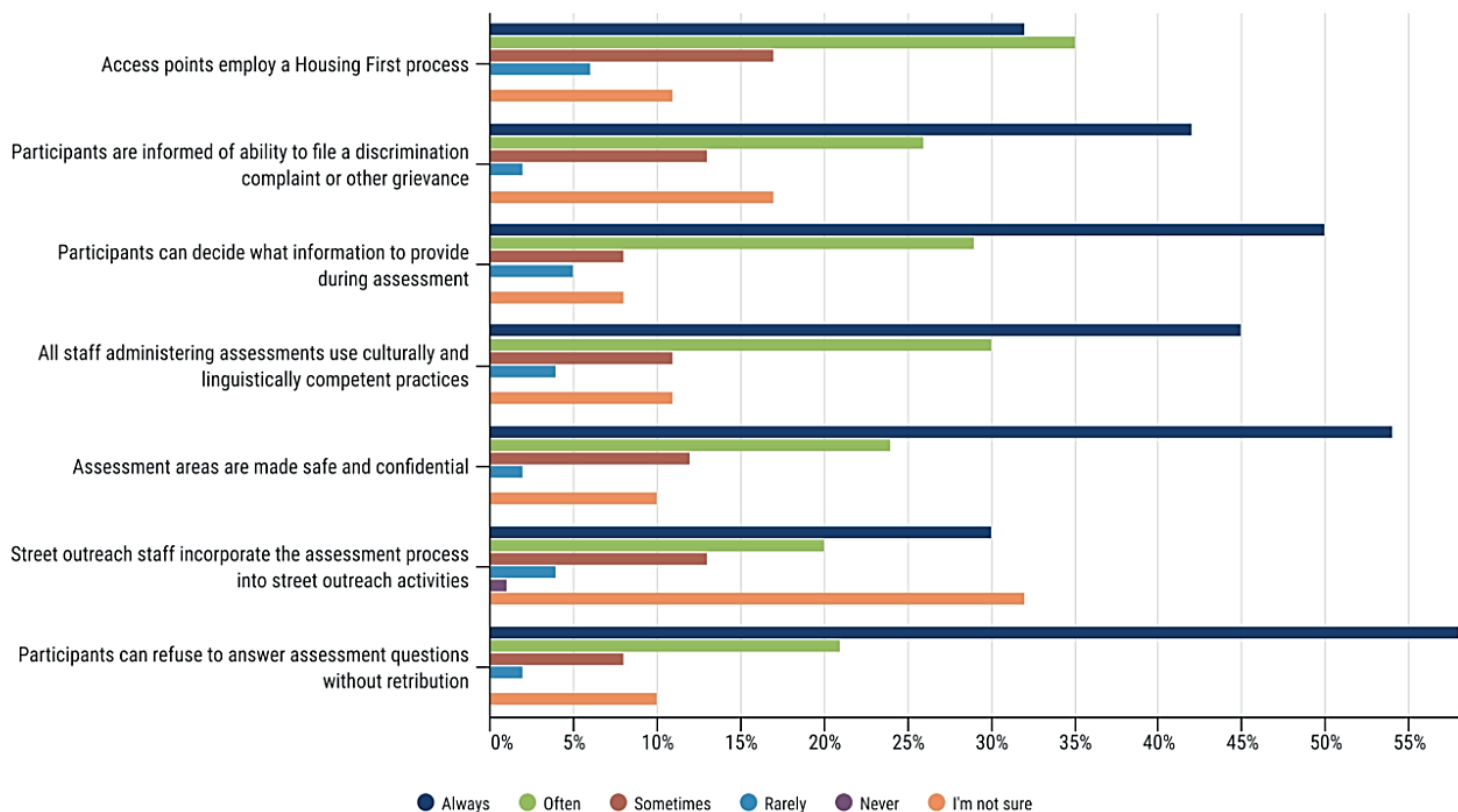
Figure 48: Barriers to being matched with housing



Assessment

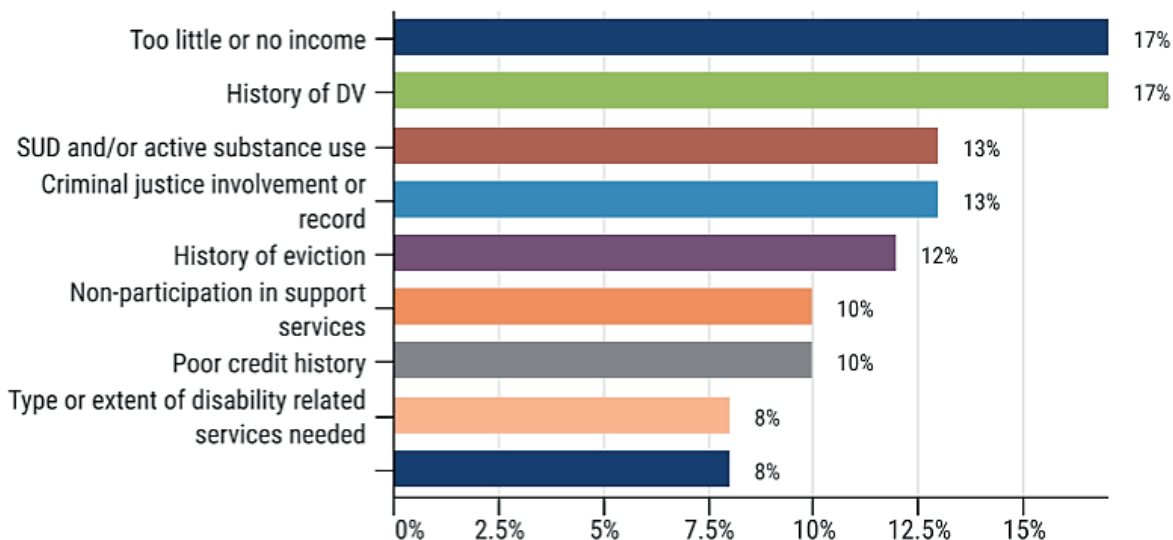
When asked if all staff administering assessments use culturally and linguistically competent practices, 45 percent stated they “always” use these practices and 30 percent stated they “often” do. At 54 percent, survey participants noted they always ensure assessment areas are made safe and confidential so clients can disclose personal information in a private and secure setting. Another 24 percent of respondents stated they “often” ensure this practice, and 12 percent stated they sometimes do. In regard to street outreach, 30 percent of respondents stated their street outreach staff always incorporates the assessment process into street outreach activities. Another 20 percent stated they “often” do so, and 13 percent stated they “sometimes” do. For this question, there were a higher number of not sures at 10 percent. When asked if program participants can refuse to answer assessment questions without retribution or limiting their access to assistance, 58 percent responded always and 21 percent responded often. Another 13 percent of respondents said “sometimes”, and four percent stated “rarely” can participants refuse to answer assessment questions without limiting their access to assistance.

Figure 49: Frequency of CE Assessment Meeting Assessment Standards



When asked if CE assessments regularly screen people out of the referral process due to any perceived barriers, the answers varied. In terms of income, 17 percent of respondents indicated those with too little or no income can be screened out. Another 12 percent of respondents indicated a history of eviction and 10 percent indicated poor credit history can result in individuals being screened out of the referral process. Criminal justice involvement or records at 13 percent respondents and history of domestic violence at 17 percent can also result in rejection. Active substance use disorder and/or active substance use (13 percent) are also barriers.

Figure 50: Barriers resulting in screening out of referral process



Prioritization

When considering how well CE prioritized program participants so that those with the highest needs/priority are offered assistance first, respondents were asked a series of questions.

Providers were asked if they agree or disagree that CE assessment data is not used to discriminate against program participant households on any legally protected basis. The majority of respondents agree with this statement while 12 neither agree nor disagree.

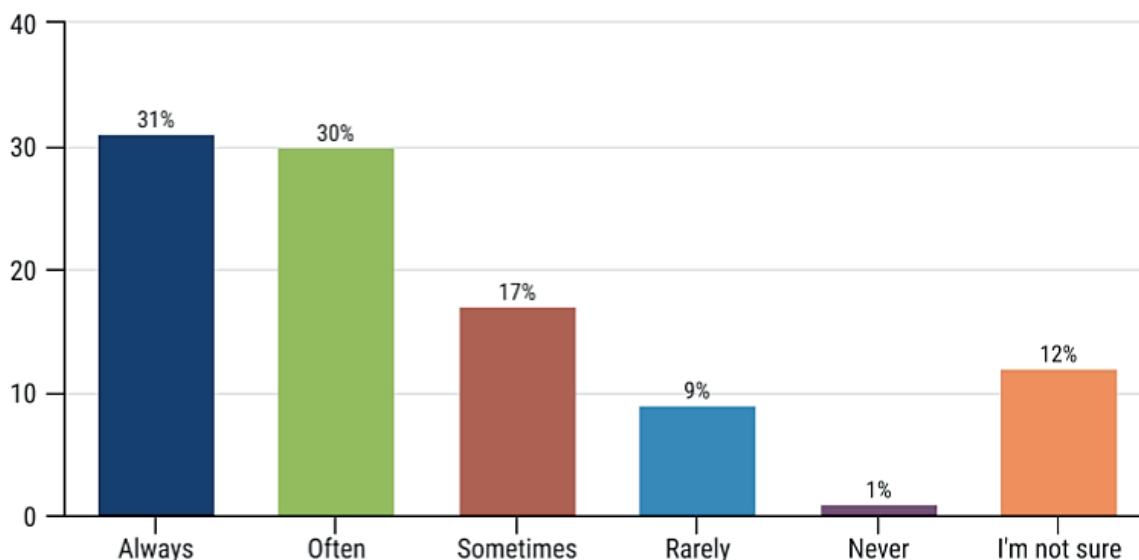
When asked if they agree or disagree that program participants know how to file a discrimination complaint with the CoC, CE entry point, or service provider agency, the majority again agree with 32 respondents strongly agreeing and 22 somewhat agreeing.

Of the respondents, 52 strongly agree that program participants are treated with respect throughout the CE housing process and the majority of respondents agree that the CE assessment and referral process accurately reflects the vulnerability and needs of program participants.

Referral

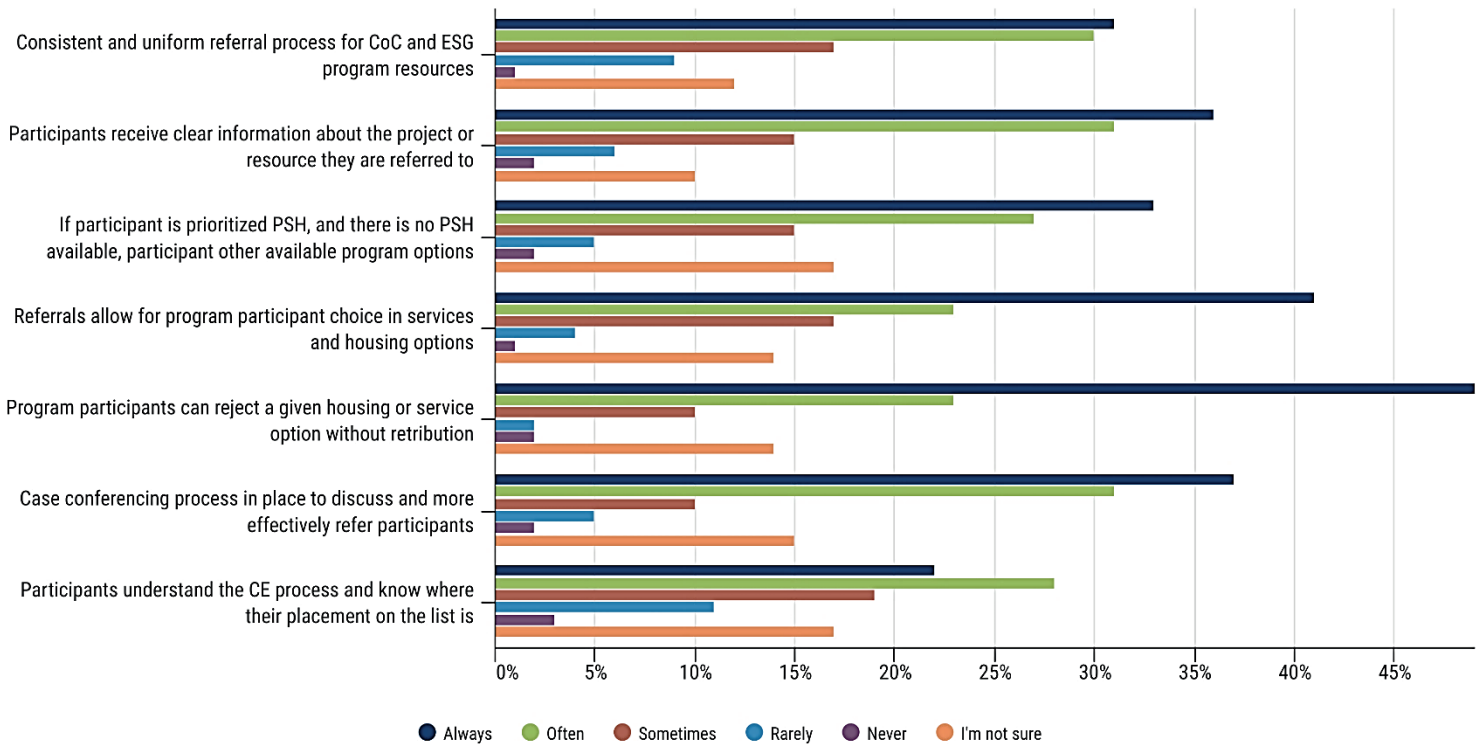
Respondents were asked about the level of consistency of the CE in their region when referring participants to housing and/or support services. 31 percent of respondents stated their CE always has a consistent and uniform referral process for CoC and ESG program resources. Another 30 percent stated they often have a consistent referral process and nine percent stated they rarely do.

Figure 51: Level of Consistency of the CE



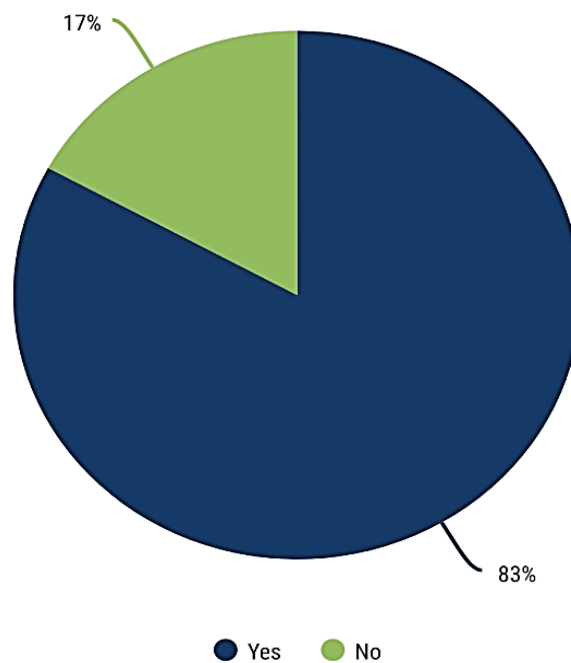
When asked if program participants receive clear information about the project or resource they are referred to, 25.6 percent of respondents stated “always” and 22.1 percent stated “often.” If a program participant is prioritized for Permanent Supportive Housing (PSH) but there is no PSH available, the program participant, 23.8 percent of respondents stated these participants are “always” offered other appropriate program options available and 19.4 percent of respondents stated these options are “often” offered. Another 10.6 percent state they are “rarely” offered and two stated they are “never” offered. When asked if providers feel participants understand the CE process and know where their placement on the list is, 15.9 percent of respondents stated participants “always” understand the process and 13.2 percent of respondents stated they “sometimes” do. Conversely, 7.8 percent stated participants rarely understand and two stated they “never” understand, while 12.3 percent respondents indicated they were not sure.

Figure 52: Consistency in provider regions when referring participants



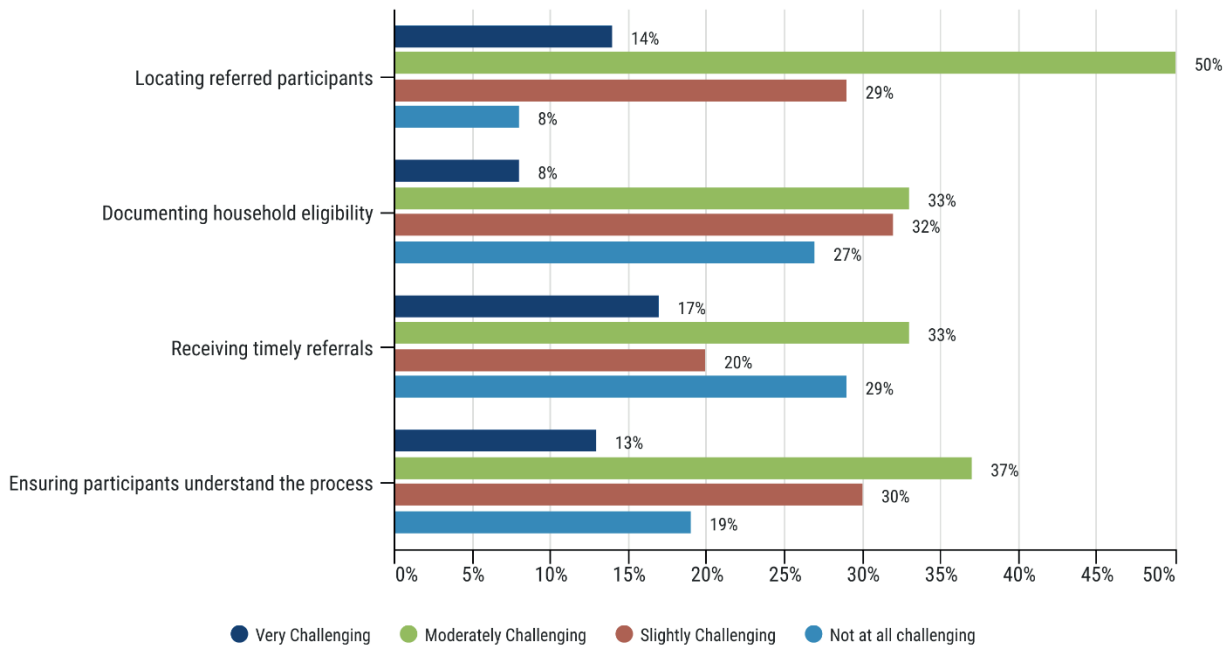
The survey participants were asked if their agency receives referrals, with 83 percent of respondents indicating yes and 17 percent indicating their agency does not receive referrals.

Figure 53: Does your agency receive referrals?



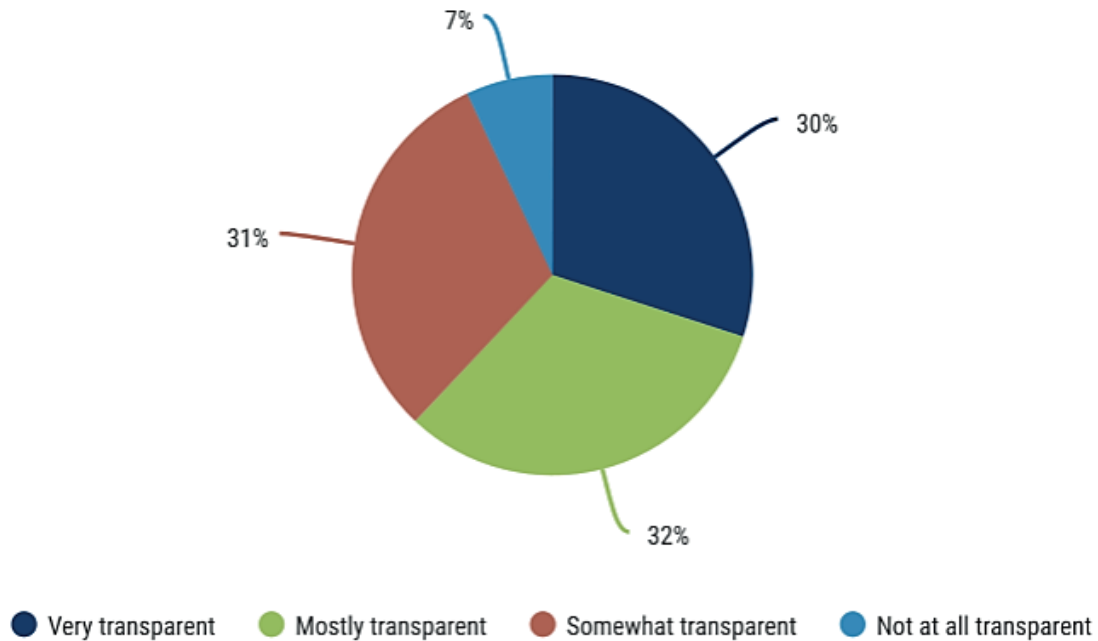
When asked about how challenging certain issues are when receiving referrals from CE, half of the respondents at 50 percent indicated that locating referred participants is “moderately challenging,” followed by “slightly challenging” with 29 percent of respondents. In terms of receiving timely referrals, 17 percent respondents indicated this is “very challenging,” 33 percent stated it is “moderately challenging,” and 20 percent state it is “slightly challenging.” When asked about the ease of ensuring participants understand the CE process, 13 percent of respondents stated this is “very challenging,” 37 percent state it is “moderately challenging”, while another 19 percent state it is “not at all challenging.”

Figure 54: Levels of Challenge in Receiving Referrals from CE



When asked how they would rate the overall transparency of the CE process in their region, 30 percent of respondents rated the process as “very transparent,” 32 percent rated as “mostly transparent,” and 31 percent “somewhat transparent.” Only seven percent of respondents stated the process is “not at all transparent” in their region.

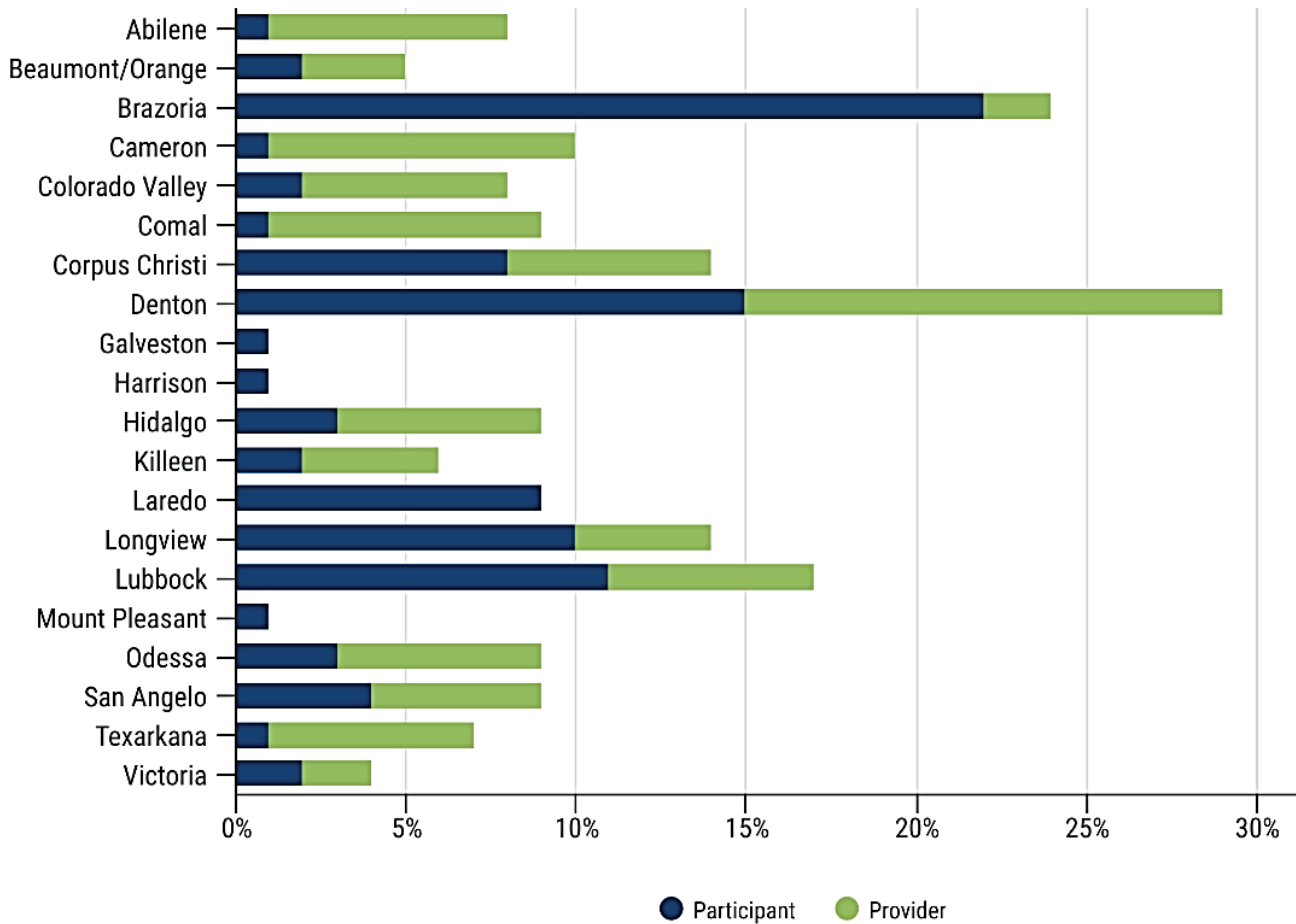
Figure 55: Transparency of the CE Process



Analysis and Key Takeaways

When looking at the survey results, it is important to note the number of respondents, both participant and provider, had a different ratio of respondents from each TX BoS CoC region. As such, the majority of participant respondents are from Brazoria (n=46), Denton (n=31), Lubbock (n=23), Longview (n=22), Laredo (n=19), and Corpus Christi (n=18). However, the majority of provider respondents are from the Denton (n=15), Cameron (n=10), Comal (n=9), Abilene (n=8), and Hidalgo (n=7) regions. As can be seen in the figure below, there are not many regions with an almost equal number of participant and provider respondents.

Figure 56: Participants and Providers in Each Region



Regional Analysis

Access

In terms of accessibility, respondents were asked if their respective agencies employ diversion strategies to safely and appropriately solve housing stability issues for participants without them having to enter shelter or the homeless service system. The majority of respondents at 78 percent at least “somewhat agree” with this statement. This statement cannot be verified through the participant responses to their survey, though 31 percent of the participants indicated they at least initially sought assistance through an emergency shelter but did not state if they were diverted to other forms of housing during the housing placement process.

When asked if their agency does not use diversion strategies to divert people away from homelessness, the reasons for not using diversion strategies varied. The responses varied from limited or shortage of diversion funding, lack of knowledge about diversion and how it can be applied in the community, to lack of available staff. However, only 9 providers responded to this question. As such, there are not enough responses to this question to properly identify a pattern. One should note that lack of funding and resources, and lack of training/knowledge are answers that do appear in many of the other questions in the provider survey. As a follow up to this question, respondents were also asked if their agency does not use diversion strategies to divert people away from homelessness, what is the reason why? The responses varied from limited or shortage

of diversion funding, lack of knowledge about diversion and how it can be applied in the community, to lack of available staff.

Affirmative Marketing

When asked how well their region's CE affirmatively marketed to eligible persons regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, age, familial status, handicap (disability), etc., 27.4 percent of the respondents stated well, and 15 percent noted very well. However, in this response, there were a high number of neutrals at 23 percent, with 6.2 percent responding poor and 3.5 percent responding very poor. This is in comparison to other questions wherein the number of neutrals were lower. This higher number may indicate an inability to firmly verify that their respective region's CE does or does not affirmatively market to the aforementioned eligible persons.

Discrimination

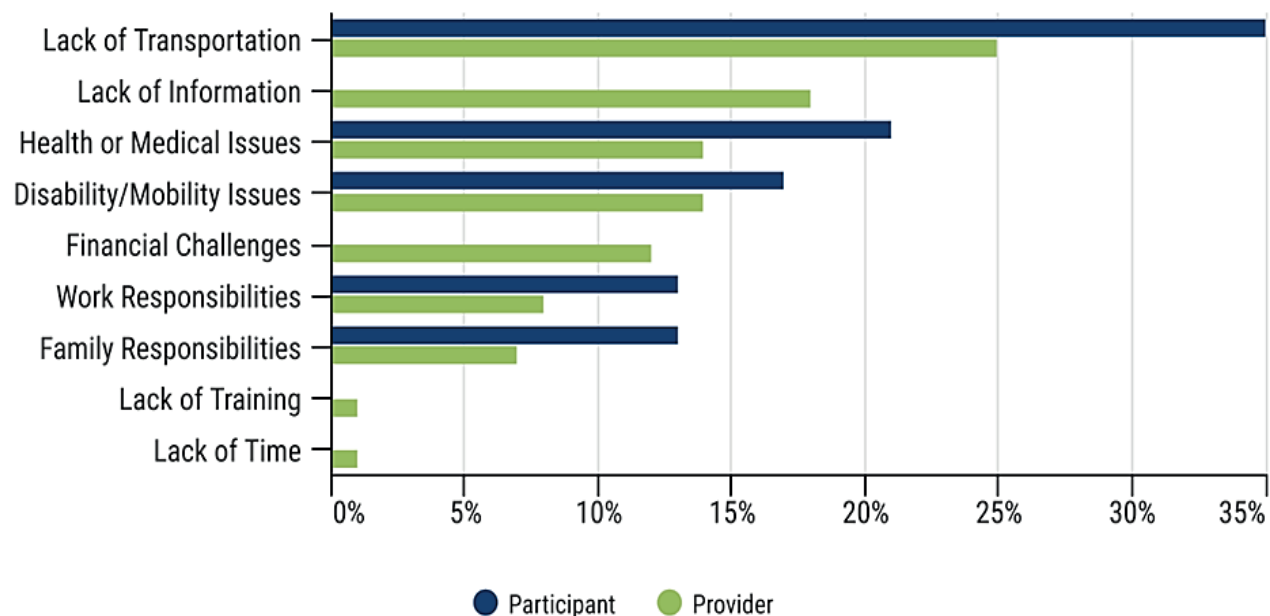
As a follow up to this question, respondents were asked if they feel that there are processes within their CE system that are discriminatory in practice. There were 76 percent of respondents that stated their CE processes are not discriminatory, 17 percent indicated they are not sure, and seven percent stated there are discriminatory processes.

From the participant data, 10 percent of the respondents that answered this question indicated there was discrimination based on race or ethnicity, familial status, disability, religion, gender/gender identity, sexual orientation, and national orientation. This somewhat mirrors the provider responses, though there was not an 'I'm not sure' option for the participants in this question. As such, it is possible the results would be somewhat different.

Barriers to Access

When asked about the most common barriers to participants connecting with CE, the provider responses closely mirrored the responses of participants, with the exception of a few additions in the provider question. For example, providers were also given the option to answer Lack of Training, Lack of Time, Financial Challenges, and Lack of Information. Lack of transportation is the most commonly listed barrier by both providers and participants, followed by Disability/Mobility Issues and Health or Medical Issues. From the provider perspective, Lack of Information and Financial Challenges are also common barriers to connecting with CE.

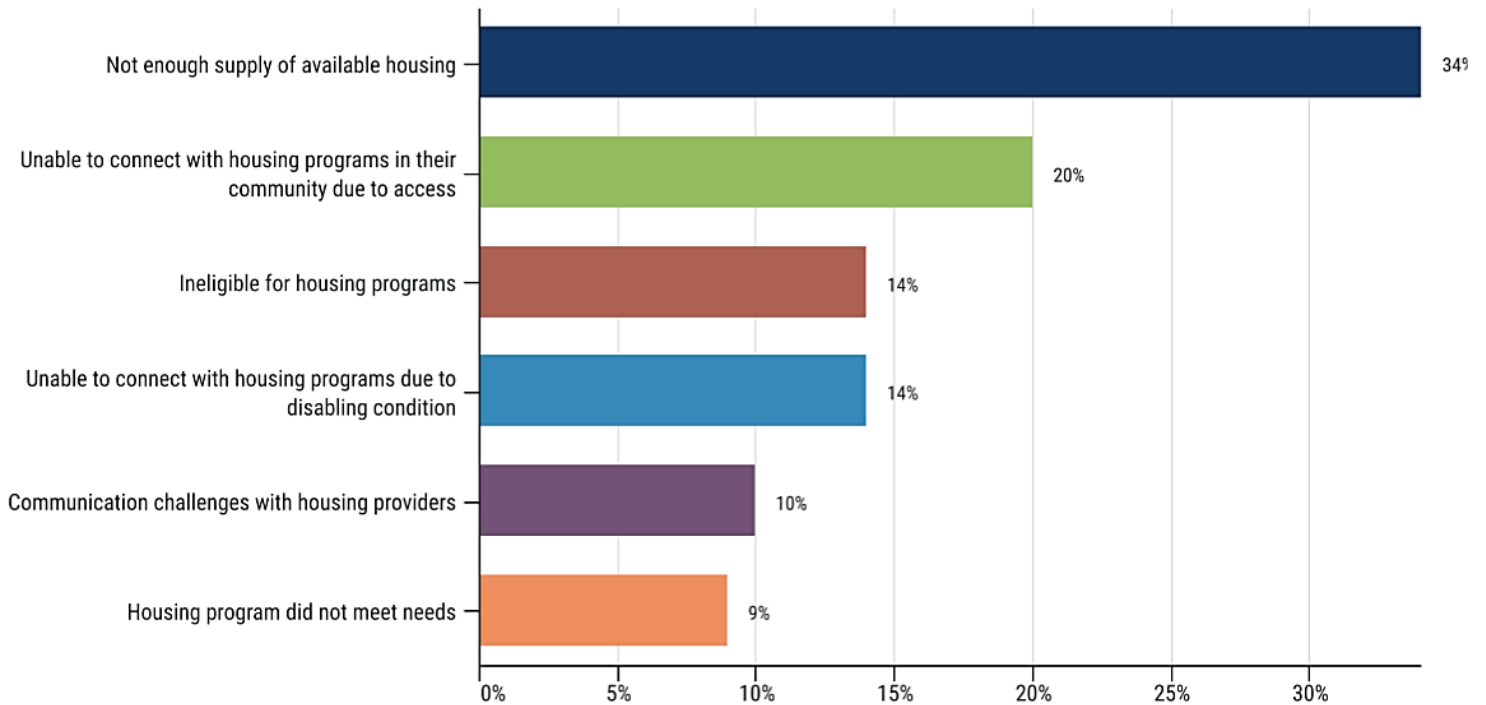
Figure 57: Comparison of common barriers to connecting with CE identified by participants and providers



In terms of barriers to being matched with and accessing housing through their CE system, respondents stated the most significant barrier, at 34 percent, was the lack of supply of available housing.

The next most significant barrier at 20 percent of responses was the inability to connect with housing programs in their community due to access, such as lack of transportation and financial constraints. Following this theme is another barrier, the inability to connect with housing programs due to a disabling condition at 14 percent. In addition, another 14 percent is the general ineligibility for a housing program, as well as communication challenges with housing providers (10 percent) and housing programs not meeting needs (nine percent).

Figure 58: Barriers to being matched with housing through CE



Referring back to the housing referral versus housing placement timelines, it is evident that the referral process is significantly faster than the housing placement process. One provider noted the difficulties that both participants and providers have pointed out in the survey and their commentary: *“They are referred quickly, but the housing waiting list in the community is long and can take up to 1-2 years to get housed.”* This issue is mentioned several times by providers in relation to lack of housing options, lack of affordable housing units, with even fewer available for individuals with disabilities or criminal backgrounds. Lack of funding is also a barrier that providers have discussed, particularly in relation to a consistent lack of funds for housing programs resulting in limited staff and limited resources.

Figure 59: CE Access and Entry Point Evaluation by Providers

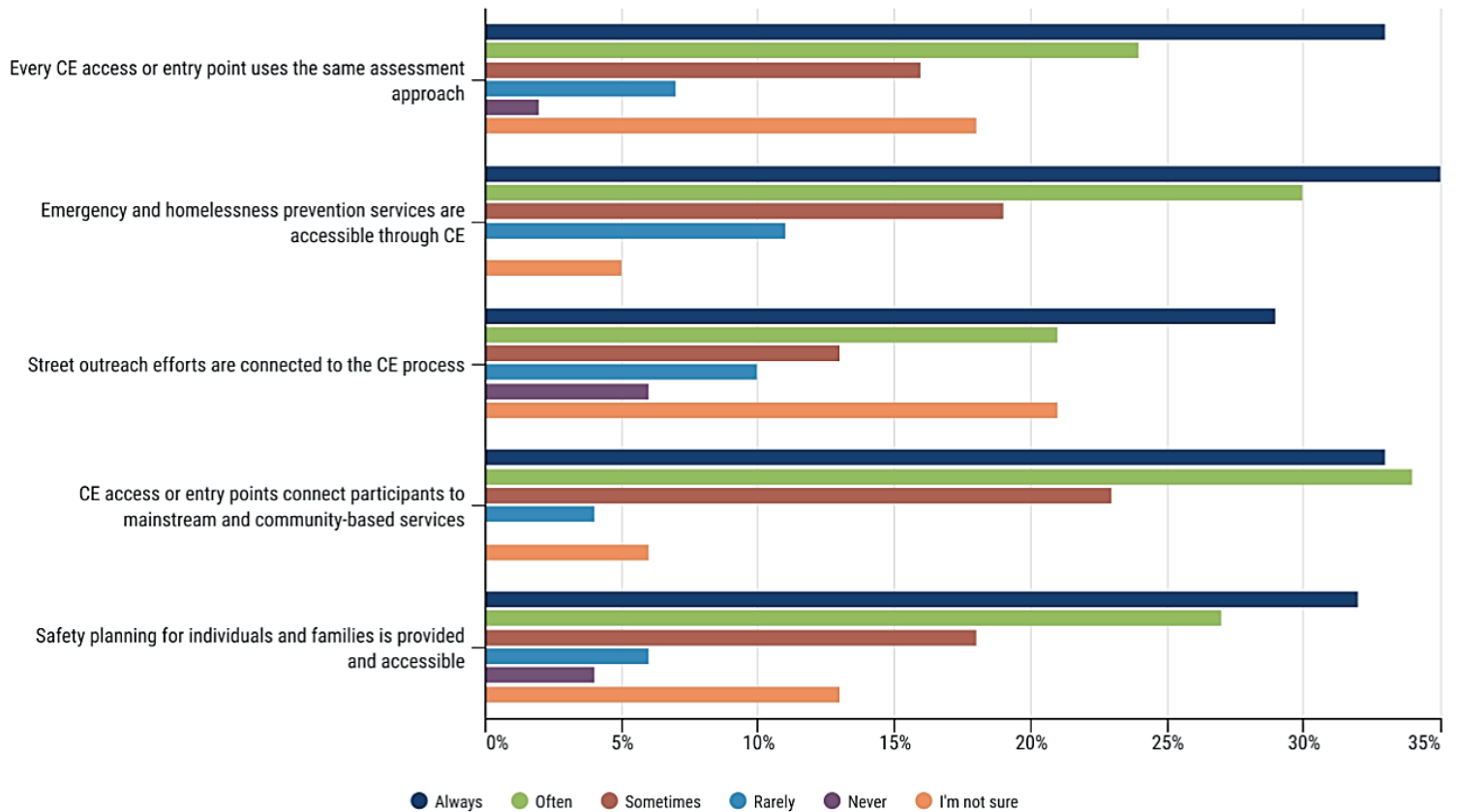
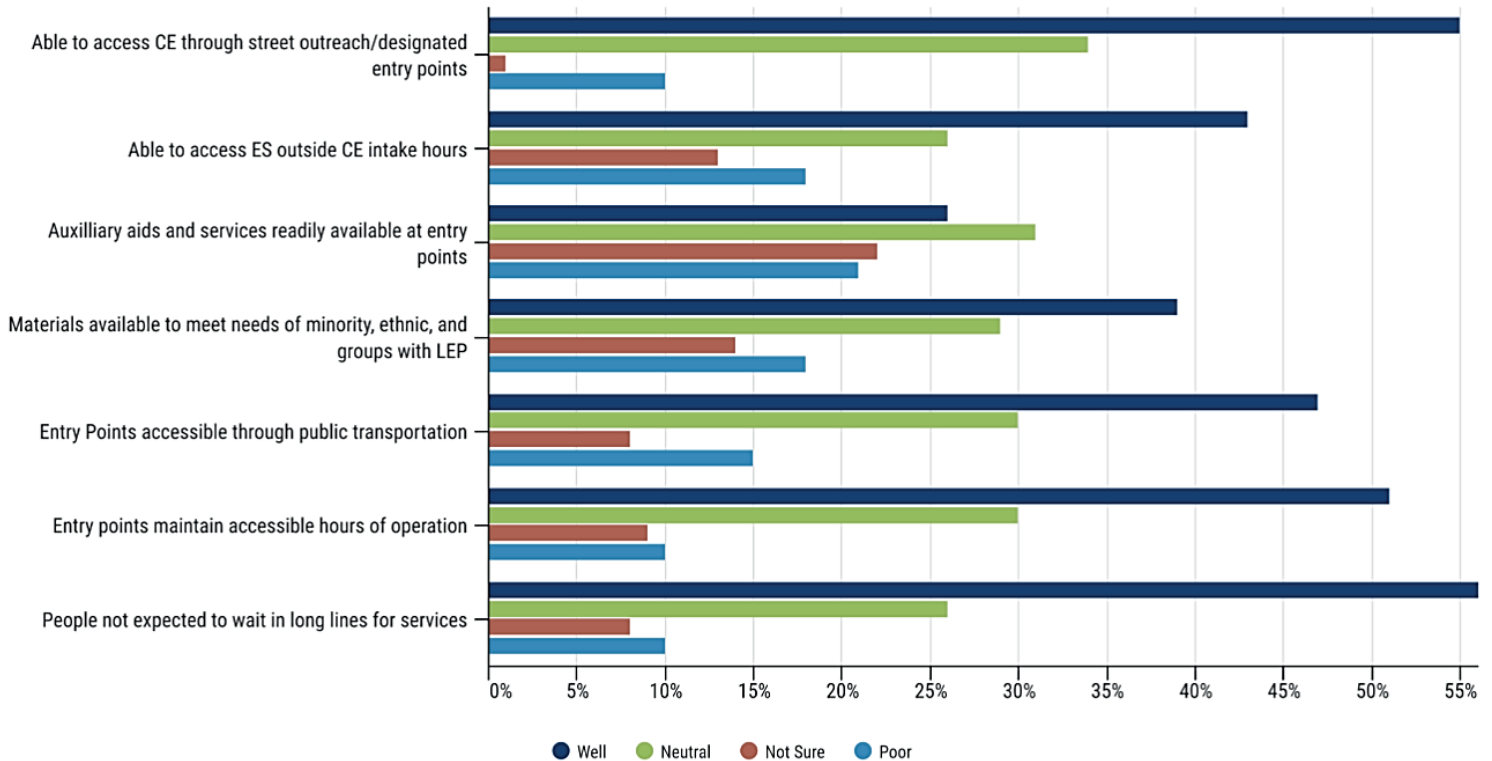


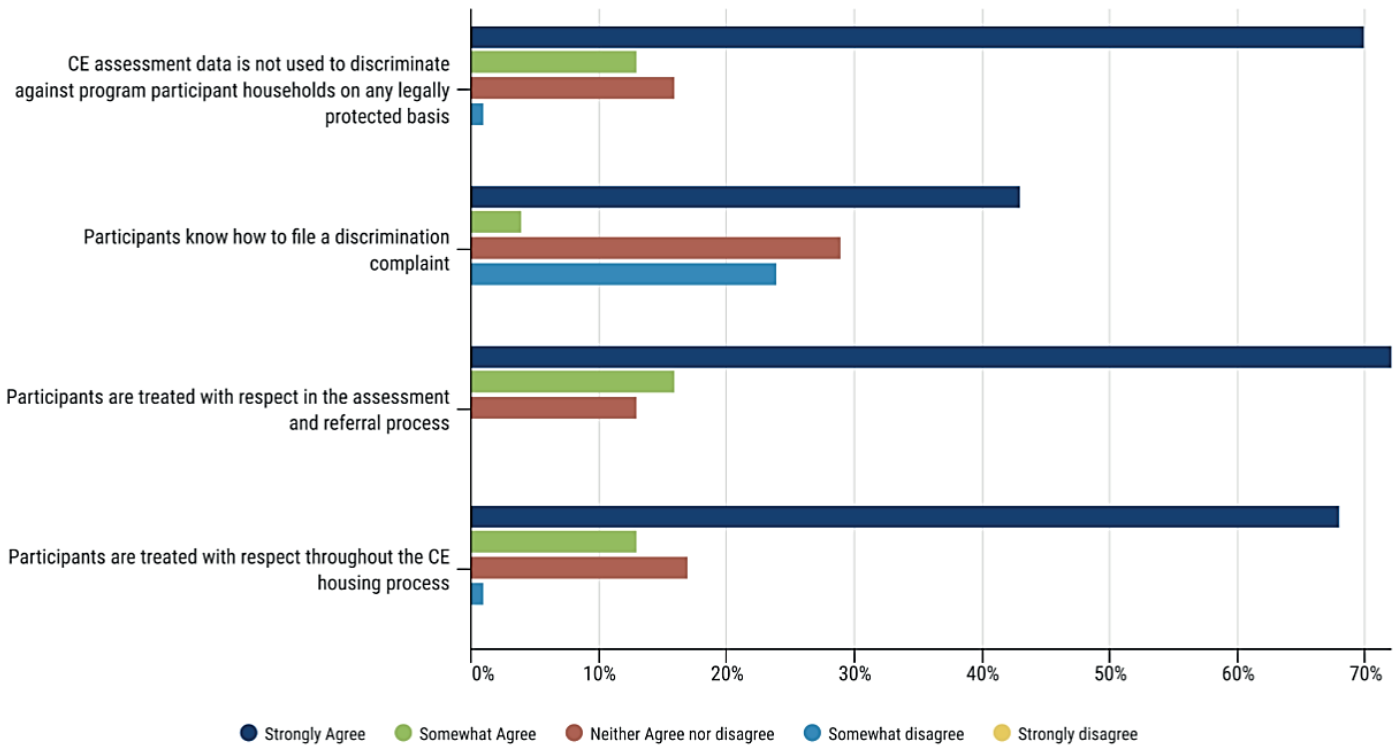
Figure 60: Provider Perception of Service Accessibility for Participants



Assessment and Prioritization

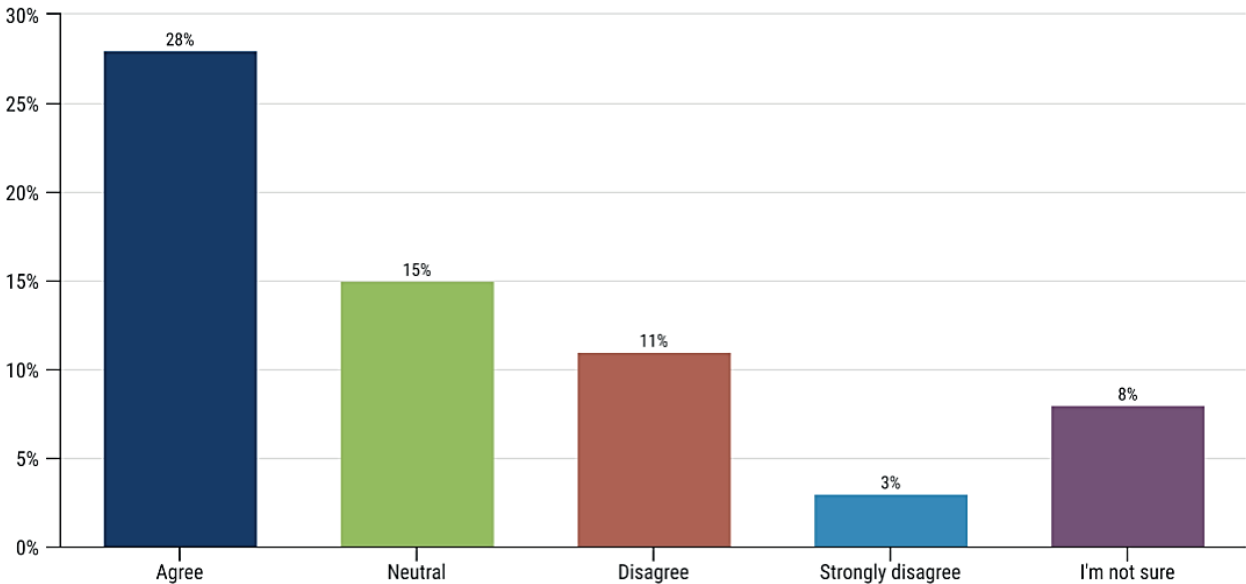
Survey participants were asked how well CE prioritized program participants so that those with the highest needs/priority are offered assistance first. As a subset of this question, respondents were also asked if they agree that the CE assessment data collected is not used to discriminate against program participant households on any legally protected basis. The majority of respondents “agree” with this statement while 16 percent “neither agree nor disagree.” When asked if they agree or disagree that program participants know how to file a discrimination complaint with the CoC, CE entry point, or service provider agency, the majority again “agree” with 43 percent of respondents “strongly agreeing” and 24 percent “somewhat agreeing.” Of the respondents, 68 percent “strongly agree” that program participants are treated with respect throughout the CE housing process. To all of these questions, no provider “strongly disagreed” with any of the statements. The statement that had the most disagreement was the statement regarding participants understanding how to file a discrimination complaint. There were more instances of disagreement, as in somewhat disagreeing, at 24 percent of the respondents. This indicates that ensuring participants have their own agency and avenue to speak out about potential discrimination may not be a common practice within the CE process.

Figure 61: Provider perception of treatment of participants through CE process



The majority of respondents agree that the CE assessment and referral process accurately reflects the vulnerability and needs of program participants.

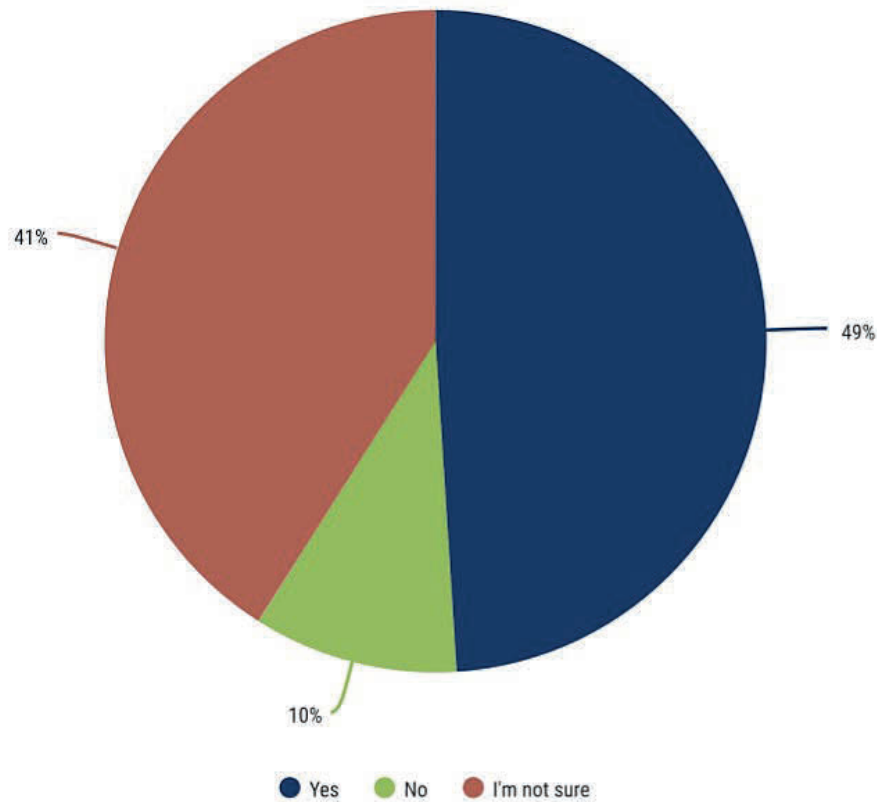
Figure 62: Level of agreement that CE assessment and referral process reflects needs of participants



Respondents were asked about the level of consistency of the CE in their region when referring participants to housing and/or support services. 31 percent of respondents stated their CE always has a consistent and uniform referral process for CoC and ESG program resources. Another 30 percent stated they often have a consistent

referral process and nine percent stated they rarely do. When asked if program participants maintain their prioritization if they reject an initial referral option, thus giving them the opportunity to better their situation as suits their needs, there was a high percentage of 'I'm not sure' at 41%, indicating a lack of consistency in at least this aspect of the CE process.

Figure 63: Do program participants maintain prioritization if they reject an initial referral option?



When asked if program participants receive clear information about the project or resource they are referred to, 25.6 percent of respondents stated always and 22.1 percent stated often. If a program participant is prioritized for Permanent Supportive Housing (PSH) but there is no PSH available, the program participant, 23.8 percent of respondents stated these participants are always offered other appropriate program options available and 19.4 percent of respondents stated these options are often offered. Another 10.6 percent stated they are rarely offered and two stated they are never offered. When asked if providers feel participants understand the CE process and know where their placement on the list is, 15.9 percent of respondents stated participants "always" understand the process and 13.2 percent of respondents stated they "sometimes" do. Conversely, 7.8 percent stated participants "rarely" understand and two stated they "never" understand, while 12.3 percent respondents indicated they "were not sure."

However, when looking at referral and prioritization, there is a slightly higher response in the negative from participants at eight percent of respondents citing the housing information and support from agency staff was "not at all helpful." While 52 percent cited the assistance was "very helpful," the increase in negative responses is still notable

When asked about how challenging certain issues are when receiving referrals from CE, half of the respondents at 50 percent indicated that locating referred participants is "moderately challenging," followed by "slightly

challenging” with 29 percent of respondents. In terms of receiving timely referrals, 17 percent respondents indicated this is “very challenging,” 33 percent stated it is “moderately challenging,” and 20 percent state it is “slightly challenging.” When asked about the ease of ensuring participants understand the CE process, 13 percent of respondents stated this is “very challenging,” 37 percent state it is “moderately challenging,” while another 19 percent state it is “not at all challenging.”

When asked how they would rate the overall transparency of the CE process in their region, 30 percent of providers rated the process as “very transparent,” 32 percent rated as “mostly transparent,” and 31 percent “somewhat transparent.” Only seven percent of respondents stated the process is “not at all transparent” in their region. These responses somewhat mirror the responses of participants, who when asked if they were aware of their placement on the list for housing, over a quarter of the respondents at 27 percent stated “no,” and another 23 percent stated they are “not sure.”

Figure 64: Key Provider Quotes

When asked the type of topics or trainings that would help providers better understand and participate in CE, providers responded with the following:



When asked what aspect of CE in their region they would most like to improve, providers had the following responses:



Providers were asked to discuss what aspects are most effective in their respective region:



Appendix E & F: Program Participant Focus Groups

Appendix E: Program Participant Focus Group Guide

Research Question:

- How are those experiencing homelessness or at risk of experiencing homelessness accessing housing or services through Coordinated Entry?
-

Focus Group Interview Questions:

1. Can you talk a little about the steps you first took to find assistance with housing or support needs when you most recently experienced homelessness? How did you first hear about the resources that you initially tried to access or the organizations you went to for assistance?
2. Optional: Was this place where you went to find assistance easy to locate and travel to? How did you find out about it?
3. What did you find most helpful when trying to find and access resources or support for your housing situation? Did you get the staff support that you needed?
4. What barriers or challenges, if any, did you experience in trying to get help?
5. Optional: Were you provided with safe and clean accommodations when accessing Coordinated Entry?
6. Optional: In your experience, are there rules to get into shelter or other programs (i.e., breathalyzer, local driver's license, etc.) preventing people from getting help?

Research Questions:

- Is the Coordinated Entry assessment and referral process implemented as planned?
- How is the Coordinated Entry process connecting those experiencing homelessness with appropriate housing opportunities and/or services?

Focus Group Interview Questions:

1. When you were "assessed" for what housing and services you needed, how would you describe that experience? This would have likely been at the very beginning when you first sought help.
2. Have you had the opportunity to discuss your specific housing needs and preferences? If so, when in the process were you asked about housing needs and preferences?
3. Has the person you worked with connected you with helpful resources and housing? Can you describe the process?
4. How do you feel about the housing and resources that you've been offered or referred to? Do they meet your needs? What types of housing and resources were you matched with?
5. During the process of getting assessed and being referred to housing and resources, have you felt respected, comfortable, and listened to? Why or why not?
6. What do you think could be improved about your experience or the experience of others seeking housing and services?

Appendix F: Program Participant Focus Group Analysis

Focus Group Overview

To capture qualitative data on the CE process from people with lived experience, the consulting team conducted three focus groups in October and November 2022 covering four CoC regions and five CoC provider sites, with each focus group covering one to two CoC regions. The CoC regions and sites were selected in coordination with THN based on their location, engagement with participants in CE, HMIS data, and characteristics related to local CE implementation.

Regions

The regions that participated in the program participant focus groups were:

- Texarkana
- Cameron
- Hidalgo
- Longview

Participants

The purpose of the focus group sessions was to gather qualitative data from people with lived experience to supplement the additional quantitative CE evaluation methods. In partnership with CoC provider organizations, focus groups were conducted in a hybrid format, with the facilitators joining virtually and participants joining either virtually or from private meeting spaces arranged on-site in each of the regions. Each group consisted of 3 to 8 program participants who were either currently in CE or who had been housed by CE within the past year as identified by providers. Group attendees received a \$25 gift card as a participation incentive and to compensate them for their time. Sessions included approximately 10 to 12 discussion questions on topics including:

- Accessibility of resources, housing, and supportive services
- Experience with the CE assessment process
- Experience with the CE referral process and site staff
- Barriers and challenges to being matched with and referred to the assistance needed
- Suggestions for how to improve CE to better serve people experiencing homelessness

Key Themes

After completion of the focus groups, discussion notes were analyzed to identify key themes among participants across the three focus group sessions. Although there are some regional differences in the CE process for assisting with housing and support services for those experiencing homelessness, a few consistent themes were consistent across all of the focus groups:

- 1 Access:** Program participant access to CE resources and providers can be limited by provider location, availability of transportation, and access to internet, email, and phone.
- 2 Housing Search:** Although the availability of housing and specific housing options varies by region, community housing search lists are a key component of successfully housing people and must be up-to-date and tailored to an individual or family's needs.

3

Support: Once program participants find housing, they still face challenges, particularly with recurring costs like utility bills.

Regional Themes

Texarkana

Strengths

- Participants in the Texarkana region were broadly satisfied with their experiences of CE access and assessment.
- Participants largely stated that they first heard about CE provider sites through street outreach and internet research.
- Provider sites were somewhat easy to locate and navigate according to participants.

Challenges

- Participants reported that referral and finding appropriate housing were the most challenging aspects of CE.
- Participants identified some difficulties with phone access, transportation availability, and transportation cost when trying to access housing resources.
- A significant challenge among all participants was the availability of housing and support in accessing housing. Participants perceived the available housing lists provided to be outdated and shared that they had to put in a lot of time and effort making calls and visiting apartments to see if they would be accepted and oftentimes were not successful.
- Participants reported that many landlords did not accept individuals with housing assistance; because of these limitations, one participant felt as though they were forced into certain neighborhoods where they felt uncomfortable, or that their specific housing needs related to unit size could not be met.

Recommendations

- Participants also shared suggestions for improvements to the CE process, including agreement that providing bus passes would help people access housing and services more quickly.
- Participants noted that the region would benefit from a day shelter, where they could take shelter from the weather and have access to computers and showers.
- The day shelter was envisioned as a centralized hub where resources could be coordinated, as participants said that it could be hard to get where they needed to go throughout the day because of geographically scattered resources.

Cameron and Hidalgo

Strengths

- The majority of participants in the focus group for Cameron and Hidalgo regions had been housed through CE and had a generally positive experience in terms of staff support and guidance during the CE process.
- Participants from both regions said that sites were responsive in getting them housing that fit their needs in terms of location, number of bedrooms, and other factors. Participants from the Cameron region noted that the cost of housing application fees were covered and that providers were deliberate in the housing options that they provided to participants. They reported that by the time they were filling out an application, they understood that

they had already been approved.

- Similar to findings from the program participant survey for the region, most focus group participants first heard about homelessness services and resources in the area through informal networks like friends and family. These informal networks, when provided with access to up-to-date information, are valuable resources for sharing information.
- Overall, participants were satisfied with the level of communication from their case managers throughout the CE process. One participant noted that their case manager would “return calls, text messages, even for a silly question.” Another participant recalled that site staff provided them with “preventative measures” that they wouldn’t have considered before to ensure that the participant’s housing remained stable.

Challenges

- Participants identified some barriers to accessing and retaining housing, with some participants reporting that they had to contact multiple organizations before they reached a site that could help them find housing.
- For some participants, most if not all of the CE process was conducted online or via email. Participants identified vision impairments, internet access, and printer access as barriers that can delay or inhibit the CE process.
- Focus group participants recognized that the housing process requires a lot of communication and noted that staff often have multiple clients that they are working with, which can slow down response times.
- Participants in the Hidalgo region said that they spent a lot of time and money filling out housing applications with no guarantee that they would be successful in finding a place to live.
- Lack of familiarity with the region and resources can pose a barrier to CE access for some participants, particularly for people without access to transportation. This can impact their ability to access services quickly and find appropriate housing.

Recommendations

- Participants suggested that CE providers should have a way for program participants to e-sign documents so that the need for a printer does not slow down the process.
- A participant currently housed through CE shared that the cost of utilities was increasing and becoming a challenge and suggested that funding support would be helpful to ensure their housing stability.
- Other suggested improvements included transportation assistance or funding, support with housing application fees, and an up-to-date list of housing that will accept housing vouchers or other housing assistance.

Longview

Strengths

- Participants reported primarily positive experiences with CE provider staff in terms of communication, support, and resources provided throughout the CE process.
- Participants felt comfortable reaching out to their case managers if they needed assistance.
- While navigating paperwork and documentation was mentioned as a challenge for some participants, they stated that case managers were helpful in providing documentation support; additionally, case managers provided further assistance with accessing other support services beyond housing.
- Multiple participants shared that with assistance, they were now able to pay their bills, and some were able to move into housing.

Challenges

- Similar to the other focus groups, some participants identified transportation as a barrier to accessing services as well as medical and other appointments.

Recommendations

- In one instance when a participant did not have transportation, their case manager was able to travel to them in order to fill out necessary paperwork and suggested that this is useful as standard practice to support participants through the CE process.

Appendix G: System Performance Measure Data

Appendix G: System Performance Measure Data

The below section features system performance data for the TX BoS CoC (TX-607) for the fiscal year 2021. System Performance Measures (SPMs) measure the coordination, efficacy, and performance of CoC systems over time²⁴. They serve as the way in which “communities understand how their system is functioning and if they have deployed the right combination of strategies and resources.”²⁵

Some notable performance indicators of success for TX BoS CoC (TX-607) include that program participants spend less time homeless (SPM 1), there is a significantly lower rate of return to homelessness (SPM 2), and there is a higher percent of system leavers increasing their earned and total income at exit (SPM 3) as compared to national averages. As with many CoCs, some areas of attention for TX Bos CoC include increasing successful exits from Emergency Shelter (ES), Safe Haven (SH), Transitional Housing (TH), and Rapid Rehousing (RRH), increasing HMIS bed coverage, and improving data collection on system leavers to maximize exit destinations that are known for system leavers.

Measure 1: Length of Time Persons Remain Homeless

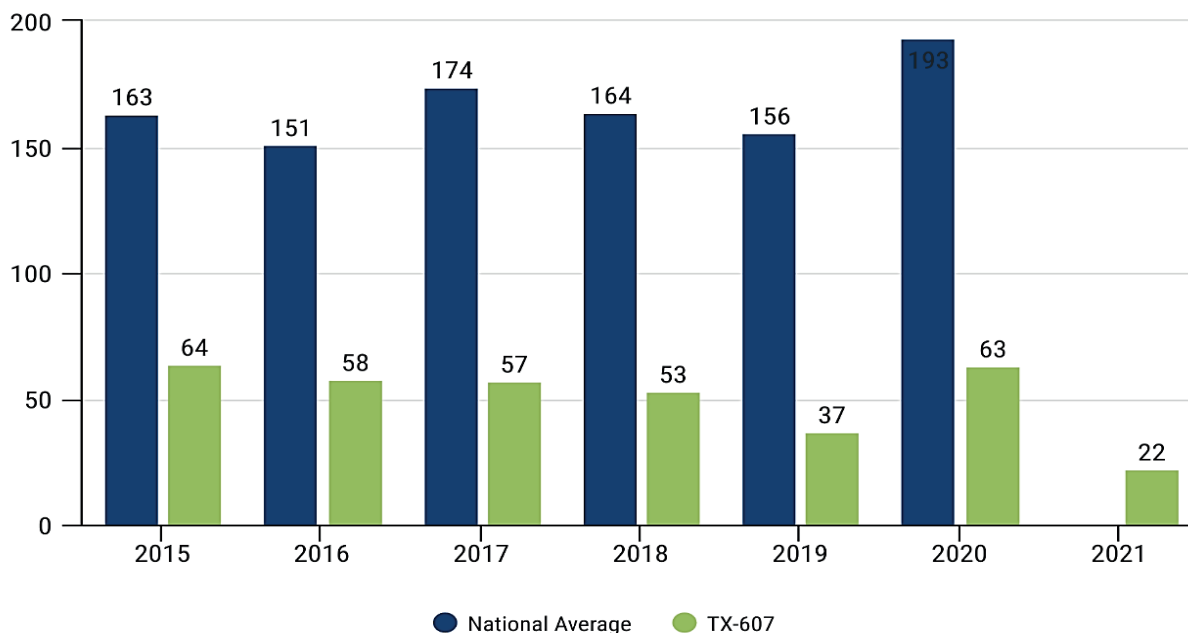
SPM 1a represents the length of time individuals and people in families remain homeless.²⁶ SPM 1a calculates the average length of stay for people in ES, SH, and TH. SPM 1a uses each client’s start, exit, and bed night dates strictly as entered in HMIS. The chart below shows that the average length of stay for TX BoS CoC was shorter than the national average for every year represented. The average length of stay for TX BoS has generally been decreasing since 2015 and was 22 days in 2021. Measure 1b includes data from each client’s living situation response as well as time spent in permanent housing projects between project start and housing move-In date.

²⁴HUD Exchange, “System Performance Measures Introductory Guide.”: <https://files.hudexchange.info/resources/documents/System-Performance-Measures-Introductory-Guide.pdf>

²⁵ HUD, “Strategies for System Performance Improvement Brief.”: <https://files.hudexchange.info/resources/documents/Strategies-for-System-Performance-Improvement-Brief.pdf>

²⁶ HUD, “National Summary of CoC System Performance Measures 2015-2021.”: <https://www.hudexchange.info/resource/5793/national-summary-system-performance-measures-2015-2021/>

Figure 65: SPM 1a Length of Time Persons Remain Homeless in ES, SH, TH



Source: 2021 HUD CoC System Performance Data²⁷

Measure 2: The Extent to which Persons Who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6, 12, and 24 months.

Measures 2a and 2b indicate the extent to which persons who exit homelessness to permanent housing destinations return to homelessness within 6, 12, and 24 months. Exits to permanent housing and returns to outreach, ES, TH, SH, and select permanent housing (PH) projects are recorded in HMIS.²⁸

TX BoS CoC demonstrates a rate of return to homelessness in six months that has consistently been lower than the national averages. In 2021, the average return to homelessness in six months for TX BoS CoC was 5.1 percent, compared to a national average of 9 percent.

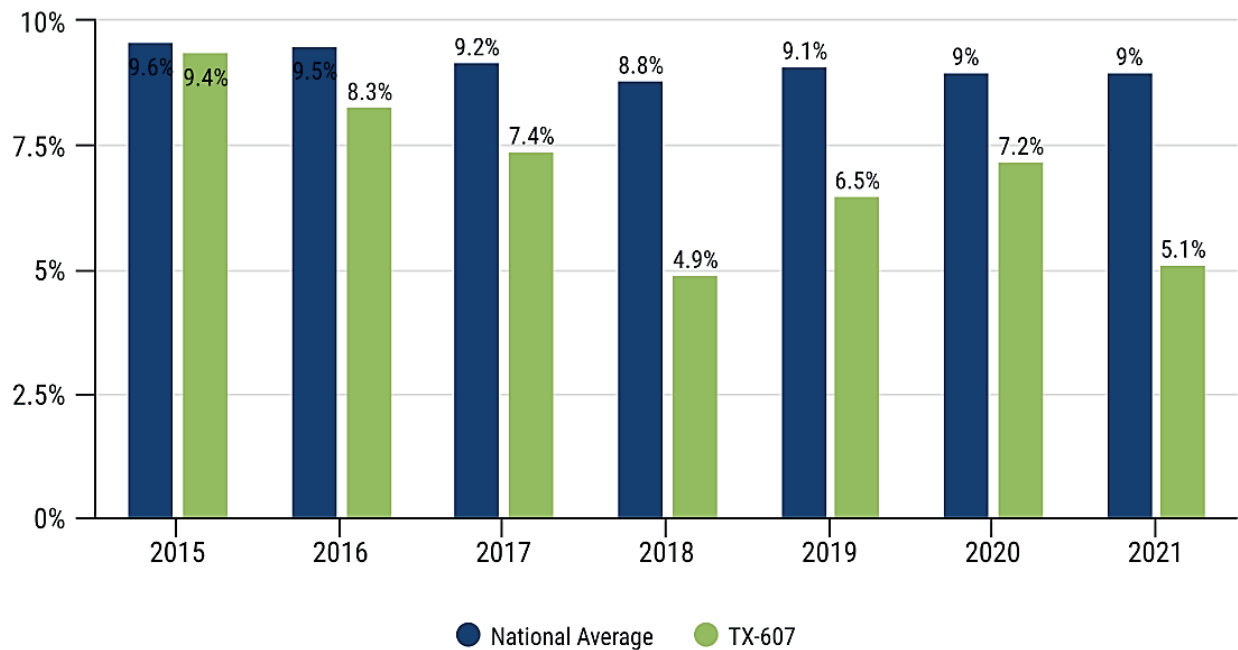
²⁷ Available at:

<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

²⁸ HUD, "National Summary of CoC System Performance Measures 2015-2021." Available at:

<https://www.hudexchange.info/resource/5793/national-summary-system-performance-measures-2015-2017/>

Figure 66: SPM 2 Returns to Homelessness in 6 Months

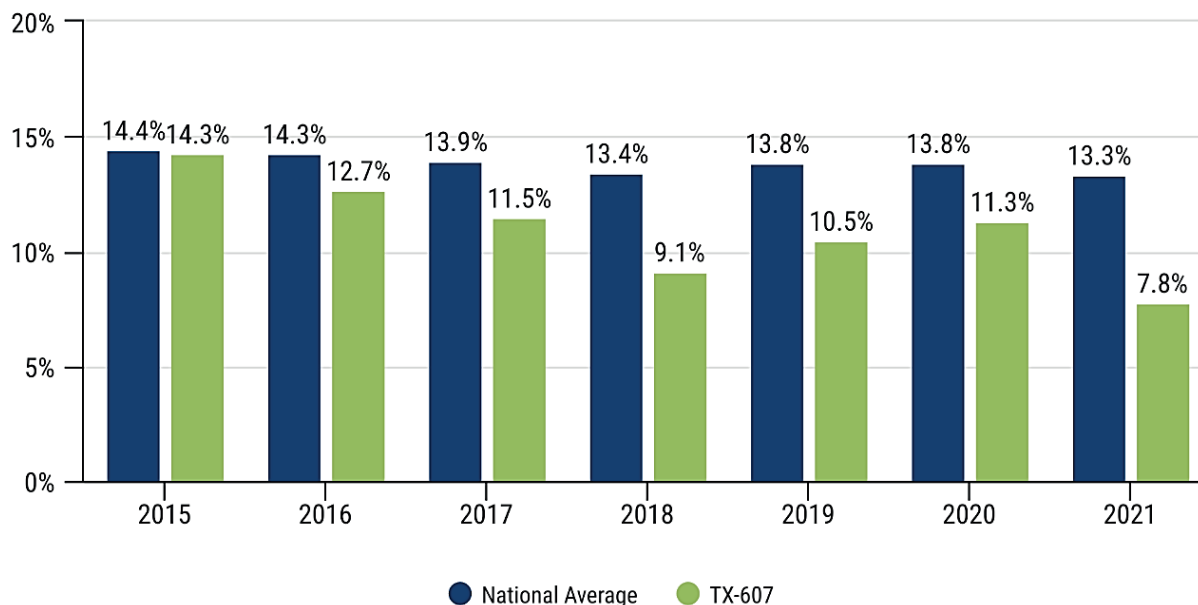


Source: 2021 HUD CoC System Performance Data²⁹

TX BoS CoC also demonstrates a rate of return to homelessness in twelve months that has consistently been lower than the national average for past years. In 2021, the average return to homelessness in twelve months for TX BoS CoC was 7.8 percent, compared to a national average of 13.3 percent.

²⁹ Available at:
<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

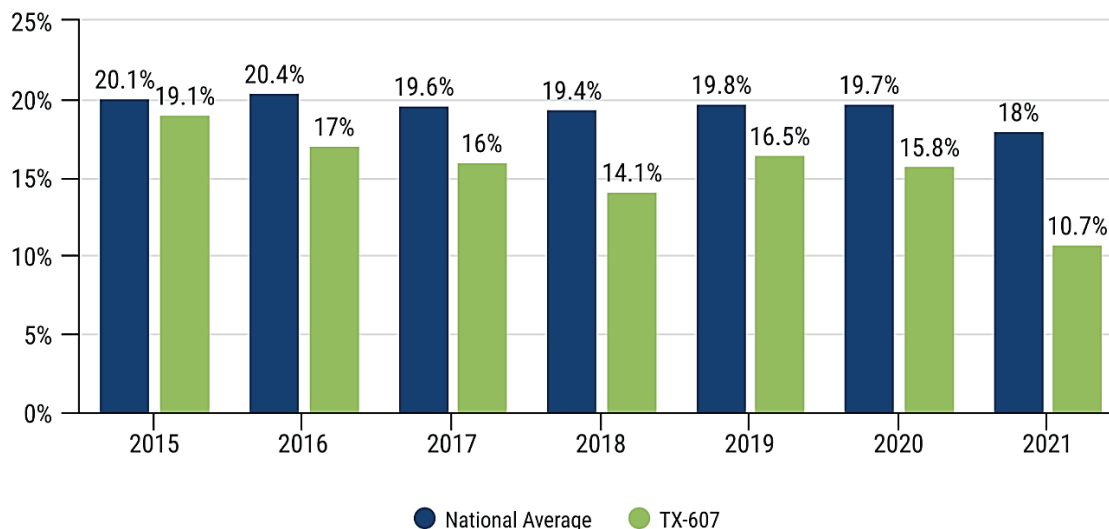
Figure 67: SPM 2 Return to Homelessness in 12 Months



Source: 2021 HUD CoC System Performance Data³⁰

TX BoS CoC also demonstrates a rate of return to homelessness in 24 months that has consistently been lower than the national averages for past years. In 2021, the average return to homelessness in 24 months for TX BoS CoC was 10.7 percent, compared to a national average of 18 percent.

Figure 68: SPM 2 Return to Homelessness in 24 Months



Source: 2021 HUD CoC System Performance Data³¹

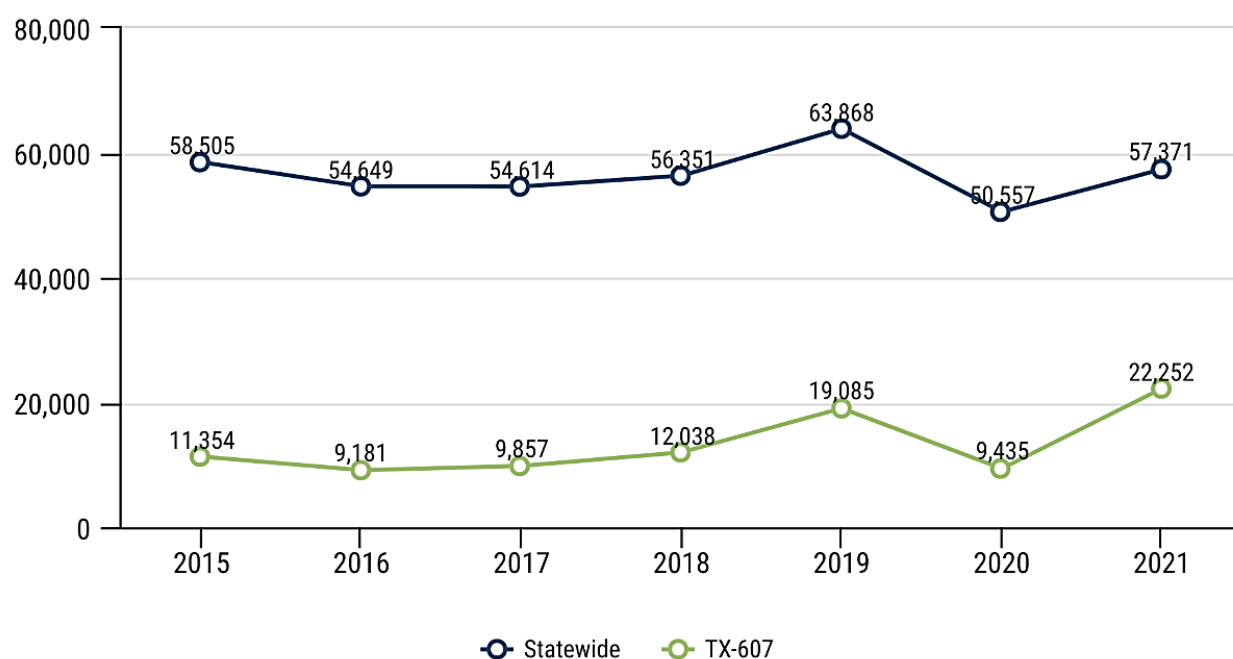
³⁰ Available at:
<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

³¹ Available at:
<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

Measure 3: Number of Homeless Persons

SPM 3.1 measures the change in PIT counts of sheltered and unsheltered homeless persons and includes people measured by the point-in-time count of sheltered and unsheltered people as well as other measures of people staying in emergency shelter, Safe Haven, and transitional housing. Measure 3.2 calculates the overall change in annual counts of sheltered homeless persons in HMIS, represented as counts of people in each year staying in emergency shelters, Safe Haven, and transitional housing projects in HMIS. The number of people measured by SPM 3.2 for the TX BoS CoC has followed a similar pattern as the state dropping in 2020 and increasing in 2021. In 2021, Measure 3.2 measured 22,252 people for TX BoS CoC, a notable increase from previous years.

Figure 69: SPM 3.2 Annual Counts of Sheltered Homeless Persons in HMIS



Source: 2021 HUD CoC System Performance Data³²

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Measure 4 measures jobs and income growth for homeless individuals and families, represented as counts of people with increases in earned income and total income from project start to project exit for leavers or current status for stayers.³³ SPM 4.1 measures change in earned income for adult system stayers during the reporting period. SPM 4.2 measures change in non-employment cash income for adult system stayers during the reporting period. SPM 4.3 measures change in total income for adult system stayers during the reporting period.

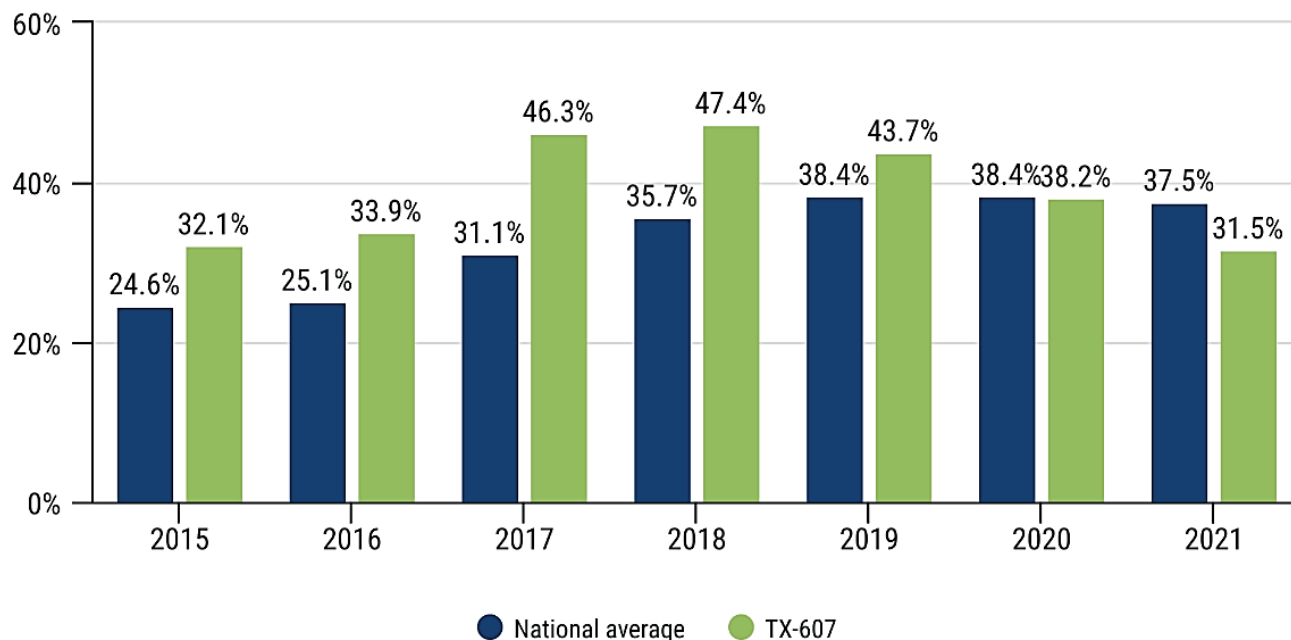
³² Available at:

<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

³³ HUD "National Summary of Homeless System Performance 2015-2021": <https://files.hudexchange.info/resources/documents/National-Summary-of-Homeless-System-Performance-2015-2021.pdf>

period. This measure has often been higher than national average. In 2021, however, it decreased to 31.5 percent of stayers who increased their total income.

Figure 70: SPM 4.3 Stayers who Increased Total Income



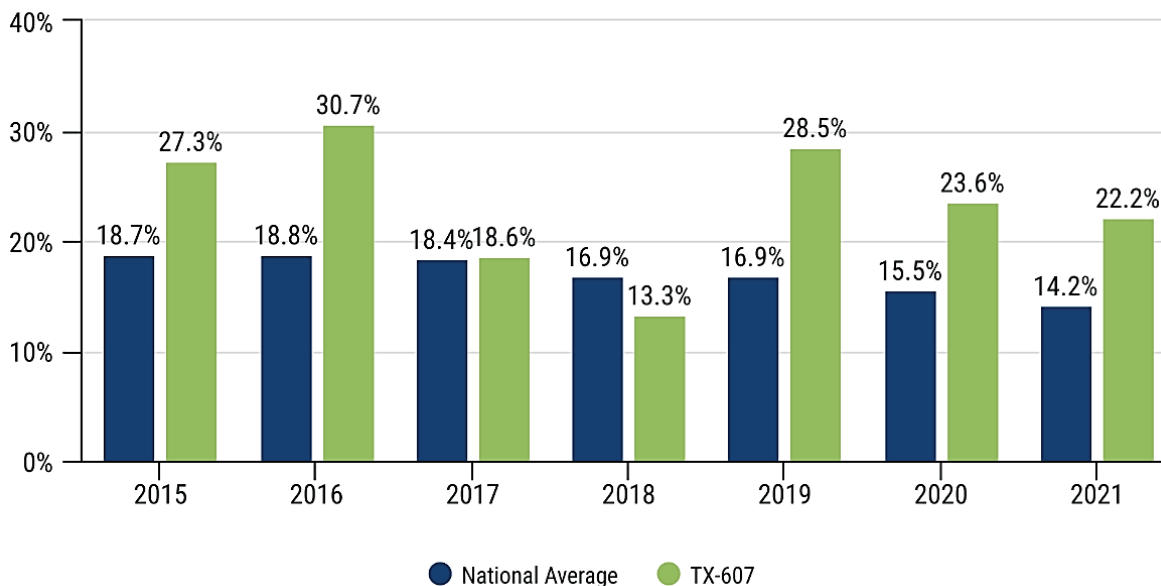
Source: 2021 HUD CoC System Performance Data³⁴

SPM 4.4 measures the change in earned income for adult system leavers. For the last six out of seven years, TX BoS CoC had a higher percentage of leavers who increased earned income compared to the national average. In 2021, 22.2 percent of leavers increased earned income.

³⁴ Available at:

<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

Figure 71: SPM 4.4 Leavers who Increased Earned Income

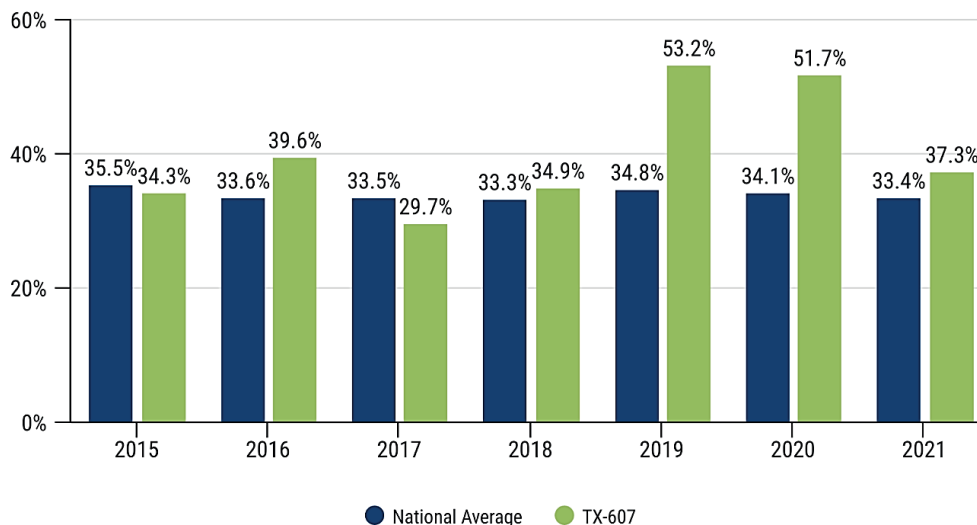


Source: 2021 HUD CoC System Performance Data³⁵

SPM 4.5 measures the change in non-employment cash income for adult system leavers.

SPM 4.6 measures the change in total income for adult system leavers. The percent of leavers who increased total income has been higher than national average in the past three years, with 37.3 percent of all leavers increasing their total income.

Figure 72: SPM 4.6 Leavers who Increased Total Income



Source: 2021 HUD CoC System Performance³⁶

³⁵ Available at:

<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

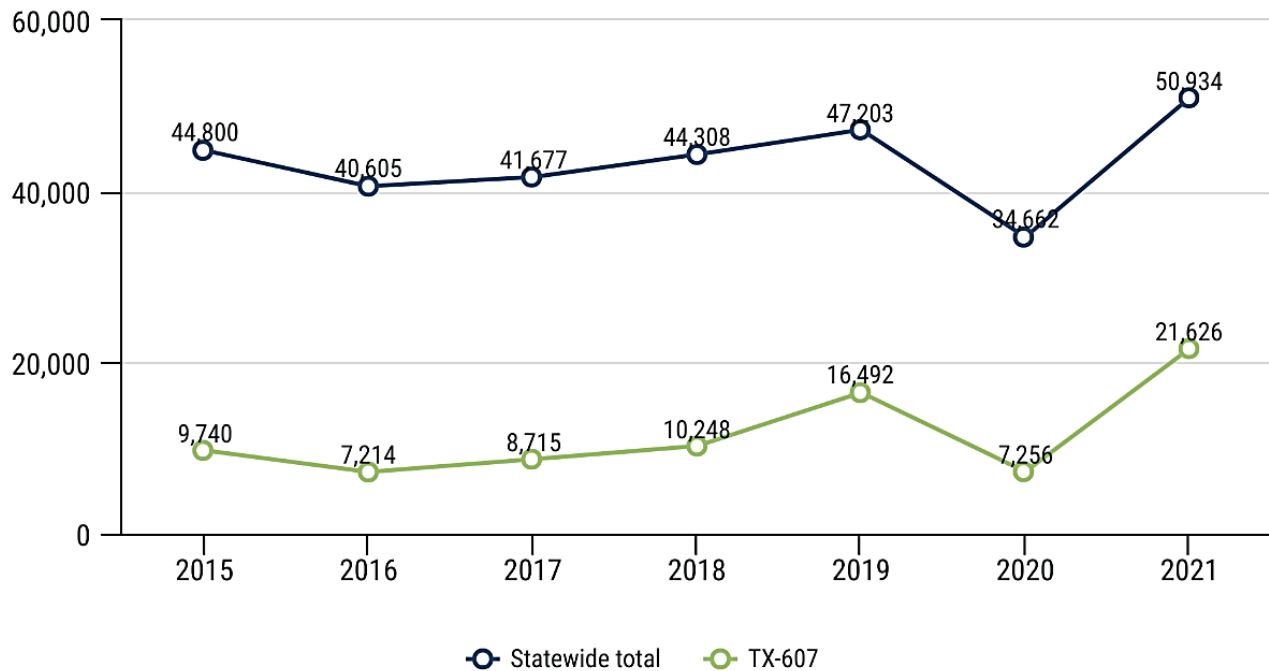
³⁶ Available at:

<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

Measure 5: Number of Persons who Become Homeless for the First Time

Measure 5 measures the number of persons who become homeless for the first time. Measure 5.1 measures the change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS, and Measure 5.2 measures the number of persons entering ES, SH, TH, and PH with no prior enrollments in HMIS for the prior 24-month period. This measure illustrates the success at reducing the number of individuals and families who become homeless. The number of persons who become homeless for the first time has followed a similar pattern for TX BoS CoC and statewide with numbers decreasing in 2020 and significantly increasing in 2021, with 21,626 of the 22,252 people counted in the HMIS system having no prior enrollments.

Figure 73: SPM 5.2 Count of First Time Homeless in ES, SH, TH, and PH



Source: 2021 HUD CoC System Performance Data³⁷

Measure 6: Homeless Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measures 6a.1 and 6b.1 measure returns to ES, SH, TH, and PH projects after exits to permanent housing destinations within 6 months, 12 months, and 24 months. Measure 6c.1 measures change in exits to permanent housing destinations. Measure 6c.2 measures change in exit to or retention of permanent housing.

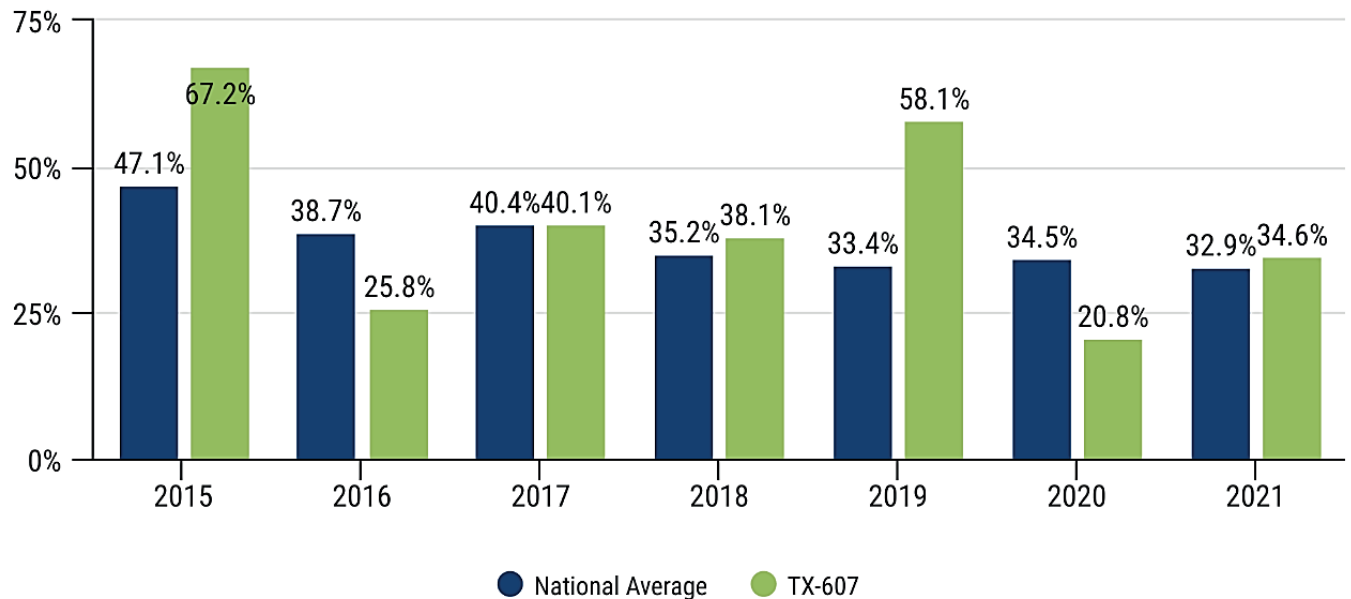
³⁷ Available at:

<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Measure 7 includes three different measures for successful placement from street outreach and successful placement in or retention of permanent Housing. Measure 7a.1 records change in exits to permanent housing destinations. The number of people who exit street outreach to permanent housing has been inconsistent in the past seven years. In 2021, 34.6 percent of all exits from street outreach for TX BoS CoC resulted in the person exiting successfully to temporary or permanent housing, as well as some institutional destinations. This percentage was similar to the national average for the year.

Figure 74: SPM 7a.1 Exits from Street Outreach to Temporary or Permanent Housing

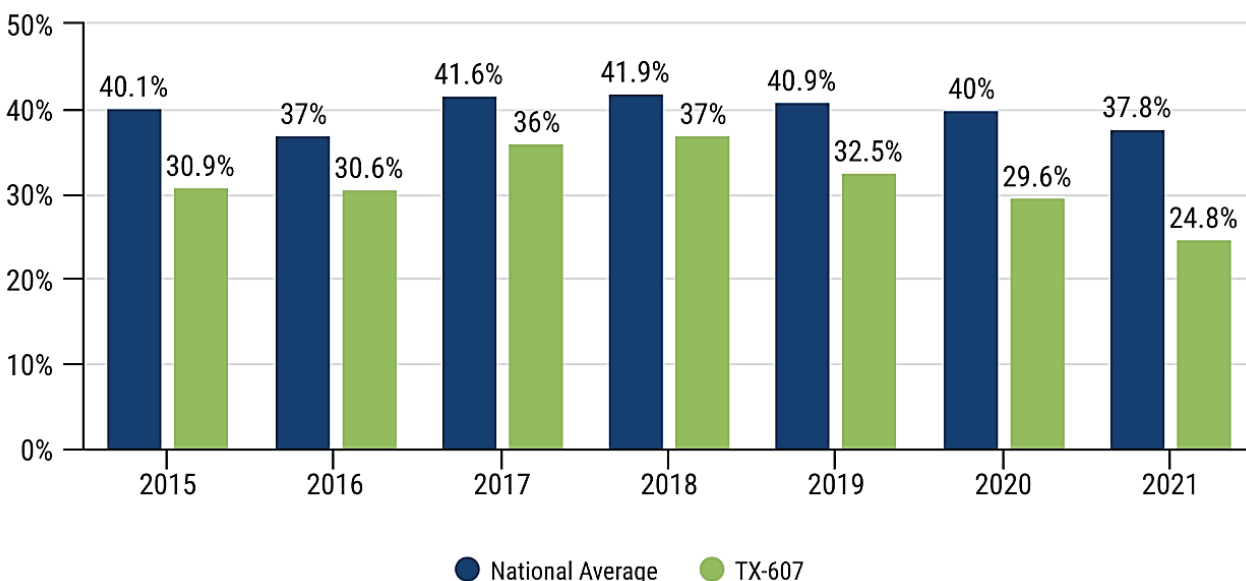


Source: 2021 HUD CoC System Performance Data³⁸

Measure 7b.1 measures change in exits to permanent housing destinations. It illustrates successful housing placement to a permanent housing destination from ES, SH, TH, or RRH projects. For the past seven years, the successful exits from ES, SH, TH, and RRH for the TX BoS CoC have been below national average. In 2021, 24.8 percent of TX BoS CoC program participants successfully exited from ES, SH, TH, and RRH. This is a decrease from the previous five years.

³⁸ Available at:
<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

Figure 75: SPM 7b.1 Successful Exits from ES, SH, TH, and RRH

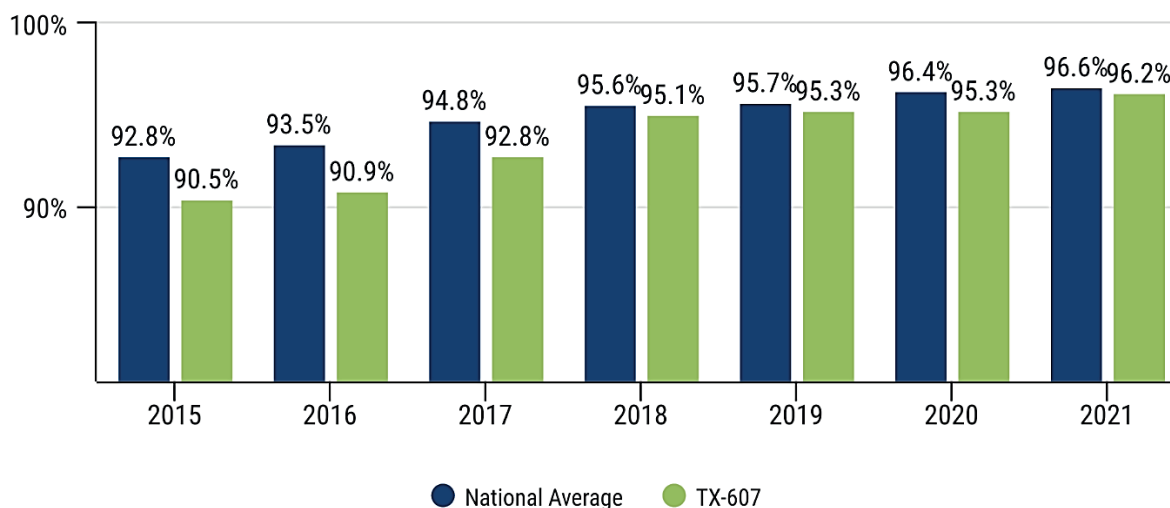


Source: 2021 HUD CoC System Performance Data³⁹

Measure 7b.2 measures change in exit to or retention of permanent housing. It illustrates successful exits to a PH destination from PH projects not including RRH and includes people who stay in PH projects longer than 6 months. In the past seven years, the HMIS participants who successfully exited from PH to PH, or were retained in PH beyond six months, has been slightly lower than the national average, and slightly higher than the statewide average. In 2021, TX-BoS CoC had 96.2 percent of successful exits from PH to PH or retention of PH beyond six months, which represents a steady increase over the past seven years.

³⁹ Available at:
<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

Figure 76: SPM 7b.2 Successful exits from PH to PH or Retention of PH beyond 6 months

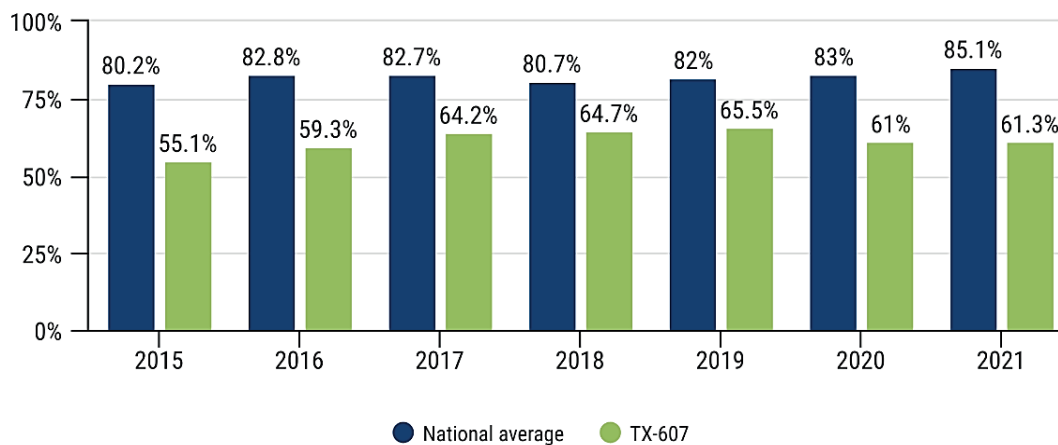


Source: 2021 HUD CoC System Performance Data⁴⁰

Bed Coverage

For the last seven years, TX BoS CoC has had a lower percent of “covered” HMIS beds than national average. Covered beds are a measure of beds that are included in HMIS data. The rate is calculated by “dividing the number of year-round HMIS participating beds by the total number of year-round beds (not including domestic violence beds).”⁴¹

Figure 77: Percent of “Covered” HMIS Beds, Only ES + TH Beds



Source: 2021 HUD CoC System Performance Data⁴²

⁴⁰ Available at:

<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

⁴¹ HUD Exchange “How is the HMIS Bed Coverage Rate Calculate”: <https://www.hudexchange.info/faqs/reporting-systems/homelessness-data-exchange-hdx/hic/how-is-the-hmis-bed-coverage-rate-calculated/>

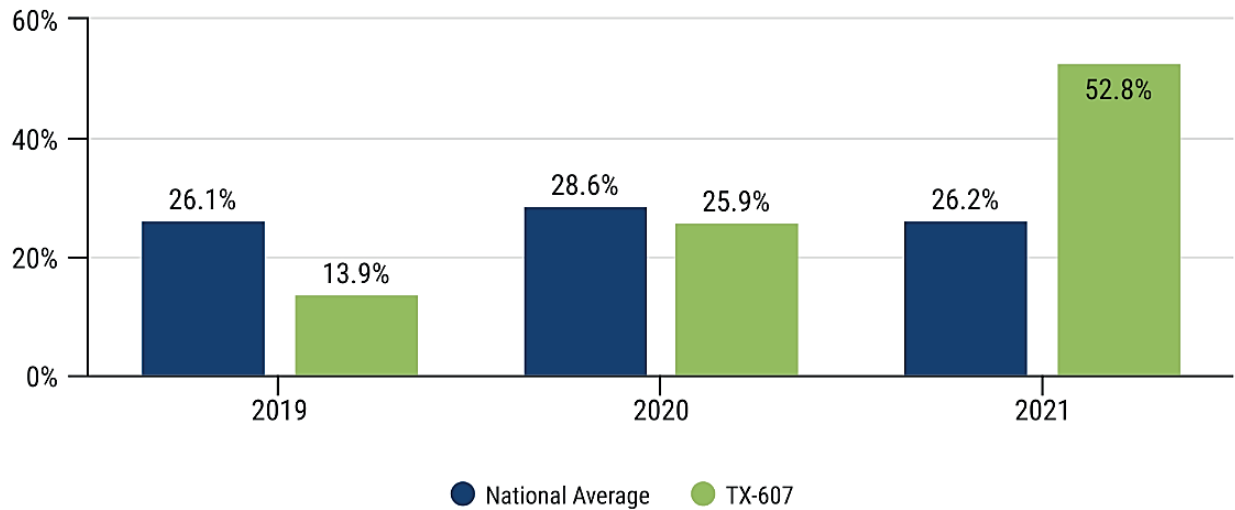
⁴² Available at:

<https://public.tableau.com/app/profile/system.performance.measures.hud.public.data/viz/HUDCoCSystemPerformanceMeasures>

Data Quality

The system performance data quality for system leavers has been inconsistent throughout the last three years. In 2021, TX BoS CoC had a 52.8 percent rate of destinations that were unknown, significantly higher than the national averages.

Figure 78: Data Quality of Leavers, Rate of Destinations that are Unknown



Source: 2021 HUD CoC System Performance Data