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MONTGOMERY COUNTY, PA

**STRATEGIES FOR ADVANCING RACIAL EQUITY IN
COORDINATED ENTRY SYSTEMS**

Prepared for Your Way Home by Focus Strategies

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I. BACKGROUND AND PURPOSE OF REPORT

Your Way Home (YWH) has commissioned this report as part of their effort to address identified barriers and disparities in the homelessness response system in Montgomery County, Pennsylvania. This report builds upon work carried out by YWH in partnership with the SPARC (Supporting Partnerships for Anti Racist Communities) Team at the Center for Social Innovation (C4) to evaluate racial inequities in the community's homeless services and use the results to design a more equitable system. The results of that work are documented in two reports. Part I provided an assessment of the intersection of race and homelessness in Montgomery County and made initial recommendations to shape work moving forward. Part II included a national scan of promising practices and a roadmap for implementing racial equity in the community's response to homelessness.

One of the eight areas identified in the roadmap was "equity-based assessment and prioritization," with recommended actions including the "redesign of the [Coordinated Entry] assessment and prioritization process and tools using race/ethnicity as a risk factor for homelessness and returns to homelessness." To implement this recommendation, YWH hired Focus Strategies to conduct research to identify and assess any new Coordinated Entry (CE) tools that have been developed or are in development, as well as other strategies communities have implemented to create more equitable CE processes. At the same time, YWH hired Just Strategies, LLC to conduct a community engagement and qualitative information gathering process to better understand how racial inequity is playing out in Montgomery County's homelessness response system, and in particular in the CE system, and produce a final report.

This report summarizes the results of research conducted by Focus Strategies, including an explanation of the research methodology, a brief overview of the current national conversation on CE and race, and the results of our research on strategies communities throughout the United States have implemented or are considering implementing to create more equitable CE systems. In the last section of the report, we summarize the lessons learned from the research and offer recommendations for next steps for YWH to undertake in the re-design of its Coordinated Entry system. The analysis and recommendations in this document are aligned with and support the findings in the Just Strategies final report: *Your Way Home: Just Strategies Organizational Equity Assessment Report*, which presents a set of recommended actions for YWH and the broader community to address the racial biases Just Strategies identified in the system.



Taken together, these two pieces of work by Focus Strategies and Just Strategies provide YWH with recommendations and direction for the development a more racially equitable CE system, including, but not limited to, replacing the existing assessment tool with a new tool or process.

II. RESEARCH METHODOLOGY

The first step in the research process entailed a review of literature on CE in general, how racial disparities can enter into the assessment and prioritization process, and current recommended best practices to identify and redress inequities with CE. A list of the resources reviewed is provided in Appendix A. The second part of the process involved identifying a set of communities to serve as case studies. Candidates for community research were identified via multiple pathways. First, communities that had published information about their efforts with advancing racial equity within CE were tagged for inclusion. Second, all eight communities that participated in the first cohort of the HUD Racial Equity Demonstration Project were added to the sample pool. Finally, candidate communities known to Focus Strategies through our work or recommended through contacts in the field were included.

For most of the communities identified, Focus Strategies conducted video or phone interviews with key informants. A few communities are included in the report based only on a review of publicly available documents. The list of key informants interviewed is provided in Appendix B. Interview questions were tailored to the experiences of each community but were based on a common set of questions. These questions are provided in Appendix C. Interviews lasted approximately 45-60 minutes on average.

III. FINDINGS FROM COMMUNITY SCAN

A. National Context: A Conversation on Coordinated Entry and Race

While programs and interventions for people who experience homelessness have been in place for many decades throughout America, Coordinated Entry systems are a relatively new idea. The U.S. Department of Housing and Urban Development (HUD) introduced a coordinated assessment requirement with publication of the Continuum of Care (CoC) Program Interim Rule in 2012. As originally envisioned, HUD's requirement was intended to achieve multiple aims: to develop a more systematic, fair, and transparent way of allocating available resources for people experiencing homelessness; to ensure that people with the greatest needs received the highest levels of service; and to streamline participant access to



available programs and services. However, while the objective was to encourage communities to think about how to pull together their programs into a more systematized and effective response to homelessness, the new rule focused rather narrowly on use of standardized assessment tools and processes, rather than on how these processes could be used to improve access and outcomes for participants.

In 2017, HUD issued its first Notice providing detailed guidance on CE implementation and changed how they referred to the process from Coordinated Assessment to Coordinated Entry (CE). The Notice described four key elements of CE: Access, Assessment, Prioritization, and Referral. The Notice made clear that the purpose of CE was not just to conduct assessments, but by this point many communities were already well into design and rollout of CE and these implementations were largely focused on conducting standardized assessments of all people experiencing homelessness and creating centralized waiting lists or queues for resources. The vast majority of communities adopted the only widely nationally available tool, OrgCode's Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), which was an adaption of the VI (Vulnerability Index), a longer and more in-depth assessment. The VI-SPDAT is a standardized set of questions asking people experiencing homelessness for self-reported information across a number of domains. It generates a score that is used to determine what type of housing intervention they should be referred to.

In the approximately five years since the HUD CE Notice was issued, all communities have implemented CE in some form. Some positive results have been achieved, notably that most communities have created more streamlined processes wherein a person experiencing homelessness only has to go to one "door" to gain entry into the system rather than going from program to program seeking services. Communities have also gained an improved understanding of the numbers and characteristics of people experiencing homelessness. And many CoCs report that their programs are now prioritizing and serving people with higher vulnerabilities and service needs, whereas before CE many of these individuals were not able to navigate the complexities of the system. However, CE implementation has also resulted in many unintended problems, including that people experiencing homelessness are subjected to lengthy interviews and assessments that do not lead to any offer of assistance, inordinately long community queues in which assessment data becomes stale and out of date by the time a person comes to the top of the list, and mismatches between



assessment results and the programs to which clients are referred. Additionally, program barriers and opaque processes have been noted as issues in some cases.¹

Most notably, the recent national focus on racial disparities in who experiences homelessness and barriers/inequities in homelessness response have shone a light on how CE contributes to racial inequity. C4 Innovations, through the SPARC initiative, has partnered with a number of communities to examine the relationship between race and homelessness. CE systems have surfaced as an issue in many of these studies, including in Montgomery County. Use of the VI-SPDAT, in particular, has been noted as a contributory factor to racial disparities in the homeless response system in many communities. A seminal report issued by C4 Innovations on behalf of Building Changes in October 2019 documented disparities in VI-SPDAT scores by race and ethnicity in four communities. The report concluded that “on average, BIPOC clients receive statistically significantly lower prioritization scores on the VI-SPDAT than their White counterparts, White individuals are prioritized for Permanent Supportive Housing (PSH) intervention at a higher rate than BIPOC individuals...[and] VI-SPDAT subscales do not equitably capture vulnerabilities for BIPOC compared to Whites.” These results are tempered by the fact that the sample was not nationally representative (with three of the four communities located in the Pacific Northwest); additionally, missing data was an issue in some communities.

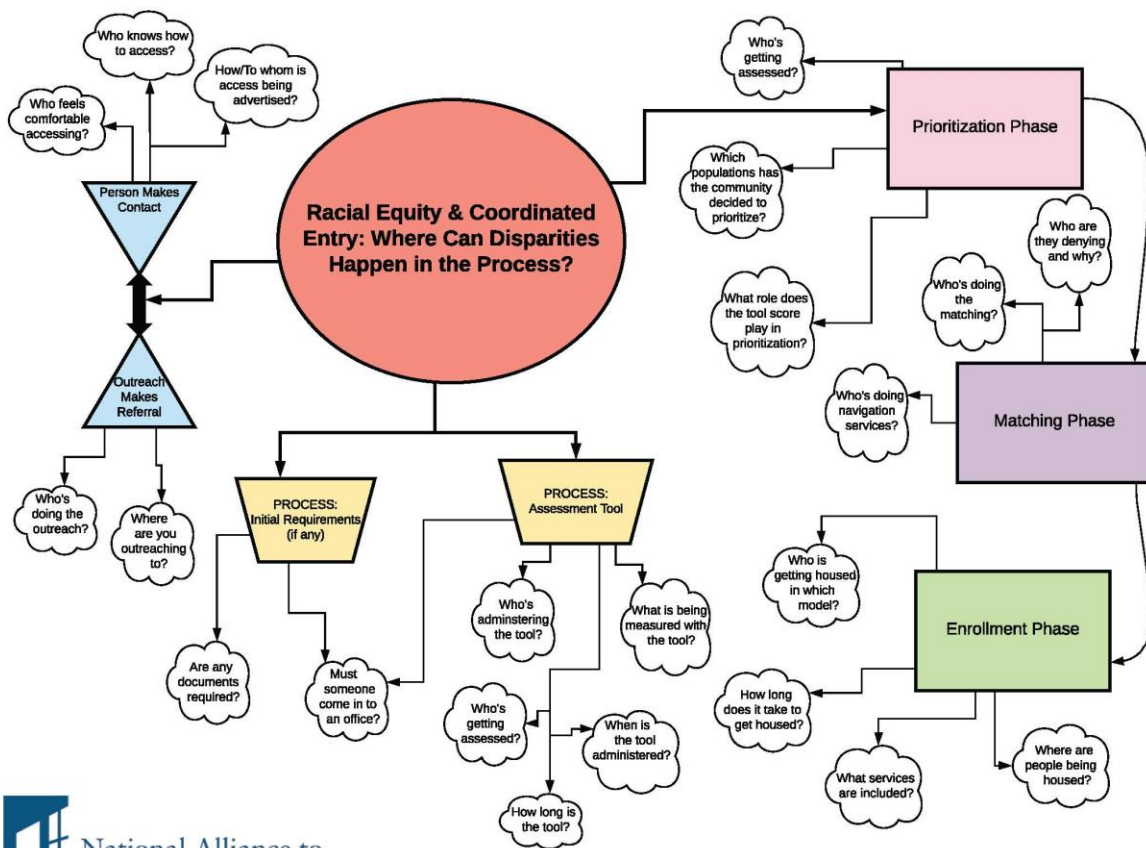
Although the C4/SPARC report did not find significant differences in VI-SPDAT scores by race in Montgomery County, perceptions of discrimination in the assessment process expressed by BIPOC study participants (in addition to racial differences in program enrollment for certain project types) highlight the different ways that CE can exacerbate existing racial disparities in the homeless response system. An additional criticism leveled against the VI-SPDAT by community stakeholders and people experiencing homelessness is that tool questions are not trauma-informed, nor do they reflect the experiences and vulnerabilities of BIPOC. The most recent release of the VI-SPDAT, which is being administered in Montgomery County, was developed with community input via survey, focus groups and engagement with BIPOC leaders in several communities to address concerns on tool equity and cultural appropriateness (especially for Indigenous people). However, as of December 2020, OrgCode, the developer of the VI-SPDAT, announced that the current release will be the last iteration of the tool and that resources will no longer be allocated to update or

¹ There are no official studies documenting these challenges, but these are frequent topics of discussion among TA providers, at NAEH conference sessions, and in Focus Strategies discussions with communities where we have worked.



support the VI-SPDAT. The aim of this decision, as articulated on OrgCode's blog, is to facilitate the transition "towards a future with a homelessness response tool and approach that also addresses racial and gender inequities - which the VI-SPDAT was never intended to do."²

While much of the focus on racial disparities in CE has been directed at the VI-SPDAT, use of standardized assessment tools are not the only ways that inequities can be produced by CE systems. The National Alliance to End Homeless (NAEH) has published guidance on racial equity in Coordinated Entry, including a **Flow Chart** highlighting where disparities can happen in the process: at access points where people initially make contact with the system; in documentation requirements; through the process of administering assessments and the tools used; and in policies relating to prioritization, matching, and referral.



NOTE: For further information on how to use this flowchart, see accompanying presentation at <https://youtu.be/1naslck-Xs4>.

² <https://www.orgcode.com/blog/a-message-from-orgcode-on-the-vi-spdats-moving-forward?rq=vi-spdats>.



In response to these issues, HUD has developed an array of resources to offer guidance. One such resource is the HUD CE Equity Demonstration Project, co-led with C4 Innovations. As articulated in the HUD cohort application, the goal of this work is to help communities “design more equitable CES processes, especially assessment and prioritization processes, to significantly improve the Homeless Response System experience and the housing stability outcomes for Black, Brown, Indigenous, and all people of color.” The first demonstration project was launched in 2020 with a cohort of 8 geographically and demographically diverse communities across the US.³ Focus Strategies has reached out to all of these communities for their perspective on lessons learned as they have charted a new path for some or all CE processes.

In addition to the CE Equity Demonstration Project, HUD has developed and distributed guidelines on the issue through its network of Technical Assistance (TA) providers. Current guidance cuts across several topic domains. Suggested approaches include:

- **Data.** Using local data to identify the presence of racial disparities in access, interventions, assessment, and prioritization; evaluate data with consideration to factors such as limited race/ethnicity categories in HMIS, selection of multiple racial identities, and intersectionality with factors such as gender, household type, and disability status. This includes looking at internal organizational data, CE system data, and broader community analysis.
- **Representation.** Ensuring planning bodies, organizations, and staffing across systems are culturally responsive and include leadership and meaningful collaboration by BIPOC.
- **Training.** Providing appropriate anti-racism and cultural humility training for leadership and staff administering the CE process.
- **Prioritization.** Reflecting both systemic and individual factors in prioritization processes; consider vulnerability and barrier criteria that will promote racial equity.

B. Examples of Strategies to Advance Equity in Coordinated Entry

Focus Strategies talked with and researched over a dozen communities that have developed, implemented, or tested approaches to make CE systems more equitable. These include communities that have developed new assessment tools using a racial equity lens and also

³ The 8 communities were: Austin, TX; Charlottesville, VA; Chicago, IL; State of Connecticut; Hennepin County, MN; Nashville, TN; Omaha, NE; Pierce County, WA.



those that have focused on other elements of the CE process. Our findings are organized around the four primary components of CE: access, assessment, prioritization, and referral.

1. Access Points and Processes

Focus Strategies found examples of several communities that have focused their efforts on changing their CE system to remove access barriers for BIPOC, including changes to where access points are located, what services are offered, and how they are staffed and trained.

Pierce County, WA (Tacoma region). Pierce County Human Services is the CoC lead agency and participated in HUD's Equity Demonstration Project. They elected to focus on access into their system. This work builds from an effort initiated by a local provider, Catholic Community Services (CCS), that was seeking to expand problem solving (diversion) services to groups that were disconnected from or not well served by the current network of available access points. CCS provided training to a local faith-based organization to offer problem solving services to its participants, the majority of whom are Black and African American. The program resulted in strong positive outcomes as measured by participants securing permanent housing. The HUD Equity Demonstration Project group decided to build on this work by looking at ways to expand cultural hub access points in Pierce County. One of the barriers they are working through is that many of the organizations well-positioned to serve BIPOC are organizations that have not received prior government funds and may lack the existing infrastructure required to administer these funds, such as data and financial tracking processes or staffing capacity. Thus, new organizations that apply may not rank as highly or be as competitive in the County's traditional procurement processes. This has prompted Pierce County and the Demonstration Project group to examine procurement processes to look for opportunities to align with goals of expanding access to culturally responsive organizations that are new to government funding.

Nashville, TN. The Nashville/Davidson County CoC participated in HUD's Equity Demonstration Project and decided to focus on multiple aspects of their CE - one of which is Access. In reviewing their Point-in-Time (PIT) count and Homeless Management Information System (HMIS) data, they identified discrepancies between people who were unsheltered and people who were accessing CES. In particular, there was an overrepresentation of Black people staying in one of their adult shelter programs that does not enter data into HMIS and is not connected into CES. As a result, there was a disparity in access to CES. In addition, the HMIS lead, the Metro Homeless Impact Division, looked at local data to identify areas in the



community with higher concentrations of poverty to target for increased access into CES. Some of the strategies this community has adopted or are looking to adopt include:

- Expanding CES staffing coverage at the large adult shelter program where their data revealed an overrepresentation of Black people.
- Looking at possibilities to offer or increase CES staffing at libraries, meal programs, and other non-traditional sites in specific zip codes and areas of town with higher rates of poverty.
- Promoting diversity in access point staffing.

2. Assessment Tools and Processes

Focus Strategies identified a number of communities that have created locally developed assessment tools to replace the VI-SPDAT or other existing tools, with the goal of asking more culturally specific and trauma-informed questions, identifying vulnerabilities that are experienced by BIPOC, and reducing racial disparities in tool scores.

Austin, TX. The CoC of Austin/Travis County Texas, led by the Ending Community Homelessness Coalition (ECHO), has recently designed and launched the Austin Prioritization Index (API) tool for use in their CE system. In setting out to develop the tool, ECHO explicitly set a goal of developing an assessment that better captures the vulnerabilities experienced by Black households, and thereby ensure they are prioritized for assistance. The new tool was developed over a two-year period, through an intensive process led by an Equity Task Group and members of the Homelessness Response System (HRS) Leadership Council. The development process included a deep dive to analyze VI-SPDAT data and identify which questions in particular were more likely to be endorsed by White people, and then an intensive process of developing and testing new questions more likely to be reflective of the experiences of Black people. This question development process intentionally solicited input from people with lived experience (and experience taking the VI-SPDAT) and providers experienced with administering the VI-SPDAT to Black clients, with the objective of developing questions that are relevant to the Black community and reflective of the barriers they experience.

The API includes six questions that Black people answer more frequently than non-Black people (questions below are not word for word as phrased in the assessment):

- Do you or anyone in your household have high blood pressure?



- When you were growing up, did you usually have members from multiple generations in your household?
- Were you born and/or raised in Austin?
- Does your household currently contain at least one child under 18?
- Have you ever been in foster care?
- Is anyone in your household pregnant and/or breastfeeding?

Questions on the VI-SPDAT that do not advantage White people were retained. The API also retained six questions from the VI-SPDAT that were shown to capture the vulnerabilities of trans and/or non-binary gender non-conforming people.

The focus of the question development for the API was on Black households, due to the high number of Black people experiencing homelessness in Austin. However, testing of the API found that Latinx households also tended to score higher than White clients.

Chicago, IL. All Chicago, the lead organization for the Chicago Continuum of Care, has been using the Vulnerability Index (VI) as their primary CE assessment tool (although the CoC is currently using a temporary tool based on risk factors for COVID). The CoC has concluded that the VI's emphasis on specific medical conditions is not reflective of the needs and experiences of people who experience homelessness in Chicago, who are mostly people of color. The VI tool does not incorporate environmental factors that are particularly relevant to BIPOC in the community, such as crime, racial safety (i.e., it is not safe for Black people to be in certain neighborhoods), and interaction with justice system.

In response, the Chicago CoC convened a working group -- with representatives from health care, academia, providers, and people with lived experience -- to develop an alternative questionnaire to supplement the VI. Through iteration and refinement, the tool has been whittled down to six questions across five area domains: (1) juvenile or adult interaction with justice system; (2) family history of housing instability (not just homelessness but doubling up as well); (3) gender/sexual identity; (4) experience of racial discrimination if identified as a person of color; and (5) experience of violence (physical or emotional) including violence on the streets.

Thus far the tool has been piloted (in conjunction with the VI and the temporary COVID risk tool) for adult only households. As a next step in the process, the CoC is looking to pilot the tool with families and TAY.



Snohomish County, WA. From an analysis of housing-referral data, the Snohomish County Continuum of Care (CoC) determined that single white men were disproportionately more likely to receive a housing referral through their CE process, a finding which was attributable to the weight given to chronicity of homelessness in their locally developed assessment tool. With assistance from Building Changes, Snohomish County developed and tested new assessment questions in order to create an assessment tool that was more equitable for BIPOC and LGBTQ+ populations. The CoC’s Coordinated Entry Workgroup also worked to expand the scope of vulnerability used in the assessment, adding financial position, physical health, behavioral health, education, and household composition (younger children within a family) as assessment factors. Length of time experiencing homelessness was kept as factor but with less weight in the assessment.⁴

Allegheny County, PA. The Allegheny Housing Assessment (AHA) tool is a decision-tool used by the Allegheny County Department of Human Services (DHS) to prioritize housing resources for people experiencing homelessness. The tool, developed in conjunction with the Centre for Social Data Analytics at the Auckland University of Technology, uses administrative data “to predict the likelihood of three types of adverse events occurring in a person’s life if they remain unhoused over the next 12 months: a mental health inpatient stay, a jail booking and/or frequent use (four or more visits) of hospital emergency rooms. These events serve as indicators of harm and are things we would like to prevent. AHA assigns a risk score that is used as part of the housing prioritization process.”⁵

To develop the tool, Allegheny County was able to leverage a robust data infrastructure, specifically, the Allegheny County Data Warehouse within DHS. In production for approximately twenty years, the Data Warehouse includes integrated data across a spectrum of public services domains, including behavioral health, homelessness, public benefits, jails, courts, child welfare, public schools, and aging.⁶ With input from a variety of stakeholder groups, including people with lived experience, researchers, and homeless service providers, the County designed a predictive risk model to identify a series of proxy measures associated with the deleterious events that Permanent Supportive Housing (PSH) and Rapid Rehousing

⁴ https://buildingchanges.org/wp-content/uploads/2021/06/2021_FHIBrief_CoordinatedEntry.pdf.

⁵ https://www.alleghenycountyanalytics.us/wp-content/uploads/2020/08/20-ACDHS-16-ALPHA-FAQs-v6_2.pdf.

⁶ The annual costs to support the Allegheny County Data Warehouse are approximately \$6.5 million, representing less than 1% of DHS’ total annual budget (https://www.alleghenycountyanalytics.us/wp-content/uploads/2018/07/18-ACDHS-20-Data-Warehouse-Doc_v6.pdf).



(RRH) are designed to prevent, as well as the risk of experiencing future chronic homelessness.⁷

Before implementing the AHA, the County took a number of steps to validate the tool and enhance transparency. Eticus Research and Consulting was contracted to perform an algorithmic impact assessment of tool accuracy and its potential for discrimination against specific social groups.⁸ The County also solicited input from community members with lived experience of homelessness. One apprehension voiced by Transition Age Youth (TAY) concerned the accuracy of the administrative data and how it would be used. To help allay concerns such as these and make personal data as transparent and accessible as possible to clients, DHS has developed a portal that AHA clients can use to view their own data used in the assessment algorithm. Some focus group participants also raised concerns that people new to the area would be assessed with incomplete data. In response to this feedback, DHS and Centre staff developed and tested an alternative assessment tool based on self-reported responses (which was much shorter in length than the VI-SPDAT). In terms of HMIS implementation, the County had previously developed their own internal HMIS system and thus were not reliant upon vendors for the implementing changes.

As communicated by staff we spoke with in Allegheny County, racial equity is an especially salient local issue, given the legacy of segregation in Pittsburgh and the recent creation of an Office of Equity by the City of Pittsburgh. Internal testing and the external assessment by Eticus did not find any evidence that the AHA tool contributed to inequities by race or gender. Moreover, in comparison a between AHA and VI-SPDAT, results indicated that Black clients were under-reporting certain measures in the VI-SPDAT -- such as women with children not reporting mental health services utilization due to fear of child protective services intervention--suggesting that for this community at least, CE was made more equitable by using administrative data. DHS and Centre staff monitor and review AHA data regularly to understand how the tool is working and to make minor adjustments as needed. A more formal process evaluation of AHA is planned for 2022 and an impact evaluation will likely be conducted in 2023. In addition, Allegheny team members conveyed that they had received informal feedback from clients that the new process was much less traumatic than working through the VI-SPDAT. Equally important, it has enabled clients to be able to tell

⁷ A detailed account of the tool methodology can be found at: <https://www.alleghenycountyanalytics.us/wp-content/uploads/2020/09/AHA-Methodology-Report-9-1-20.pdf>.

⁸ <https://www.alleghenycountyanalytics.us/wp-content/uploads/2020/08/Eticas-assessment.pdf>.



their own story instead of responding to a battery of personal questions that only allowed for a yes or no answer.

Southern Nevada, (Las Vegas region). The Southern Nevada Continuum of Care, through its HMIS lead, the Clark County Social Services Department, has developed a locally customized CE assessment tool. The Community Housing Assessment Tool (CHAT) assesses for factors that are specific to needs identified in the community, such as vulnerability due to excessive heat and problems with gambling. Neither of these factors were addressed in the VI-SPDAT. The questions on the tool were developed over a two-year period through an intensive input process that invited provider organizations to participate in a series of meetings where they identified what priorities were most important to them and their organizations.

3. Prioritization Policies and Processes

A number of communities have address racial disparities in their CE systems by taking a more direct and streamlined approach to prioritization of people experiencing homelessness for available housing programs. These communities have stopped using the VI-SPDAT as an assessment tool, but also have not replaced it with a different vulnerability assessment. Instead, they have chosen to use a set of prioritization factors to determine who among the households in the CE system will be prioritized for the limited number of resources available. This approach reduces the opportunities for racial bias to enter the prioritization process since they do not rely on subjective assessments of “vulnerability.”

Hennepin County, MN (Minneapolis region). Over the past several years, the Hennepin County Continuum of Care, staffed by the Hennepin County Department of Human Services, has worked with the C4 Innovations to develop and implement strategies to address racial inequities in the CE system. A central change was the elimination of the VI-SPDAT effective in March 2020. This decision came after many years of discussion, in which service providers and people experiencing homelessness voiced concern that the questions in the tool were not culturally sensitive or trauma-informed, causing harm for BIPOC households. This harm was also documented through data analysis. Analysis showed that using the VI-SPDAT, White households were more likely to be referred to Permanent Supportive Housing (PSH) programs while Black households were more likely to be referred to Rapid Rehousing (RRH). Given the urgency of the issue, the CoC voted to remove the VI-SPDAT from the CE system, even though a replacement had not been developed. Instead, the CoC adopted a three-



factor prioritization process based on: (1) presence of a disability, (2) chronic homelessness, and (3) number of months a household has experienced homelessness. Implementing this approach to prioritization almost immediately resulted in a measurable improvement in the numbers of BIPOC households prioritized for housing resources. As a next step, the CoC staff, C4, and Street Voice of Change (a group representing people with lived experience) are working with a group of medical professionals to develop a medical fragility assessment that will capture health vulnerabilities in a way that is racially equitable and more nuanced than asking about disability.

Hennepin County has also developed a “Client Choice” series that is just now being piloted to help determine what types of housing will be offered to people who have been prioritized (see next section under Referral for more details).

San Diego, CA. The Regional Task Force on Homelessness (RTFH) is the CoC lead agency and oversees the CE system. In 2020-2021, they revised their CE prioritization system to reduce the importance of the VI-SPDAT score. The primary reason for this shift was a concern that the score was being “gamed” by organizations conducting the assessments in order to direct scarce housing resources to their clients, rather than be reflective of what people were experiencing. At the same time, the RTFH seated an Ad Hoc Committee on Addressing Homelessness Among Black San Diegans. This group is looking at the intersection of race and homelessness throughout the system but has not made any specific recommendations about CE.

The new prioritization rubric being used in San Diego uses the following scoring matrix (all elements other than VI-SPDAT are determined based on data that is entered into HMIS).

- Chronicity 10%
- Length of Time Homeless 15%
- Living Situation 25%
- Subpopulation 20%
- Most Needs (disabilities) 30%
- VI-SPDAT score 10%

The total weighting is 110%, so the VI-SPDAT accounts for 9% of the overall score.



King County, WA (Seattle Region). The Continuum of Care in King County, WA has long been concerned about disparities in their CE system. Using the VI-SPDAT historically has produced significant disparities in who is prioritized, with BIPOC much less likely to be near the top of the community queue than would be expected given that Black and Indigenous people are much more likely to experience homelessness in the Seattle area than White people.

In 2019, the HMIS and CE lead, King County Department of Human Services (DCHS) developed an “Interim Prioritization” strategy to move beyond using only VI-SPDAT scores for prioritization, using data from their Housing Triage Tool (e.g., factors relating to chronicity of homelessness) in addition to VI-SPDAT scores. The goal was to identify factors more likely to be experienced by BIPOC that could serve as “proxies” for race and ethnicity in prioritization. While the goal was to increase the proportion of BIPOC who were prioritized through CE, it turned out that “interim prioritization” actually exacerbated the racial disparities. The priority pool for single adults, in particular, became even less representative of the population of people experiencing homelessness in King County.

When the COVID-19 pandemic began, DCHS implemented a new approach to replace Interim Prioritization. They shifted to prioritizing the groups who are most disproportionately impacted by COVID, using factors identified by the King County Public Health system. These factors explicitly included race. Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Hispanic/Latinx, or multi-race individuals received priority points under the “Co-Pri” rubric. Points were also assigned to people over age 65, people who were pregnant, and people with co-morbidities. Results were far more successful with the CoPri approach than with the Interim Prioritization approach. BIPOC led households are more likely to be prioritized when points were explicitly assigned based on race.

A similar approach has been taken in San Antonio, TX, where the CoC has developed a prioritization tool for homelessness prevention assistance that gives Black households an extra two points, based on the higher rates of eviction experienced by Black households in the community.

4. Matching and Referral

Focus Strategies has identified examples of communities that have examined their policies and practices relating to matching and referral through a racial equity lens. While much of the



work on racial equity in CE has focused on disparities in assessment tool score results, it is important to note that many people who are assessed and prioritized for a housing intervention do not end up enrolling in a housing program. There are a number of complex steps between prioritization, program enrollment, and housing where inequities can be present, including: challenges in securing needed documentation, entry barriers imposed by housing programs, and lack of inclusive and culturally competent case conferencing and/or matching processes. Below are examples of some strategies communities have undertaken to create more equitable matching and referral processes.

Hennepin County, MN (Minneapolis region). As mentioned above, Hennepin County has ceased to use the VI-SPDAT for prioritization and instead applies a series of prioritization factors to determine which households will be prioritized for available PSH and RRH. However, without the VI-SPDAT, they no longer had a consistent method for determining who would be referred to which program type (PSH or RRH). To address this issue, they have developed a Client Choice series, in which service providers talk through a structured series of questions to guide households to choose the type of housing that best meets their needs, rather than using an inflexible set of criteria to decide for them. Hennepin County is also working on a dedicated project to improve the rate of document readiness for BIPOC households. This strategy was based on an assessment of their data, which showed there were significant disparities in which households were securing needed documents and how quickly, creating significant inequities in who was referred to housing.

Omaha, NE. The Omaha Area Continuum of Care, led by the Metro Area Continuum of Care (MACCH), conducted an in-depth analysis of their homelessness response system data, including data from CE. One of their key findings was that White people were more likely to receive a referral to PSH, even though they had stopped using the VI-SPDAT for prioritization and matching. They determined that one cause of this disparity was that BIPOC individuals experienced greater barriers to securing documentation of disability, which is generally required for PSH projects. This CoC is still working on identifying a strategy to address this barrier (this work has been slowed down due to COVID-19).

Multnomah County, OR (Portland region). As part of an overall effort to promote racial and ethnic justice in their Coordinated Access system, the Multnomah County CoC has undertaken a series of refinements over last several years. One change has been to fund Navigators who are based at culturally specific organizations that predominantly serve BIPOC families, who make up the majority of families experiencing homelessness in the region. By



providing access to Navigation services located within organizations that are already working with and trusted by these families, the CoC has seen a much higher rate of success in finding and engaging families when they come to the top of the referral queue, and then navigating them to a housing placement.

C. Resources and Funding

As part of the key informant research, Focus Strategies asked how communities secured resources to fund their work of identifying and addressing inequities in Coordinated Entry. The majority of the communities we interviewed used their own local CoC resources and staffing to analyze CE data, engage stakeholders, and develop new CE tools and strategies. The primary funding source for these core CE planning activities is the HUD Planning Grant, through some communities also have HUD CE grants through the Continuum of Care. Many of these CoCs, such as Austin and San Diego, are fairly large and have dedicated staff working on evaluation, planning, and policy. Others, like Hennepin and Omaha, have only a handful of staff and have had to find ways to integrate their CE system refinements into their regular work. Communities that were part of the HUD Demonstration Project reported that this initiative helped to some degree with keeping their work moving forward. Hennepin County used some dedicated HUD CoC funds to engage C4, which they reported was a critical investment that they credit for much of the success of their work to date. Allegheny County reported that they secured some foundation funding for the development of their AHA tool.

D. HMIS System Customization

Many of the example communities we interviewed are still in the process of testing and refining their new CE tools, so there was not a great deal of information available about how they approached making changes to their HMIS systems to implement new tools and processes. Available information suggests that modifying HMIS to support redesigned CE tools and workflows is an important consideration but is not a significant obstacle. In the early years of CE adoption, many communities selected the VI-SPDAT tool in part because HMIS vendors offered it as a pre-programmed alternative, so it was most cost effective for CoCs to elect to use what was already available within HMIS. In more recent years, as communities have increasingly sought to develop more customized CE processes, HMIS vendors are increasingly seeking ways to make CE workflow more customizable. This is definitely true for Bitfocus, the vendor for Clarity, a product that is used by many of the communities mentioned in this report and also used in Montgomery County. Bitfocus Clarity allows for system



administrators to build their own fields in the assessment tool module for CE, as well as to create customized scoring and prioritization rubrics. However, as with any data system, there are limits to how much flexibility is built in. Depending on the complexity of the desired changes to CE workflow, the HMIS changes needed to support CE redesign can require working directly with the vendor and result in costs incurred by the CoC.

IV. LESSONS LEARNED AND RECOMMENDATIONS FOR MONTGOMERY COUNTY

A. High Level Takeaways

Based on our research to date, Focus Strategies can draw a few broad conclusions and suggestions for Your Way Home Montgomery County to consider in developing and implementing changes to the local CE system.

No “Quick Fixes.” While it is tempting to think that simply replacing the VI-SPDAT with a different tool will eliminate racial inequities in CE, communities working on this issue have found there are many different ways that racism shows up in CE systems. Creating more racially equitable processes and practices for access to the homelessness response system demands that all the steps of the CE process be examined.

Start Somewhere and Iterate. Given that there are no simple solutions and likely many aspects of CE that need re-designing, refining, or replacing, it is important to choose somewhere to start, implement a change, and then measure results. This is particularly important if resources for system design, data analysis, and system planning are limited. Several of the communities we talked with strongly emphasized that developing a more racially equitable CE system is not a destination, it is a process. In Hennepin County, the CoC staff started by eliminating the VI-SPDAT and putting an interim prioritization process in place. They have tested that refinement and found positive results, but they also identified a need for more changes, such as the development of their client choice tool (which has just launched) and their medical fragility assessment which is in process. ECHO (Austin) has just launched the API tool, but they do not view it as finished but rather an ever-evolving set of questions that they will continue to test and refine. They are now moving to an entirely different set of inquiries - beginning some in-depth qualitative information gathering to understand access barriers by talking to people experiencing homelessness who are not coming into the system.



Use Qualitative and Quantitative Data to Decide Where to Start. Most of the communities we talked with decided on a place to begin their work based either on qualitative information gathered from stakeholders and people with lived experience, or a specific data analysis revealing a clear disparity in a particular CE step (such as Hennepin’s discovering the lack of document readiness was much more prevalent for BIPOC). Tools such as Stella can provide insight into differences in how people of different races move through the homelessness response system. This can provide the starting point for identifying a solution or strategy focused on a particular step in the process.

Expect to Take Time/Don’t Rush. Another key takeaway from the research is that this type of work takes time to do well and to achieve positive results. Both Austin and Southern Nevada took two years to develop their assessment tools. Pierce County staff emphasized the importance of continuing to ask who needs to be at the table for discussions and allowing the process to take more time for that to happen. It is critical to take time for the important work of engaging people in the conversation and strategy. The Nashville CoC staff emphasized the importance of focusing on their community context, data, and action steps - not getting too focused on what other communities were doing that they skipped steps in their own process that were needed. And several of the communities noted that conducting data analyses is a time-consuming process. It can take time to look at the results of changes to assessment/prioritization processes, particularly when considering specific subpopulations of interest (for example, BIPOC & LGBTQ) because of relatively small population sizes. Moving to quickly and not evaluating results runs the risk of creating unintended consequences and worsening racial disparities rather than remedying them.

B. Suggested Areas of Focus for YWH Coordinated Entry Redesign

Integrating together the information we have gathered from other communities, along with the research and recommendations from Just Strategies in their *Organizational Equity Assessment Report*, Focus Strategies has identified some potential strategies for YWH to pursue in the re-design of Coordinated Entry.

1. Access Points and Processes

As we noted, several communities in this study are seeking to improve access and advance equity by placing CE access functions at organizations that specifically serve BIPOC and other marginalized populations and are better equipped to provide culturally responsive services. In their report, Just Strategies identified challenges with the Montgomery County 211 call



center, which is one of the primary access points into CE. In particular, users expressed frustration relating to call center logistics (wait times), availability of case management, and staff interactions that were not trauma informed. One of the Just Strategies recommendations is to diversify access points into the CE system. Focus Strategies concurs with this suggestion, and we recommend that YWH explore adding some in-person access points at locations that are hubs for services access for BIPOC, LGBTQ+, and other underserved groups. These “cultural hubs” could help address geographic, language, and cultural barriers; provide safer spaces for marginalized groups seeking access to homelessness response system services; and generally improve their experience of CE.

Another recommendation to improve access is for YWH to work with the 211 Call Center as well as the Access Street Outreach Team provider (the other primary access pathway into CE) to assess whether the composition of the existing call center and outreach staff is reflective of the composition of people experiencing homelessness in Montgomery County, set goals for improving staff diversity, and identify strategies to accomplish these goals. Relatedly, both the 211 Call Center and the Outreach Team should explore adding people with lived experience to their teams.

2. Assessment

Several communities in the FS study that have stopped using the VI-SPDAT have developed more customized assessment tools designed to gather information from participants to assess their need for, eligibility for, and/or desire for specific resources that exist in the community and then make those connections in a timely way, rather than simply using the assessment information to place people on waiting lists. In their CE guidance, HUD recommends that communities use a “phased” approach to assessment for CE in which information is asked and then used at each step to make a resource connection and/or determine what is the next best step for the participant.

Much of the qualitative information gathered by Just Strategies suggests that participants and service providers would like YWH CE assessment tools and processes to be more relevant and useful for identifying household needs and identifying possible resources. Just Strategies found that some providers in Montgomery County only use VI-SPDAT for prioritization and do not find it useful as an assessment tool or to help them in their work with clients. Some providers feel the questions are intrusive and some clients articulated that they did not understand why they were being asked the questions. Overall feedback from



stakeholders seems to suggest that there is a desire for a CE assessment process in which there is more clarity about why questions are being asked and where responses provided by participants is used more in “real time” to help connect to available resources. Just Strategies recommendations include the suggestion that YWH modify the current CES assessment to ask more directly about client goals and existing support systems, and to ensure the tool is useful for case managers and their clients to co-create a client centered case management plan that includes a pathway to housing.

Focus Strategies concurs with the Just Strategies recommendations regarding assessment, and we recommend that YWH replace the VI-SPDAT with a more phased assessment process. This will involve taking a close look not just at the prioritization step, but all the other parts of the existing CE process flow. The YWH CE process already has a brief triage step and a diversion step that could be further developed and built-out to become more useful tools for engagement, building rapport, and helping participants understand what resources exist and what they may be able to access to meet immediate needs. Adopting this approach will also mean that the CE prioritization process does not have to rely on a single assessment tool and “one time” assessment step.

3. Prioritization

Our research on community examples identified a few different approaches that CoCs have taken to replace the VI-SPDAT as a prioritization tool, including:

1. Designing a new scored vulnerability assessment that more explicitly assesses vulnerability factors experienced by BIPOC (Austin, Chicago). This approach aims to ensure that experience of taking the assessment feels less intrusive and more trauma informed for people of color, and that they are prioritized at higher rates than with VI-SPDAT.
2. Analyzing administrative health system data to identify factors that predict negative outcomes for people experiencing homelessness and using these factors to develop predictive assessment questions (Allegheny County).
3. Identifying a set of scored or weighted prioritization factors drawn from available HMIS data to create a prioritized list that can be generated and managed and does not require any sort of scored vulnerability assessment (Hennepin County, San Diego).

The Just Strategies report recommends that YWH modify the existing CES assessment and prioritization tool to take into consideration local conditions and reflect what vulnerability



means for people experiencing homelessness in Montgomery County. These could include questions on mental health, substance abuse, as well as experiences of racial trauma (such as negative interactions with policy or employment discrimination). Focus Strategies concurs with this recommendation as well. A further recommendation would be for YWH to consider how the new prioritization criteria and process will fit into a re-designed CE process that might include multiple steps, with different questions asked at each step. A revised prioritization policy that better reflects the experiences of people of color and local conditions in Montgomery County does not necessarily have to be a single new tool but could be a set of questions and data points that are gathered from a client at different points in the phased assessment process.

C. Suggested Process Steps for Next Phase of CE Redesign

YWH has a number of options for ways to advance racial equity and address disparities in the CE system. We would not advise trying to make changes on all the identified recommendations (changes to access points, new assessment and prioritization tools and processes) all at the same time, but rather to select one place to start. The following are some considerations for deciding where to begin and what the initial steps should be.

- *Continuing Stakeholder Engagement and Input.* As part of the work with Just Strategies, YWH has convened an Equitable Access Action Team (EAAT) consisting of interested stakeholders from CoC agencies and partner organizations. This group has held five meetings and members have all had the opportunity engage in team building, learn about and discuss concepts and principles of racial equity, identify where there are racial biases in the homelessness response system in Montgomery County, and explore opportunities to advance racial equity. The EAAT members have also had an orientation to the main recommendations in the Just Strategies and Focus Strategies reports. This group seems well positioned to serve as the primary stakeholder work group for YWH to engage in making some decisions about where to begin with implementation of the identified recommendations, and to partner with to re-design CE and implement the identified changes.
- *Analysis of Local Data.* YWH has conducted some analysis of HMIS data to identify where there are disparities in the CE system. As a next step, we would advise doing some additional drilling down into available CE data to see if there are any specific steps or processes that seem to be contributing to racial inequity and that would help



YWH and the EAAT make some decisions about what actions to prioritize. This could include:

- Analyzing data on race/ethnicity of people at each step of the CE process (triage, HMIS record creation, diversion, assessment, and referral).
 - Analyzing race/ethnicity of clients who are purged from community queue.
 - Analyzing CE outcomes by race/ethnicity, including rate of successful diversion, how many people from the community queue actually get to housing, and returns to homelessness from diversion or from housing placement.
 - Analyzing race/ethnicity of clients based on point of first contact – call center versus street outreach.
-
- *Funding and Resources.* Determining what staffing resources are available to dedicate to the CE redesign effort is a critical consideration and should inform initial steps. Based on our scan of what other communities have accomplished, it seems clear that designing and testing scored prioritization tools is one of the more labor intensive types of activities, since it requires not only significant coordination of stakeholder input but also robust analytic and data work to support the crafting of question wording, piloting and refining questions and scoring based on test data, evaluating results, tool refinement, and then integration into HMIS. Other strategies, such as identifying potential new access partners and rolling out new access points, or creating a more phased assessment process, could be accomplished with somewhat less effort, though these are still significant undertakings. Accessing dedicated resources, such as through the existing Funders Collaborative, would be advisable, as it will significantly reduce the burden on existing staff who will need to find time for CE redesign in addition to performing their regular job functions. Having dedicated staff plus some third-party technical assistance will help ensure that the work can move forward efficiently while at the same time building in the time needed for intensive engagement of stakeholders and for assessing progress along the way and making course corrections as needed.



APPENDIX A: NATIONAL AND COMMUNITY LEVEL DOCUMENTS REVIEWED

A. National Reports and Research

Coordinated Entry Policies and Requirements

- *Coordinated Core Elements Guidebook*. U.S. Department of Housing and Urban Development (HUD). June 2017.
- *Outline for a Continuum of Care's Coordinated Entry Policies and Procedures Document*. U.S. Department of Housing and Urban Development (HUD). April 2018.
- *Coordinated Entry Process Self-Assessment*. U.S. Department of Housing and Urban Development (HUD). January 2017.

The above materials are available online at:

<https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/#coordinated-entry>

Coordinated Entry Tools

- *Assessment Tools for Allocating Homelessness Assistance: State of the Evidence*. PD&R Expert Convenings. Summary Report. Prepared by HUD's Office of Policy Development and Research (PD&R) and the National Alliance to End Homelessness (NAEH). February 2015.
- *Coordinated Entry Community Sample Toolkit*. U.S. Department of Housing and Urban Development (HUD).

The above materials are available online at:

<https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/coordinated-entry-samples-toolkit/#access>

Research and Resources on Racial Equity and Coordinated Entry

- *SPARC: Supporting Partnerships for Anti-Racist Communities. Phase One Study Findings*. Jeffrey Olivet, Marc Dones, Molly Richard, Catriona Wilkey, Svetlana Yampolskaya, Maya Beit-Arie, Lunise Joseph. Prepared by Center for Social Innovation. March 2018.
- *Coordinated Entry Systems: Racial Equity Analysis of Assessment Data*. Catriona Wilkey, Rosie Donegan, Svetlana Yampolskaya, Regina Cannon. Prepared by C4 Innovations. October 2019.



- *Racial Equity and Coordinated Entry: Where Can Disparities Happen in the Process?* Flowchart developed by the National Alliance to End Homelessness (NAEH). June 2020. <https://endhomelessness.org/resource/racial-equity-coordinated-entry-where-can-disparities-happen-in-the-process>
- *Reconfiguring Coordinated Entry to Advance Racial Equity*. Breakout session at the National Alliance to End Homelessness (NAEH) Virtual Conference. September 21, 2021. Conference attendees can access the presentation materials through the conference portal.
- *Homelessness is a Race Equity Issue: Here's How to Treat it Like One*. Breakout session at the National Alliance to End Homelessness (NAEH) Virtual Conference. September 21, 2021. Conference attendees can access the presentation materials through the conference portal.
- *Lessons Learned in Family Homelessness. Topic: Coordinated Entry*. Prepared by Building Changes June 2021. <https://buildingchanges.org/resources/lessons-in-family-homelessness-coordinated-entry/>
- *COVID-19 Homeless System Response: Advancing Racial Equity through Assessments and Prioritization*. Prepared by HUD technical assistance providers. August 2020. <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-Advancing-Racial-Equity-through-Assessments-and-Prioritization.pdf>
- *COVID-19 Homeless System Response: 5 Tips to Approaching Rehousing with Racial Equity*. Prepared by HUD Technical Assistance providers. October 2020. <https://files.hudexchange.info/resources/documents/COVID-19-Homeless-System-Response-5-Tips-to-Approaching-Rehousing-with-Racial-Equity.pdf>
- *Toward a System Response to Ending Youth Homelessness*. Chapin Hall, University of Chicago. November 2018. <https://www.chapinhall.org/wp-content/uploads/Chapin-Hall-Youth-Collaboratory-Toward-A-System-Response-To-Youth-Homele....pdf>
- *Invisible Intersectionality in Measuring Vulnerability Among Individuals Experiencing Homelessness - Critically Appraising the VI-SPDAT*. Courtney Cronley. *Journal of Social Distress and Homelessness*. 2020. <https://www.homelesshub.ca/sites/default/files/attachments/Invisible%20intersectionality%20in%20measuring%20vulnerability%20among%20individuals%20experiencing%20homelessness%20critically%20appraising%20the%20VI%20SPDAT.pdf>



- *Assessing Vulnerability, Prioritizing Risk: The Limitations of the VI-SPDAT for Survivors of Domestic & Sexual Violence*. Heather L. McCauley, Taylor Reid, Cris Sullivan. Michigan State University. July 2020.

<https://safehousingpartnerships.org/sites/default/files/2020-08/CoordinatedEntry-Assessing%20Vulnerability-Risk.pdf>

B. Montgomery County Reports, Research, and Other Materials

Racial Equity

- *Racial Equity and Homelessness in Montgomery County, Pennsylvania: Initial Findings*. Prepared for Your Way Home and HealthSpark Foundation by SPARC, an initiative of C4 Innovations. Jeff Olivet, Lunise Joseph, Maya Beit-Arie. February 2019.
- *Race and Homelessness in Montgomery County, Pennsylvania Part 2: National Scan*. Prepared for Your Way Home and HealthSpark Foundation by SPARC, an initiative of C4 Innovations. Jeff Olivet, Maya Beit-Arie, Nastcia' Moore. August 2019.

These reports are accessible at: <https://yourwayhome.org/equity>, along with background information on YWH's work on advancing equity.

Coordinated Entry Policies

- *Your Way Home Montgomery County Continuum of Care Operations Manual*. Policies, Procedures and Written Standards. January 2021.
- *Your Way Home Montgomery County/PA-504 Continuum of Care HMIS Policy and Procedures Manual*.

Strategic Plans

- *Homes for All: A Plan for Montgomery County, PA*. Prepared in Partnership with Montgomery County's Planning Commission, Office of Housing and Community Development, and Commerce Department, as well as Capacity for Change, LLC. March 2021. <https://yourwayhome.org/homes-for-all>

C. Reports, Articles and Other CE Materials from Case Study Communities

Allegheny County, Pennsylvania

- *Using Predictive Risk Modeling to Prioritize Services for People Experiencing Homelessness in Allegheny County: Methodology Report for the Allegheny Housing*



Assessment Tool. Prepared by the Centre for Social Data Analytics at the Auckland University of Technology. September 2020.

- *Using Predictive Risk Modeling to Prioritize Services for People Experiencing Homelessness in Allegheny County: Methodology Report for the Allegheny Housing Assessment Tool. Methodology Update*. December 2020.
- *Allegheny Housing Assessment (AHA). Frequently Asked Questions*. August 2020.

The above materials and additional resources on the AHA are available online at:

<https://www.alleghenycountyanalytics.us/index.php/2020/09/03/improving-prioritization-of-housing-services-implementation-of-the-allegheny-housing-assessment/>

Austin, Texas

- Presentations and information about the development of the Austin Prioritization Index are available online at: <https://www.austinecho.org/api/>

Clark County, Nevada

- Going Beyond the VI-SPDAT: Four-Part Bitfocus Blog Series.
 - Part 1: Deficiencies of the VI-SPDAT
 - Part 2: Developing a New Assessment
 - Part 3: Rolling out a New Assessment
 - Part 4: Using Clarity to Create a Custom Assessment

Series is available online at: <https://www.bitfocus.com/blog>

Hennepin County, MN

- Newsletters documenting the Hennepin County CoC's work to develop a more racially equitable Coordinated Entry System. <https://www.hennepin.us/coordinated-entry>

King County, WA

- *Coordinated Entry for All: 2020 Annual Evaluation*. Victoria Ewing, Emily Reimal. Prepared by the King County Department of Community and Human Services Performance Measurement and Evaluation Unit. June 2021. https://kcrha.org/wp-content/uploads/2021/07/Coordinated_Entry_For_All_2020_Evaluation_Report.pdf



This report discusses changes to prioritization to adapt to COVID-19 and the impact on racial disproportionality in the CE system.

San Diego, California

- Presentation on Updated CES Prioritization Policy. August 2021.
<https://www.rtfhsd.org/about-coc/coordinated-entry-system-ces/>

Snohomish County, WA

- *Lessons Learned in Family Homelessness. Topic: Coordinated Entry.* Prepared by Building Changes June 2021. <https://buildingchanges.org/resources/lessons-in-family-homelessness-coordinated-entry/>



APPENDIX B: LIST OF KEY INFORMANTS

Community	Organization(s)	Individuals Interviewed	Interview Date
Allegheny County, PA	Allegheny County Department of Human Services (DHS)	Andrea Bustos, Cynthia Shields, Andy Halfhill, Gabriel Krivosh, Abigail Horn	10/14/2021
Austin, TX	Ending Community Homelessness Coalition (ECHO)	Akram Al-Turk, Director of Research and Evaluation and Claire Burrus, Research and Evaluation Analyst	9/23/2021
Chicago, IL	All Chicago	Elizabeth Perez, Senior Program Manager	12/3/2021
Hennepin County, MN	Hennepin County	Tracy Schumacher, CES Principal Planning Analyst and Amy Donohue, CES Principal Planning Analyst	9/14/2021
Nashville, TN	Metro Homeless Impact Division	Sally Lott, CE Manager	9/16/2021
Omaha, NE	Metro Area Continuum of Care	Stacey Warner, CE System Director	9/24/2021
Pierce County, WA	Pierce County Human Services Department	Anne Marie Edmunds, Program Specialist	9/9/2021
San Diego, CA	San Diego Regional Task Force on Homelessness (RTFH)	Jegnaw Zeggaye, Chief Data Officer and Justin Creel, Senior Program Manager for CES and Housing Strategy	9/20/2021



APPENDIX C: LIST OF COMMUNITY INTERVIEW QUESTIONS

The following questions were asked to key informants to gain information about their experiences on equitable CE design. Interviews were coordinated and scheduled by the Focus Strategies team. Interviewees were solicited from communities that have commitments to prioritize equity within their CE systems, some of which have already implemented a number of tools and practices. Interviewers asked the following broad questions; based on a community's specific experiences with creating new prioritization tools, additional follow-up and clarification questions were also asked. Those specific questions are not included below but answers are incorporated in the report's main findings. Interviewees were briefed on Your Way Home's work to develop a more equitable CE system and given the option to be listed as a "key informant" on the report or if they would prefer only general information be included in the report.

1. Can you tell us a little about the history of your community's CES in general, and prioritization and assessment in particular?
 - (Probe: What prompted the effort to make it more equitable?)
 - (Probe: What stakeholders were involved in this effort?)
2. Is the CE work connected to broader efforts to advance racial equity in the homelessness response system? If so, please describe.
 - (Probe: How has this affected resources for the CE effort? Political will to enact changes?)
3. What do you believe are the most significant factors contributing to racial inequities in CES in your community?
 - (Probe: What data have you used to support/test your hypothesis? Does this include both quantitative and qualitative data?)
 - (For qualitative data, was input gathered from people with lived experience?)
4. Have you identified specific changes you would like to make to CES to address the issues you identified? If so, what are they?
 - (Probes and follow ups will depend on what they are planning to do.)
 - (Follow up in particular on possible changes to assessment and prioritization tools and processes.)



5. Have you implemented or started to implement any of the identified changes? If yes, what have been the biggest challenges in implementation? How have you addressed these obstacles?
6. How have you funded this work? (Including analysis, planning, implementation)
 - (Probe: If still in process, how do you anticipate funding future work?)
7. Please describe any lessons you have learned working on this effort that you think are generalizable to other communities.
 - (Probe: What has been the biggest takeaway regarding assessment and prioritization?)

