



**Kansas Statewide**  
Homeless Coalition

# Kansas Balance of State Continuum of Care Coordinated Entry Evaluation

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## Introduction

Each Continuum of Care (CoC) that receives CoC and/or Emergency Solutions Grant (ESG) Program funding from the U.S. Department of Housing and Urban Development (HUD) is required to design and implement a Coordinated Entry System (CES). Coordinated Entry (CE) is a process for assessing the vulnerability of all people experiencing homelessness within the CoC to prioritize those most in need of assistance for available housing and services. The goals of coordinated entry are:

1. To increase the efficiency of the local crisis response system,
2. To improve fairness in how housing and services are allocated, and
3. To facilitate rapid access to housing and services.

HUD requires each CoC to conduct an annual evaluation focusing on the quality and effectiveness of the entire coordinated entry experience—including assessment, prioritization, and referral processes—for both programs and participants.

Per HUD requirements and for the purposes of continuous improvement, the Kansas Statewide Homeless Coalition (KSHC) conducted an evaluation of its existing Coordinated Entry System within the Homeless Management Information System (HMIS) hosted within the Bitfocus Clarity Human Services system (Clarity).

The Coordinated Entry System was integrated into Clarity on October 1, 2020. Therefore, this evaluation will be assessing its integration and provide recommendations for continued improvement of its system process and equitableness of its outcomes.

This report analyzes the strengths and challenges of the Coordinated Entry System, focusing on three key areas:

- **Compliance Review:** This review will determine if the implementation and operation of the CES is in compliance with HUD’s requirements for CE as stated by the Coordinated Entry Notice, the Prioritization Notice, the Coordinated Entry Policy Brief, the CoC Program interim rule, the ESG interim rule, HUD Equal Access rule and any future requirements established by HUD.
- **Effectiveness Review:** This review will determine how effective the CE process is in connecting households experiencing homelessness to appropriate referrals such as system need, time to referral, referral appropriateness and referral outcomes.

The Compliance Review includes an analysis of compliance with HUD requirements based on HUD’s Coordinated Entry Self-Assessment tool. The Effectiveness Review is primarily based in Clarity reports that show system, program, and client outcomes.

## CES Process

Per HUD guidelines, a Coordinated Entry System consists of four core elements: Access, Assessment, Prioritization, and Referral.

1. Access refers to how those who are experiencing a housing crisis learn that coordinated entry exists and access crisis response services.
2. Assessment is the process of gathering information about a household’s barriers to housing and characteristics that might make them more vulnerable while homeless.
3. Prioritization takes that information and determines to what type of housing and services a household will be referred and who has the highest priority.
4. Referral is the process of offering appropriate housing and supportive services to those people with the highest priority, based on prioritization.

Across the KS BoS CoC the Coordinated Entry System utilizes the “no wrong door” coordinated entry model which is when assessors are spread throughout the geographic area. When a household completes an assessment, they become eligible to be prioritized for a referral to housing programs via the Coordinated Entry Process. Based on the household’s score, the highest priority households are identified. These households are added to the Regional CES List where they would like to be served. During Regional Case Conferencing meetings, available housing resources are communicated to the gathered group of housing providers who then attempt to match prioritized households to those resources. After a household is matched, the CES team at the Kansas Statewide Homeless Coalition provides the referral and the housing provider then works with the household to determine program eligibility for their housing program.

### Limitations in CES Data

The data in this report is limited to the first year of data entered into Bitfocus Clarity Human Services system for Coordinated Entry. The Monitoring and Oversight of the Coordinated Entry Data within Clarity involves evaluating separate components of the Coordinated Entry process. Those components include the following:



A limitation of this evaluation approach means that numbers from each component section may vary from the other sections if the clients did not finish each component of the Coordinated Entry System. The following is a list of situations that have been observed within the dataset for this report:

- A Homeless CES enrollment was completed for a household, but a VI-SPDAT was not added to the system. Therefore, the client will be counted in the Enrollment numbers and missing from all other components and reports except for CES Program Exits.

- A Homeless CES enrollment and VI-SPDAT was completed but a client was never added to a Regional CES List, therefore they would be excluded from the Regional Datasets and program referrals.
- A housing program enrollment occurred before the housing referral as sent, or the household was enrolled into a housing program without a CES referral in the system. Therefore, the system does not recognize that the household successfully received services from the CES List which will affect the Regional Dataset success rates.

### Additional Data Limitations

- Enrollment data was not collected from households that completed a VI-SPDAT prior to October 1, 2020, as the HMIS system could not support the version 1 VI-SPDAT.
- Data from Homeless Prevention (HP) programs and HP VI-SPDATs are not included as the HP portion of Coordinated Entry did not launch in the system until 2/1/2022.
- CES Enrollments does not collect information on subpopulations that have substance abuse concerns, chronic health issues or health insurance information.

### Coordinated Entry Team's Data Fixes

The Coordinated Entry Team at the Kansas Statewide Homeless Coalition includes Shanae Eggert (Director of CES), Jaylee Getten (CES System Admin), Brianna White (CES System Admin) and James Donnelly (CES System Admin). The CES team conducted the following error fixes to the data:

1. Exiting households from the CES Program Enrollment after a year.
2. Adding households to regional queues.
3. Household members accidentally not grouped together at CES enrollment.

While the CES team has worked diligently to fix the first year of data, some data could not be fixed. CES team will use the 2022 and 2023 years to build trainings and reports to ensure additional CES Data Quality checks and agency support.

## Racial Disproportionality in the Experience of Homelessness

Racial equity is the condition that would be achieved if one’s racial identity no longer predicted, in a statistical sense, one’s housing, economic and health outcomes. The first step to racial equity is to determine if there is racial disproportionality in the experience of homelessness. This section covers the outcomes of the current implemented system.

### General Population vs. CES Households

Relative to the State of Kansas’ population at large, homelessness disproportionately affects people of color. This is especially pronounced for the Black/African American and American Indian/Alaskan Native (AIAN) population. While being 6% and 1% of the general population respectively, they represent 14% and 3% of the homeless population that was identified through the Coordinated Entry System.

Race	General Population in Kansas (U.S. Census Bureau V2021) *	CES Households
White	86.3%	74.4%
Black/African American	6.1%	14.8%
American Indian/Alaska Native	1.2%	2.9%
Asian or Asian American	3.2%	0.2%
Native Hawaiian/Other Pacific Islander	0.1%	0.6%
Multiracial	3.1%	4.3%
Unknown	N/A	2.7%

\*<https://www.census.gov/quickfacts/KS>

### Average VI-SPDAT Scores according to Race

Kansas Statewide Homeless Coalition has calculated the average VI-SPDAT scores according to race to determine if there are large differences in the scoring mechanism. Asian or Asian American has the largest average VI-SPDAT score at 10, however the data size is at 0.2% therefore it might not be a large enough sample to represent the subpopulation. All other VI-SPDAT scores are within 2 points of each other.

Race	Average VI-SPDAT Score
White	8.33
Black, African American, or African	7.74
American Indian, Alaska Native, or Indigenous	8.55
Asian or Asian American	10
Native Hawaiian or Pacific Islander	7
Multiple races	8.99
Don't know/Refused/No Answer	7.63

## Housing Program Enrollments according to Race

The percentage and count of CES Enrollments versus Housing Program (RRH, PSH, TH) counts are provided below:

Race	CES Enrollment Count	Housing Programs Count	Difference in %
White	1721 at 74.4%	1311 at 75.6%	+1.2%
Black/African American	342 at 14.8%	270 at 15.6%	+0.8%
American Indian/Alaska Native	68 at 2.9%	34 at 2.0%	-0.9%
Asian or Asian American	5 at 0.2%	6 at 0.3%	+0.1%
Native Hawaiian/Other Pacific Islander	14 at 0.6%	21 at 1.2%	+0.6%
Multiracial	99 at 4.3%	79 at 4.6%	+0.3%
Unknown	63 at 2.7%	10 at 0.8%	-1.9%
Total	2,312	1,735	

In summary, out of 2312 identified individuals in CES during October 1, 2020, to September 30, 2021, there were 1,735 clients enrolled in HUD Housing Programs. The percentage of CES enrollments versus Housing Program percentages show that the subpopulations of American Indian/Alaska Natives and clients that did not answer the racial questions are underserved.

Further data and deeper analysis are needed to utilize a racial equity lens to examine CES, HMIS, PIT/HIC and additional data to identify racial inequities in the Crisis Housing Response system.

## Entries into the Coordinated Entry System

From October 1, 2020, to September 30, 2021, 1,590 unduplicated households have been enrolled in Coordinated Entry within the Bitfocus Clarity Human Services HMIS System across the Kansas Balance of State CoC. Of those households, there were 1,776 adults, 521 children and 15 unknown individuals with no date of birth.

### Demographics for All CES Clients

Age Range	# Of All Clients
Under 5	183
5 - 12	236
13 - 17	102
18 - 24	221
25 - 34	514
35 - 44	509
45 - 54	300
55 - 61	162
62+	70
No Answer	15
<b>Total:</b>	<b>2,312</b>

Race	# Of All Clients
American Indian, Alaska Native, or Indigenous	68
Asian or Asian American	5
Black, African American, or African	342
Native Hawaiian or Pacific Islander	14
White	1,721
Multiple races	99
Don't know/Refused/No Answer	63
<b>Total:</b>	<b>2,312</b>

Gender	# Of All Clients
Female	1,225
Male	1,039
No Single Gender	9
Transgender	11
Questioning	0
Client doesn't know	0
Client refused	3
No Answer	25
<b>Total:</b>	<b>2,312</b>

Disabled	# Of Adults & HoHs
Yes	851
No	871
Don't Know, Refused, No Answer	57
<b>Total:</b>	<b>1,779*</b>

Ethnicity	# Of All Clients
Non-Hispanic/Non-Latin(a)(o)(x)	1,962
Hispanic/Latin(a)(o)(x)	282
Don't Know, Refused, No Answer	68
<b>Total:</b>	<b>2,312</b>

Chronic	# Of Adults & HoHs
Yes	245
No	1534
<b>Total:</b>	<b>1,779*</b>

Domestic Violence Occurrence	# Of Adults
Yes, currently fleeing	242
Yes, within the past 3 months	34
Yes, 3 to 6 months ago	26
Yes, 6 to 1 year ago	29
Yes, 1 year ago or more	146
Yes, did not answer when	20
<b>Total:</b>	<b>497</b>

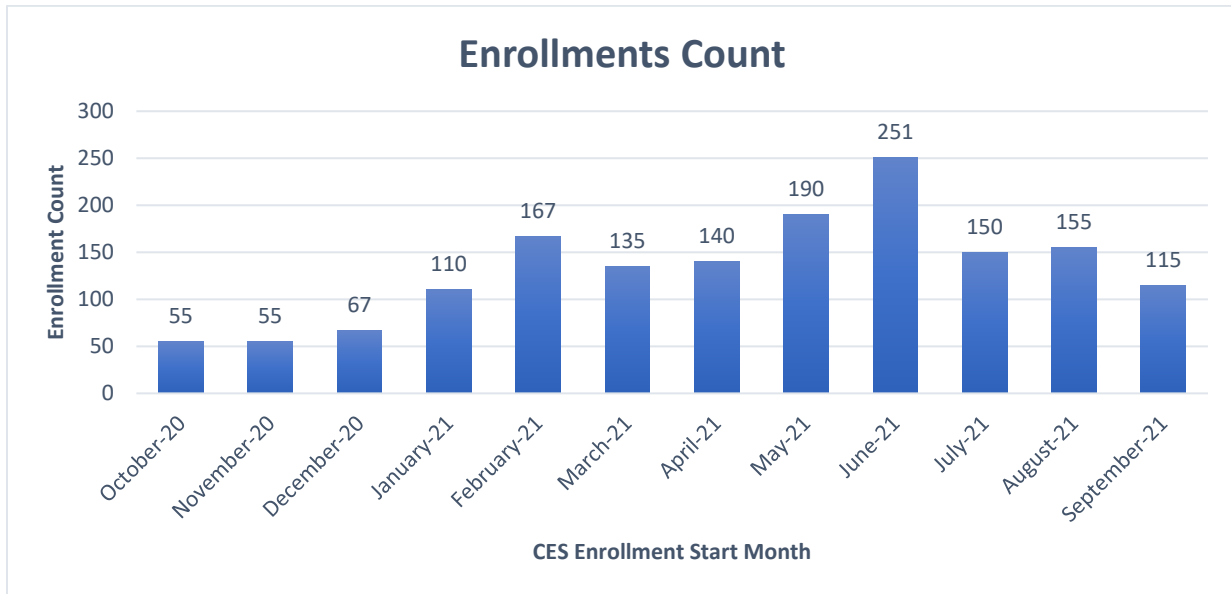


Veteran	# Of Adults
Yes	81
No	1,674
Don't Know, Refused, No Answer	21
<b>Total:</b>	<b>1,776*</b>

*\*The above reports show a 3-person difference between “# of Adults & HoH’s” and “# of Adults” because three persons are identified as HoHs with missing DOB. The data reports don’t always report them as adults even when they are reported as HoHs.*

## Households Accessing Coordinated Entry by Month

Since October 2020, an average of 133 new households were enrolled in the Coordinated Entry System each month for a total of 1,590 over the course of one year.



While the first three months of the enrollment data reflects a significantly lower amount than all other months after that, we can speculate that the lower entry numbers are due to the initial launch of the Coordinated Entry System in Bitfocus Clarity Human Services.

## Prior Living Situations at CES Enrollment

The Coordinated Entry enrollment collects information regarding prior living situations. The definition of Prior living situation is “where did the participant stay last night.” Therefore, the below chart indicates where the household stayed the night before they connected to CES. This chart does not capture “current living situations” which is defined as “where they anticipate sleeping that night.”

Prior Living Situations at CES Enrollment	# Of Adults	%
Place not meant for human habitation	856	48%
Emergency shelter, including hotel paid for with ES voucher	368	21%
Safe Haven	37	2%
Foster care home or foster care group home	0	0%
Hospital or other residential non-psychiatric medical facility	6	0%
Jail, prison or juvenile detention facility	19	1%
Long-term care facility or nursing home	0	0%
Psychiatric hospital or other psychiatric facility	3	0%

Substance abuse treatment facility or detox center	9	1%
Residential project or halfway house with no homeless criteria	2	0%
Hotel or motel paid for without emergency shelter voucher	61	3%
Transitional housing for homeless persons	15	1%
Host Home (non-crisis)	2	0%
Staying or living in a friend's room, apartment, or house	114	6%
Staying or living in a family member's room, apartment, or house	83	5%
Rental by client, with VASH housing subsidy	0	0%
Permanent housing (other than RRH) for formerly homeless persons	2	0%
Rental by client, with RRH or equivalent subsidy	2	0%
Rental by client in a public housing unit	4	0%
Rental by client, no ongoing housing subsidy	69	4%
Rental by client, with other ongoing housing subsidy	6	0%
Owned by client, with ongoing housing subsidy	0	0%
Owned by client, no ongoing housing subsidy	3	0%
Interim Housing	1	0%
Other/Unable to Determine/No Answer	117	7%
<b>Total</b>	<b>1,779</b>	

These prior living situations illustrate that 48% of participants are living in a place not meant for human habitation (on the streets, in a vehicle, abandoned building, etc.) immediately prior to identification by the Coordinated Entry System. Emergency shelters and motel voucher programs were utilized immediately prior to CES for 21% of participants.

## Assessment Results

The KS BoS CoC’s CE process utilizes the same assessment process at all access points in order to apply a consist process throughout the CoC to achieve fair, equitable, and equal access to services within the community. The Coordinated Entry Committee (CEC) has approved the use of the following Vulnerability Index-Service Prioritization Decision Assistance Tool VI-SPDAT as created and owned by OrgCode Consulting, Inc. (OrgCode):

- VI-SPDAT Version 3.0 for Single Adults
- VI-SPDAT Version 3.0 for Families

The VI-SPDAT is utilized as a triage tool intended to be used as an initial determination of potential housing and support needs for people experiencing homelessness. It includes documenting information about the barriers the person faces to being rapidly housed and any characteristics that might make the person more vulnerable while homeless.

Agencies	# Of Assessments
Kansas Statewide Homeless Coalition	380*
Catholic Charities of Southwest Kansas	252
Catholic Charities Inc.	206
Lawrence Community Shelter	141
Mid-KS CAP Inc.	133
Wesley House	62
City of Pittsburg	62
Catholic Charities of Northern Kansas	61
Coordinated Entry	61
Harvest America Corporation	54
NEK CAP Inc.	51
Catholic Charities NEK - Leavenworth	45
Stepping Stone Shelter	37
Bert Nash CMHC	29
My Father's House Community Services, Inc.	24
Manhattan Emergency Shelter Inc. (MESI)	24
Butler Homeless Initiative	17
Prairie View Inc.	14
Central Kansas Mental Health Center	12
Robert J Dole VA Medical Center	11
Compass Behavioral Health	11
McPherson Housing Coalition	8
Salina Housing Authority	8
Catholic Charities NEK - Lawrence	7
The Salvation Army	6
Catholic Charities NEK - Atchison	6
Lawrence Douglas County Housing Authority	6
Family Promise of the Flint Hills	2
Mental Health America of the Heartland	1
<b>Total</b>	<b>1,731*</b>

Type of VI-SPDAT	# Of Assessments
Single Adults	1162
Couples without Children	75
Families with Children	437
Refused VI-SPDAT	57
<b>Total:</b>	<b>1,731*</b>

Type of VI-SPDAT	# Of Assessments
Single Adults: 0	0
Single Adults: 1-3	38
Single Adults: 4-7	453
Single Adults: 8-11	550
Single Adults: 12+	121
Couples: 0	0
Couples: 1-3	1
Couples: 4-7	24
Couples: 8-11	45
Couples: 12+	5
Families: 0	2
Families: 1-3	5
Families: 4-8	151
Families: 9-12	192
Families: 13+	87
<b>Total:</b>	<b>1,674*</b>

\*Kansas Statewide Homeless Coalition also assisted in entering VI-SPDATs into Clarity for additional agencies. These organizations are Justice Matters, Bert Nash and Ashby House. These VIs are included in the KSHC assessment count.

\*These assessment numbers include duplicated assessments if a household completed more than one assessment.

## Prioritization

In the context of the CE process, HUD uses the term “Prioritization” to refer to the Coordinated Entry-specific process by which all persons in need of assistance who use CES are ranked in order of priority. The coordinated entry process must, to the maximum extent feasible, ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.

During October 1, 2020 to September 30, 2021, the KS BoS CoC Coordinated Entry System utilizes a static prioritization process by using the VI-SPDAT score to determine the “most appropriate” intervention for that household and places the households on the CES List for that intervention type, if available. Therefore, households are placed in a static order on a “wait list” for a referral to an intervention type based on that score. Due to the initial launch of the Coordinated Entry system, this process was selected by default due to a new CES build in Clarity.

The KS BoS CoC adds an element of Client-Focused Case Conferencing to prioritization that allows providers to provide additional information necessary to determine a household’s prioritization, either because of the nature of self-reporting, withheld information, or circumstances outside the scope of assessment questions.

## Referrals

The KS BoS CoC covers 101 counties within the state of Kansas and has designated 8 regions within the state. These regions will manage their own regional CES list and provide referrals within their independent regions in order to avoid forcing households to travel or move long distances to be served. Each region may decide to customize the CES list to align with eligibility requirements from the specific programs in that region. (i.e., funding only allows the program to serve households within a specific city, so a city column is added to the list.)

The KS BoS CoC uses the CES to provide a uniform and coordinated referral process for all beds, units, and services available at participating programs within the KS BoS CoC’s geographic area for referral to housing and services. Participating programs in the CES establishes that the CES is the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.

Referral results per region are located within the Regional CES Data section.

## Functional Zero

The “Functional Zero” approach describes the situation in a community where homelessness has become a manageable problem. This would mean that the availability of services and resources match or exceed the demand for them for those experiencing homelessness. Therefore, the experience of homelessness in these regions are brief and the CES intervention results in successful resolution. Regions should aim to achieve Functional Zero and aspire to meet Absolute Zero. Absolute Zero is an end to homelessness by the complete eradication of homelessness within a community. In a community that has achieved Absolute Zero all people would have access to supports and housing services needed to prevent them from being homeless in the first place.

The KS BoS CES team currently measures functional zero by CES regional list for housing services only. The following regions have achieved functional zero as of March 1, 2022.

- South Central
- Southeast
- Northwest

## Achieving Functional Zero for a Regional CES List

The Kansas Balance of State Continuum of Care has (8) eight regions and each of these regions manage their own CES lists. Below are the steps for a region to meet functional zero:

1. The number of people experiencing homelessness does not exceed the region’s ability to house that number of people.
2. All households who can be referred to housing services have been referred or will immediately be referred by the next CES Case Conferencing meeting.
3. All newly identified households added to the list in between CES Case Conferencing meetings are therefore at the top of the list and ready for referrals.
4. All households who are unable to be referred because of no contact information or currently in an institution are maintained on the list with the goal of achieving contact and providing a referral within 90 days of last contact.
5. Every client is reviewed during the meeting to provide additional case conferencing updates. For example:
  - a. The household is no longer in the CoC service area and needs to be removed.
  - b. The household self-resolved homelessness and needs to be removed.
  - c. The household has been housed with or without a housing subsidy.
  - d. Currently in an institution.
  - e. All providers have been unable to make contact for 90 days and the household needs to be removed. The household can be readded as soon as they are located again.

## Potential Limitations in Functional Zero

Each region should examine their list, even if they have achieved functional zero, to determine if they are experiencing any of the following issues:

1. Is the region operating a CES list with a full accounting of those who are experiencing homelessness? In other words, are we finding everyone that is experiencing homelessness?
2. Has the region partnered with non-HUD funded entities to increase their ability to refer clients to other housing services such as EHV, Section 8, low subsidized housing, TBRA and etc.?
3. Can the region sustain functional zero even if the inflow is increased?

## Regional CES Data – Region One: Northwest

Residence Prior to CES Entry	# Of Clients
Place not meant for human habitation	42
Emergency shelter, including hotel paid for with ES voucher	2
Safe Haven	0
Foster care home or foster care group home	0
Hospital or other residential non-psychiatric medical facility	0
Jail, prison or juvenile detention facility	2
Long-term care facility or nursing home	0
Psychiatric hospital or other psychiatric facility	0
Substance abuse treatment facility or detox center	0
Residential project or halfway house with no homeless criteria	0
Hotel or motel paid for without emergency shelter voucher	4
Transitional housing for homeless persons	0
Host Home (non-crisis)	0
Staying or living in a friend's room, apartment, or house	4
Staying or living in a family member's room, apartment, or house	0
Rental by client, with VASH housing subsidy	0
Permanent housing (other than RRH) for formerly homeless persons	0
Rental by client, with RRH or equivalent subsidy	0
Rental by client in a public housing unit	0
Rental by client, no ongoing housing subsidy	1
Rental by client, with other ongoing housing subsidy	1
Owned by client, with ongoing housing subsidy	0
Owned by client, no ongoing housing subsidy	0
Interim Housing	0
Other/Unable to Determine/No Answer	0
<b>Total:</b>	<b>56</b>

VI-SPDAT Scores	
Score: 0	0
Score: 1-3	1
Score: 4-7	12
Score: 8-10	22
Score: 11-14	23
Score: 15+	1
<b>Total:</b>	<b>59</b>

Community Queue Referral Results	
Successful Program Enrollments	21
Self-Resolved Household(s)	1
Housed with Community Inventory with or without CE	0
Housed with family/friends	0
Community Queue Expirations	25
Household(s) Denied Referral	7
Provider Denied Referral	0
Whereabouts Unknown/No Contact for 90 days	1
Other	4
Deceased	0
Reassessed due to Household Change	0
Pending	2
<b>Total:</b>	<b>61</b>

Subpopulations – Total Adults	
Experienced DV	16
Chronically Homeless	10
Veteran(s)	0

Average Length of Time in CES: 233 days

## Regional CES Data – Region Two: Southwest

Residence Prior to CES Entry	# Of Clients
Place not meant for human habitation	135
Emergency shelter, including hotel paid for with ES voucher	34
Safe Haven	16
Foster care home or foster care group home	0
Hospital or other residential non-psychiatric medical facility	0
Jail, prison or juvenile detention facility	7
Long-term care facility or nursing home	0
Psychiatric hospital or other psychiatric facility	1
Substance abuse treatment facility or detox center	1
Residential project or halfway house with no homeless criteria	1
Hotel or motel paid for without emergency shelter voucher	13
Transitional housing for homeless persons	0
Host Home (non-crisis)	0
Staying or living in a friend’s room, apartment, or house	16
Staying or living in a family member’s room, apartment, or house	9
Rental by client, with VASH housing subsidy	0
Permanent housing (other than RRH) for formerly homeless persons	0
Rental by client, with RRH or equivalent subsidy	0
Rental by client in a public housing unit	0
Rental by client, no ongoing housing subsidy	3
Rental by client, with other ongoing housing subsidy	0
Owned by client, with ongoing housing subsidy	0
Owned by client, no ongoing housing subsidy	1
Interim Housing	0
Other/Unable to Determine/No Answer	5
<b>Total:</b>	<b>242</b>

VI-SPDAT Scores for Southwest	
Score: 0	23
Score: 1-3	6
Score: 4-7	84
Score: 8-10	96
Score: 11-14	55
Score: 15+	1
<b>Total:</b>	<b>265</b>

Community Queue Referral Results	
Successful Program Enrollments	110
Self-Resolved Household(s)	25
Housed with Community Inventory with or without CE	14
Housed with family/friends	7
Community Queue Expirations	138
Household(s) Denied Referral	8
Provider Denied Referral	2
Whereabouts Unknown/No Contact	38
Other	23
Deceased	1
Reassessed due to Household Change	0
Pending	10
<b>Total:</b>	<b>375</b>

Subpopulations – Total Adults	
Experienced DV	54
Chronically Homeless	31
Veteran(s)	7

Average Length of Time in CES: 161 days



## Regional CES Data – Region Three: North Central

Residence Prior to CES Entry	# Of Clients
Place not meant for human habitation	54
Emergency shelter, including hotel paid for with ES voucher	30
Safe Haven	0
Foster care home or foster care group home	0
Hospital or other residential non-psychiatric medical facility	0
Jail, prison or juvenile detention facility	0
Long-term care facility or nursing home	0
Psychiatric hospital or other psychiatric facility	0
Substance abuse treatment facility or detox center	0
Residential project or halfway house with no homeless criteria	0
Hotel or motel paid for without emergency shelter voucher	3
Transitional housing for homeless persons	4
Host Home (non-crisis)	0
Staying or living in a friend’s room, apartment, or house	7
Staying or living in a family member’s room, apartment, or house	1
Rental by client, with VASH housing subsidy	0
Permanent housing (other than RRH) for formerly homeless persons	0
Rental by client, with RRH or equivalent subsidy	0
Rental by client in a public housing unit	0
Rental by client, no ongoing housing subsidy	4
Rental by client, with other ongoing housing subsidy	0
Owned by client, with ongoing housing subsidy	0
Owned by client, no ongoing housing subsidy	0
Interim Housing	0
Other/Unable to Determine/No Answer	5
<b>Total:</b>	<b>108</b>

VI-SPDAT Scores for North Central	
Score: 0	0
Score: 1-3	3
Score: 4-7	36
Score: 8-10	47
Score: 11-14	27
Score: 15+	1
<b>Total:</b>	<b>114</b>

Community Queue Referral Results	
Successful Program Enrollments	59
Self-Resolved Household(s)	12
Housed with Community Inventory with or without CE	1
Housed with family/friends	2
Community Queue Expirations	72
Household(s) Denied Referral	0
Provider Denied Referral	0
Whereabouts Unknown/No Contact	0
Other	5
Deceased	0
Reassessed due to Household Change	0
Pending	2
<b>Total:</b>	<b>153</b>

Subpopulations – Total Adults	
Experienced DV	35
Chronically Homeless	27
Veteran(s)	13

Average Length of Time in CES: 196 days



## Regional CES Data – Region Four: South Central

Residence Prior to CES Entry	# Of Clients
Place not meant for human habitation	39
Emergency shelter, including hotel paid for with ES voucher	98
Safe Haven	0
Foster care home or foster care group home	0
Hospital or other residential non-psychiatric medical facility	0
Jail, prison or juvenile detention facility	2
Long-term care facility or nursing home	0
Psychiatric hospital or other psychiatric facility	0
Substance abuse treatment facility or detox center	1
Residential project or halfway house with no homeless criteria	0
Hotel or motel paid for without emergency shelter voucher	2
Transitional housing for homeless persons	2
Host Home (non-crisis)	0
Staying or living in a friend's room, apartment, or house	5
Staying or living in a family member's room, apartment, or house	1
Rental by client, with VASH housing subsidy	0
Permanent housing (other than RRH) for formerly homeless persons	0
Rental by client, with RRH or equivalent subsidy	0
Rental by client in a public housing unit	0
Rental by client, no ongoing housing subsidy	2
Rental by client, with other ongoing housing subsidy	1
Owned by client, with ongoing housing subsidy	0
Owned by client, no ongoing housing subsidy	0
Interim Housing	0
Other/Unable to Determine/No Answer	1
<b>Total:</b>	<b>154</b>

VI-SPDAT Scores for South Central	
Score: 0	0
Score: 1-3	8
Score: 4-7	72
Score: 8-10	55
Score: 11-14	29
Score: 15+	2
<b>Total:</b>	<b>166</b>

Community Queue Referral Results	
Successful Program Enrollments	145
Self-Resolved Household(s)	0
Housed with Community Inventory with or without CE	3
Housed with family/friends	0
Community Queue Expirations	40
Household(s) Denied Referral	1
Provider Denied Referral	0
Whereabouts Unknown/No Contact for 90 days	0
Other	2
Deceased	0
Reassessed due to Household Change	0
Pending	1
<b>Total:</b>	<b>192</b>

Subpopulations – Total Adults	
Experienced DV	69
Chronically Homeless	23
Veteran(s)	11

Average Length of Time in CES: 119 days

## Regional CES Data – Region Five: Northeast

Residence Prior to CES Entry	# Of Clients
Place not meant for human habitation	101
Emergency shelter, including hotel paid for with ES voucher	33
Safe Haven	5
Foster care home or foster care group home	0
Hospital or other residential non-psychiatric medical facility	0
Jail, prison or juvenile detention facility	2
Long-term care facility or nursing home	0
Psychiatric hospital or other psychiatric facility	0
Substance abuse treatment facility or detox center	0
Residential project or halfway house with no homeless criteria	0
Hotel or motel paid for without emergency shelter voucher	8
Transitional housing for homeless persons	0
Host Home (non-crisis)	0
Staying or living in a friend’s room, apartment, or house	7
Staying or living in a family member’s room, apartment, or house	13
Rental by client, with VASH housing subsidy	0
Permanent housing (other than RRH) for formerly homeless persons	0
Rental by client, with RRH or equivalent subsidy	0
Rental by client in a public housing unit	1
Rental by client, no ongoing housing subsidy	13
Rental by client, with other ongoing housing subsidy	0
Owned by client, with ongoing housing subsidy	1
Owned by client, no ongoing housing subsidy	0
Interim Housing	0
Other/Unable to Determine/No Answer	1
<b>Total:</b>	<b>185</b>

VI-SPDAT Scores for Northeast	
Score: 0	11
Score: 1-3	6
Score: 4-7	52
Score: 8-10	71
Score: 11-14	53
Score: 15+	10
<b>Total:</b>	<b>203</b>

Community Queue Referral Results	
Successful Program Enrollments	54
Self-Resolved Household(s)	11
Housed with Community Inventory with or without CE	10
Housed with family/friends	1
Community Queue Expirations	151
Household(s) Denied Referral	3
Provider Denied Referral	7
Whereabouts Unknown/No Contact for 90 days	5
Other	19
Deceased	0
Reassessed due to Household Change	1
Pending	7
<b>Total:</b>	<b>269</b>

Subpopulations – Total Adults	
Experienced DV	77
Chronically Homeless	23
Veteran(s)	13

Average Length of Time in CES: 222 days

## Regional CES Data – Region Six: Douglas

Residence Prior to CES Entry	# Of Clients
Place not meant for human habitation	153
Emergency shelter, including hotel paid for with ES voucher	62
Safe Haven	3
Foster care home or foster care group home	
Hospital or other residential non-psychiatric medical facility	1
Jail, prison or juvenile detention facility	2
Long-term care facility or nursing home	
Psychiatric hospital or other psychiatric facility	
Substance abuse treatment facility or detox center	1
Residential project or halfway house with no homeless criteria	
Hotel or motel paid for without emergency shelter voucher	11
Transitional housing for homeless persons	5
Host Home (non-crisis)	
Staying or living in a friend’s room, apartment, or house	24
Staying or living in a family member’s room, apartment, or house	12
Rental by client, with VASH housing subsidy	
Permanent housing (other than RRH) for formerly homeless persons	1
Rental by client, with RRH or equivalent subsidy	1
Rental by client in a public housing unit	
Rental by client, no ongoing housing subsidy	15
Rental by client, with other ongoing housing subsidy	3
Owned by client, with ongoing housing subsidy	
Owned by client, no ongoing housing subsidy	
Interim Housing	1
Other/Unable to Determine/No Answer	28
<b>Total:</b>	<b>323</b>

VI-SPDAT Scores for Douglas	
<b>Score: 0</b>	4
<b>Score: 1-3</b>	7
<b>Score: 4-7</b>	112
<b>Score: 8-10</b>	152
<b>Score: 11-14</b>	91
<b>Score: 15+</b>	8
<b>Total:</b>	<b>374</b>

Community Queue Referral Results	
Successful Program Enrollments	74
Self-Resolved Household(s)	27
Housed with Community Inventory with or without CE	15
Housed with family/friends	0
Community Queue Expirations	278
Household(s) Denied Referral	3
Provider Denied Referral	1
Whereabouts Unknown/No Contact for 90 days	7
Other	21
Deceased	0
Reassessed due to Household Change	0
Pending	23
<b>Total:</b>	<b>449</b>

Subpopulations – Total Adults	
Experienced DV	83
Chronically Homeless	68
Veteran(s)	3

Average Length of Time in CES: 271 days

## Regional CES Data – Region Seven: East Central

Residence Prior to CES Entry	# Of Clients
Place not meant for human habitation	13
Emergency shelter, including hotel paid for with ES voucher	3
Safe Haven	0
Foster care home or foster care group home	0
Hospital or other residential non-psychiatric medical facility	1
Jail, prison or juvenile detention facility	1
Long-term care facility or nursing home	0
Psychiatric hospital or other psychiatric facility	1
Substance abuse treatment facility or detox center	0
Residential project or halfway house with no homeless criteria	0
Hotel or motel paid for without emergency shelter voucher	4
Transitional housing for homeless persons	1
Host Home (non-crisis)	0
Staying or living in a friend's room, apartment, or house	6
Staying or living in a family member's room, apartment, or house	6
Rental by client, with VASH housing subsidy	0
Permanent housing (other than RRH) for formerly homeless persons	0
Rental by client, with RRH or equivalent subsidy	0
Rental by client in a public housing unit	0
Rental by client, no ongoing housing subsidy	8
Rental by client, with other ongoing housing subsidy	1
Owned by client, with ongoing housing subsidy	0
Owned by client, no ongoing housing subsidy	1
Interim Housing	0
Other/Unable to Determine/No Answer	8
<b>Total:</b>	<b>54</b>

VI-SPDAT Scores for Northwest	
Score: 0	0
Score: 1-3	0
Score: 4-7	20
Score: 8-10	19
Score: 11-14	18
Score: 15+	4
<b>Total:</b>	<b>61</b>

Community Queue Referral Results	
Successful Program Enrollments	14
Self-Resolved Household(s)	2
Housed with Community Inventory with or without CE	1
Housed with family/friends	2
Community Queue Expirations	41
Household(s) Denied Referral	3
Provider Denied Referral	1
Whereabouts Unknown/No Contact for 90 days	0
Other	3
Deceased	0
Reassessed due to Household Change	0
Pending	8
<b>Total:</b>	<b>75</b>

Subpopulations – Total Adults	
Experienced DV	29
Chronically Homeless	1
Veteran(s)	3

Average Length of Time in CES: 224 days

## Regional CES Data – Region Eight: Southeast

Residence Prior to CES Entry	# Of Clients
Place not meant for human habitation	166
Emergency shelter, including hotel paid for with ES voucher	39
Safe Haven	8
Foster care home or foster care group home	
Hospital or other residential non-psychiatric medical facility	2
Jail, prison or juvenile detention facility	
Long-term care facility or nursing home	
Psychiatric hospital or other psychiatric facility	
Substance abuse treatment facility or detox center	4
Residential project or halfway house with no homeless criteria	1
Hotel or motel paid for without emergency shelter voucher	4
Transitional housing for homeless persons	3
Host Home (non-crisis)	
Staying or living in a friend’s room, apartment, or house	8
Staying or living in a family member’s room, apartment, or house	9
Rental by client, with VASH housing subsidy	
Permanent housing (other than RRH) for formerly homeless persons	
Rental by client, with RRH or equivalent subsidy	
Rental by client in a public housing unit	1
Rental by client, no ongoing housing subsidy	6
Rental by client, with other ongoing housing subsidy	1
Owned by client, with ongoing housing subsidy	
Owned by client, no ongoing housing subsidy	
Interim Housing	
Other/Unable to Determine/No Answer	53
<b>Total:</b>	<b>305</b>

VI-SPDAT Scores for Southeast	
Score: 0	2
Score: 1-3	6
Score: 4-7	134
Score: 8-10	135
Score: 11-14	66
Score: 15+	10
<b>Total:</b>	<b>353</b>

Community Queue Referral Results	
Successful Program Enrollments	197
Self-Resolved Household(s)	16
Housed with Community Inventory with or without CE	16
Housed with family/friends	13
Community Queue Expirations	232
Household(s) Denied Referral	13
Provider Denied Referral	16
Whereabouts Unknown/No Contact for 90 days	18
Other	25
Deceased	0
Reassessed due to Household Change	0
Pending	7
<b>Total:</b>	<b>553</b>

Subpopulations – Total Adults	
Experienced DV	128
Chronically Homeless	26
Veteran(s)	16

Average Length of Time in CES: 197 days

## Coordinated Entry Exit Destinations

The below CES Exit Destination covers all clients that were exited from the Coordinated Entry Enrollment. Coordinated Entry exits occur automatically when the system has a link to a housing program that is in HMIS and a move in date has been added. The CES Team at KSHC exits clients after one year enrolled in the system. The below report does not include any clients that are still active in CES and clients that are enrolled in a housing program but not yet housed.

CES Exit Destinations	# Of Clients
Rental by client, with RRH or equivalent subsidy	371
No exit interview completed	149
Rental by client, no ongoing housing subsidy	116
Other/No exit interview completed/Refused/Doesn't Know	72
Staying or living with family, permanent tenure	52
Rental by client, with other ongoing housing subsidy	37
Staying or living with friends, permanent tenure	19
Rental by client, with HCV voucher (tenant or project based)	15
Rental by client in a public housing unit	14
Staying or living with family, temporary tenure (e.g. room, apartment or house)	11
Permanent housing (other than RRH) for formerly homeless persons	10
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	9
Jail, prison or juvenile detention facility	9
Transitional housing for homeless persons (including homeless youth)	7
Staying or living with friends, temporary tenure (e.g. room, apartment or house)	7
Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	6
Substance abuse treatment facility or detox center	5
Owned by client, no ongoing housing subsidy	5
Owned by client, with ongoing housing subsidy	4
Rental by client, with VASH housing subsidy	2
Long-term care facility or nursing home	2
Hotel or motel paid for without emergency shelter voucher	2
Safe Haven	1
Residential project or halfway house with no homeless criteria	1
Psychiatric hospital or other psychiatric facility	1
Deceased	1
<b>Total:</b>	<b>928</b>

## Recommendations for Improvements

Recommendations for improvements include information collected during the Compliance and Effectiveness review. The Compliance review was completed by the CES Committee utilizing the HUD Coordinated Entry Self-Assessment with providers. The CES Committee shall utilize the data presented in this report to determine the effectiveness of the Coordinated Entry System.

### Compliance Review Recommendations

#### System Recommendations

1. Evaluate racial equity in the CES process.
2. Evaluate the CES static prioritization process (using the score as the main factor) to determine effectiveness. If not effective, should CES move to a dynamic prioritization system which uses assessment result, unsheltered status, length of time homeless, and other factors determined by communities.
3. Improve access and resources for unaccompanied youth. Consider adjusting assessment questions according to this subpopulation.
4. Improve access for non-HUD funded agencies to refer agencies to CES.
5. Find additional resources to support street outreach programs.
6. Partner with neighboring CoCs to create a system that covers multiple CoCs geographic areas.
7. Add details to inform participants of their ability to file a nondiscrimination complaint on the assessment tool and through the KSHC website.
8. Add a diversion and crisis assessment process into CES.
9. Review the assessment process to determine that a Housing First approach is utilized without preconditions.
10. Determine if the CoC's assessment process should incorporate a person-centered approach such as based on participant's strength, goals, risks and protective factors, sensitivity to lived experience, and how referrals are made.
11. Determine how to incorporate additional mainstream services into CES.
12. Consider the effectiveness of allowing VA partners to conduct assessments and make direct placements into homeless assistance program to increase the Veteran Prioritization process.
13. Determine how to ensure that the "CoC maintains a prioritization list such that participants wait no longer than 60 days for a referral to housing or services. If the CoC cannot offer a housing resource to every prioritized household experiencing homelessness within 60 days or less, then the CoC adjusts prioritization standards in order to more precisely differentiate and identify resources for those households with the most needs and highest vulnerabilities.
14. Ensure that CES programs do not screen potential project participants out for assistance based on perceived barriers related to housing or services by CoC and ESG monitoring.
15. Monitor CoC and ESG programs to ensure that CES is the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.
16. Determine the need for a "Housing Navigator" dedicated to help people with a score of 1-4 to assist with diversion and additional approaches to assist the household with self-resolving and for clients that may need to be matched with services outside of CES (i.e., nursing homes, mental health facilities, interim housing, etc.)
17. Determine if it is possible to import or export data to support collaboration between homeless service providers and mainstream resources providers such as Medicaid, criminal justice re-entry programs and healthcare services.
18. Determine if it is possible to automate coordinated entry processes including resource prioritization, prioritization list management and eligibility determination.
19. Improve the CES evaluation report to consult with each participating program and program participants to evaluate intake, assessment, and referral processes. Create an open feedback survey on the KSHC website.



20. Incorporate CES system performance measures or other evaluation criteria into the annual coordinated entry evaluation plan.
21. Utilize the results from this CES Evaluation Report to determine if the assessment process/tool is effective.

#### Policies Recommendations

1. Revise HMIS policies to include CES Privacy Protections.
2. Approve CoC Written Standards and have policies complimentary to CES policies or revise CES policies to compliment Written Standards.
3. Add additional language into policies regarding participants ability to maintain their place in coordinated entry prioritization lists when the participant rejects referral options.
4. Add to policy the protocol to connect a rejected household with a new program.
5. Add to policy that CoC participants receive clear information about the project they are referred to, what participants can expect from the project, and expectations of the project.
6. Determine required CES Data Quality Checks.
7. Add to CES policies, “When situations allow physical assessment areas are made safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.

#### Training Recommendations

1. Provide additional training for agencies, VSP’s and non-VSP’s, on addressing the needs of households that are survivors of domestic violence.
2. Provide continual training for CES and HMIS as changes occur with policies or HUD standards.
3. Provide training on how to conduct a trauma-informed assessment with participants.
4. Provide training on safety planning and other next step procedures if safety issues are identified in the process of participant assessment.

#### CES Marketing Recommendations

1. Improve CES Marketing with flyers and brochures. CES materials should also be provided in multiple languages.
2. Improve effective communication with individuals with disabilities such as appropriate auxiliary aids such as (e.g., braille, audio, large type, assistive listening devices, and sign language interpreters).
3. Gather additional information on agency’s physical location and accessibility options if a reasonable accommodation is needed for a person with disabilities.
4. Determine a way to provide a regional list of resources on an annually basis.
5. Document CES programs specific eligibility criteria the program uses to make enrollment determinations and make public.
6. Encourage non-Hud funded CoC agencies to fill project vacancies with referrals from CES.