

Appendix B: Summary of Focus Groups and Interviews

Table of Contents

PROGRAM PARTICIPANT FOCUS GROUPS AND BY-NAME LIST INTERVIEWS.....	1
<i>Access and Assessment</i>	<i>1</i>
<i>Referral and Enrollment.....</i>	<i>3</i>
<i>System Impact and Miscellaneous.....</i>	<i>5</i>
<i>Youth and Young Adults.....</i>	<i>5</i>
<i>Domestic Violence Survivors</i>	<i>5</i>
PROVIDER FOCUS GROUPS AND STAKEHOLDER INTERVIEWS.....	6
<i>Access and Assessment</i>	<i>6</i>
<i>Prioritization and Referral.....</i>	<i>8</i>
<i>System Governance and Management.....</i>	<i>9</i>
<i>Miscellaneous.....</i>	<i>9</i>

Homebase conducted focus groups and interviews with program participants, program staff involved in the Connect to Home system, and program staff who administer coordinated entry processes to understand system performance. While major themes from the focus groups are discussed in the report, this appendix provides a comprehensive list of findings from the focus groups. Please refer to the methodology section of the report for details on focus group attendance and logistics.

Program Participant Focus Groups and By-Name List Interviews

Initially, Homebase set out to interview 25-30 people with lived experience of homelessness via five virtual focus groups broken down by RHAB. Unfortunately, most service providers leading the recruitment effort had very limited success in engaging individuals to attend these sessions. At the direction of the CoC Board, Homebase pivoted their data collection strategy and began calling people directly from the by-name list. Ultimately, 30 individuals with lived expertise were interviewed one-on-one or via focus group.

Of those interviewed, 20 identified as female and nine identified as male, and 17 identified as white, five as black, and two as multi-racial. Participants ranged in age from 22 to 74 years, with three participants qualifying as youth and young adults between the ages of 16 and 24. Nine of the individuals we spoke with identified as survivors of domestic violence. Six clients indicated that they were now housed in a rental unit via rapid re-housing or another subsidy, and one was housed via HUD-VASH.

Access and Assessment

- **Help is very difficult to find.** Over and over again we spoke to individuals who stated that they had received little to no help and were in dire housing crises.
 - One individual had been living in their car for six months when we spoke to them. They stated that they called 211 when they first became homeless and continued calling until they were able to go through intake. Since that time, however, they had never been contacted by the agency, nor had any of their calls to check in on progress been returned.
 - Another individual, a mother with two children, fled a domestic violence situation and was living in her car when she reached out to 211 for help. The assessment was completed

but no one indicated to her what next steps were or followed up with her afterward. She finally got through to 211 again and explained her situation but staff did not offer her any guidance. She ended up going back to a situation where she felt unsafe because it was better than staying with her children in a car in the Pennsylvania winter: “The real reason I went back to my husband was because of that: I couldn’t get help, can’t stay in a car with two kids.”

- **Access is especially limited in rural areas and small counties.** Participants stated that rural areas do not have much housing or services and that 211 does not provide any alternatives. More than one participant said that they went through an hour of interviews and assessment before being told that there was nothing in their area. No additional guidance or resources were offered.
- **There is confusion about what help is available and how to get it.** Participants expressed great confusion about what help was available, to whom, and by whom. Many participants said that when they first needed help, they googled it, which sent them on numerous wild goose chases with HUD, providers, 211 and County Housing Authorities.
 - People in crisis encounter lots of back and forth if they do not call the right place the first time. Several individuals we spoke to stated that they were sent back and forth between a Housing Authority, various nonprofit agencies, and 211 and were told different things at every step.
 - Participants stated that having a centralized website with all the resources available and the steps for accessing them would be helpful.
- **People do not feel that 211 is helpful.** Even when participants knew what help was available from the CoC and how to reach them, many people we spoke to stated that it was very difficult to get through to anyone at 211.
 - One individual had been on the list for two or three years without any guidance or help.
 - Another participant said it was a known fact that it was much better to go to a shelter and get a caseworker assigned to you there than to ever try 211.
 - Someone else said that they left dozens of messages over a three-week period before 211 even returned their call.
- **Some individuals know how to circumvent 211 and coordinated entry to get help.** A number of housed individuals we spoke to said that they were told by others who had successfully found housing “not to worry about the 211 BS” and go directly to a specific agency or certain individual for help.
 - One individual said that they never had an assessment done, but instead were asked what kind of housing they wanted and were set up with providers who offered that kind of housing.
- **Participants felt the VI-SPDAT was unnecessarily long and invasive, but most stated that it was given in a respectful manner.**
 - Participants felt that the questions were geared at categorizing people rather than helping them. One individual said that they felt they were designed to weed out substance users, another said that they were designed to find a reason you were not eligible for help. Two different participants stated that they did not understand how owing money helped to determine their housing need.
 - For the most part, individuals felt comfortable asking for clarification during the assessment process and felt respected by the person administering the VI-SPDAT. Most participants described the process as “professional,” though a few stated that they could tell that the assessor was just trying to get through the process. Some participants said that they did not feel comfortable asking for clarification or refusing to answer questions

they were uncomfortable with because they thought it would affect their eligibility for housing or services.

- **Individuals do not know where they are in the process.** Overall, people who have gone through the assessment find it very difficult to know where they are in the coordinated entry process. Many stated that they have no idea what is next or how to check up on where they are.
 - One individual said that it would be useful to have a standard number you can call to check on your status on the by-name list.
 - Even when individuals knew what the next steps were, we heard from numerous participants that it was very difficult to successfully navigate them. Several individuals had stories about completing tasks and waiting for further instructions, missing a single call with those instructions, and losing a housing opportunity, supportive service, or their place on the by-name list as a result.
 - One individual said that the provider they were working with would only give updates on Thursdays and was extremely difficult to reach even then.
 - Other participants said that they were instructed to coordinate with their employers and others to get documentation to qualify for housing which was both time-consuming and embarrassing.

Referral and Enrollment

- **Referral options are very limited and there are numerous barriers present to accessing the housing opportunities that do exist.**
 - **Dogs.** One person we spoke to said that he had not been able to find even temporary shelter or help because he had a dog. A domestic violence survivor we spoke to stated that she lived outside because she was unable to find housing that would accommodate her and her dog and did not feel safe without her pet.
 - **Criminal records.** Two different people we spoke to stated that they were told that there were no resources for them because they had a criminal record.
- **There is very little in the way of prevention or diversion for those who are facing a housing crisis.** Several individuals we spoke to expressed shock and dismay that when they reached out for help before losing their housing, they were informed that they would not even be considered for housing until they were literally homeless on the street for several months.
- **Several individuals felt that favoritism played a role** in who was given housing and services. This view was compounded by the confusion surrounding the different types of housing and how to access it. People feel that others, in less dire situations than themselves, are prioritized for housing if they are friendly with program or CoC staff.
- **Even after going through assessments, individuals expressed a profound lack of understanding about what the process for obtaining housing was.**
 - Housed individuals we spoke to felt they had just gotten lucky and many of them did not know what was required of them in order to stay in their programs or how long they would be receiving assistance. Those who received advice about next steps said that it usually boiled down to being put on a waitlist or told to try shelters.
 - Several individuals completed their VI-SPDAT and were never given any indication of next steps or process. Of these, many individuals said that their attempts to follow-up on their status were futile. One individual had been calling to check on their status since June and has still not heard back.
 - Individuals on the by-name list did not understand what was expected from them in order to stay on the list. One individual we spoke to said that she lost her place because she

did not call to follow up after 90 days, but this requirement was never communicated to her in the first place.

- **Individuals had very different experiences navigating across Counties and RHABs.** One individual we spoke to said that they moved locations based on availability of services and never had any issues doing so. Another said that they were told to go to a different county by a provider because there was more shelter there. However, a third individual said that they were removed from the by-name list by 211 after 211 learned that they were working with the Perry County Housing Authority to find housing, which was a different county than that where they had initially begun their housing search.
- **Housed individuals indicated that they had to find their own apartment, do all of their own follow-up and navigate the housing system without any support.** This lack of support or guidance presents a major obstacle for people in crisis, especially if they have a disability, work, or a family.
 - One individual we spoke to was told she was approved for rental assistance for a three-bedroom apartment and that she had to find one who would accept her subsidy (on her own) but was not told what that subsidy was or how much of the rent the provider would cover until she found a place.
 - Small counties do not have landlords or apartments willing to accept rental assistance, and there is no support in finding suitable living spaces.
- **Assistance from 211 and providers often comes in the form of text messages and emails,** which require high levels of organization and technological knowledge and access that is an undue burden for some participants.
 - Individuals we spoke to said that they felt overwhelmed and unequipped to follow up on the emails and instructions regarding referrals from 211.
 - One individual was 65 and computer illiterate. He indicated that 211 declined to accommodate his situation, which left him unable to access the referrals they claimed were coming in.
 - Another individual with a traumatic brain injury said that the volume of written emails and instructions was impossible for her to keep track of.
- **During the referral process, several individuals said that they received totally different and conflicting information and directions from 211, County Housing Authorities and providers.** Several individuals further stated that they were being made to work with two or more of these entities, which made it incredibly confusing and almost impossible to navigate.
 - Several individuals we spoke to said that they ultimately received housing because the provider they were working with bypassed 211 altogether and referred them directly to housing.
- **In addition to housing assistance, people we spoke with received help from the CoC in the form of:**
 - Credit counseling
 - Furniture
 - Vehicle transportation
 - Job help
 - Housing
 - Counseling
 - Mainstream benefits, SSI, and food stamps

- In-home care
- Behavioral health services
- Obtaining emotional support credentials for pets
- Individuals we spoke with said that they **could have used additional support in the form of:**
 - Roommate matching services
 - Job lists, referrals, and training
 - Transitional housing, diversion, or prevention – somewhere for people to go to prevent them from losing housing and becoming homeless
 - Storage
 - Information and guidance on home buying
 - Day centers, especially during the winter

System Impact and Miscellaneous

- **Participants said that, overall, they felt respected by 211 and other staff** throughout the process and CoC.
- **Individuals did not know how to file a discrimination complaint**, though some had close relationships with case managers or staff to whom they would feel comfortable giving this information.

Youth and Young Adults

- **Overall the youth and young adults interviewed described receiving more guidance and support than the average adult interviewed.** They understood where they were in their process to obtain housing, knew what next steps they were expected to take, knew whom to reach out to for help, and knew what other options were available to them.
- **Youth and young adults felt comfortable during the assessment and observed that the people administering the assessment were kind, patient and understanding.** One individual said that the assessment was provided to them in person at the recommendation of a services provider.

Domestic Violence Survivors

- **Victim services providers are not well-advertised or easy to locate** for people who are in a crisis. More than one individual we spoke to stated that they did not know that they were in a domestic violence situation or that there were services available to them, but felt that if these services had been advertised, they might have recognized their own situation and reached out for help. Another interviewee said that it would be helpful to describe situations that qualify as domestic violence and state that these are not OK, since survivors have a tendency to minimize their experiences.
- **People in unique situations receive limited support.** One interviewee we spoke with stated that she fled her husband's house with her two children because his son was dangerous and she felt threatened. She went to a VSP but was turned away because her situation did not meet their strict definition of domestic violence. She was not provided with any additional information or resources so she ended up moving back into a situation where she felt unsafe.
 - Several people we spoke to were referred to VSPs by counselors or legal counsel and would never have known that they qualified for these services without that help..
- Survivors expressed many of the same frustrations about coordinated entry as other interviewees:

- VSPs are difficult to reach and do not return calls -- one woman called a VSP 14 times to no avail.
- **There is no emergency housing** whatsoever in some counties so that people who feel unsafe or are in crisis have nowhere to go to exit their situations.
- **Waitlist times are very long and there is no guidance or assistance provided in the interim.** One person we spoke to had first reached out for help over six months prior to our interview and was living with her abuser since there was no indication of when she might receive support.
- Just like with mainstream providers, several survivors we spoke to said that they had to do all of the follow-up and outreach to find housing with **little to no support from their programs.**
- **There is a lot of back and forth between providers and 211, with conflicting instructions and stall-outs.** People stated that certain providers instructed them to contact 211 to move the process forward but they could not get through to 211 and 211 would not return their calls.
- **Survivors felt that the assessments were triggering and were not always administered in a trauma-informed way.** Even when staff were supportive, they felt that asking intrusive and detailed questions to someone fleeing an abusive situation was an unfair practice unlikely to get much important or usable information.

Provider Focus Groups and Stakeholder Interviews

Homebase held two provider focus groups, one for 211 and non-211 access point and shelter staff, with five attendees, and the other for housing staff, with seven attendees. Further, Homebase conducted one-on-one interviews with 14 stakeholders in the CoC including providers, Regional Managers, 211 representatives, VSPs, consultants, and more. The results of these interviews and focus groups are summarized below.

Access and Assessment

- **Providers felt that the greatest strength** of the coordinated entry system is having a **single point of entry** into housing and services which **prioritizes funding** for those with the greatest need.
 - People also appreciated that it is a **living program** that grows and adapts to changes.
 - In the Eastern PA coordinated entry specifically, providers highlighted the **Regional Managers** as enormous assets that kept the program operational, organized and cohesive.
- Providers like that access sites are limited to the call center and a few walk-in access sites but think there needs to be increased funding for both.
 - This approach limits the number of partners administering the VI-SPDAT and messaging around intake, which helps ensure fidelity in access and assessment.
 - Providers also appreciated that access sites are local.
 - However, there is no dedicated funding for walk-in sites, so while the need for such sites has increased exponentially, the coordinated entry grant stays mostly static and funding doesn't move.
- **Providers feel that more resources and messaging around programs for young adults** are needed as not all regions have targeted programs or a good sense of the homeless young adult population in their area.

- **More bilingual staff is needed at access sites and all staff should know how to utilize the language line.**
- **211 is doing as well as they can given the high turnover rate and enormous demand, but there are still many issues there that need to be addressed:**
 - **Providers praised 211 for their consistency and the work they do which allows programs to focus on case management rather than assessments.**
 - Fundamentally, providers feel that 211 is **underfunded and understaffed.**
 - **211 receives roughly 300 calls a day with only seven staff members to answer calls.** Each intake call lasts at minimum 30 minutes and averages 40 minutes, so there is simply not enough staff to do the work.
 - **Morale is low at 211** because intake operators do not often learn the (good) outcomes of people they help, they listen to all the difficulties individuals are enduring and receive the brunt of anger for long wait times, but never get to feel like they are a part of the solution. This leads to burn out, and secondary trauma, and makes it difficult to retain people.
 - **High staff turnover means that time is constantly being spent training people** on processing intakes and it is still not enough as many HUD eligibility factors do not make intuitive sense.
 - Nevertheless, there are significantly more mistakes from access sites than from 211 because a premium is put on training people in assessments.
- **211 wait times are extremely long, which creates a barrier for people seeking help.** Individuals seeking assistance must be able to wait on hold for 2+ hours or continue calling to access services, which are not options available to everyone, especially in moments of crisis.
- **Unified messaging around coordinated entry is needed.** When people call 211 there is a standard script explaining coordinated entry that is used by all intake people, but this script is not necessarily being used at access sites which creates confusion for consumers.
 - Similar scripts for Veteran Service Providers and VSPs should also be developed.
- **There is an almost total gap in prevention and diversion.** It is unclear who is responsible for prevention or what the workflow is or is supposed to be. This leads to confusion among 211 staff and providers, inconsistent messaging, and an enormous gap in coverage for the people of Eastern Pennsylvania who are facing temporary housing issues.
 - Providers would like for there to be an initial separation between prevention queues and full 211 intake, to help those who just need prevention, establish expectations, lower the number of VI-SPDATS that are being unnecessarily given, free up 211's time, and clear up the by-name list.
- **Providers are frustrated with the VI-SPDAT as a tool,** reflecting that it is inconsistent (as evidenced by the range in scores for the same client based on who is administering and when), inaccurate, and not trauma-informed.
 - Providers suggested that something that was less black and white might be better, like a decision tree rather than a number.
 - Providers felt that VI-SPDAT was unnecessarily long and intrusive.
- **The VI-SPDAT is administered indiscriminately and too frequently** to people who will never qualify for housing. This wastes resources, creates false expectations for consumers, and results in an unnecessary amount of data being collected.
- Assessments are not audited or reviewed for consistency.

Prioritization and Referral

- Overall, providers feel that high-priority populations are being successfully connected to housing through coordinated entry.
- **Providers praised the Regional Managers’** structure and commitment, which many credited with keeping coordinated entry running.
 - However, providers also felt that the lack of authority Regional Managers have to make decisions and ensure compliance weakens the system.
 - Providers expressed that the structure of the Regional Managers makes it difficult to address individual idiosyncrasies across a large and diverse CoC, especially when Regional Managers are not regularly meeting, are prohibited from making decisions, and are unclear about exactly what the expectations are for their role.
- **The prioritization phase is not as well coordinated as it could be.** Per providers, the use of four different databases (HMIS, Navigate, a cloud-based phone system, and a complicated set of smartsheets and documents used in specific situations) silos people and providers and prevents consumers from getting what they need as quickly as possible.
 - The processes and messaging around prioritization and referral need to be clarified, streamlined and consistent.
 - Providers are unclear about the greater coordinated entry structure.
 - Much of the prioritization and referral process relies on the muscle memory of 211 – the entire system should be overhauled to be more intuitive in HMIS and clearly defined in a handbook.
 - The role and meaning of the by-name list is confusing, there should be consistent and clear communication about what it is for, who gets on it, and what it means to be on it.
- Buy-in is an issue across the board but in some RHABs it is a particularly large problem.
 - **Someone needs to be empowered to enforce coordinated entry compliance.** Most providers felt that the Regional Managers should have this power, as they are already positioned to do so, but at very least there needs to be a clear compliance body and a process to notify housing providers of non-compliance and to address these issues quickly and efficiently.
- **Allowing agencies to self-select “referrals” from the by-name list helps with buy-in, but it also leads to cherry-picking, and in some ways, thwarts coordinated entry altogether.**
 - There is not enough case conferencing and that which is happening is not effective because there is not a process in place to ensure that the most vulnerable people are coming off the list.
 - Regional Managers are already pulling from the by-name list for VSPs and that is working well, several providers wondered if the mainstream by-name list would work better if Regional Managers pushed referrals out to programs.
 - Providers described lots of backdoor people into programs. The ability to backdoor clients has the potential to nullify the entire by-name list as providers can (and do) enroll clients freely in housing projects without coordinated entry.
- Many providers mentioned that they greatly preferred the previous iteration of HMIS and wished that the new system had some of its features. Providers would specifically like the new system to allow:
 - For individuals on the by-name list to choose both their county of preference and their current county, so that they can be placed in either area as space becomes available.

- The ability for providers to automatically turn off and on when they are seeking referrals.
- Even when people are placed, there are issues with transportation between counties. Providers would like there to be a clear process to get people transported across the CoC.
- The 90-day time-out rule for the by-name list is ineffective and is not being used consistently.

System Governance and Management

- Once again, **providers highlighted the Regional Managers as the strongest component of the CES system.** They appreciate having one point person who makes everything function, knows the specifics of their unique region, and oversees multiple access points, clients and the by-name list.
- However, providers felt that the coordinated entry structure in general is confusing, unclear, and needs to be reworked.
 - The system is overseen by a very large group without clear lines of communication or control. Providers felt that when something comes down it is never clear who is making the ask, why, and to what degree it is to be followed.
 - There is a sense that the governance distrusts the Regional Managers and providers.
 - **The channels of communication and decision-making between the various parties are unclear and it is very difficult to get a response. The CoC needs to clearly define the roles of the various players such as the Executive Committee, DMA, Capacity for Change, DCED, the Regional Managers, etc.**
 - **The current structure makes it very difficult for the Regional Managers to perform their jobs effectively and consistently.** For example:
 - Regional Managers were recently prohibited from meeting with each other and CES Committee Meetings were stopped, which makes it difficult to tackle day-to-day hiccups, develop best practices, support each other, plan for the CoC, etc.
 - It is unclear who oversees 211 or who 211 reports to, so when there are major issues with 211 or their compliance, there is no one to work through it to whom suggestions can be directed.
 - Procedural changes should be made by CE consultants and the Regional Managers but under the current system they are not empowered to make these changes, so they are simply not happening.
 - The role of the Regional Managers day-to-day is unclear and there is little to no guidance about what is expected of them (for example, they get numerous questions about HMIS and it is unclear who is supposed answer them – the Managers or DCED). There is very little in the way of onboarding and ongoing training.
 - **The lack of clarity leads to low morale, distrust, and fear among providers.** Respondents stated that there is an utter lack of transparency about the process; no one who is actually running the system knows what comes next and there is little communication with the CoC at large.
- **Notices about coordinated entry changes need to be streamlined.** Historically there have been too many emails about policy and procedure changes to the system which makes it very confusing for providers.
 - Updates and training videos with good information are released regularly, but they are often lost in the shuffle because of the quantity of communications.

Miscellaneous

- Overall, providers feel that coordinated entry does not meet the needs of survivors of domestic violence, and VSPs are dissatisfied with the coordinated entry process:
 - The VI-SPDAT is not trauma-informed and while questions at least make sense for folks experiencing literal homelessness, they are not appropriate for survivors of domestic violence.
 - Some providers feel that there is a hypersensitivity to individuals fleeing difficult situations which leads to people being categorized as domestic violence survivors when they may not technically qualify under the HUD definition.
 - There is a strong desire to create a parallel system for domestic violence survivors.