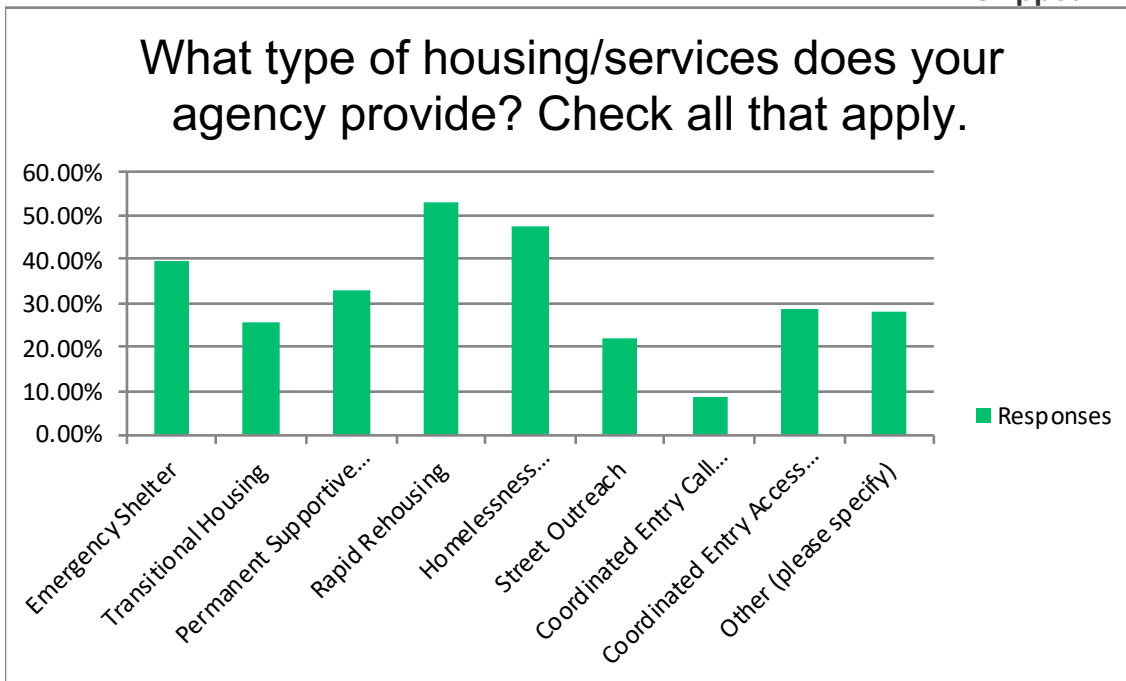


Eastern PA CoC Coordinated Entry Evaluation

What type of housing/services does your agency provide? Check all that apply

Answer Choices	
Emergency Shelter	39.84%
Transitional Housing	25.78%
Permanent Supportive Housing	32.81%
Rapid Rehousing	53.13%
Homelessness Prevention/Diversion	47.66%
Street Outreach	21.88%
Coordinated Entry Call Center (211)	8.59%
Coordinated Entry Access Site (walk-in and/or non-211 call-in)	28.91%
Other (please specify)	28.13%

Answered
Skipped



Respondents

Response Date

- 1 Feb 04 2022 10
- 2 Feb 04 2022 09
- 3 Feb 04 2022 07
- 4 Feb 04 2022 07
- 5 Feb 03 2022 06
- 6 Feb 01 2022 12
- 7 Feb 01 2022 12
- 8 Feb 01 2022 11
- 9 Feb 01 2022 11
- 10 Jan 31 2022 07
- 11 Jan 27 2022 11
- 12 Jan 26 2022 08
- 13 Jan 26 2022 07

14 Jan 25 2022 10
15 Jan 25 2022 06
16 Jan 24 2022 10
17 Jan 24 2022 09
18 Jan 21 2022 06
19 Jan 20 2022 08
20 Jan 20 2022 07
21 Jan 20 2022 07
22 Jan 20 2022 06
23 Jan 20 2022 06
24 Jan 20 2022 06
25 Jan 20 2022 06
26 Jan 19 2022 10
27 Jan 18 2022 06
28 Jan 18 2022 01
29 Jan 18 2022 11
30 Jan 18 2022 10
31 Jan 18 2022 09
32 Jan 18 2022 09
33 Jan 18 2022 08
34 Jan 18 2022 06
35 Jan 18 2022 06
36 Jan 18 2022 06

ly.

Responses
51
33
42
68
61
28
11
37
36
128
0

Other (please specify)	Tags
Resource connections	
Adult case management-link and refer to housing in Lehigh Valley area	
Hospital- we only provide resources, we do encourage and assist patients with connecting to 211	
First-time homebuyer, housing counseling.	
City	
financial support of the above	
SHARE Housing	
HAP	
CE Regional Manager	
Parole reentry housing	
CoC applicant for pass through RRH funds. Applicant for pass through HP/Diversion, Emergency	
DV Coordinated Entry	
Transitional Housing is part of Allentown Rescue Mission's Transformation Program. Beds on ou	

A funder that helps support housing services for Sub-recipients

BHARP, HAP

SRO Permanent Housing - subsidized Permanent Housing - non-subsidized

Help with financial assistance when able.

ReEntry Services

For folks with mental health or developmental issues.

In-home support for people with developmental delays.

soup kitchen, day program/drop in center for homeless, ICM, certified peers, rep payee, landlord

Day center for unsheltered homeless to do laundry, shower etc...

We can pay for emergency shelter at a facility not our site.

Contact for services

ERAP, CoC grant funding

specific to trafficking/dv- VI-SPDAT

Supportive Housing Program

domestic violence services

Case Management

Rental Assistance

None. I am a volunteer

Reentry housing directly from the prison/jail system

ESG Grantee

ERAP funding

Legal services

HOPWA

I

y Shelter from other funding sources (public and private).

ir 2nd & 3rd floors are for Program graduates to use until they are ready to move out.

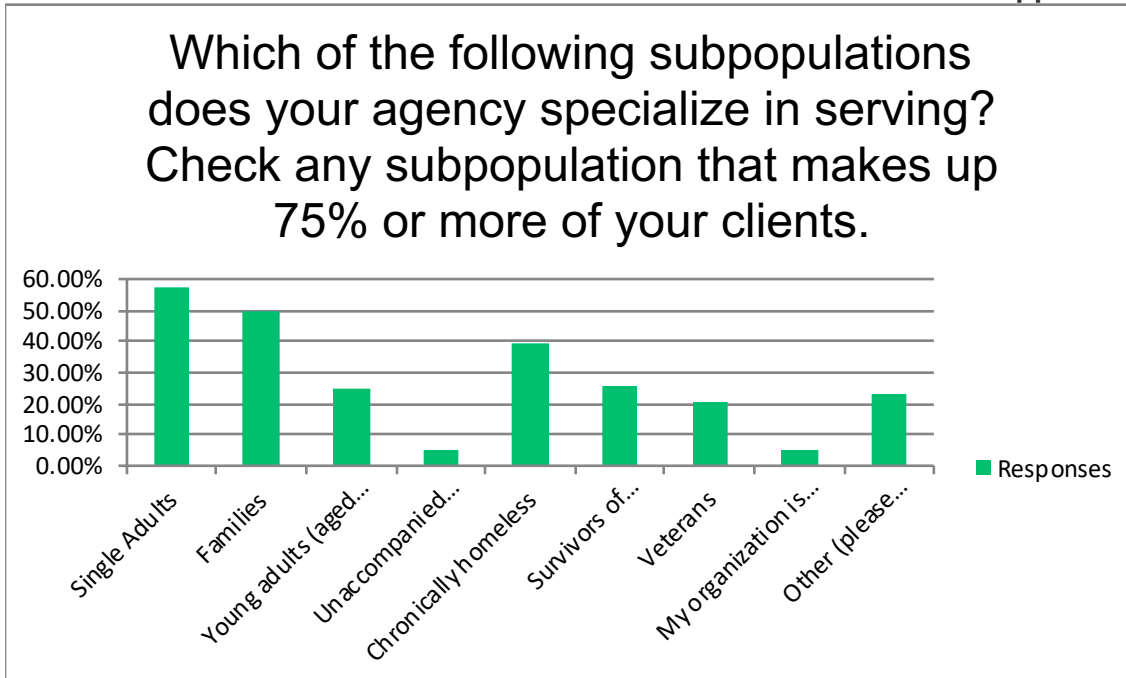
engagement

Eastern PA CoC Coordinated Entry Evaluation

Which of the following subpopulations does your agency specialize in serving

Answer Choices	
Single Adults	57.14%
Families	49.21%
Young adults (aged 18-24)	24.60%
Unaccompanied minor youth (under age 18)	4.76%
Chronically homeless	39.68%
Survivors of domestic violence	25.40%
Veterans	20.63%
My organization is not involved directly in housing or serving those experie	4.76%
Other (please specify)	23.02%

Answered
Skipped



Respondents	Response Date
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5	Feb 01 2022 12
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10	Jan 25 2022 10
11	Jan 25 2022 06
12	Jan 25 2022 06
13	Jan 20 2022 08

14 Jan 20 2022 08
15 Jan 20 2022 07
16 Jan 20 2022 07
17 Jan 20 2022 06
18 Jan 20 2022 06
19 Jan 19 2022 01
20 Jan 19 2022 10
21 Jan 19 2022 06
22 Jan 18 2022 06
23 Jan 18 2022 09
24 Jan 18 2022 07
25 Jan 18 2022 07
26 Jan 18 2022 06
27 Jan 18 2022 06
28 Jan 18 2022 06
29 Jan 18 2022 06

? Check any subpopulation that makes up 75% or more of your clients.

Responses

72
62
31
6
50
32
26
6
29
126
2

Other (please specify) Tags

Adult population with Chronic Mental Illness

I do not have data on this.

no population dominates our clientele

Women and Children

Older Adults

I've checked DV because many of our clients are fleeing/attempting to flee DV. Even though we a

Allentown Rescue Mission is a men's only shelter

Survivors of trafficking

Single adults and families both

A Funder that helps support housing services for victims of domestic violence

currently on parole

Low-income County residents

We do not specialize to subpopulations. We serve all homeless individuals and families meeting p

Folks with mental health or developmental issues.

Developmentally delayed

Reentrants

We have three shelter: Families Men and Women Single Severe Weather Shelter

ALL of the above MUST be verified veterans

Mental health

Sexually exploited/trafficked

Older adults 60+

We have no specific population we focus on, we serve all populations.

Women Only

All

We are the grant holder for the DCED ESG RRH and Street Outreach funds. We have sub-recipient

Single Pregnant women Transitional Shelter PSHP- with Disability/chronically homeless

We serve lower-income people faced with eviction, foreclosure, and related housing issues.

Homeless and Disabled

Individuals living with HIV

are not specifically a DV serving organization.

rogram guidelines

ents that provide these services. We are actively involved with them at all times about these funds.

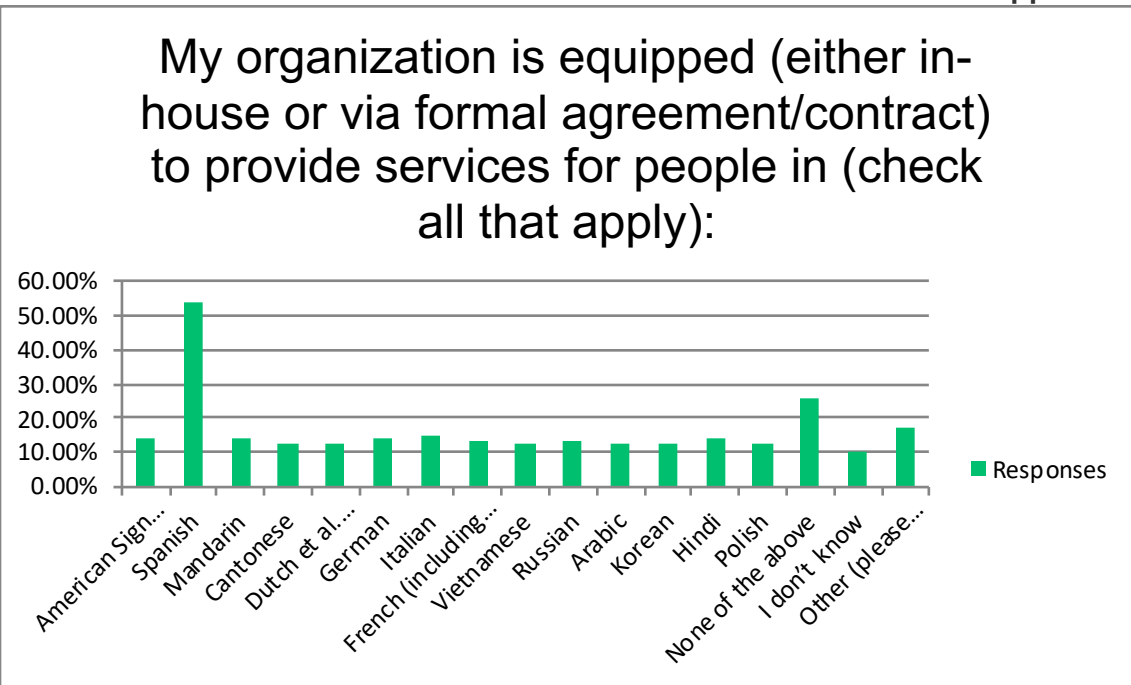
We are also an access center.

Eastern PA CoC Coordinated Entry Evaluation

My organization is equipped (either in-house or via formal agreement/contract

Answer Choices	
American Sign Language	14.05%
Spanish	53.72%
Mandarin	14.05%
Cantonese	12.40%
Dutch et al. (including Dutch, Afrikaans, Yiddish, Pennsylvania Dutch)	12.40%
German	14.05%
Italian	14.88%
French (including Cajun)	13.22%
Vietnamese	12.40%
Russian	13.22%
Arabic	12.40%
Korean	12.40%
Hindi	14.05%
Polish	12.40%
None of the above	25.62%
I don't know	9.92%
Other (please specify)	17.36%

Answered
Skipped



Respondents

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- 4 Feb 01 2022 01
- 5 Feb 01 2022 11

6 Jan 27 2022 11
7 Jan 26 2022 08
8 Jan 25 2022 07
9 Jan 25 2022 06
10 Jan 20 2022 07
11 Jan 20 2022 07
12 Jan 20 2022 06
13 Jan 20 2022 06
14 Jan 19 2022 05
15 Jan 18 2022 06
16 Jan 18 2022 07
17 Jan 18 2022 07
18 Jan 18 2022 07
19 Jan 18 2022 07
20 Jan 18 2022 06
21 Jan 18 2022 06

t) to provide services for people in (check all that apply):

Responses

17
65
17
15
15
17
18
16
15
16
15
15
17
15
31
12
21
121
7

Other (please specify)

Tags

Propio Language services are used for any language.

We use a language line service for all of the above, with the exception of ASL

Request for translators and services to support through my agency

Contract with Language Access and Globo for all of the above.

We contract on a case basis with a local translation service for other needs.

Contract with Language Line for interpretation needs

Our agency has access to contracted translation services for any individual who does not utilize

All of these through a contract with an over-the-phone interpretation service

We have the Propio Language Line for all languages.

Access a telephone interpreter more than 200 hundred languages– 24/7/365.

There is a hotline for a translator in the above languages.

We reach out and use community resources but nothing formal.

We only have English speaking staff, but would accommodate anyone that we could regardless c

Have access to interpreters and language lines if needed.

we use an online translation program

We use the Language Line service

Language Line or Health Care System for translation assistance.

We can contract for services if needed.

Utilize language line when needed

Through a "language line" type of telephone translation and interpretation service.

We would reach out to the local college if the situation ever arises.

English as their primary spoken language. We have one internal employee who is bi-lingual in Span

of a language barrier.

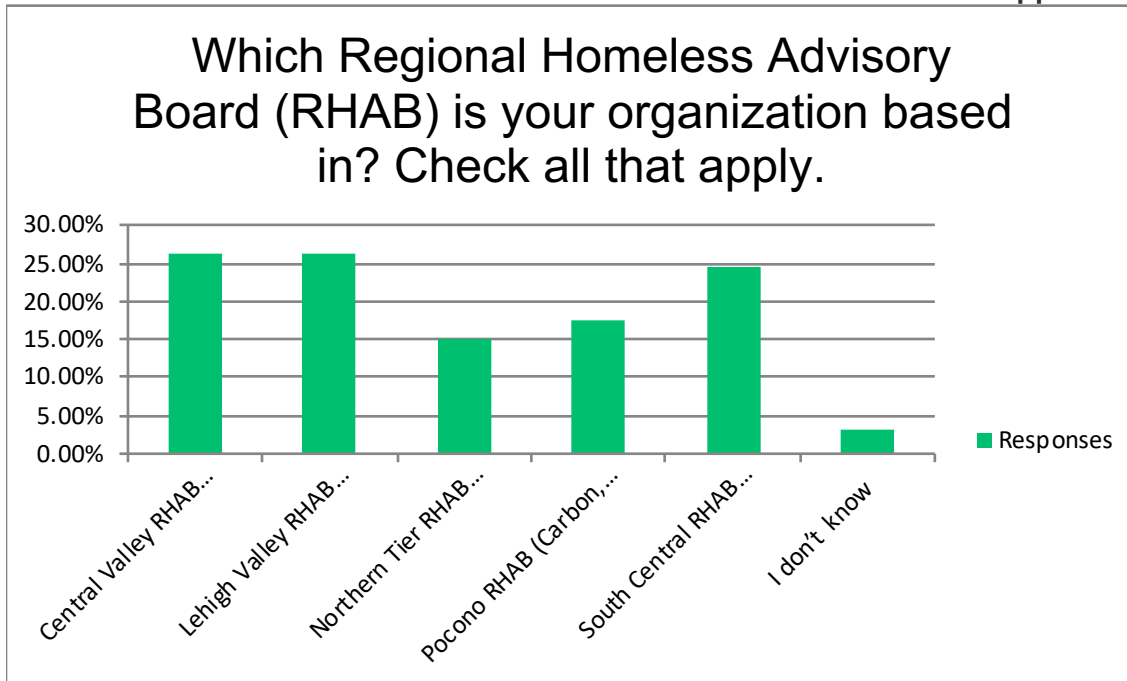
ish who provides translation services for Spanish speaking individuals.

Eastern PA CoC Coordinated Entry Evaluation

Which Regional Homeless Advisory Board (RHAB) is your organization based

Answer Choices	Respo
Central Valley RHAB (Columbia, Cumberland, Juniata, Lebanon, Mifflin, M	26.19%
Lehigh Valley RHAB (Lehigh, Northampton)	26.19%
Northern Tier RHAB (Bradford, Clinton, Lycoming, Sullivan, Susquehanna,	15.08%
Pocono RHAB (Carbon, Monroe, Pike, Wayne)	17.46%
South Central RHAB (Adams, Bedford, Blair, Cambria, Centre, Franklin, F	24.60%
I don't know	3.17%

Answered
Skipped



ed in? Check all that apply.

ponses

33

33

19

22

31

4

126

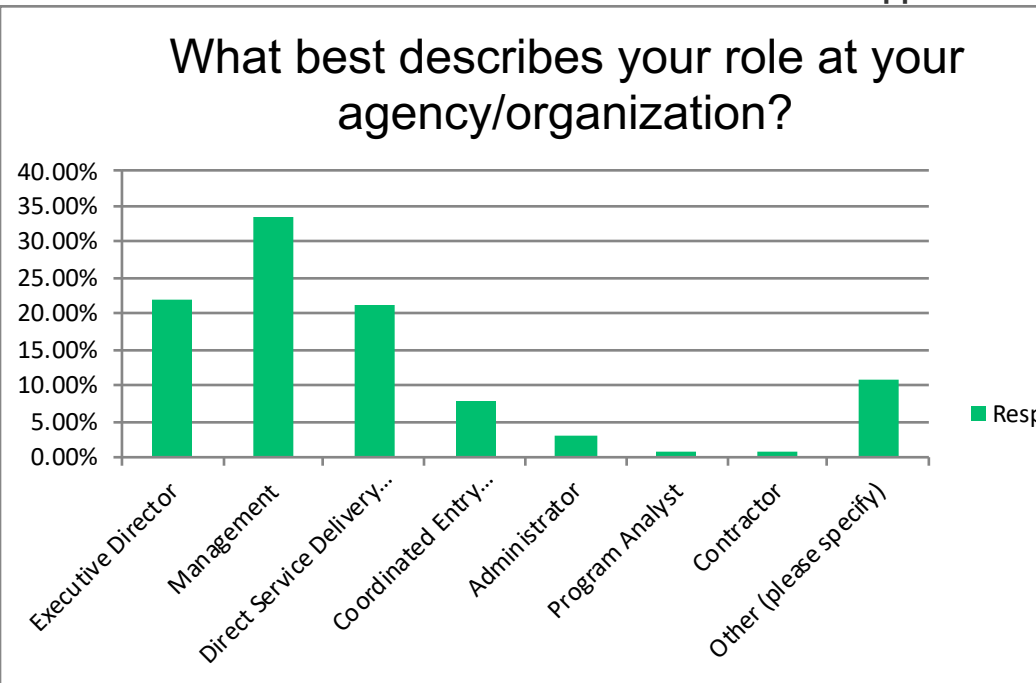
2

Eastern PA CoC Coordinated Entry Evaluation

What best describes your role at your agency/organization?

Answer Choices	
Executive Director	21.88%
Management	33.59%
Direct Service Delivery and/or Case Management Staff	21.09%
Coordinated Entry Specialist or Manager	7.81%
Administrator	3.13%
Program Analyst	0.78%
Contractor	0.78%
Other (please specify)	10.94%

Answered
Skipped



Respondents	Response Date
1	Feb 04 2022 07
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5	Jan 26 2022 05
6	Jan 25 2022 10
7	Jan 25 2022 07
8	Jan 24 2022 09
9	Jan 21 2022 05
10	Jan 20 2022 12
11	Jan 20 2022 06
12	Jan 18 2022 11
13	Jan 18 2022 06
14	Jan 18 2022 06

Responses

28
43
27
10
4
1
1
14
128
0



Responses

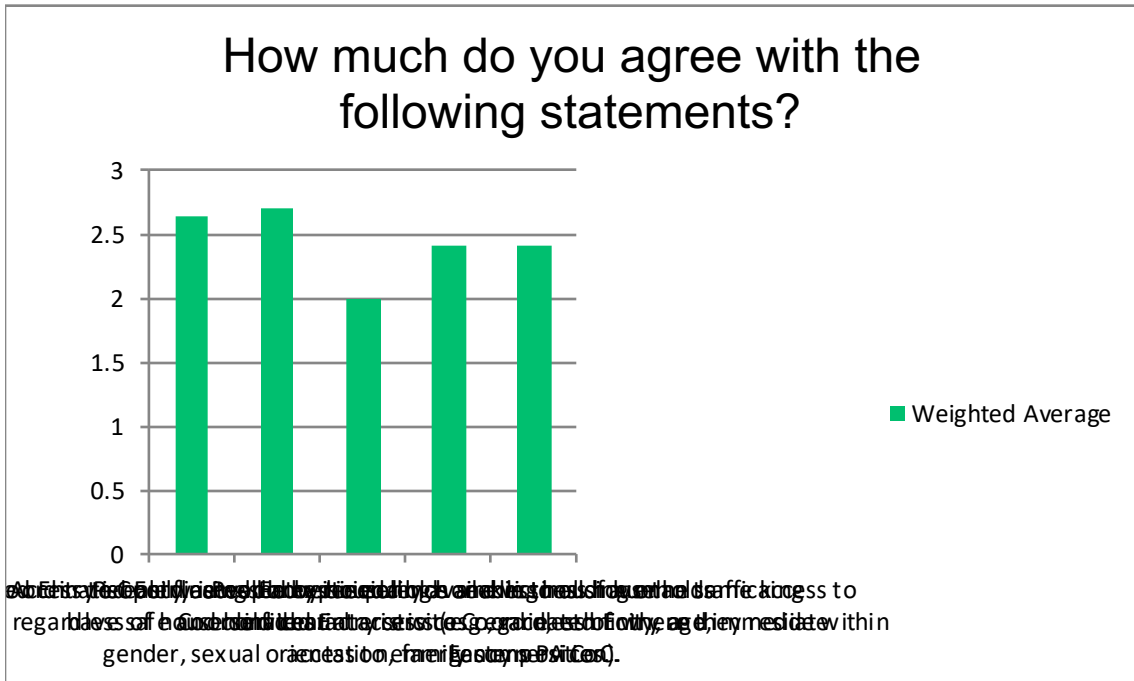
Other (please specify) Tags

- housing case manager
- Program Coordinator
- Owner, LCPC, Director
- Development (grants)
- Intake Coordinator for RRH and Transitional Housing
- Funder - Housing Finance Specialist
- Planning & Development
- Office Manager
- Special Projects Coordinator
- Housing Specialist
- Outreach Spec and backup CE Spec
- Program Director
- Direct Service and supervisor
- Administrative Assistant

Eastern PA CoC Coordinated Entry Evaluation

How much do you agree with the following statements?

Statement	Strongly
Coordinated Entry is well advertised.	4.69%
Coordinated Entry is easily accessed by households seeking housing or services.	9.45%
Access to Coordinated Entry is equally available to all households regardless of household characteristics (e.g., racial/ethnicity, age, gender, sexual orientation, family status, etc.).	32.81%
People fleeing domestic violence and victims of human trafficking have safe access to Coordinated Entry.	20.31%
People experiencing homelessness have the same access to Coordinated Entry as people who are not experiencing homelessness.	21.88%
Comment:	



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3	Feb 04 2022 07
4	Feb 03 2022 09
5	Feb 02 2022 11
6	Feb 01 2022 12
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8	Feb 01 2022 11
9	Jan 25 2022 07
10	Jan 25 2022 06
11	Jan 24 2022 10
12	Jan 21 2022 06
13	Jan 20 2022 07
14	Jan 20 2022 07
15	Jan 20 2022 06
16	Jan 20 2022 06

17 Jan 20 2022 06
18 Jan 19 2022 01
19 Jan 18 2022 01
20 Jan 18 2022 10
21 Jan 18 2022 09
22 Jan 18 2022 09
23 Jan 18 2022 07
24 Jan 18 2022 07
25 Jan 18 2022 06

agree	Agree		Disagree		Strongly	
6	46.09%	59	35.94%	46	7.03%	
12	37.80%	48	31.50%	40	16.54%	
42	49.22%	63	8.59%	11	3.91%	
26	46.09%	59	15.63%	20	9.38%	
28	42.19%	54	20.31%	26	5.47%	

Comment: Tags

Access is available but the follow through and placement does not seem to happen quickly. CE Access is limited for people of very low income due to not having access to phones, and 211 has an extremely long wait time, very difficult to get through. As a hospital, we do our best. The primary entry point, 211, is understaffed and over worked. Access to services and help for People fleeing DV and Victims of human trafficking who identify as such when calling Coolidge. Our facilities could always use better advertisement services, Networking, and collaboration. Not all regions have equal access to 211. There is one specialist for 211 to cover all of the regions. I think geography impacts access. And, I think people who use walk-in access sites receive better service. For approximately two (2) years, I have no longer actively worked within the Coordinated Entry system. Some counties are lacking in access sites, and a Lebanon County pretty much flat out relies on the Coordinated Entry system for the Lehigh Valley is woefully understaffed. Please find a way to improve. We have been receiving reports that 211 is busy and clients are waiting on hold to extend their wait time. 211 is very difficult to access.

The wait times are extremely long for anyone seeking housing referrals through 211. Individuals wait a very long time to get through to 211. The hours of operation allows individuals to call. Most of these I don't know. Some areas seem to have better trained CE operators.

It takes hours for someone to get through and it is difficult for folks to navigate.

211 Call Centers have significantly long hold times. Most persons experiencing homeless

Access to our coordinated entry system is not equitable across the CoC. Those who are

There needs to be a more neutral option to the above questions regarding access. Yes, I

My understanding is that the 211 system is ineffective

Coordinator entry is difficult at best and many times almost impossible, specially for disen

Clarification about the disagree for people fleeing domestic violence: I do not feel that we c

1) Service ONLY available Monday - Friday. I know it probably is a fiscal issue but it is no

The issue is in the helpfulness of the advice once a person calls coordinated entry. The li

disagree		I don't know		Total	Weighted Average
	9	6.25%	8	128	2.64
	21	4.72%	6	127	2.69
	5	5.47%	7	128	2
	12	8.59%	11	128	2.4
	7	10.16%	13	128	2.4
				25	
			Answered		128
			Skipped		0

y.

Internet, etc. CE Access is limited for some rural/mountainous areas for the same reasons, especially in the Pocono region. It is best to have people call 211, however, a call could take hours at times and patients are either with us or not. Service availability varies widely across the regions (some areas only have a single victim services operator). A 211-ordinated Entry should automatically be connected to either a DV Advocate or an Anti-trafficking Advocate. COVID pandemic has really placed many in slower situations. We merged with SAMHSA as SOA for the Northern Tier and some of the Pocono region I believe. Many calls end up being queued at other call centers and receive a different level of attention and follow up than those calling 211 receive.

Entry program and I am unable to provide the information you are looking for. My apologies.

refuses to participate.

ways to get more resources to the 211 Lancaster call center. They desperately need more staff, and in some areas, extended periods of time. Domestic violence victims have not been given immediate access to emergency services.

Individuals to remain on the street longer than Necessary

ness only have a limited number of minutes on their phone so this is challenging. They also tend to not without a walk-in access site near them, which is the vast majority of the CoC, must rely on calling 21 think it is equally available and they feel safe, however, not everyone has a phone and/or transportati

franchised and marginalized communities.

are able to provide immediate access to emergency services for those identified as a CAT 4. Many pro it meeting a community need.2) Coordinated entry doesn't really seem to help place street homeless in mited housing resources and number of people who need assistance diminished the usefulness of the

areas where cell phone service does not exist.

for a brief period, or have limited access to the phone (especially return calls) There are many mission, for example) and household composition can present significant challenges to receiving assistance and be properly assisted with the resources they need. CE Specialist are not trained in these kinds of caseworkers and HUD exchange, and Community Behavioral Health as an OON. We look forward to centers due to capacity at FSA Northeast.

it feels like they may not even realize that staffing is the true issue at hand. It absolutely is the need. We provide services when we have tried to connect them with services.

to answer calls from phone numbers they do not recognize if 211 is calling them back to complete the
1. The 211 call center is known for having incredibly long wait times, and their limited office hours ca
on or feels safe, regardless of their demographics or housing status. It has less to do with the latter

providers are already overwhelmed and can not take another into their facility for shelter making it har
n local shelters.
coordinated entry system.

ised opportunities due to the wait times involved. It would be beneficial for there to be a dedicated line
ance (for example, a large mixed sex family). The more rural regions often have to rely heavily on in
nds of areas and Survivors should not have to feel like they have to share personal information or r
rd to more growth and goals being met this current year!

e intake. Depending on the region a person lives in, they may more easily be able to go to a Walk In and make it difficult for those whose only available time to call is in the evenings. Lastly, survivors and more to do with access to phones, technology, & transportation.

der for individuals to continue to flee, therefore making it that they then choose to remain in the curr

for patients in a hospital/ER setting.

individual, private landlords which also presents problems relating to bias, unwillingness to work with
elive an experience that is causing them more trauma. Situations such as these, may need law enf

| Access Site but the more rural areas where there is a lack of transportation, this is more challenging and people fleeing domestic violence are pigeonholed into a system that was not built to serve them, a

ent situation.

those using subsidies and so on.

forcement or advocate/social worker to intervene for the Survivors mental, emotional and physical s

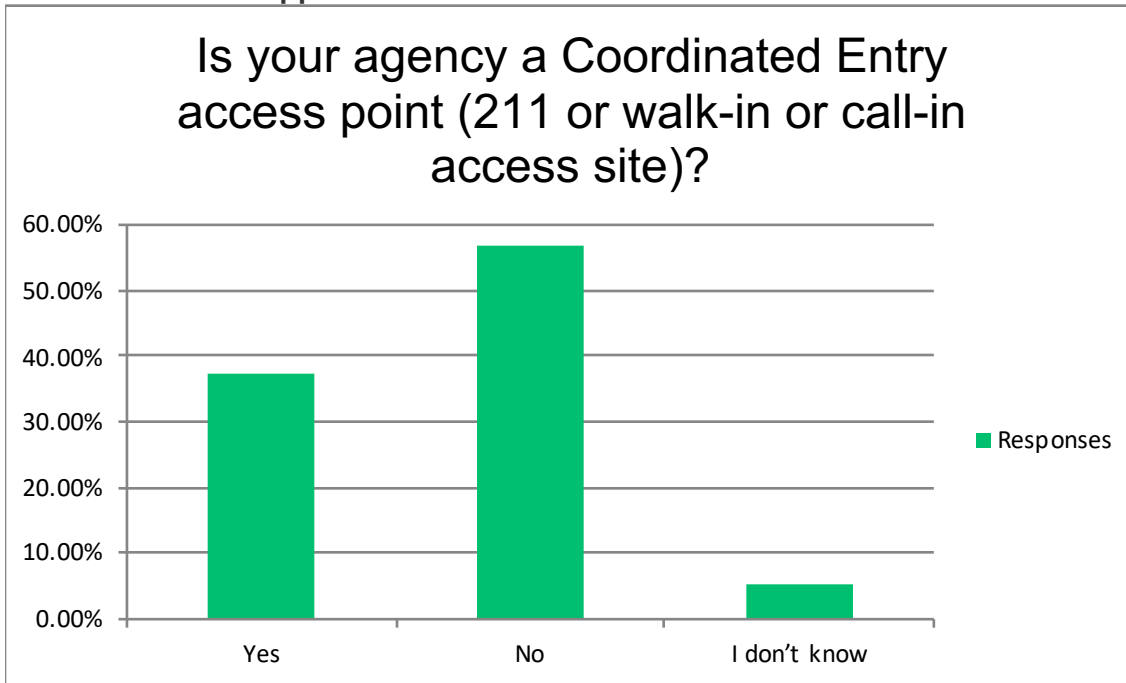
ing if not impossible combined with the long hold times for the call center.
and oftentimes put themselves at risk by trying to get connected with housing services.

afety.

Eastern PA CoC Coordinated Entry Evaluation

Is your agency a Coordinated Entry access point (211 or walk-in or call-in access site)?

Answer Choices	Responses	
Yes	37.50%	48
No	57.03%	73
I don't know	5.47%	7
Answered		128
Skipped		0

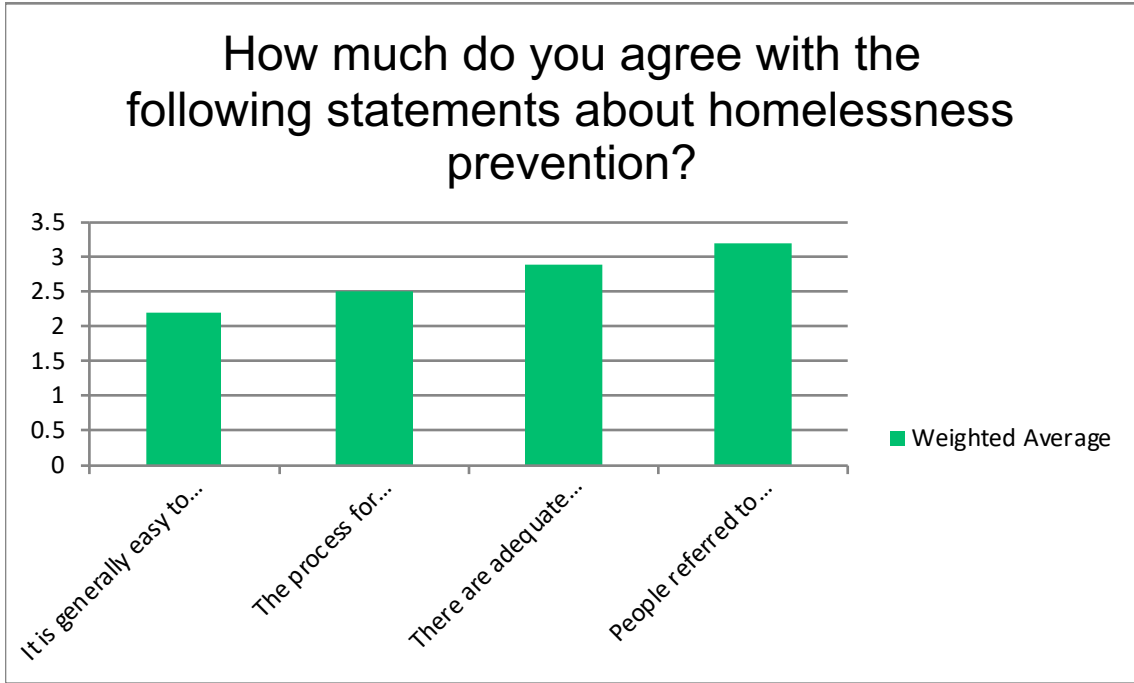


?

Eastern PA CoC Coordinated Entry Evaluation

How much do you agree with the following statements about homelessness p

	Strongly
It is generally easy to identify who is eligible for homeless prevention servi	17.78%
The process for referring people to homeless prevention services works v	15.56%
There are adequate homeless prevention resources/services in place to a	6.82%
People referred to homeless prevention services rarely return to Coordina	4.44%
Comment:	



Respondents

Response Date

1 Jan 19 2022 01

2 Jan 18 2022 06

revention?

agree	Agree	Disagree	Strongly		
8	53.33%	24	20.00%	9	6.67%
7	35.56%	16	33.33%	15	13.33%
3	25.00%	11	40.91%	18	25.00%
2	15.56%	7	48.89%	22	17.78%

Comment: Tags

Even with ERAP, there are still not enough resources to prevent people from becoming h
Additional ERAP funds - make resources more accessible but not quickly

disagree		I don't know		Total	Weighted Average
	3	2.22%	1	45	2.22
	6	2.22%	1	45	2.51
	11	2.27%	1	44	2.91
	8	13.33%	6	45	3.2
				2	
			Answered		45
			Skipped		83

omeless. Landlords are still evicting people even if they have applied for ERAP because they are tired

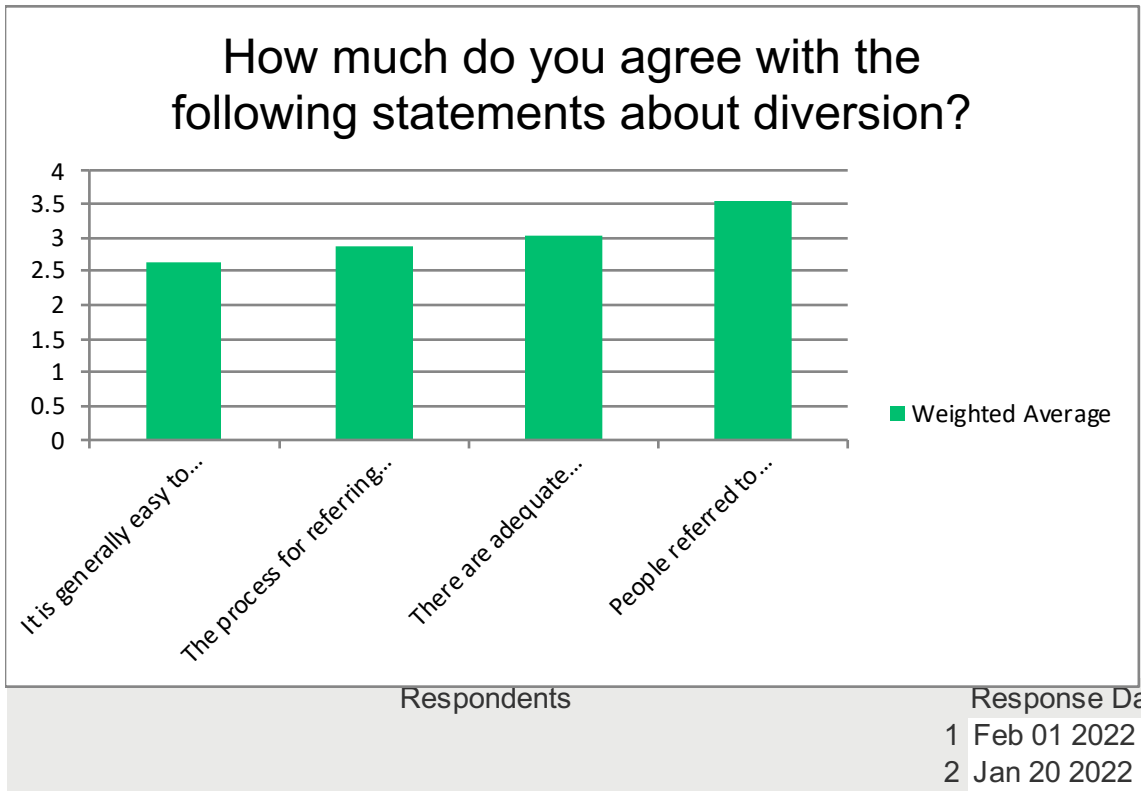
of waiting for their money and have bills to pay themselves. Landlords are also evicting for other re:

asons outside of rent.

Eastern PA CoC Coordinated Entry Evaluation

How much do you agree with the following statements about diversion?

Statement	Strongly
It is generally easy to identify who is eligible for diversion services.	4.44%
The process for referring people to diversion services works well.	4.44%
There are adequate diversion resources/services in place to address the	8.89%
People referred to diversion services rarely return to Coordinated Entry fo	2.22%
Comment:	



agree		Agree		Disagree		Strongly
	2	48.89%	22	33.33%	15	4.44%
	2	35.56%	16	35.56%	16	15.56%
	4	13.33%	6	51.11%	23	17.78%
	1	11.11%	5	44.44%	20	15.56%

Comment: Tags

There can always be upgrades in diversion resources. We strive to be a part of those res
 Diversion usually ends up being that no one got back to them in time or found solution so

disagree		I don't know		Total	Weighted Average
	2	8.89%	4	45	2.64
	7	8.89%	4	45	2.89
	8	8.89%	4	45	3.04
	7	26.67%	12	45	3.53
				2	
			Answered		45
			Skipped		83

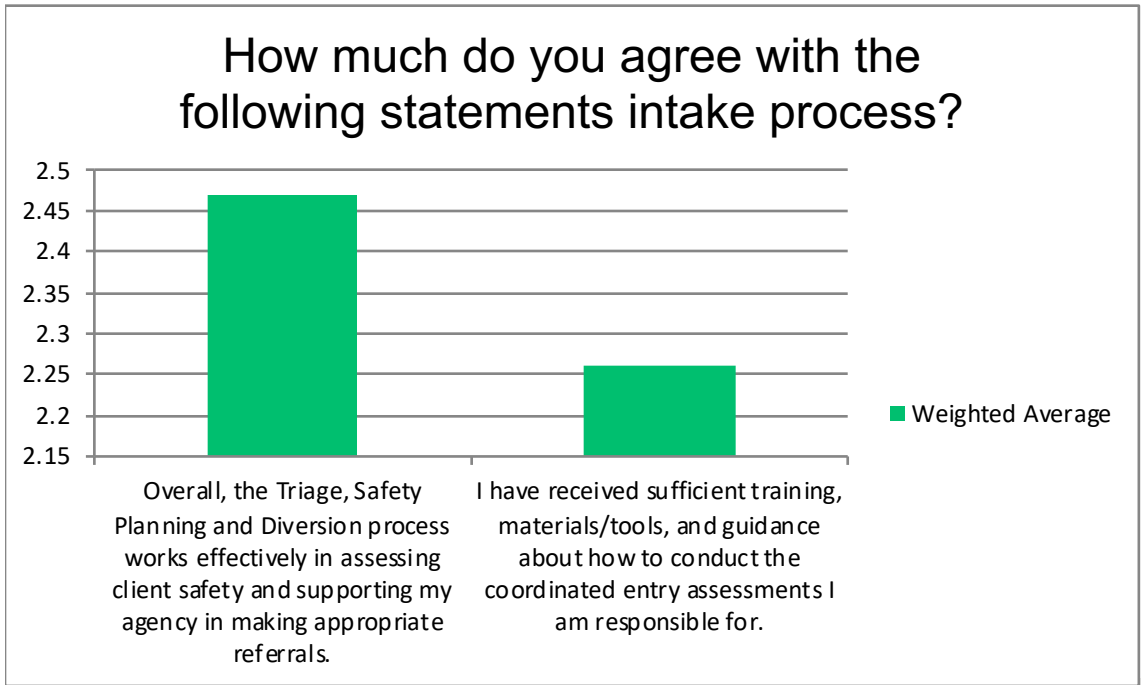
sources.

they fall off the radar. Couch surfing is not an acceptable outcome

Eastern PA CoC Coordinated Entry Evaluation

How much do you agree with the following statements intake process?

	Strongly
Overall, the Triage, Safety Planning and Diversion process works effectively in assessing client safety and supporting my agency in making appropriate referrals.	11.11%
I have received sufficient training, materials/tools, and guidance about how to conduct the coordinated entry assessments I am responsible for.	18.60%
Comment:	



Respondents	Response Date
1	Feb 01 2022 01
2	Feb 01 2022 11
3	Jan 26 2022 06
4	Jan 20 2022 07
5	Jan 18 2022 07

agree	Agree		Disagree		Strongly	
5	55.56%	25	20.00%	9	2.22%	
8	58.14%	25	9.30%	4	6.98%	

Comment: Tags

We have received materials from various places. However, I don't recall anything from E&

I do not conduct CE assessments in my job

I am not responsible for conducting coordinated entry

there are not enough resources for those working coordinated entry

The assessment process is too long, does not work for people calling in. The process cc

disagree		I don't know		Total	Weighted Average
	1	11.11%	5	45	2.47
	3	6.98%	3	43	2.26
				5	
			Answered		45
			Skipped		83

astern besides this survey. We welcome more tools and guidance.

onstantly changes or has updates. The process was set up by people who do not do the work, the pec

ople working this process need to sit in a walk-in site and understand what is happening.

Eastern PA CoC Coordinated Entry Evaluation

How much do you agree with the following statements about the VI-SPDAT as

Statement	Strongly
Overall, the VI-SPDAT Assessment tools and process work well.	3.45%
Clients' vulnerability is assessed in an accurate manner (i.e., a person's a	4.31%
Clients' vulnerability is assessed in a consistent manner (i.e., two people w	5.22%
Comment:	

How much do you agree with the following statements about the VI-SPDAT assessement?



the VI-SPDAT Assessment tool and process work well. Clients' vulnerability is assessed in an accurate manner (i.e., a person's a generally give the same score).

Respondents

Response Date

- 1 Feb 04 2022 07
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- 6 Jan 25 2022 07
- 7 Jan 25 2022 06
- 8 Jan 21 2022 06
- 9 Jan 20 2022 07
- 10 Jan 20 2022 06
- 11 Jan 19 2022 01
- 12 Jan 18 2022 01
- 13 Jan 18 2022 10
- 14 Jan 18 2022 09
- 15 Jan 18 2022 07
- 16 Jan 18 2022 06
- 17 Jan 18 2022 06

Assessment?

agree	Agree	Disagree	Strongly		
4	32.76%	38	28.45%	33	19.83%
5	28.45%	33	31.90%	37	24.14%
6	35.65%	41	22.61%	26	19.13%

Comment: Tags

Some clients do not want to be seen in a negative light and tend re-frame situations/perce
We very much need a new assessment tool or system. There are wide ranges of scoring
We have assessment tools not listed here.

I've responded I don't know to two questions because I really don't know how "well" it refl
sometimes a client has problems that are worse than what the score reflects.

We do not do the VISPDAT assessments and feel that this tool does not accurately reflec
Clients who recieve assessment at an access site consistently score higher than the folk
My clients are confused by how the questions are worded and chronically homeless clien
Much is missed in a phone assessment. Sitting face to face with someone, gaining trust, c
I feel these assessments do not reflect the true need of homeless individuals.

Clients who are extremely vulnerable do not always score high on the BNL and are overlc
There were no descriptions above each of the choices for the above questions. I'm hopin
This doesn't list where Strongly Agree is and where Strongly Disagree is. It appears to co
We have first hand seen this failure.

Doing an assessment in person verses the phone allows for the reading of a person' bod
Many times I have come across people scored to low when their vulnerability should have
There is no heading on this question so I am unsure which bubble corresponds to which s

disagree	I don't know	Total	Weighted Average	
23	15.52%	18	116	3.11
28	11.21%	13	116	3.09
22	17.39%	20	115	3.08
			17	
		Answered		116
		Skipped		12

ptions to emphasize their independence and ability. Stigmas and various cultural norms exist that prev
j based on which entity is providing the assessment. There are also basic issues with wording and lan

aects the vulnerability of the household when it is subjective to client response.

t the experiences and needs of survivors who are homeless due to fleeing DV
s who call the call centers.

its who would otherwise qualify have received scores too low to get into permanent supportive housing
dialog is the most successful

oked because they score low but would not be successful with RRH or Diversion resources. Person:
g I correctly guessed the "Strongly Disagree" button. The VISPDAT is garbage. End of discussion. Th
ntinue from the previous page. Simply a logistical thing that could be related to the platform and not so

y language and potentially identifying when a client is not truly understanding the question ie: mental he
a made their score higher.

side of the agree-disagree spectrum

prevent some clients from accurately assessing or from accurately disclosing their level of need and language used in the VISPDAT. Lastly, the organization which produced it has said it was never intended

3.

People with a serious and persistent mental illness also struggle with understanding the VISPDAT questionnaire assessment asks very invasive questions that have very little to do with one's current housing needs much as the organization putting out the survey. The score is highly dependant upon if it is done in person or by mail. People with mental health or intellectual or development disabilities causing this misunderstanding. In person also allows for

level of ability. Other clients who do not have this barrier score very differently than those that do. It is intended to be used as a primary determinant (rather as decision 'assistance' tool), yet that is how CE ut

ions - they are lengthy, convoluted and often are asking multiple things in one question which throws people off. The questions that are asked are difficult to understand, and often make people from vulnerable populations feel like a person or over the phone and if someone has a friend, family, or case manager helping them understand

for the individual to also have a support person such as a caseworker in place to help with this process

ilizes it.

people off so they get frustrated and just answer to answer. The questions are also worded in a way that some populations are fearful that their answers will impact their access to current or future services. For example, stand some questions.

ess. Individuals are then able to better understand the question as they have a trust built into their c

ay that persons with a lower ability to read will struggle to comprehend the questions. A case manag
:example, one of the questions asks about "risky behaviors" like sharing needles or engaging in sex

:aseworker, that is often not there for the person completing the assessment. These items can pro

per can be present with them but the questions have to be answered by the person so if that person work. How many people would honestly tell the person who is holding the LITERAL KEYS TO YOUR

vide a better understanding of the risks and vulnerabilities via a higher score.

| has a learning/intellectual or cognitive disability, they won't be able to understand the question as a
R FUTURE that you're a "junkie prostitute"? People experiencing homeless (especially victims of dc

sked. If they are having auditory hallucinations it will also impact their ability to appropriately answer (domestic violence) already are distrustful of systems. Asking these questions as a requirement of fu

the questions.

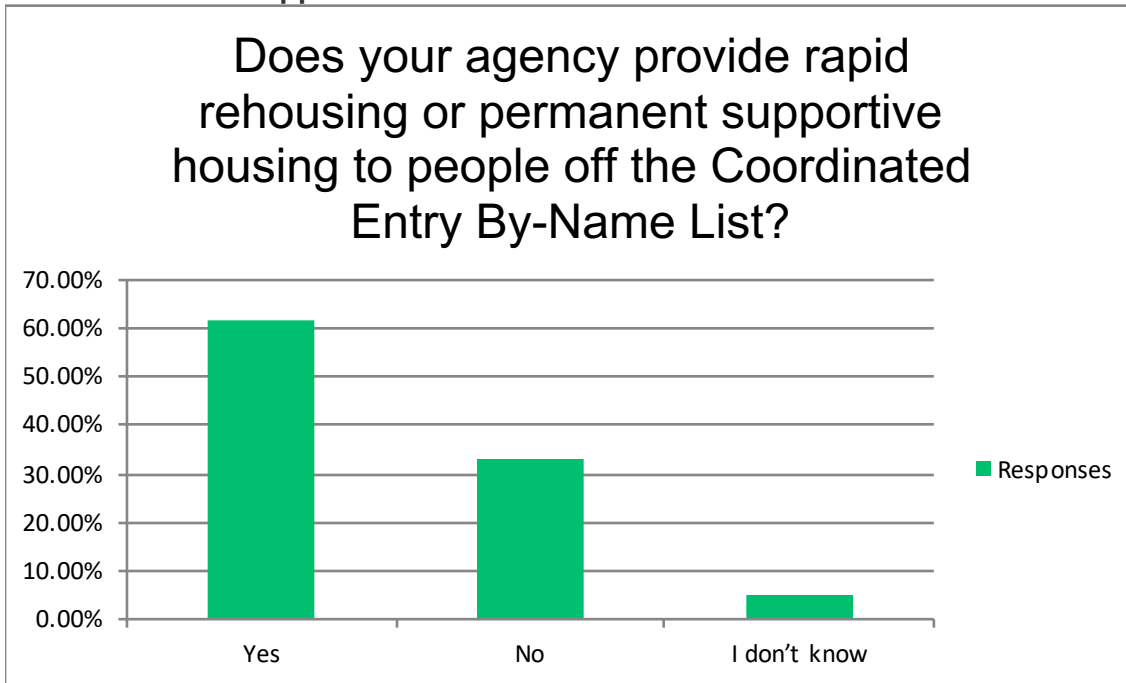
rather housing services is not respectful or trauma-informed - hence the creators of the assessment

It no longer support it. And don't even get me started on

Eastern PA CoC Coordinated Entry Evaluation

Does your agency provide rapid rehousing or permanent supportive housing to people

Answer Choices	Responses	
Yes	61.86%	73
No	33.05%	39
I don't know	5.08%	6
	Answered	118
	Skipped	10



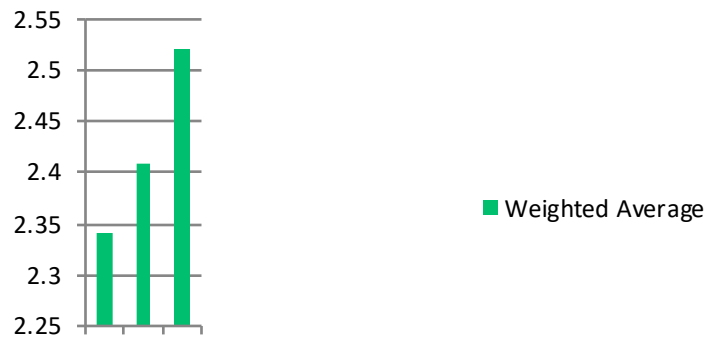
off the Coordinated Entry By-Name List?

Eastern PA CoC Coordinated Entry Evaluation

How much do you agree with the following statements about the process for i

	Strongly
Overall, the Coordinated Entry By-Name List process works well in support of my program.	12.68%
Coordinated Entry makes it easy to fill vacancies at my program.	14.08%
Vacancies at my program are filled quickly through Coordinated Entry.	12.68%
Comment:	

How much do you agree with the following statements about the process for identifying households to fill housing program openings?



the Coordinated Entry process works well in support of my program. Coordinated Entry makes it easy to fill vacancies at my program. Vacancies at my program are filled quickly through Coordinated Entry.

Respondents

Response Date

- 1 Feb 01 2022 11
- 2 Jan 25 2022 07
- 3 Jan 20 2022 07
- 4 Jan 20 2022 07
- 5 Jan 20 2022 06
- 6 Jan 19 2022 01
- 7 Jan 18 2022 01
- 8 Jan 18 2022 10
- 9 Jan 18 2022 07

identifying households to fill housing program openings?

agree	Agree	Disagree	Strongly
9	56.34%	40	19.72%
10	50.70%	36	21.13%
9	45.07%	32	28.17%

Comment: Tags

Our BNL calls have been sporadic at best
 We work well with our CE Regional Manager and regularly attend meetings to review the current issue is not program vacancies as much as available, affordable rentals
 By name list prevents us from helping as many people as we would be able to assist.
 Our programs are generally full and it is difficult to work under these constraints. Families
 It is often challenging to identify eligible persons. They may answer one way during the as
 We have an incredibly difficult time pulling people from the BNL. Mostly because the proce
 There are not enough beds available and people often need to find housing on their own b
 Many clients that have a disability and have social Security are put on the BNL for Rapit I

disagree		I don't know		Total	Weighted Average
	5	4.23%	3	71	2.34
	6	5.63%	4	71	2.41
	4	8.45%	6	71	2.52
				9	
			Answered		71
			Skipped		57

BNL and provide updates and/or pull from the list

who could be helped and are ready and waiting must be set aside for individuals who we might not be assessed but when contacted for a housing opportunity, we find that they actually do not have a disbursement for DV providers is convoluted and some kind of Rube-Goldberg of calls and sheets to find out the before any assistance can given.

housing instead they would be better for PSHP. Due to their income does not allow them to afford a ap:

able to locate or house. We used to have a natural exit from shelter but now the process makes it difficult to document it, are living in a situation that actually doesn't qualify as homeless under HUD. If another agency with access to HMIS has already pulled the person. We were actually told to pull them out of the shelter department .which make them a better fit for PSHP .

unreliable to assist folks into permanent housing.

IUD guidelines, or we cannot reach them at all/they don't return outreach calls. It takes longer to find people from our safe house before they got on the BNL in an effort to try to fill vacancies.

d households now because we have to track people down then also track down the verification doc

umentation which is time consuming. We used to be able to accept direct referrals from our commu

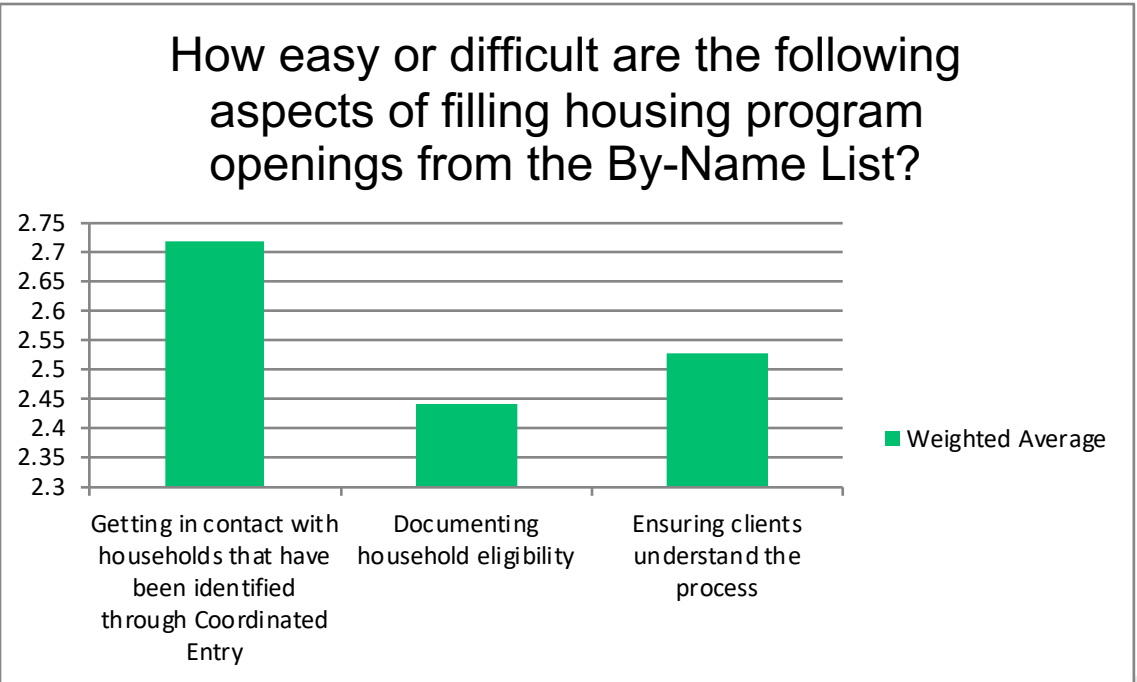
inity which often came with all of the documentation necessary to identify their eligibility for the progr

am, taking far less time to vet the clients and less time from interview to move in date.

Eastern PA CoC Coordinated Entry Evaluation

How easy or difficult are the following aspects of filling housing program openings

	Very e
Getting in contact with households that have been identified through Coor	8.45%
Documenting household eligibility	15.71%
Ensuring clients understand the process	11.43%
Comment:	



Respondents	Response Date
1	Feb 01 2022 01
2	Jan 25 2022 07
3	Jan 21 2022 06
4	Jan 19 2022 01
5	Jan 18 2022 07

Findings from the By-Name List?

Very easy	Somewhat easy	Somewhat difficult	Very difficult
6	32.39%	23	40.85%
11	44.29%	31	27.14%
8	40.00%	28	35.71%

Comment: Tags

Some places expect private pay, or corporate insurance compared to state insurance, So
 It has primarily been individuals whom we have referred to coordinated entry that we end
 Clients get very frustrated with the coordinated entry process because they do not under
 Answered above.

There is so much added to the new system that it makes it difficult to even find a phone n

Difficult		I don't know		Total	Weighted Average
	11	2.82%	2	71	2.72
	4	7.14%	5	70	2.44
	7	2.86%	2	70	2.53
				5	
			Answered		71
			Skipped		57

So at times we have run into a client not being placed on the By-Name List and got placed by self-pay, but we ended up pulling from the BNL, which has made this process easy for us to understand and it takes much longer to get them connected with services.

Number. All client That are referred to PSHP should be documenting but are not.

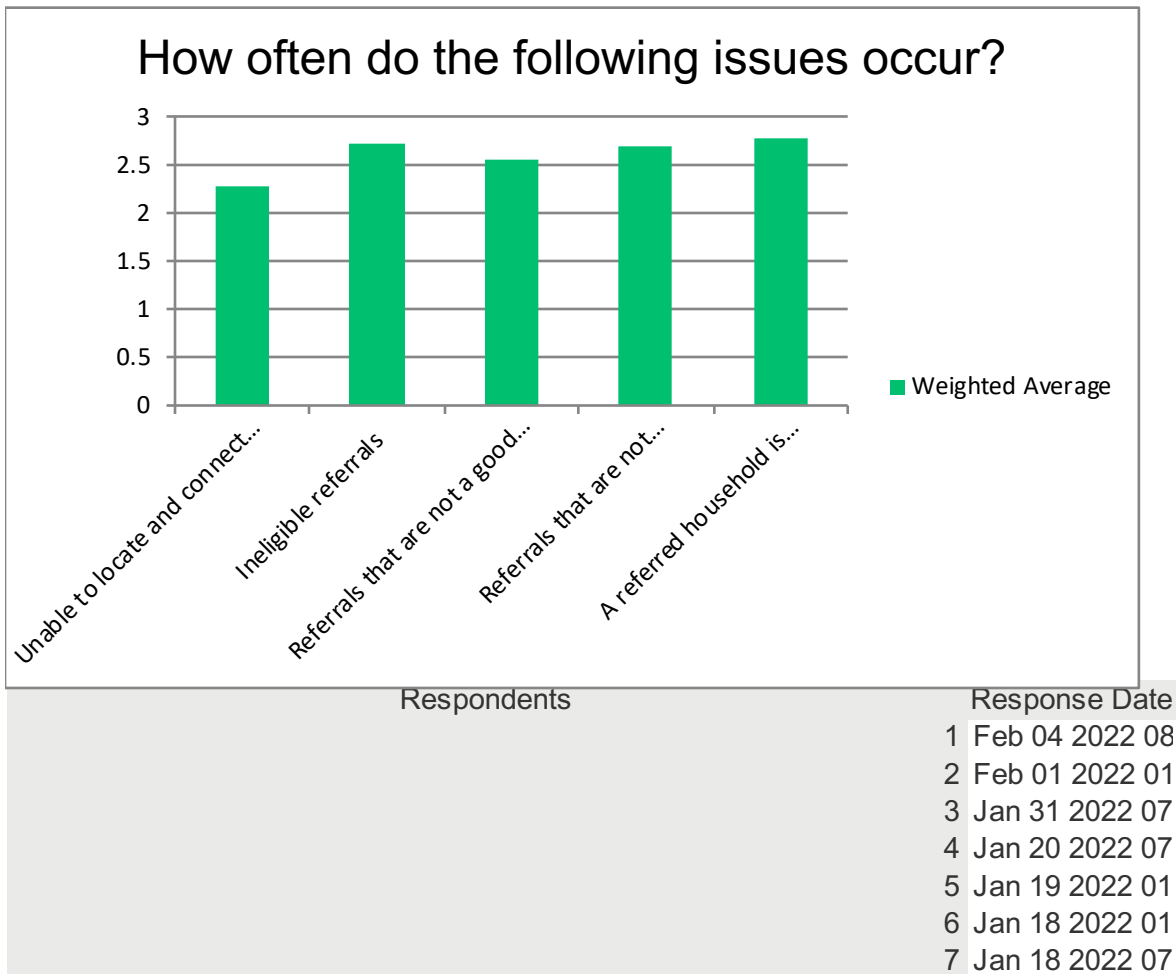
Knowing they could not afford it. In return, they had to be entered into our classifieds, or transitional I

housing facilities. It doesn't quite work itself out sometimes!

Eastern PA CoC Coordinated Entry Evaluation

How often do the following issues occur?

Issue	Very c
Unable to locate and connect with a referred household	11.27%
Ineligible referrals	11.27%
Referrals that are not a good fit for the program	9.86%
Referrals that are not document-ready by enrollment	11.43%
A referred household is enrolled, but does not move into housing	7.04%
Comment:	



often		Often		Rarely		Ne
	8	59.15%	42	23.94%	17	1.41%
	8	23.94%	17	50.70%	36	8.45%
	7	39.44%	28	39.44%	28	7.04%
	8	34.29%	24	37.14%	26	7.14%
	5	35.21%	25	43.66%	31	1.41%

Comment: Tags

Available housing is extremely difficult to find. Landlords have been selling off apartments. The Lehigh Valley does not have enough services such as shelters, PSH or RRH to meet the need. In regards to the last question, the reason said households do not move in is because, this system is not working.

We do not receive direct referrals as a PSH program.

Not being able to contact people and receiving referrals from people who are not fleeing a PSH- client are mostly not document ready, but I see document with income on the BNL.

ver	I don't know	Total	Weighted Average
1	4.23%	3	71
6	5.63%	4	71
5	4.23%	3	71
5	10.00%	7	70
1	12.68%	9	71
			7
		Answered	71
		Skipped	57

ERAP has kept many households in their apartments; lack of apartment turnover has spotlighted the needs of the any targeted population. 211 is hard to get in touch with. They have limited hours a day. Historically, I have only received eligible referrals when I have not had spaces available in my programs.

These are probably two of our biggest challenges in filling our programs all the time. SMH Tran. Most referrals are not eligible due to family size.

issue of lack of apartment supply compared to demand. Many landlords have started outsourcing r
nd times. People do not know what resources are available to them in the community. Different pro

rentals through realtors which require income to be 3 to 4 times the amount of rent, which our clients providers are bias and only do things if they feel like it. No one seems to get the same, equal service

; cannot afford.

s.

Eastern PA CoC Coordinated Entry Evaluation

Are there any other areas of difficulty you would like to highlight?

Answered 27

Skipped 101

Respondents	Response Date	Responses	Tags
1	Feb 04 2022 08	There is a significant need for transitional housing and emergency	
2	Feb 02 2022 12	Getting accurate updates on BNL records.	
3	Feb 01 2022 05	people rarely give correct answers to the questions, making th	
4	Feb 01 2022 01	The entire process needs streamlined. It is more difficult for eli	
5	Feb 01 2022 01	Trauma clients that are less likely to come for help because of	
6	Feb 01 2022 01	No	
7	Feb 01 2022 11	Referrals keep coming even when you can't accept any new p	
8	Feb 01 2022 11	The VI-SPDAT questions make callers uncomfortable over the	
9	Jan 31 2022 07	1. Many households have struggled to get onto the list becaus	
10	Jan 26 2022 08	Confidentiality issues as they relate to victims/survivors fleeing	
11	Jan 26 2022 05	Finding housing is the biggest challenge for the client and us.	
12	Jan 25 2022 11	Once deemed eligible for our program participants cannot find	
13	Jan 25 2022 06	inaccurate VI-SPDAT scores	
14	Jan 25 2022 06	The biggest difficulty is communication and getting in touch with	
15	Jan 21 2022 05	Need to have available stand by housing for emergency situati	
16	Jan 21 2022 06	The by-name list slows down the process of getting clients cor	
17	Jan 20 2022 07	skyrocketing rents	
18	Jan 20 2022 07	Getting individuals seeking services registered on and a asses	
19	Jan 20 2022 07	the wait time to speak to someone on 211 is unacceptable	
20	Jan 20 2022 06	Often times when we call people on the BNL their numbers hav	
21	Jan 19 2022 01	Documenting disability is also often a challenge as households	
22	Jan 18 2022 06	Wait times for 211 are way too long. There seems to be an inci	
23	Jan 18 2022 10	Often people sit on the list because of the lack of available affo	
24	Jan 18 2022 08	No	
25	Jan 18 2022 07	Understanding the VISPDAT and using it as a tool for providers	
26	Jan 18 2022 07	Better software it is to system friendly not user friendly	
27	Jan 18 2022 07	HMIS system and the HUD SAGE system	

ncy shelter in our area. We have 2 small local shelters. Many people are unable to find shelter, or m

eir scores low.

gible participants from out of county to access services. Long hold time for individuals calling 211- s
stigma or because of what others may say, and it is still an issue. However, once we connect with

people into program.

phone and in an informal setting.

e they do not have functioning phones to contact 2-1-1 and sometimes cannot access the one site
j - because of issues around confidentiality it sometimes feels like the process for accessing CE cr

housing that meets the FMR. New applications must be submitted again as 90 days has expired th

1 households. Also, relying exclusively on the By Name List restricts community relationships that
ons.

nnected to services and due to the delay makes client situations even more dire than they already v

ssment completed for the SPDAT in a timely manner. Also having clients complete the on phone ass

ve changed and they are unable to be contacted.

have not been to doctors and/or are not receiving Social Security.

onsistency from housing locator to another as far as scores.

rdable housing.

3.

must travel 1 to 1.5 hours away to find shelter. Additional resources are needed to help the local com

ome do not wait and just hang up- delaying their access to service.
more of our community service or re-entry clients from the court system, they usually have no cho

in Cumberland County.2. We sometimes struggle with households' information not being updated by
eates barriers for victims rather than minimizes them.

e previous one.

were done prior to the requirement to take someone from the list. We had developed local procedu
vere.

essment and their name not appear on the BNL. The SDAT scoring is often off sometimes due to d

ommunities address this issue. Increased access to showers and emergency supplies for homeless i

ice but to come to us in handcuffs, which we want to eliminate altogether because a client cannot h

/ the households themselves.

res through our LHOT and established relationships about fit for a particular program. We had more

ocumented mental illness not be captured which causes the client to be ineligible for RRH services

individuals are also needed.

deal or work much restrained.

are consistent successes when being able to communicate with other agencies about households the

it are ready to take the next step.

Eastern PA CoC Coordinated Entry Evaluation

What could help address the challenges you identified above?

Answered 25

Skipped 103

Respondents	Response Date	Responses	Tags
1	Feb 04 2022	08 Connecting communities with resources. Community organizin	
2	Feb 02 2022	12 Re-engaging in our monthly By-Name-List Meetings	
3	Feb 01 2022	05 a different evaluation system	
4	Feb 01 2022	01 Creation of new vulnerability assessment. More access sites.	
5	Feb 01 2022	01 All providers need to use the Coordinated entry system the sai	
6	Feb 01 2022	01 Connecting with others in our CoC Network, finding out aany re	
7	Feb 01 2022	01 Trainings and updates	
8	Feb 01 2022	11 A filter in HMIS to on and off referrals to program.	
9	Feb 01 2022	11 Discontinue to the assessment and come up with a brief tool.	
10	Jan 31 2022	07 1. I have two suggestions: A) Firstly, additional access sites, e	
11	Jan 26 2022	08 Continued cross system collaboration and understanding of ne	
12	Jan 25 2022	06 Caseworkers should be involved in completing a consumer's \	
13	Jan 25 2022	06 Coordinated Entry system is very usable, maybe another asse	
14	Jan 21 2022	05 A better assessment of those living in the woods. Activate a La	
15	Jan 21 2022	06 If we could serve clients as they came to us ready with docum	
16	Jan 20 2022	07 create more affordable housing	
17	Jan 20 2022	07 more walk in sites, less phone	
18	Jan 20 2022	06 More staffing or space to serve clients in a more timely manne	
19	Jan 18 2022	06 There needs to be a better way to address need and not only l	
20	Jan 18 2022	01 Having a system that is well thought out, simple, and is actually	
21	Jan 18 2022	10 Someone or an agency specifically to help find housing.	
22	Jan 18 2022	07 People who set the process up have boots on the ground. Pec	
23	Jan 18 2022	07 Education of how providers can access and use the tool as the	
24	Jan 18 2022	07 N/A	
25	Jan 18 2022	07 Need for more robst system	

g and networking to bring all organizations in a community together to address the issue.

me. Not all providers update the notes, enrollments or any other information. It would be so helpful to have resources, that may help.

even if only part-time, in other areas of the county would be helpful. B) Secondly, a way to enroll only the needs of victims.

/I-SPDAT assessment. A consumer's own belief may skew their score. ex) a consumer who does not use the assessment tool.

and Bank Program immediately.

mentation, we could avoid extended periods of homelessness and reduce the backlog on the by-name

r.

base it on self report because most people do not accurately self report.

/ managed by an organization or entity. We have no one to manage a system that covers 33 counties

people make decisions about the process who have never done the work

baseline for building the supports and services are needed. Many of our providers have their own

to have all the information on what is or has been going on with each client. The referral system for

ine may be beneficial to folks who are more tech-savvy.² I do not know what could be done differ

it believe they are disabled, but actually are

e list.

es in the state. We cannot continue to put all of that on 1 person - or more correctly allow one persc

intakes with these questions and so it could lessen enrollment time and assist in goal planning.

shelters does not work. Clients still have to call the shelters that they are referred to. The shelters

ntly, aside from having a dedicated person who follows up with households on the BNL every so oft

on to create a fiefdom over the CE system.

; will take people if they have an opening. It doesnt seem that all shelters use the referrals that are :

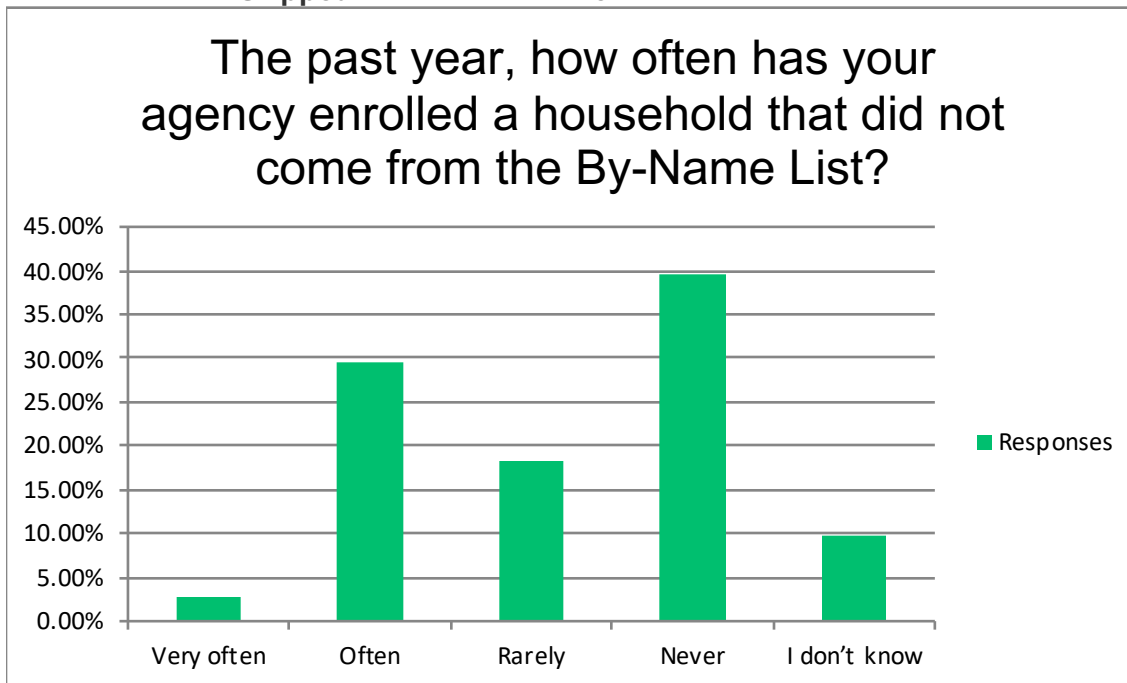
en.

sent to them to contact the referred clients.

Eastern PA CoC Coordinated Entry Evaluation

The past year, how often has your agency enrolled a household that did not come from the By-Name List?

Answer Choices	Responses	
Very often	2.82%	2
Often	29.58%	21
Rarely	18.31%	13
Never	39.44%	28
I don't know	9.86%	7
Comment:		11
Answered		71
Skipped		57



Respondents	Response Date	Comment:	Tags
1	Feb 04 2022 08	If an eligible person who is not on the BNL connects with our agency	
2	Feb 01 2022 12	All applicants must come from the 211 BNL	
3	Jan 26 2022 05	The household didn't meet the HUD definition of homelessness	
4	Jan 26 2022 05	The agency I work for also serves transitional age youth who are	
5	Jan 24 2022 10	We often find alternative ways to help clients who are unable to	
6	Jan 21 2022 06	All referred clients for these programs are placed on the by-name	
7	Jan 20 2022 06	We encourage all clients to call 211 before assisting them or as	
8	Jan 20 2022 06	Into shelter when they are literally homeless - and then we have	
9	Jan 18 2022 01	Nice try	
10	Jan 18 2022 07	You are not allowed too.	
11	Jan 18 2022 07	SMH - referrals come mostly from local agency	

from the By-Name List?

gency, we complete a VI-SPDAT and enter them on the BNL and provide referrals to transitional/en

i. But were homeless.

are couch surfing (separate program from RRH), so by definition are not homeless

) access the Coordinated Entry system (usually due to long wait times or by not understanding what the list for services to be provided, even the ones coming directly to us.

s soon as they are placed in shelter.

ie them call 211

Emergency shelter before enrolling them in ESG RRH.

What to do when calling 211)

Eastern PA CoC Coordinated Entry Evaluation

What should be done to support people who are unlikely to be referred to rapid rehousing?

Answered 67

Skipped 61

Respondents	Response Date	Responses	Tags
1	Feb 04 2022 09	outreach to neighboring communities to see what their availability is	
2	Feb 04 2022 08	If individuals are intellectually disabled or similarly impaired due to mental health issues	
3	Feb 04 2022 07	Can COVID emergency funding be used to create more opportunities for housing?	
4	Feb 03 2022 01	1. a different assessment should be available2. if we continue to have a waitlist	
5	Feb 03 2022 09	Maintain connection with them for support and resources if needed	
6	Feb 03 2022 06	We should hire more people to assist with 211, the wait time is too long	
7	Feb 02 2022 04	It all depends, is the client employed, do they have a mental health issue?	
8	Feb 02 2022 10	Year-round shelter in Allentown is a must	
9	Feb 02 2022 05	There needs to be more rental programs that do not go by VIS	
10	Feb 01 2022 08	Use funds for prevention	
11	Feb 01 2022 06	Open up the ability to base entry on information from outside sources	
12	Feb 01 2022 02	Ability to evaluate eligibility case-by-case- trauma informed and individualized	
13	Feb 01 2022 01	The SPDAT score doesnt always reflect the need of the person	
14	Feb 01 2022 01	There should be meetings put in place that can make decisions	
15	Feb 01 2022 01	Refer to community resources that might have funds without the waitlist	
16	Feb 01 2022 01	Create a pool of discretionary funding.	
17	Feb 01 2022 01	Well they are falling through the cracks so you find or create a way to help them	
18	Feb 01 2022 12	provide information on referral to possible services that the client is eligible for	
19	Feb 01 2022 12	The Mental Health of the population being serviced needs addressed	
20	Feb 01 2022 12	Good question...what can be done? Not just that there is limited funding	
21	Feb 01 2022 11	CE specialists should have available area resources that they can refer to	
22	Jan 31 2022 08	A) Connecting households with intensive case management services	
23	Jan 31 2022 08	DEI Training for staff build trust	
24	Jan 26 2022 08	Improve access to non-CoC funded housing programs.	
25	Jan 26 2022 06	We have supported them through other programs.	
26	Jan 26 2022 05	More transitional programs are needed, shelter options, resources	
27	Jan 25 2022 03	Ask more prompting questions or open ended questions	
28	Jan 25 2022 12	I have found that people are not totally honest in their answers	
29	Jan 25 2022 10	Utilizing a tool that accurately assesses the housing needs of the client	
30	Jan 25 2022 09	send referral to correct agency to give local landlord list and a list of resources	
31	Jan 25 2022 06	Refer to agencies that can assist in other programs.	
32	Jan 25 2022 06	connect to shelters	
33	Jan 25 2022 06	Caseworkers from 3rd party agencies should help the consumer	
34	Jan 25 2022 06	No score should be too low for someone that is experiencing homelessness	
35	Jan 25 2022 06	Shallow subsidies and non traditional partnerships should pick up the slack	
36	Jan 21 2022 05	No one should be denied.	
37	Jan 21 2022 06	Increase affordable housing! Increase rapid rehousing and permanent supportive housing	
38	Jan 20 2022 09	Continue Referrals to "Appropriate" programs in appropriate geographic areas	
39	Jan 20 2022 07	Build units to house people	

40 Jan 20 2022 07 find a better assessment tool and then that wouldn't be an issu
41 Jan 20 2022 07 More shelters across the Pocono region and in Wayne County
42 Jan 20 2022 07 Additional collaboration amongst agencies to refer clients to co
43 Jan 20 2022 07 Agencies should have the ability to assist them outside of the S
44 Jan 20 2022 07 Change the VI SPDAT and evidence
45 Jan 20 2022 07 This is the struggle all areas have. Ideally crest more affordab
46 Jan 20 2022 06 We would refer elsewhere if possible.
47 Jan 20 2022 06 Diversion
48 Jan 20 2022 06 Diversion
49 Jan 20 2022 06 Continue to spread the word. Agencies / Organizations need to
50 Jan 20 2022 06 We should have the freedom in our community to help folks ge
51 Jan 19 2022 11 add additional housing resources
52 Jan 19 2022 10 Provide them with timely other resources or directions to help
53 Jan 19 2022 07 Have more resources available, more staff (understand every
54 Jan 19 2022 06 Get them resources that will likely help them.
55 Jan 18 2022 12 Referrals to other programs that maybe of some assistance IF
56 Jan 18 2022 10 Intensive Case Manager to assist them with their unique issue:
57 Jan 18 2022 10 Access other funding and resources. LV has the Rooster Reli
58 Jan 18 2022 09 Advocate for a reallocation of resources in PA based on data (
59 Jan 18 2022 07 Housing specialist would benefit from a local resource hub that
60 Jan 18 2022 07 rethinking how the funding works - get creative
61 Jan 18 2022 07 Case Management Team(s) throughout the regions, depending
62 Jan 18 2022 07 Do a new Assessment face to face.
63 Jan 18 2022 07 Better linages to other funding programs in rural areas
64 Jan 18 2022 06 referral to Homeless Assistance Program
65 Jan 18 2022 06 There aren't enough housing for the low VI-SPIDAT scores. T
66 Jan 18 2022 06 Government assistance should be broader, with fewer barriers
67 Jan 18 2022 06 Be referred to program in other areas.

ehousing or permanent supportive housing through Coordinated Entry due to low VI-

lity is and/or link to resources who maybe able to provide assistance while they wait for housing ava
: to mental health disabilities, another assessment should be created to allow qualified individuals fro
tunities? Are stats on this reported to State Representatives, Congressmen, and potential benefacto
using the VISPDAT, it needs to be re-worked3. some sort of checks and balances system needs to
aded, offer other solutions or a conversation to find out what is available for them or next steps, som
ridiculous, this system is suppose to streamline services and right now its a block to those unshelte
alth disorder, or a physical disability, do they receive social security income/disability? This would l

PDAT score

ervice providers, personal contact information not necessarily answers to a question they may not
d client-level decisions. New VI-SPDAT may help with this.

n. There needs to be more services to address the lower scored individuals. The lower scored peo
s on the development of closer resources. Outsource buildings, and or a sort of one-stop-shop that
re mandates, such as places of worship etc.

program to assist them. Help them to possibly raise their score through their answers.

ent might be eligible for

essed, for most clients to be successful. Physically housing a client with major MH is not going to k
d resources but lack of capacity in case management to even be able to offer anyone anything.

could provide those who are ineligible due to low score. If the person a veteran, regardless of score
ervices that are able to provide resources and support.B) Broadening the requirements housing pro

nce guides, life skill programs, rental assistance to get initial costs/funding

and tend to downplay their situation therefore scoring low. They should be encouraged to be hone
survivors of DV would address one aspect of this challenge
ny info that can be helpful to them.

ier during VI-SPDAT assessment

omelessness if they may be a good program fit.

up those people

rmanent supportive housing services.

ogographical areas.

e

irect services. Marketing
SPDAT system

le housing. But also HUD understanding extended shelter time to give client time to build credit and

o actively seek those folks needing the support of this system.
t housed and if we have available funds and families who need assistance, we should be able to use

one is short staffed) people are slipping through the cracks

they may qualify for the program. This would require the Housing Specialists to know more about c
s.

ef Fund that has just begun

PIT count/Other). Consider the lack of outside funding sources in rural communities to meet the de
can directly work with this who are in these lower score ranges. As a housing specialist, we are not

g on the need.

ry to have them reach out to their families if they haven't burnt the bridge.

s to assistance.

SPDAT score, ineligibility, or lack of resources in their geographic area?

availability.

from their support systems to answer on their behalf.

options? Are there opportunities to provide funding to agencies already established in order to expand on

to be in place as there are clients who call and for a variety of reasons, do not feel comfortable answering

sometimes it just takes a conversation to open a door to another opportunity.

needed. This need to be readily available digitally in a public space,

could be a great opportunity for Diversion. What are the clients strengths & weaknesses? Is there an av

feel comfortable answering.

people seem to get lost in the cracks. That doesn't mean that they don't need assistance. It just means

we ask questions, in digital form that will lead clients to the help they need.

to keep homelessness from happening again and again.

they should be referred to a provider.

programs use to determine if a household is eligible.

at least even though embarrassed as that will reflect a more true picture of their circumstances.

| address barriers.

e funds to help them.

each program or have access to accurately do a screening to make the appropriate referrals.

emand for services.

xt to provide a score to the person. It then is seen as we are telling individuals you will be called, eve

r provide temporary opportunitites
ering all questions so although their situation would have indicated a higher needs, the raw score dc

available shelter locally, if not reach out to your nearby counties for shelter assistance.

s there is not enough services for them

en though we do not state that ever. Building a local resource hub (could even be your access sites

oes not reflect that

) in each county, who has a personal investment in their residents, would be beneficial to help guide

; these families. In our county, case management is limited to only those who have a mental health

disability or are enrolled in a RRH or PSH program. If a person is homeless, the client is already ha

ving a difficult time dealing with the current situation and often has no understanding of how to proce

ed. One of the largest issues we are seeing here is our senior population becoming homeless. Our

Area Agency on Aging does not provide case management for this situation and the senior is often

left on their own to figure it out. This is where that r

Eastern PA CoC Coordinated Entry Evaluation

What could be done to speed up the Coordinated Entry process?

Answered 68

Skipped 60

Respondents	Response Date	Responses	Tags
1	Feb 04 2022 09	Allow alternative contacts for those who are homeless are low	
2	Feb 04 2022 08	I am not sure. It seems to be a long process, but I do not know	
3	Feb 04 2022 07	An online submission process.	
4	Feb 04 2022 07	Have more CES specialist. Change the VI-SPDAT.	
5	Feb 04 2022 07	At times, an individual may have to wait up to 1.5 hours for the	
6	Feb 03 2022 01	Agencies need more stability in the system - constant changes	
7	Feb 03 2022 09	Not having long wait times to be connected to Coordinated Entry	
8	Feb 03 2022 06	Hire new people offer digital options such as an app etc, and of	
9	Feb 02 2022 04	Collect just the basic demographics necessary from the client	
10	Feb 02 2022 10	Increase the stock of affordable housing so people on the list h	
11	Feb 02 2022 05	Have more 211 access sites	
12	Feb 01 2022 06	shortened questionnaire	
13	Feb 01 2022 02	More access sites. Shorter hold times for individuals seeking h	
14	Feb 01 2022 01	Advertise more so people understand what 211 is. Have more	
15	Feb 01 2022 01	In order to deal with each patient accordingly, there should alw	
16	Feb 01 2022 01	More Staffing	
17	Feb 01 2022 01	Quick & Easy Assessments.	
18	Feb 01 2022 01	Allow the process to be accessed by more agencies who can	
19	Feb 01 2022 12	More education about the access information and sites and ex	
20	Feb 01 2022 12	Most clients complain about the wait times. These are usually c	
21	Feb 01 2022 12	Shorter wait times by increasing funding opportunity for Call Ce	
22	Feb 01 2022 11	discontinue VI-SPDAT	
23	Jan 31 2022 08	A) Having one or more other access sites available around the	
24	Jan 31 2022 08	face to face contact	
25	Jan 26 2022 08	Build capacity in the system. Better coordination from RHAB to	
26	Jan 25 2022 12	It would help to see if the person has a mental health case mar	
27	Jan 25 2022 07	The wait time is just too long. If you need more staff to answer	
28	Jan 25 2022 06	More 211 centers.	
29	Jan 25 2022 06	additional staffing	
30	Jan 25 2022 06	Have dedicated and separate DV BNL, with all the resources a	
31	Jan 25 2022 06	Consumers who have had chances with programs in the past,	
32	Jan 25 2022 06	hire more staff at call centers	
33	Jan 21 2022 05	Cut through the red tape.	
34	Jan 21 2022 06	Allow programs to assist clients that are ready with documents	
35	Jan 20 2022 01	Have more call specialists so people are not on hold for very lo	
36	Jan 20 2022 09	Increase Trained Qualified Intake Caseworker who receive an	
37	Jan 20 2022 07	Less hold/wait time for 211 to answer/respond	
38	Jan 20 2022 07	create more available, affordable housing options	
39	Jan 20 2022 07	Hire more housing staff for 211 calls.	

40 Jan 20 2022 07 Additional staff to take intakes and better horus
41 Jan 20 2022 07 More staff, better training; "no wrong door" approach
42 Jan 20 2022 07 More access points or more operators on 211
43 Jan 20 2022 07 Unsure
44 Jan 20 2022 06 Less Questions
45 Jan 20 2022 06 Less Questions
46 Jan 20 2022 06 More folks qualified to do intakes.
47 Jan 19 2022 02 Additional call center staff to handle calls, additional access site
48 Jan 19 2022 11 add online registration for people seeking to sign up
49 Jan 19 2022 10 More options for housing
50 Jan 19 2022 07 More staff
51 Jan 18 2022 12 More funding for permanent supportive housing and more affor
52 Jan 18 2022 10 Case Management and have enough case managers to handk
53 Jan 18 2022 10 Again, my understanding is 211 is ineffective. We have technc
54 Jan 18 2022 09 Additional staff. Trained Call Specialists. Reduce turnover of C
55 Jan 18 2022 07 Shorten the VISDAT assessment questions, allowing for a RRI
56 Jan 18 2022 07 shorter assessment
57 Jan 18 2022 07 The process is not an issue.
58 Jan 18 2022 07 More finances coming to the agency for the data entry . More a
59 Jan 18 2022 07 Funding for more call specialists at 211. The current number o
60 Jan 18 2022 07 Know what shelters have openings and give callers some resc
61 Jan 18 2022 07 More robest system
62 Jan 18 2022 06 customer report no response/call back from 211
63 Jan 18 2022 06 OFFER MORE WALK IN SITES
64 Jan 18 2022 06 more user friendly system
65 Jan 18 2022 06 The 3 day process is difficult when you have limited staff and n
66 Jan 18 2022 06 More staff? But, again, more 211 staff won't help if the commu
67 Jan 18 2022 06 More 211 operators, I have had to wait on hold for 30 minutes
68 Jan 18 2022 06 Extend hours for call in center

income so if they lose their ability to have a phone they can still be reached.
/ how it can be shortened and still capture the necessary information.

call to be answered for assessment and then do not receive a call back with any resources or availability; make it difficult to keep up, particularly in a high turn-over fields like non-profits and victim services; educate social service agencies that if someone is homeless and needs services to refer to City; offer these things in a public space (outside a City building etc.) in order to cut down the process time. Once a provider reaches out to the client they can obtain all the information they need to have a place to live

housing. Give DV homeless providers access to HMIS.
; actual walk in sites or access sites.
ays be resiliency, trust, loyalty, faith, and you should take your time getting to know your patients' e

help with the entry process.
pending those.
extremely long wait times of 2-2 1/2hrs. Could some of the preliminary questions be automated and
enters and Access Sites.

; County.B) Having an online application process.C) Having an abbreviated interview process.D) Hi

o RHAB.
anager. Often call to find out the person does not have a case manager which makes them ineligible
; phones so be it. I know families that have waited hours on hold. This is simply not acceptable. I u

and staff necessary to serve them.
but failed, should be removed from the BNL

; and answer their phones so that we can quickly exit them from the by-name list and reduce the ba
ong periods of time
d process calls

es that are in each county.

ordable housing. Someone or an agency assisting with finding housing.

the rise in the unsheltered and at risk of unsheltered community.

ology and other resources to make the process better.

ES Call Specialist

H or PSH program to complete a full assessment of the person's risks and vulnerabilities.

assessors / intakes

f specialists cannot meet the needs for our COC. Funding for walk in access sites would also be g
ources.

multiple job responsibilities. One day you may work on CE and unable to return to it for a week more
nity resources for people facing homelessness don't exist.

or more with clients in the past

liability

; More staff should be allocated to provide consistent, long form training to ant staff who are going to coordinated Entry instead of them trying to do all of the work, get them to the next step or to connect

the PII they need.

very need.

d basic information gathered automatically, before a housing assesment is completed by an agent?

aving housing programs promote moving on.

for my program and gets their hopes up when I call only to be disappointed.

nderstand there is no place to refer many of them and this is a major issue but there is no excuse f

ick log that makes it harder to serve clients quickly.

good because then more agencies may be inclined to participate if there is assistance to pay for staff

3.

to be using the system. Many new staff at agencies are just handed a binder upon hiring - that does with 211 and Coordinated Entry.

Just an idea.....

for the families not getting through on the phone.

: Right now, that lack of funding is hindering the search for walk in access sites in counties that do not

not equal training.

not have a site currently.

Eastern PA CoC Coordinated Entry Evaluation

What could be done to improve the experience of persons seeking housing/serv

Answered 62

Skipped 66

Respondents	Response Date	Responses	Tags
1	Feb 04 2022 09	Streamline the process, reduce the number of questions. Individ	
2	Feb 04 2022 07	More consistent follow-up	
3	Feb 04 2022 07	Have more access sites with face-to-face assessments.	
4	Feb 03 2022 01	A significant increase in CE staff with lived experience	
5	Feb 03 2022 09	Be kind. Don't be snarky about their situation. Listen. Also kn	
6	Feb 03 2022 06	streamline use technology to your advantage	
7	Feb 02 2022 10	Simplified phone intake process, heard too many people that c	
8	Feb 02 2022 05	Having immediate options instead of just giving referrals. Often	
9	Feb 01 2022 06	More people to take the calls so there is no wait lists or call bac	
10	Feb 01 2022 02	See above.	
11	Feb 01 2022 01	Shorter wait times. Call backs need to happen more quickly. 2	
12	Feb 01 2022 01	Shorter waiting time for someone to be registered, less informa	
13	Feb 01 2022 01	Quick & Easy Assessments.	
14	Feb 01 2022 01	not sure but kindness is always a good place to start.	
15	Feb 01 2022 12	has been difficulty getting through to 211 so more success in c	
16	Feb 01 2022 12	The problem with BNL placement is, one must be street homel	
17	Feb 01 2022 12	Expand capacity at call centers and access sites. Explain to p	
18	Feb 01 2022 11	More access sites	
19	Jan 31 2022 08	I think it would be beneficial to make that CE specialists are exp	
20	Jan 31 2022 08	Revisit the viability of the VI-SPDAT	
21	Jan 26 2022 08	Continued training for call center staff - improving understandin	
22	Jan 26 2022 06	Not having to wait so long on the phone.	
23	Jan 25 2022 03	More follow through after the process is complete	
24	Jan 25 2022 12	I have heard that it is a long wait for people to access a call to	
25	Jan 25 2022 10	Training CE Intake staff with regard to trauma	
26	Jan 25 2022 07	Again the wait time should be under 20 minutes or take the call	
27	Jan 25 2022 06	additional staffing and 24 hour service with direct access to en	
28	Jan 25 2022 06	having housing locator specific caseworkers	
29	Jan 25 2022 06	Require universal training on completing the assessment for al	
30	Jan 25 2022 06	more money for rapid rehousing, less impersonal experience v	
31	Jan 21 2022 05	Cut through the red tape.	
32	Jan 21 2022 06	Reduce the wait time for services.	
33	Jan 20 2022 09	Again more intake caseworkers/operators to reduce wait time	
34	Jan 20 2022 07	Education to Human Services about how to use this service	
35	Jan 20 2022 07	ensure that all providers have thorough training on what is mea	
36	Jan 20 2022 07	Hire more housing staff for 211 calls.	
37	Jan 20 2022 07	24 our services, partnerships with hotels and shelters that wou	
38	Jan 20 2022 07	More walk in sites, better training, more staff working the phon	
39	Jan 20 2022 07	Fairness	

40 Jan 20 2022 07 Ideally with the right person conducting it already is doing what
41 Jan 20 2022 06 More Agencies responding to referrals in a Timely Manner
42 Jan 20 2022 06 Agencies responding in a timely manner
43 Jan 20 2022 06 Intake folks need more empathy. They need to show "care" ar
44 Jan 20 2022 06 This is relationship based work. Nothing about this process is i
45 Jan 19 2022 02 Less hold times for the call center, less questions to answer. V
46 Jan 19 2022 10 Multiple areas with funds to help those fleeing trafficking/dv anc
47 Jan 19 2022 07 Keep follow up notes
48 Jan 19 2022 06 Keep them updated more often.
49 Jan 18 2022 12 Having someone through Coordinated Entry to give housing lei
50 Jan 18 2022 10 Not sure, but something has to be done
51 Jan 18 2022 10 Compassion and care.
52 Jan 18 2022 09 Trained CES Call Specialists. Set aggressive time limits for ne
53 Jan 18 2022 07 Commit funding to allow for hiring of additional staff for the PA 2
54 Jan 18 2022 07 More funding to walk-in sites which has been proven to work b
55 Jan 18 2022 07 If there are no viable resources in the area, there is little that c
56 Jan 18 2022 07 Better public awareness
57 Jan 18 2022 06 211 seems to be an extra step/more funds for agencies at the
58 Jan 18 2022 06 less time to access for persons calling in
59 Jan 18 2022 06 Ask a question to do they want to locate to a rural area, or do t
60 Jan 18 2022 06 Their questions could be answered faster, they could have rec
61 Jan 18 2022 06 Access to information about availability at shelters
62 Jan 18 2022 06 Reduce wait time.

ices through Coordinated Entry?

iduals struggle with the amount of questions and the time it takes to complete a referral.

ow the services in and around your area before you just send them what is listed in black and white

ouldn't get through to a person or never got a call back
times people have to keep calling back in to see the status.
ck.

24 hour 211 services.

ation to the clients about shelters openings, it could be misleading to the clients and shelter staff hav

irect access sites. More marketing for 211 on public places (gas stations, 24 hour convenience s
ess. As clients learn the qualifiers, they learn to say they are street homeless when they are not str
ersons seeking housing that they are not being deemed eligible for a service. Many clients call and

plaining every step of the process up front, including reviewing how long it will take, and what to exp

ing of homelessness from a trauma lense.

211.

back number and call back should be that day. A way for families to check their status...ie. Push #
ergency overnight placement

l homeless providers that participate in the Coordinated Entry system. Providers should have know
with call centers

ans to be trauma-informed

uld guarantee at least a nights stay.
es, the Lehigh Valley have its own system

is needed

id not just ask the questions.

relationship based. Clients can't get through. They can't express their issues. They don't trust folks

When someone is in a housing crisis and has nowhere to sleep, the last thing they want to do is ans

d good supports in place to help with the trauma and other issues in those areas

ads for clients to find housing faster.

w hires to be trained with providers.

211 system as the number one issue we hear is that the client is on hold for way to many hours. It is

better than 211

can be done.

local level to provide staff/service and transition them into housing programs

they want more of a city environment that has busing transportation.

reduced hold times.

on a list.

to explain why there is no spots.

toes, etc.

meet homeless so they can receive longer rental assistance. You will see many more people stating say "211 said I was eligible".

ect afterwards.

to get an update on your status.

ledge about the assessment and be able to talk to individuals about the assessment process.

on the phone. Then they don't have appropriate scores and can't get services. This should be a re
wer 30+ questions about their situation. They want a place to sleep that night and then we should be

; not fair to the client or the PA 211 Housing Specialist for this situation to occur.

they are street homeless so they can receive services. I see it happen a lot.

ational services with adequate support in each community.
asking those questions.

Eastern PA CoC Coordinated Entry Evaluation

How much do you agree with the following statements about access to rapid rehousing and permanent supportive housing through Coordinated Entry?

People experiencing homelessness have the same access to rapid rehousing as people who are not experiencing homelessness	13.68%
Survivors of domestic violence are afforded fair and equal access to rapid rehousing and permanent supportive housing through Coordinated Entry	20.00%
When it comes to people who are already enrolled in rapid rehousing or permanent supportive housing, Coordinated Entry identifies the most vulnerable people in need of housing	8.05%
Rapid rehousing and permanent supportive housing projects participating in Coordinated Entry are doing a good job of identifying the most vulnerable people in need of housing	11.11%
Overall, Coordinated Entry does a good job of identifying the most vulnerable people in need of housing	8.51%
Comment:	

How much do you agree with the following statements about access to rapid rehousing and permanent supportive housing through Coordinated Entry?



When it comes to people who are already enrolled in rapid rehousing or permanent supportive housing, Coordinated Entry identifies the most vulnerable people in need of housing. Overall, Coordinated Entry does a good job of identifying the most vulnerable people in need of housing.

Respondents

Response Date

- 1 Feb 04 2022 08
- 2 Feb 04 2022 07
- 3 Feb 03 2022 01
- 4 Feb 01 2022 06
- 5 Feb 01 2022 01
- 6 Feb 01 2022 01
- 7 Feb 01 2022 12
- 8 Feb 01 2022 11
- 9 Jan 26 2022 08:
- 10 Jan 26 2022 06:
- 11 Jan 25 2022 10
- 12 Jan 25 2022 06
- 13 Jan 20 2022 09:
- 14 Jan 20 2022 07:
- 15 Jan 20 2022 06
- 16 Jan 19 2022 02:

17 Jan 18 2022 12
18 Jan 18 2022 10
19 Jan 18 2022 10:
20 Jan 18 2022 09:
21 Jan 18 2022 07
22 Jan 18 2022 07:
23 Jan 18 2022 06:
24 Jan 18 2022 06:

rehousing and permanent supportive housing through Coordinated Entry?

Strongly agree		
	13	40.00%
	19	61.05%
	7	44.83%
	10	53.33%
	8	42.55%

apid rehousing and permanent supportive housing through Coordinated Er Tags
Persons experiencing extreme poverty and persons in rural and mountainous areas do n
Some counties, especially Carbon, Monroe, Pike have significantly less resources.
:46 PM
:05 PM
:48 PM
:11 PM
:02 PM
Geography plays a large role as does access to agencies with historic CoC contracts
:47 PM
:11 PM
There are gaps in services that are available across the CoC and some communities hav
the distribution of funding is wildly inconsistant, with some counties recieving basically no
:31 AM
:28 AM
They have the same access to call in but the community must have the supports and fun
:04 PM

Cell service can be scarce in rural areas. The ability to get to an Access Center without p
I'm not sure, but have heard so much about 211. In person Coordinated Entry seems to

:01 AM

:47 AM

every county is different in how much RRH funding they have available

:21 AM

:32 AM

:26 AM

Agree

38	31.58%
58	12.63%
39	24.14%
48	26.67%
40	39.36%

are afforded fair and equal access to rapid rehousing and permanent support Tags

do not have adequate access to phones and internet to access CE services.

My patients have not reported success.

Some mainstream providers seem reluctant to engage with these clients (even though they

are not in the Lehigh Valley

I feel DV survivors may be receiving more than non fleeing households in my region.

Non-DV providers have been known to pass over survivors on the BNL making the assumption

that this is especially a challenge due to the issues with the VISPDAT being a tool to assess client needs for rrh/psh funding at all

and

Providers very often shy away from serving the DV population because they feel they do

Public transportation can be difficult.

I don't really know

Only those agree to press charges against their abusers are provided services. Those th

Yes very much so they even can be on someone's couch or in a home . This should be fi

There are more options for DV services than services for others in the community

Disagree

30	10.53%
12	3.16%
21	11.49%
24	5.56%
37	8.51%

ermanent supportive housing, the process of providing emergency transfer Tags

This depends heavily on capacity for the org picking the person up; the process itself is f
not if spots are not available

Not in the Lehigh Valley. The only DV shelter is Turning Point. DV survivors are treated c

It doesn't occur enough to really gauge if it is working well.

mption that a DV provider will pick them up and thus can pass over them. Non-VSP have
I have not had experience with this.

No experience with regard to proving emergency transfers

the system is not set up for that

Priority is often given to those without other resources and whom are literally homeless.

I don't really know
what are too afraid are left to fend for themselves.

for all Vulnerable women
Have not had experience with this situation.
Unknown

Strongly disagree

10	4.21%
3	3.16%
10	11.49%
5	3.33%
8	1.06%

Participating in Coordinated Entry do not screen potential participants out for Tags

I think there is a screening process.

There are times when it seems agencies are quick to consider someone a 'difficult' client

differently depending on who picks up the phone.

Somewhat agree, somewhat disagree. There are projects who still do not want follow the

rrh/psh providers do tend to 'skip over' or 'not make contact' with clients who are known to
Uncertain I am reading question accurately, however, isn't the identification of barriers one

Unfortunately, there are providers that require physicals, income or no criminal issues in c

I hope that's not happening

I don't know	Total
4	95
3	95
10	87
3	90
1	94
	48
	Answered
	Skipped

good job of identifying the most vulnerable persons experiencing homelessness Tags

I believe the most vulnerable may be identified, I do not believe there are enough resources and that makes them less likely to try as hard as they would for a client who is easier to work with.

It does nothing to place clients into housing.

The system appears to be overwhelmed and reactive. We need a better assessment tool.

CE is currently working for survivors in our community; however, that is likely due to the fact that it is difficult to identify the most vulnerable.

One of the purposes of the VI-SPDAT?

we are missing the most vulnerable, many who are living outside never access this system.

In order to qualify for housing. Folks have also been screened out because they may need a

Not sure

Programs need a path to recertify clients based on evaluations and new information to be
It does help to identify those in need. In the past, shelters and other programs were worki

CE does a great job, but sometimes when you call the people the situation has changed a

Weighted Average

2.52

2.08

2.74

2.37

2.51

97

31

as to help those folks. There are many folks who receive no assistance and fall through the crack
ork with. Some programs have very different criteria for who they will allow to access services (f

DV organization being the only program referring to and pulling from the BNL. If other homelessness

m

i higher level of care and are not able to live independently.

to better serve the clients needs and get them into appropriate programs.
Working alone in silos. Each household would have to contact agencies separately to get help and age
and they are no longer homeless and eligible for the program. I don't like to use a lot of self certific

↳ Especially the Mentally Ill population.

↳ For example a victim service org that only allows partner based abuse and will not accept familial abu

↳ If services providers were doing so, it might mean survivors would be lower on the list

ncies did not share information among each other, often limiting the help that a client could get.

ations and a lot of people say they are residing in their car. I just wish there was a way to have a 3i

use survivors)

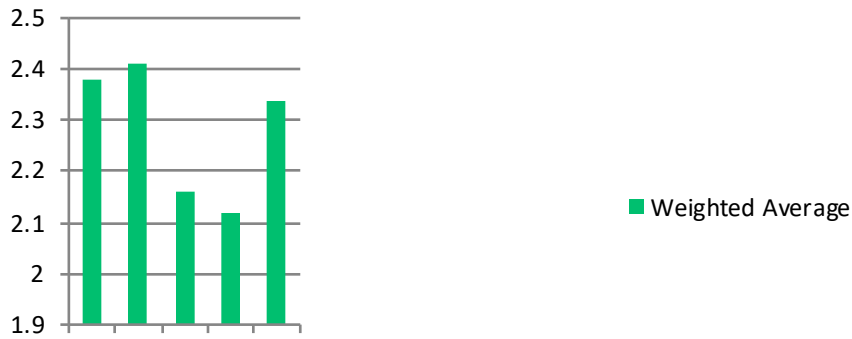
rd party documentation of this.

Eastern PA CoC Coordinated Entry Evaluation

How much do you agree with the following statements about Coordinated Entry

The CoC has appropriate metrics in place to evaluate the performance Co	11.83%
I know where I can obtain data and information to understand how Coordin	12.50%
When I have a concern about Coordinated Entry, I know where to provide	20.83%
When I have a concern about Coordinated Entry, I feel comfortable providi	18.95%
I feel that my input and concerns about Coordinated Entry are heard and a	13.68%
Comment:	

How much do you agree with the following statements about Coordinated Entry system oversight and management?



When I have a concern about Coordinated Entry, I know where to provide
 When I have a concern about Coordinated Entry, I feel comfortable providi
 I feel that my input and concerns about Coordinated Entry are heard and a

Respondents

Response Date

- 1 Feb 03 2022 01
- 2 Feb 03 2022 06
- 3 Feb 01 2022 12
- 4 Feb 01 2022 11
- 5 Jan 26 2022 05:
- 6 Jan 25 2022 10
- 7 Jan 20 2022 07
- 8 Jan 20 2022 06:
- 9 Jan 19 2022 02
- 10 Jan 18 2022 12:
- 11 Jan 18 2022 10
- 12 Jan 18 2022 09:

ry system oversight and management?

Strongly agree

11	52.69%
12	50.00%
20	53.13%
18	58.95%
13	50.53%

ropriate metrics in place to evaluate the performance Coordinated Entry on Tags

:46 PM

:46 AM

:02 PM

:22 AM

:43 AM

I do not know

"self resolve" is a catch all for anyone who cannot be reached

:15 AM

The system has been up and running since 2018 but this is the first time we are actually €

:38 PM

Often those that need the most assistance and don't know how to get required document

:47 AM

Agree

49	24.73%
48	22.92%
51	16.67%
56	15.79%
48	26.32%

ain data and information to understand how Coordinated Entry is operating Tags
We should be having more open conversations about data like X number of participants f

I can get access to information, I just don't think it is provides a good picture of how the s:

evaluating the effectiveness of the system. The CE Committee for the Eastern PA CoC ha
Lehigh and Northampton County work like distant relatives. There is no communication ar

Disagree

23	7.53%
22	13.54%
16	8.33%
15	4.21%
25	7.37%

ve a concern about Coordinated Entry, I know where to provide input about Tags
I know who to speak to but I don't know if those individuals have the time or capacity or 'p

I used to feel that. I do not feel that way now. It feels like some groups of people are puttir
I disagree and I sit on the CoC Governing Board. There is a lack of clear roles and respc

It is a flawed process and that makes it difficult to fix.

I do because of my role within the CoC but not everyone utilizing the system does.

and the systems are completely different. We cringe when our clients are from Lehigh, beca

Strongly disagree

7	3.23%
13	1.04%
8	1.04%
4	2.11%
7	2.11%

Due to a concern about Coordinated Entry, I feel comfortable providing input about the process. Tags

I would like to be able to make needed changes

to ensure that no people that were heavily involved in the creation of the process get highly defensive with

Sometimes I don't though. It feels like CE is being frowned upon lately.

Responsibilities related to the CoC system.

Because we know it will be a nightmare.

I don't know	Total
3	93
1	96
1	96
2	95
2	95
	21
	Answered
	Skipped

that my input and concerns about Coordinated Entry are heard and addressed. Tags
 Many of us have the same issues and concerns and those who are meant to assist with
 when you criticize the program, no room for improvement and the coc goes in circles talking
 Nope.

I do feel they are heard by Regional Managers and there is effort and attempt to resolve a
 no answers

Sometimes. I am also aware this is a bigger picture than CE can solve.
 Sometimes
 Problems are referred back to providers to solve issues with the system. RE Domestic V

Weighted Average

2.38

2.41

2.16

2.12

2.34

97

31

CE are doing their best - we are all struggling with the challenges together
about the same things and no solutions every month

any issues, but pending the issue, it may not be able to be addressed or changed.

/iolence

Eastern PA CoC Coordinated Entry Evaluation

What do you like about Coordinated Entry?

Answered 61

Skipped 67

Respondents	Response Date	Responses	Tags
1	Feb 04 2022 09	I like that it is one number to call and has community based site	
2	Feb 04 2022 08	It is a standardized process. There is very good support for ec	
3	Feb 04 2022 07	I believe in the concept and theory, I just do not believe it is rea	
4	Feb 03 2022 01	I like the premise of it	
5	Feb 03 2022 09	streamlined as a program and one entry point	
6	Feb 03 2022 06	its a data base	
7	Feb 02 2022 10	The fact that there is a system to address those experiencing	
8	Feb 02 2022 05	Having a one point of access for all individuals experiencing hc	
9	Feb 01 2022 06	centralized database of people to serve	
10	Feb 01 2022 02	On-stop for individuals in need of housing and resources.	
11	Feb 01 2022 01	The idea of Coordinated Entry is great. I just wish it worked. T	
12	Feb 01 2022 01	Mission	
13	Feb 01 2022 01	Everything	
14	Feb 01 2022 01	The assessment and prioritization of potential clients	
15	Feb 01 2022 12	like that there is a mechanism for tracking homeless in PA.	
16	Feb 01 2022 12	Its helping homeless get housed	
17	Feb 01 2022 12	It is my job and I support it through and through.	
18	Feb 01 2022 11	easily accessible.	
19	Jan 31 2022 08	I like that it is a unified system that every local agency has equ	
20	Jan 31 2022 08	It gives the opportunity	
21	Jan 26 2022 08	Provides a better sense of needs as it relates to data collector	
22	Jan 26 2022 06	no comment	
23	Jan 26 2022 05	The support I receive from Julie Kennedy on a regular basis. F	
24	Jan 25 2022 03	Access to list of individuals needing housing and knowing what	
25	Jan 25 2022 12	Homeless persons have one number to call instead of calling s	
26	Jan 25 2022 10	I like the idea behind coordinated entry- everyone having equa	
27	Jan 25 2022 09	being able to access notes about a client.	
28	Jan 25 2022 07	It is better than every shelter having their own list, duplicate list	
29	Jan 25 2022 06	The system has helped numerous individuals throughout the y	
30	Jan 25 2022 06	having one main list of all homeless individuals/families in one s	
31	Jan 25 2022 06	I like the data base itself and the ability to coordinate resources	
32	Jan 25 2022 06	Aside from the prioritization and data capture aspects, the coop	
33	Jan 21 2022 05	At least an effort is being made	
34	Jan 21 2022 06	I like that service providers are able to coordinate service deliv	
35	Jan 20 2022 09	The fact there is one central clearinghouse in the state	
36	Jan 20 2022 07	It makes sense	
37	Jan 20 2022 07	the interagency partnership, the sharing of data	
38	Jan 20 2022 07	It is an opportunity for people to get help that would not normall	
39	Jan 20 2022 07	The fact that is helps to give allPeople equal access.	

40 Jan 20 2022 06 It can be a great system to locate names and information to as
41 Jan 20 2022 06 The success stories of the clients and knowing it all started wit
42 Jan 20 2022 06 I like the idea behind Coordinated Entry in identifying people wr
43 Jan 20 2022 06 Reaches out to those in need, giving them some hope of being
44 Jan 19 2022 02 I like that persons in dire need of housing stability or a place to
45 Jan 19 2022 11 up-to-date statistics
46 Jan 19 2022 10 Supportive people who really care and treat all people with resq
47 Jan 19 2022 07 That we are able to help people find housing
48 Jan 19 2022 06 I like the sense of collaboration between our organization and c
49 Jan 18 2022 12 I can see how other organizations are working with the same c
50 Jan 18 2022 10 There is a place to go and begin the work
51 Jan 18 2022 10 It should make it equitable
52 Jan 18 2022 09 Central Intake, Data Collection: Cross Regional Data, Severity
53 Jan 18 2022 07 One stop shop feel that makes it easier on the individuals to ac
54 Jan 18 2022 07 walk-in sites
55 Jan 18 2022 07 Time consuming telephone calls from those seeking services l
56 Jan 18 2022 07 Homeless households have a name/'face' to show that they ar
57 Jan 18 2022 07 ability to track duplication of benefits.
58 Jan 18 2022 06 it is a useful tool
59 Jan 18 2022 06 All persons are assisted.
60 Jan 18 2022 06 It seems like a simple way to enter the systems that exist to he
61 Jan 18 2022 06 Accessibility for agency to work together

as where individuals can go in person
ducation about CE and for addressing issues/needs within the CE system.
aching enough people. There are not enough resources.

homelessness, willingness to change and improve
homelessness

To many inconsistencies. That is not Coordinated Entry's fault. It is the actual providers. There are

ial access to and knowledge of how to use it.

1. I like the overall concept of what CE is supposed to be able to do, I just feel like we continue to do

having a DV specialist, who is responsive and provides resources as needed.

housing they are eligible for

several agencies.

l access, prioritization to make sure those with the greatest need are assisted first

is. It is easy to pull accurate data for everyone.

ears to obtain housing.

spot

s and track homelessness.

pration/communication between agencies that it requires

very.

y get help.

assist the homeless population.

through the coordinated entry.

who are literally homeless through the BNL which different agencies from neighboring counties have a
housed.

who sleep at night do not need to call every agency in order to get referrals and access to resources.

object

other organizations in the area.

client and we can work together to support the client.

of Needs (VI-SPADAT), Demographic data, Chronic Homelessness longitudinal data.

access services.

have markedly decrease. It has also provided the realization of the large number of individuals and
who are in need and have one centralized location to come to for assistance to make sure that they are served.

help people who are in a housing crisis situation.

∃ some providers especially in the Lehigh Valley that do not use Coordinated Entry as it is intended.

ump \$ into the system and we are struggling to make good progress for homeless individuals.

access to which If there wasn't a BNL, some agencies in other counties would not be able to identify cli

families who require PSH, which does not exist in many counties.
seen by a larger number of agencies.

There are some providers that are bias and it affects the services that the clients receive.

ents due to them not residing in their respective county.

Eastern PA CoC Coordinated Entry Evaluation

What frustrates you most about Coordinated Entry?

Answered 65

Skipped 63

Respondents	Response Date	Responses	Tags
1	Feb 04 2022 09	I feel the follow through is lacking and does not work for those	
2	Feb 04 2022 08	It does not capture data on all types of needs. There is a focus	
3	Feb 04 2022 07	The wait times for the call in process.	
4	Feb 04 2022 07	211 call centers.	
5	Feb 04 2022 07	lack of assistance once assessment completed; lack of follow	
6	Feb 03 2022 01	Needs-based services that rely on a flawed needs assessment r	
7	Feb 03 2022 09	Having one get through to actually access and answer the que	
8	Feb 03 2022 06	the time and the archaic process	
9	Feb 02 2022 04	Is when they implement a certain process or procedure and th	
10	Feb 02 2022 10	System easily gets overwhelmed, not enough resources to hel	
11	Feb 02 2022 05	Our agency does not use VISPDAT for Veterans so having the	
12	Feb 01 2022 08	Constant evolution, I'm not a data driven person	
13	Feb 01 2022 06	the assessment limits who we can help because people are nc	
14	Feb 01 2022 02	The referral process, VI-SPDAT,	
15	Feb 01 2022 01	The lack of providers updated in real time.	
16	Feb 01 2022 01	nothing	
17	Feb 01 2022 01	Complaints from clients about inability to access the system, lo	
18	Feb 01 2022 12	pulling off the list for some programs does not seem consistent	
19	Feb 01 2022 12	it doesnt keep homeless housed	
20	Feb 01 2022 12	Everyone working against it.	
21	Feb 01 2022 11	I think we rely too much on an outside consultant. And, I think	
22	Feb 01 2022 11	often people who are not eligible veterans are referred by CE t	
23	Jan 31 2022 08	My biggest frustration with CE is that it is based SOLELY on a	
24	Jan 31 2022 08	The definition of homelessness for those shelters that offer a l	
25	Jan 26 2022 08	Slow to see movement from the BLN into units sometimes. Ho	
26	Jan 26 2022 06	no comment	
27	Jan 26 2022 05	Lack of providers maintaining case notes and statuses on the	
28	Jan 25 2022 03	Sometimes how long someone sits on the list and doesn't seen	
29	Jan 25 2022 12	Finding persons who are eligible for our program and having to	
30	Jan 25 2022 10	There are challenges and barriers that do not make access ar	
31	Jan 25 2022 09	loading the page	
32	Jan 25 2022 07	Wait time. Families not getting through. Follow up on where th	
33	Jan 25 2022 06	When individuals say there is a long wait time.	
34	Jan 25 2022 06	lack of hours for clients,	
35	Jan 25 2022 06	a consumer may be listed as disabled, but after reading the no	
36	Jan 25 2022 06	It can restrict access to services based on a score. It takes th	
37	Jan 25 2022 06	not having the authority to enforce standards	
38	Jan 21 2022 05	Red Tape	
39	Jan 21 2022 06	The lack of flexibility for service providers to provide services.	

40 Jan 20 2022 09 Utilizing PAHMIS. It is not the most user friendly system.
41 Jan 20 2022 07 Hold time, lack of knowledge on the other end of 211
42 Jan 20 2022 07 the system is overburdened and full of shortcomings
43 Jan 20 2022 07 Fairness
44 Jan 20 2022 07 Really nothing currently.
45 Jan 20 2022 06 There tends to always be something not working.
46 Jan 20 2022 06 I feel like referrals for shelters and prevention are not being res
47 Jan 20 2022 06 I don't feel there are many success stories. It a rarity due to nc
48 Jan 20 2022 06 TIME
49 Jan 19 2022 02 The long wait times for the call center, the VISPDAT does not a
50 Jan 19 2022 11 referrals when we have no openings
51 Jan 19 2022 10 More areas of housing needed
52 Jan 19 2022 07 Don't hear much about it so really don't know much about it
53 Jan 18 2022 12 People sit on the By Name List and never get assistance beca
54 Jan 18 2022 10 Difference in services from county to county
55 Jan 18 2022 10 Access
56 Jan 18 2022 09 Local Call Center, VI-SPDAT Classifications via phone and inal
57 Jan 18 2022 07 The length of time that it takes for a person to get through the e
58 Jan 18 2022 07 The time, not assessing the most vulnerable people, 211 and tl
59 Jan 18 2022 07 The idea that those with high acuity scores and without income
60 Jan 18 2022 07 It frustrates me that many agencies with RRH prioritize their st
61 Jan 18 2022 07 Not robust enough
62 Jan 18 2022 06 someone seeking services in the office with a lower a score/hæ
63 Jan 18 2022 06 The time it takes to enter information.
64 Jan 18 2022 06 We have lost all communication with our providers and it was s
65 Jan 18 2022 06 The system is only helpful if there is a robust set of options for

who are homeless and do not have a phone. We also do not see placement that often.
; on needs for DV, which is good, but there is not a focus on needs for MH/ID disabled and/or elderl

through
make me very nervous about equity. CE grew so quickly that it feels difficult to go back and pause t
;stions, the limited availability at an access site only through the week, homelessness happens on v

en they change it without proper notification and expect everyone to be on board.

lp all individuals

em complete this is not necessary

st honest.

ong wait times, and long assessments.

t.

the regional manager system is poorly planned and executed

o veteran service providers.

household's vulnerability on a single point in time, rather than looking at their vulnerability, length of l
ong than 30 day stay creates a problem for those who would otherwise qualify for Coordinated Entry
useholds who do need services but don't have the highest vulnerability could just site low on the list

BNL. Clients ongoing confusion with referral processes and knowledge of services they have acce
n to move

go through several persons to find someone who is. MH case worker section would really help.

id prioritization equal across specialty populations and communities

re family is on the cue.

tes or talking to them, it is determined they are not; or vice versa

re human element and common sense judgement out of the process.

sponded to in a timely fashion, If they are being responded to at all. Also, I feel there are people on the list not receiving quick responses.

adequately capture a persons true vulnerabilities.

use there isn't funding for a particular program or they end up back on the list because the funding is

bility to change them upon evaluation by a program case worker with additional information. Do client the entire process.

he process. Use to be able to house people much faster.

, have evictions, and other major barriers can be housed. Renting is a for profit business. There are better clients above those listed on the BNL. There is no real authority to make sure that they follow

as to wait while we reach out to others who we cannot connect with

is so much easier to have an organization call me and say I have a homeless person can you help the people facing a housing crisis. We need more funding and more assistance in the community, other

y.

he system as a whole to make the needed changes
weekends, and sometimes it might not fit all pending on one's mental health, their hesitancy to answer

homeless, and other factors on case-by-case basis.
y services
t "forever"

ss to after they call 211.

he BNL who are not receiving a call at all, much less receiving possible housing assistance.

we did use wasn't adequate and/or they can't find housing.

nts get the most appropriate level of care if they are classified incorrectly due to client omission of in

ire very few, if any landlord who will accept a high risk tenant, especially without income. The Hous
the guidelines put in place by the COC, HUD and their funding guidelines to make sure that they are

m. It made me take action and help the organization with the individual/family. The time that needs
rwise, all that coordinated entry can offer is a list of phone numbers to call, with no real solution.

er questions or that individuals would prefer to remain in their circumstances outside of the commun

formation?

ing First Approach may work for large areas with willing landlords. However, that is not the case in
e properly pulling clients based on prioritization/need from the By Name List.

to be invested on searching for a person/family is easy to avoid when you have 10 other things tha

ity and societal norm.

other areas. Many agencies do not have the manpower to have a Case Manager or Case Manager

it need to be done. I don't think CE has made it quicker in assisting the homeless.

ers out in the field making sure that the individuals are acquiring income (if needed) and meeting oth

er major goals. This missing component is necessary because the longer the rent is paid for them,

the less they are apt to pursue what is needed to remain stably housed. This population with high I

barriers need PSH which can provide longer term assistance supported by intense Case Managem

ent. Until this issue is addressed and housing options are identified, they risk joining the ranks of tr

re chronically homeless.

Eastern PA CoC Coordinated Entry Evaluation

What changes to Coordinated Entry would you recommend in terms of policies,

Answered 46

Skipped 82

Respondents	Response Date	Responses	Tags
1	Feb 04 2022 09	More information need to be made available	
2	Feb 04 2022 08	None at this time.	
3	Feb 04 2022 07	An online submission process would be great.A dedicated line	
4	Feb 03 2022 09	Simplify the language and time it takes to complete.	
5	Feb 03 2022 06	hire new staff more staff	
6	Feb 02 2022 05	More staff	
7	Feb 01 2022 08	Compile a number of adaptations and release updates less oft	
8	Feb 01 2022 06	we need someone staffed to Coordinated Entry so there is cor	
9	Feb 01 2022 02	A new assessment tool for assessing barriers to housing is a r	
10	Feb 01 2022 01	More oversight to the agencies not using Coordinated Entry cc	
11	Feb 01 2022 01	nothing at this time	
12	Feb 01 2022 01	Shorten the assessment and offer clients the option to receive	
13	Feb 01 2022 12	more information and education about domestic violence cases	
14	Feb 01 2022 11	On centralized agency or individual with oversight for RMs as v	
15	Jan 31 2022 08	I would like to see at least one other CE access site in the cou	
16	Jan 31 2022 08	New assessment tool, Create an atmosphere of Equity and a t	
17	Jan 26 2022 08	I think there needs to be one central point of oversight for the c	
18	Jan 26 2022 06	no comment	
19	Jan 25 2022 10	VISPDAT is not the right tool for prioritization of all populations,	
20	Jan 25 2022 07	The phones need to be answered timely. Wait times cut. Bett	
21	Jan 25 2022 06	Hire more staff and have more trainings,	
22	Jan 25 2022 06	Everyone participating provider should be trained on the asses	
23	Jan 25 2022 06	give regional managers authority to enforce policy. Centralize	
24	Jan 21 2022 05	Reevaluate the entire process	
25	Jan 21 2022 06	We need more funding for staff and services. Berks County hi	
26	Jan 20 2022 09	We believe we have already addressed the staffing with the ne	
27	Jan 20 2022 07	n/a	
28	Jan 20 2022 07	more walk in sites, ability for flexibility in the by name list, a bett	
29	Jan 20 2022 07	Diversity/Equity and inclusion	
30	Jan 20 2022 07	Nothing currently	
31	Jan 20 2022 06	More communication	
32	Jan 20 2022 06	I would like more clarification on agencies who are willing to res	
33	Jan 19 2022 02	There needs to be clear distinction and job descriptions for the	
34	Jan 19 2022 07	Get the word out for the process, resources for staff that does	
35	Jan 18 2022 12	More Housing First training. More advocacy on getting funding	
36	Jan 18 2022 10	Diversity and Inclusion, racial bias and lived experiences. This	
37	Jan 18 2022 10	211 is cumbersome and ineffective and resistant to change	
38	Jan 18 2022 09	Data driven resource allocation. Client Reclassification.	
39	Jan 18 2022 07	As stated before committed funding to the PA 211 system for a	

- 40 Jan 18 2022 07 Assist more in walk-in sites, no need for regional manager
- 41 Jan 18 2022 07 Discussed in number 16.
- 42 Jan 18 2022 07 More funding for 211 for call specialists & funding for walk in ac
- 43 Jan 18 2022 07 Better interface with for example the HUD SAGE system
- 44 Jan 18 2022 06 more staffing at 211 for call ins.
- 45 Jan 18 2022 06 Don't have the 3 day attempt to contact a person. If I am need
- 46 Jan 18 2022 06 The system will work better if there are more community resou

processes, staffing, resource allocation, coordination/communication, training, over:

for hospital and ER staff to utilize would also be amazing!

en.

istency and not a dependence on contractors

must. The process for individuals completing an assessment and accessing services needs to be s
orrectly.

services in counties that have capacity to meet their needs.

s and how to provide them resources.

well as CE process implementation.

nty. I would also like to see an online application for those who aren't able to call in or visit. I would
ool that will identify Diversion

:ordinated entry managers. Right now they are all employed by separate organizations and expect

improve communication, coordination and training with regard to mainstream homelessness provid
er system for families placed in shelter to permanent housing.

ishment process.

the 'pulling' process.

as fewer homeless clients but more homeless service funding than we do.

ed for increased Intake/Operators. More in person PAHMIS/Client Track 19 training, as from our e

ter option for those who are at risk of homelessness

spond to referrals done through 211 or the access sites as I feel I am referring people and those pe
CE Regional Managers along with a clear direction on whom they report to for supervision. We nee
n't work closely with the program. More staff is needed as homelessness is becoming more and mo
for staff. Someone to help find affordable housing.

boards do not look like the communities they are servicing.

Additional staff to be hired would be main recommendation. Additionally, training for and collaboration

ccess sites. Better monitoring around proper procedures for RRH and PSH agencies who are supp

ling to place someone I should have more options of call a few from the top of the list and help those
rcces, so more advocacy is needed.

sight, and/or other aspects?

streamlined- some individuals in need may be discouraged due to wait times/lengthy process.

like see an abbreviated assessment, moving away from the VI-SPADT. I would like to see better n
tations and services vary significantly across regions.

ers and specialty populations

xperience the video training was not as useful as we would have liked.

ople will not get a call from a housing agencies whether it is in regard to shelter and/or rental assista
d additional Call Center Staff as there are only 5-6 call center staff managing a 33 county system. C
re evident.

between providers should be encouraged. It would be nice to meet quarterly with others who are p

used to be pulling clients in order of need from the By Name List.

who answer the phone immediately instead of the 3 day contact. My job changes several times a

otes in the system for ways to contact households who do not list a phone or email, such as an alte

ance.

Clear policies for Committee scope of work and oversight are needed.

roviding the PSH or RRH services to discuss our challenges and how to meet them for the future.

day and its difficult to dedicate 3 consecutive days when you have the client's who are looking for a

ernate contact or places they visit frequently.

assistance on an issue with health referrals, phone issues, electric increase, needing to grocery shop

ρ, etc.

Eastern PA CoC Coordinated Entry Evaluation

Do you have any other comments about Coordinated Entry?

Answered 25

Skipped 103

Respondents	Response Date	Responses	Tags
1	Feb 04 2022 09	none	
2	Feb 04 2022 08	No.	
3	Feb 03 2022 09	None at this time.	
4	Feb 01 2022 01	Our regional advisor, Julie Kennedy is awesome. She is know	
5	Feb 01 2022 01	No	
6	Feb 01 2022 12	its a start to adressing the homeless and their needs but its no	
7	Feb 01 2022 12	CE is not the problem. Lack of available resources is a problem	
8	Feb 01 2022 11	We need a new assessment tool.	
9	Jan 26 2022 08	There is a lot of need for improvement in the overall system, ac	
10	Jan 26 2022 06	no	
11	Jan 25 2022 07	I understand a large part of coordinated entry's issue isn't solv	
12	Jan 21 2022 05	Have a good day	
13	Jan 20 2022 07	n/a	
14	Jan 20 2022 07	it needs to be fixed	
15	Jan 20 2022 06	Things change so frequently and it is hard to keep up with at tir	
16	Jan 20 2022 06	I like the concept, but I feel it needs more work.-(See Above).	
17	Jan 20 2022 06	no	
18	Jan 19 2022 10	Chris Kapp has been a huge support!	
19	Jan 18 2022 12	It's a flawed system that can only be solved with more funding,	
20	Jan 18 2022 10	Is a step in the right direction.	
21	Jan 18 2022 07	None.	
22	Jan 18 2022 07	The system is working pretty well but improvements can be m	
23	Jan 18 2022 06	no	
24	Jan 18 2022 06	Just have to discipline yourself and find time to dedicate to this	
25	Jan 18 2022 06	Thank you for the work you do!	

knowledgeable, always available and she deeply cares for the clients that we work for.

to the answer. The Health and Mental Health of the homeless population need addressed first so people aren't making CE seem stagnant.

access for homeless individuals, improved process to quickly be able to get individuals housed.

able because there is no place to put the families. But there should be constant communication with

managers.

staffing, and housing at the local level and the agencies involved.

ade to help speed up contact for clients who need to get into coordinated entry.

system.

ople dont become homeless.

h the families. Where are they on the list, approximate wait times. I know this isn't easy because of