

# **THE COALITION OF HOMELESS SERVICES PROVIDERS**

## **2022 Coordinated Entry System Evaluation**

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# 1. Executive Summary

In accordance with federal regulations, graduate students from the Middlebury Institute of International Studies at Monterey (MIIS) conducted an evaluation of the Coordinated Assessment and Referral System (CARS) on behalf of the Coalition of Homeless Services Providers. This evaluation used a mixed-method research approach consisting of questionnaires, focus groups, and quantitative data analysis to analyze client and provider satisfaction with the CARS process, its effectiveness at housing clients, and to compare CHSP's written policies and procedures with US Department of Housing and Urban Development (HUD) requirements.

Our analysis found that CARS is fully compliant with HUD requirements and that all areas of partial or non-compliance from the last evaluation in 2019 are now addressed with explicit policies. We do, however, find two areas which are compliant but have room for improvement.

We also find that the biggest source of frustration for clients and providers is the timeliness with which CARS issues referrals. CARS could also benefit from enhanced follow-up and case management so that clients have more transparency regarding their place on the waitlist.

Further, we find that there is some disagreement among providers regarding the benefits of prioritizing referrals by vulnerability - a key pillar of the CARS system of care.

Lastly, we find that while both clients and providers report that issues of discrimination are rare in the CARS process, they do occur and enhanced anti-discrimination training should be a priority for CARS staff.

**Table 1: Table of Acronyms**

Coalition of Homeless Service Providers	CHSP
Continuum of Care	CoC
Coordinated Entry System	CES
Coordinated Assessment and Referral System	CARS
Homeless Management Information System	HMIS
Homeless Emergency Assistance and Rapid Transition to Housing	HEARTH
Middlebury Institute of International Studies	MIIS
Rapid Rehousing	RRH
Vulnerability Index - Service Prioritization Decision Assistance Tool	VI-SPDAT

## 2. Background

The Coalition of Homeless Services Providers (CHSP) is an inter-agency collaborative organization that serves the homeless populations of California's San Benito and Monterey counties in order to provide a system of housing solutions tailored to the needs of the individuals and families experiencing homelessness. CHSP works under the model of "Housing First" to provide and coordinate the Continuum of Care (CoC) program in order to end homelessness by matching unhoused clients with services, resources, and agencies that best meet their individual needs. CHSP ensures that all of their federally funded programs participating in the Coordinated Entry System (CES) meet HUD requirements under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

According to the CHSP website, they manage the "Coordinated Assessment and Referral System (CARS) - also known as the coordinated entry system - which is a consistent, community-wide process to match people experiencing homelessness to community resources that are the best fit for their situation. In a community using coordinated entry, homeless individuals and families complete a standard triage assessment survey that identifies the best type of intervention for that household. Participating programs accept referrals from the system, reducing the need for people to travel distances seeking assistance at every provider separately. When participating programs do not have enough space to accept all referrals from the system, people are prioritized for services based on need." CARS utilizes the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), which is integrated into the Homeless Management Integration System (HMIS), to place high-need individuals into services first. This score is determined through conducting a CARS Assessment which then places individuals on a masterlist for services based on their VI-SPDAT score.

This evaluation, conducted in accordance with US Department of Housing and Urban Development (HUD) requirements, meets the federal requirements for annual evaluation under the HEARTH Act and aims to provide insight into the CARS process and provide recommendations for future improvement.

## 3. Evaluation Purpose

In addition to meeting federal requirements for annual external evaluation, this evaluation also sets out to serve as a tool for CHSP staff and other stakeholders to identify areas for improvement within CARS and other internal processes.

**Table 2: 2022 CARS Evaluation Goals**

<p>Goals of the 2022 CARS Evaluation:</p> <ol style="list-style-type: none"> <li>1. Measure the effectiveness of current processes, gauge client and provider satisfaction with that process, and identify areas that need improvement</li> <li>2. Utilize the information gathered to update the program’s policies and procedures and inform future training<sup>1</sup>.</li> </ol>
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With the exception of the 2020 and 2021 evaluations which were canceled due to the pandemic, this is a continuation of CHSP’s annual CARS evaluation for 2022. The Middlebury Institute of International Studies at Monterey (MIIS) will enter its second year as 3rd-party evaluators for CARS. Due to the ongoing nature of the program, shifting factors contributing to homelessness in Monterey and San Benito counties, and the recent switch to maging CARS through HMIS, this year the evaluation primarily focuses on process. Although there is a core focus on process, this evaluation also analyzes areas of compliance and effectiveness.

Across these key areas, CHSP service providers, administrators, and clients are the key stakeholders from which to gather insight for process improvements. MIIS evaluators were tasked with delivering a cleaned and organized data set gathered from the HMIS and questionnaire responses for CHSP staff to use for additional analysis and quarterly monitoring, a written report explaining the analysis of survey and HMIS data, providing recommendations for process improvements, and a brief presentation explaining the analysis and recommendations to the CARS Committee.

**Table 3: CARS Evaluation Key Stakeholders**

<b>Service Providers</b>	<i>Case managers, outreach teams, intake workers, etc.</i>
<b>Administrators</b>	<i>CHSP staff and higher level service provider managers</i>
<b>Clients</b>	<i>New program intakes, clients on the Master List, and clients who have received a voucher or are enrolled in a housing program</i>

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<sup>1</sup>Information gathered through the CARS Evaluation process is not used to determine agency or program funding

## 4. Evaluation Methodology

### 4.1 Research Questions

Each of the three areas of study above were informed by the following guiding questions:

**Table 4: Areas of Research and Guiding Questions**

<b>Compliance</b>	<i>Do CARS policies and procedures meet HUD requirements?</i>
<b>Process</b>	<i>What do clients and providers feel are the greatest strengths and weaknesses of the CARS process?</i>
<b>Effectiveness</b>	<i>How effective is CARS at housing clients?</i> <i>Does CARS effectively prioritize referrals by vulnerability?</i> <i>What are the biggest predictors of successful, provider rejected, and client rejected referrals?</i>

### 4.2 Approach

In order to effectively answer our research questions within the scope of the evaluation, we implemented a mixed-method approach combining qualitative data in the form of questionnaires and focus groups as well as a quantitative data analysis involving a summary review of referral outcomes as well as statistical tests measuring other key indicators. Lastly a review of CARS written policies and procedures was conducted in order to determine compliance with HUD requirements.

### 4.3 Data Collection

#### 4.3.1 Questionnaire

Two questionnaires were conducted, one targeted at service providers that operate under the CARS umbrella, and the other targeted at individuals experiencing homelessness. While there was some intentional overlap in the questions posed to each population so that we could

facilitate comparisons in perception between the two groups, each population had distinct question sets. For copies of these questionnaires, please refer to Annexes 1 and 2.

We received 85 questionnaire responses from clients, including five Spanish language responses, as well as 67 responses from providers. Both of these response figures represent improvements over the 2019 evaluation in which 27 client responses were returned along with 50 provider responses. Client questionnaires were disseminated by employees of CARS and partner agencies while conducting intake assessments to new clients as well as through email to existing clients via Google Forms. The increased client response rate in this evaluation is possibly due to the shift away from an entirely email-based dissemination approach and to the inclusion of paper questionnaires administered by CARS staff at the point of assessment.

The questionnaire responses were then categorized into areas of strength, areas for minor improvement, and areas for major improvement. For each of these three categories we established thresholds for positive and negative response rates that can be found in Table 5. Questions pertaining to discrimination were held to a higher standard than other questions. Similarly, answers to our free response questions were categorized and the most frequent response categories were published.

### 4.3.2 Focus Groups

Following receipt of responses from providers, two separate focus groups were held to dive deeper into some of the themes that became apparent from the initial questionnaire responses. Two separate focus groups were held, one attended by case managers, outreach workers, and other 'on-the-ground' partners, with the other attended by managerial and administrative staff. This separation was done in order to promote more openness from lower level staff members and to identify any differences in opinion between management and providers who interact with clients more frequently.

### 4.3.3 Quantitative Data

The quantitative portion of this evaluation consisted of two parts. The first portion of our data review consisted of analyzing the outcomes of all referrals made by CARS during calendar year 2021. These results were categorized by outcome, referral destination, and other variables. The second portion of quantitative analysis consisted of utilizing statistical testing on HMIS data in order to answer our questions relating to vulnerability prioritization and predictors of various referral outcomes. The methodology for these statistical tests can be found in section 4.4 of this report.

#### 4.3.4 Limitations

There were several limitations that we experienced while conducting our data collection. Overall, we received relatively low response rates from client questionnaires. Out of the over 4000 individuals currently on the masterlist, we received only 85 questionnaire responses, much lower than the 10% we were aiming for, although significantly higher than the 27 client responses in the previous evaluation.

Additionally, we observed that there were some areas where selection bias may have been inserted into our survey data. First, CARS assessments were often administered while some clients were at their places of work, and we may have missed some responses from employed individuals who experience homelessness. Second, questionnaire responses that were administered and returned via email may have been less likely to have been returned by clients with higher vulnerability and less access to the internet. Additionally, some clients who may have completed a CARS assessment in the past but did not remember completing one opted not to participate in our survey when we conducted outreach to homeless encampments and shelters in Monterey and San Benito Counties. Lastly, as client surveys were most often administered to clients immediately after they conducted an intake assessment to gain access to services, we may have surveyed them before they experienced the CARS process in its entirety. Future evaluators should examine methods to attract survey responses from a larger number of clients currently on the CARS master list. While overall we feel that the sample of responses is representative of the community at large, there is nonetheless some potential for bias in our responses.

Limitations with our quantitative analysis involved the high frequency of missing or incomplete data. This was especially true when looking at referral outcomes where more than half of the referrals did not include outcome information. Additionally, the data set did not differentiate between an affirmative client rejection - when the actively declines a referral offered to them - and a client unreachable rejection. Program guidelines state that if contact is attempted three or more times unsuccessfully, then that referral can be considered "client rejected". This data incompleteness may have limited the predictive value of some of our tests.

#### 4.4 Statistical Testing Methodology

Our statistical testing consisted of two sections. First, we utilized multiple regression in order to determine whether or not CARS was appropriately prioritizing referrals by vulnerability. To determine this, multiple regression analysis was performed identifying the impact that an individual's vulnerability, as measured by their score on the VI-SPDAT, had on the amount of time that individual spent on the master list. If referrals were effectively prioritized by vulnerability, then we would expect to see higher VI-SPDAT scores correlate with shorter periods on the waitlist. However, because the type of referral an individual qualifies for was based on their vulnerability, and there may be instances where, for example, a client with a lower overall score but who was the most vulnerable client who is eligible for Rapid Rehousing



(RRH) may get a referral over a higher scoring client who is eligible for a different type of service when an RRH referral becomes available. Therefore, it was also important that our model controlled for the need category for which a client was eligible. With that in mind, the model we utilized in this analysis was:

$$\textit{Time on the Master List} \sim \textit{VI-SPDAT Score} + \textit{Need Category}$$

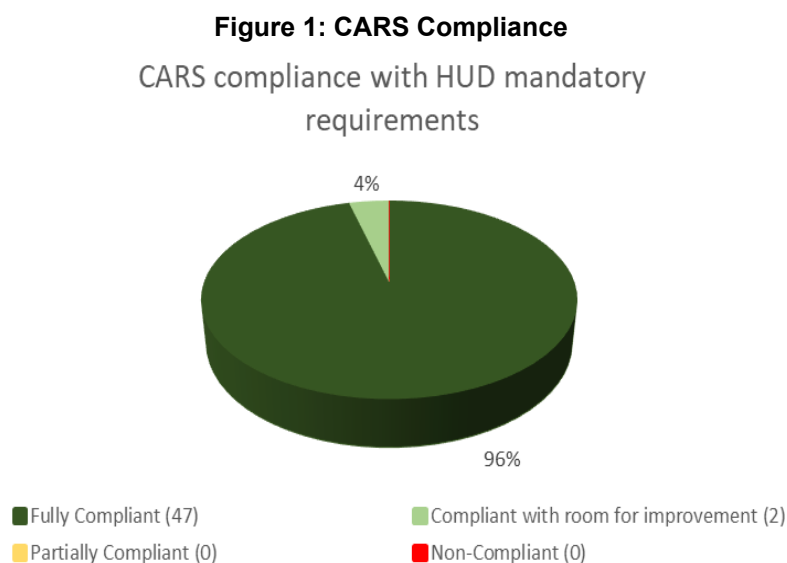
The second portion of the quantitative analysis was aimed at determining the biggest predictors of successful, client rejected, and provider rejected referrals. For this test we utilized three separate logistic regression models - one each aimed at the three different referral outcomes. Each of the three models was structured as follows:

$$[\textit{Referral Outcome}] \sim \textit{VI-SPDAT Score} + \textit{Need Category} + \textit{Location of Referral}$$

## 5. Evaluation Findings

### 5.1 Compliance Findings

Our analysis finds that CARS is fully compliant with all mandatory HUD requirements for coordinated entry systems. There were no areas where CARS policies and procedures were either non-compliant or showed partial compliance. However our analysis did identify two areas that while compliant with requirements were areas that our questionnaire and focus group data showed as areas that could be improved. These two areas of potential improvement were 1) The accessibility of the CARS process, and 2) Access to foreign language materials.



With regards to accessibility, we find that while the combination of geographic dispersion of services and service providers throughout the two-county area covered by the CoC, CHSP's commitment to lowering barriers to entry, and their 'any door' policy, and HMIS data showing high utilization of the CARS process, both clients and providers surveyed identified that accessibility could be improved. When asked if providers felt that CARS was accessible to individuals experiencing homelessness, only 62% either agreed or strongly agreed, 9% disagreed or strongly disagreed, and the remainder was neutral. Similarly when clients were asked whether or not CARS was accessible to them, 67% agreed or strongly agreed and 15% disagreed or strongly disagreed with the remainder neutral. Both of these responses fell short of our 70% positive threshold for a question to be considered an area of strength.

Similarly, access to foreign language materials - specifically Spanish language materials - was raised as an area for potential improvement by both clients and providers in the free response section of our questionnaires. While all materials used in the CARS process are available in Spanish on the CHSP website, some providers are either unaware of their existence or feel those materials can be improved based on our survey data. Improving utilization of foreign language materials could be an important part of improved training programs in the future.

Overall, CARS is fully compliant with HUD requirements and shows clear improvement from their compliance in the last evaluation in 2019. Specifically compliance with requirements related to discrimination policies, marketing, and the ability for clients to file a nondiscrimination complaint, which were either partially or non-compliant in that year, have been addressed with explicit written policies and procedures since that evaluation.

## 5.2 Process Findings

Survey responses were categorized based on percentage groupings to represent areas of strength, areas for minor improvement, and areas for major improvement in the CARS process. The response rate thresholds to qualify in each of these categories can be found in Table 5 below.

Before analyzing each of these areas, it is important to note that responses were generally positive to all of our questions for both clients and providers. In fact, there was no question in either survey that garnered more negative responses than positive. Our determination of where to draw the lines between areas of strength, areas for minor improvement, and areas for major improvement was based on the relative difference between responses, and these categories should be viewed more as a prioritization mechanism for where CARS staff should put their efforts in improving the program rather than an objective judgment on those areas themselves. For a full breakdown of responses to both client and provider surveys, please see Annex 4 and Annex 5 at the end of this report.

**Table 5: Response Categorization Methodology**

**Strength:** > 70% positive responses AND < 10% negative responses  
**Minor Improvement:** >60% positive responses AND < 15% negative responses  
**Major Improvement:** < 60% positive responses OR > 15% negative responses

NOTES:

1. No area studied in questionnaires had more negative responses than positive.
2. Questions of discrimination had a higher standard to be considered an area of strength (>90% positive AND <5% negative)

### 5.2.1 Areas of Strength

Our surveys identified several key areas of strength within the CARS program. First, both clients and providers feel very comfortable overall with the assessment process. Similarly both clients and providers feel that CARS and partner organizations do an excellent job of protecting the personal information of their clients. Providers also reported high levels of morale and pride in the CARS process. This is an important finding as it shows clear improvement from an area of concern in the last CARS evaluation in 2019. Similarly, HMIS functionality was a strength of the CARS process. While the 2019 evaluation identified issues with the HOME application used to conduct assessments at that point as an area for improvement with glitches being a particular source of concern, no such concerns were found with HMIS. Lastly, clients felt that the VI-SPDAT assessment tool was able to accurately assess their vulnerabilities and provided a good representation of their current experience and situation.

**Table 6: Areas of Strength**

Strength
Both providers and clients: <ul style="list-style-type: none"><li>➤ Feel comfortable with the assessment process.</li><li>➤ CARS effectively protects the personal information of clients.</li></ul>
Additionally, providers: <ul style="list-style-type: none"><li>➤ Experienced high morale and pride in the CARS process was high.</li><li>➤ Felt that they experienced few glitches with HMIS</li></ul>
Clients also mentioned: <ul style="list-style-type: none"><li>➤ The VI-SPDAT accurately captured their experiences and situation.</li></ul>

These findings were informed by the following questions:

**Table 7: Questions pointing to Strengths**

Provider	Client
<ul style="list-style-type: none"> <li>● I feel comfortable administering assessments to clients (Agree/Disagree)</li> <li>● I am proud to be a part of the CARS process (Agree/Disagree)</li> <li>● CARS and partner organizations protect the personal information of their clients (Agree/Disagree)</li> <li>● I experience glitches when using HMIS (Frequency)</li> </ul>	<ul style="list-style-type: none"> <li>● The explanation of the CARS process was clear to me (Agree/Disagree)</li> <li>● I felt comfortable during the assessment (Agree/Disagree)</li> <li>● The CARS assessor treated me well during the assessment process (Agree/Disagree)</li> <li>● The CARS referral expectations are reasonable (Agree/Disagree)</li> <li>● CARS and partner organizations protect my personal information (Agree/Disagree)</li> <li>● The CARS assessment accurately captured my experience and is representative of my situation (Agree/Disagree)</li> </ul>

### 5.2.2 Areas for Minor Improvement

Our survey identified several areas where there is room for some improvement but does not meet our threshold as a major issue.

First, clients and providers identified issues of accessibility, fairness, cultural responsiveness and discrimination (which we will discuss separately below in section 5.2.2.1).

Furthermore, providers identified the effectiveness of CARS at prioritizing individuals based on vulnerability as an area for improvement in the process. Interestingly, there appears to be a disconnect between provider perceptions of how well CARS prioritizes the most vulnerable clients and the reality of that prioritization. Our statistical analysis, which we will discuss in section 5.3.2 found strong evidence that CARS does, in fact, offer referrals to the most vulnerable clients first.

Next, providers' opinions of how well CARS coordinates services and how reasonable their referral expectations are also fell short of the >70% positive and <10% negative response threshold. It is interesting to note that providers had a more pessimistic view of referral requirements than clients did, with clients identifying that issue as an area of strength for CARS.

**Table 8: Areas for Minor Improvement**

Minor Improvement
<p>Both providers and clients identified issues of:</p> <ul style="list-style-type: none"> <li>➤ Accessibility</li> <li>➤ Fairness</li> <li>➤ Cultural responsiveness</li> <li>➤ Discrimination</li> </ul> <p>Providers further identified issues regarding:</p> <ul style="list-style-type: none"> <li>➤ Vulnerability prioritization</li> <li>➤ Effective service coordination</li> <li>➤ Referral expectations</li> </ul>

These findings were informed by the following questions:

**Table 7: Questions pointing to Minor Improvements**

Provider	Client
<ul style="list-style-type: none"> <li>● CARS assessments are accessible to individuals experiencing homelessness (Agree/Disagree)</li> <li>● The CARS process is fair (Agree/Disagree)</li> <li>● The CARS process meets the cultural needs of clients (Agree/Disagree)</li> <li>● CARS assessors discriminate against their clients (Frequency)</li> <li>● CARS training fully prepared me to administer assessments (Agree/Disagree)</li> <li>● HMIS is intuitive and easy to use (Agree/Disagree)</li> <li>● The CARS process prioritizes the most vulnerable populations (Agree/Disagree)</li> <li>● The CARS process is effective at coordinating services for clients. (Agree/Disagree)</li> <li>● The CARS referral expectations are reasonable (Agree/Disagree)</li> </ul>	<ul style="list-style-type: none"> <li>● CARS assessments are accessible to me. (Agree/Disagree)</li> <li>● The CARS process is fair (Agree/Disagree)</li> <li>● The CARS process meets my cultural needs (Agree/Disagree)</li> <li>● Did you or any member of your household feel discriminated against at any point of the CARS process? (Multiple Choice)</li> </ul>

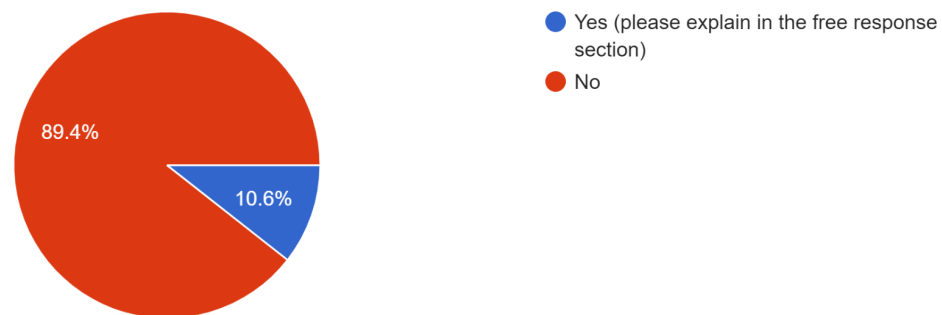
### 5.2.2.1 Issues of Discrimination

As mentioned in Table 3, in our evaluation issues of discrimination were held to a higher standard to be considered an area of strength, and also warranted their own discussion. In order for non-discrimination to be considered a strength in our analysis, responses must have been more than 90% positive and lower than 5% negative. In both our provider and client surveys discrimination issues fell short of that mark. As seen in Figure 2 below, client responses indicate that just over 10% of those surveyed responded that they, or some member of their household, felt discriminated against during the CARS process. While we asked clients to elaborate on the incidents of discrimination in their free response sections, no further explanation of this reported discrimination was given.

**Figure 2: Client Responses Related to Discrimination**

Did you or any member of your household feel discriminated against at any point of the CARS process?

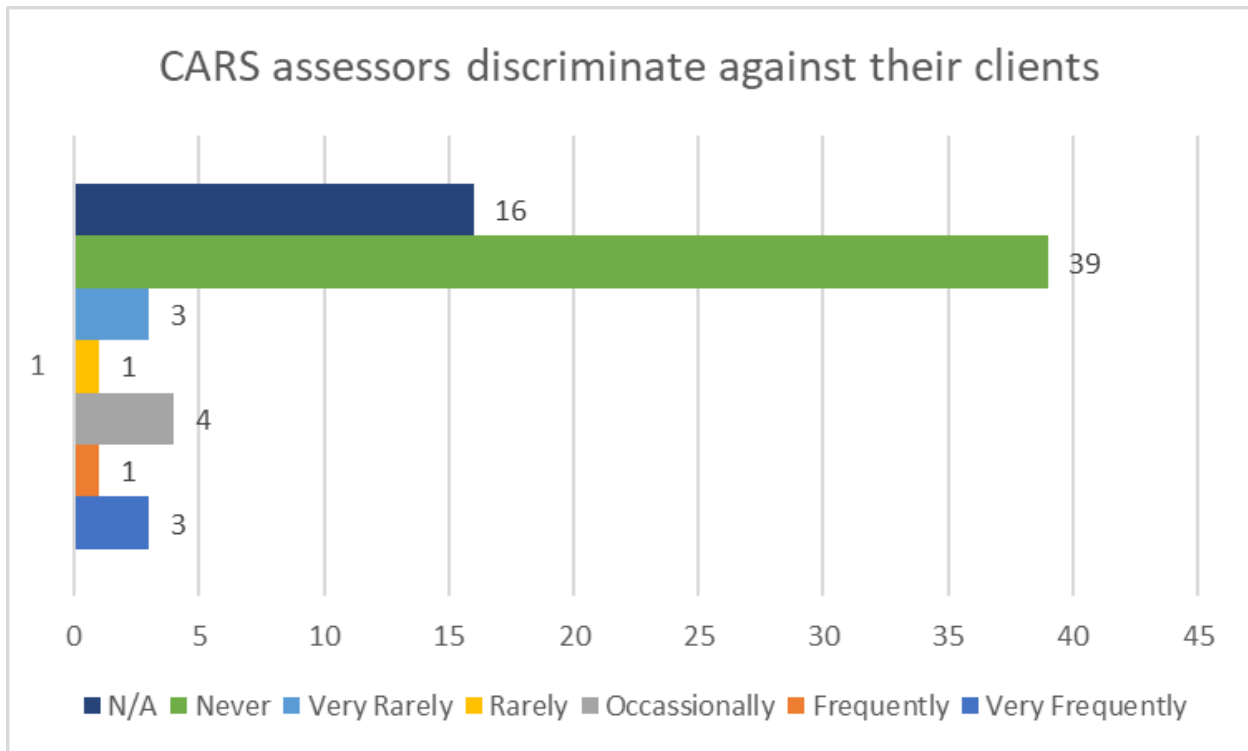
85 responses



Similarly, the providers we surveyed also identified some issues of discrimination. When asked how frequently they have witnessed discrimination, 76% (39/51) of providers who gave a response other than "N/A" noted never having seen discrimination occur, 7.8% (4/51) reported rare or very rare instances of discrimination, 7.8% (4/51) reported occasional instances of discrimination, and 7.8% (4/51) reported frequent or very frequent discrimination.

Of note, 16 providers, nearly one-in-four of the 67 providers surveyed, answered 'N/A' to this question. There is some ambiguity as to whether respondents may have meant that discrimination does not exist through their 'N/A' response, or had some other intention. While we decided to exclude 'N/A' responses from our calculations, as we did with all other questions, even if we had treated 'N/A' responses the same as 'Never' 18% of providers would still have indicated that discrimination occurred with some frequency. We recommend that future evaluators asking about the frequency of discrimination address this ambiguity.

**Figure 3: Provider Responses Related to Discrimination**



With all of the above in mind, our evaluation finds that *while issues of discrimination are rare, both clients and providers indicate that they do occur* and CARS should make issues of discrimination a core priority for future trainings and system improvements.

### 5.2.3 Areas for Major Improvement

Our qualitative analysis identified issues of timeliness and the efficiency of the waitlist as the clearest shortcomings of the CARS process among clients and providers alike. Our questionnaire, free response, and focus group data consistently showed that the long time period required to get referrals through the CARS system was the largest source of frustration in their process. Our focus groups pointed to lack of homeless services and housing units more broadly as the key source of this lack of timeliness. And while a lack of available beds may be outside of CHSP’s control, other areas of concern from clients can be addressed by the organization.

As seen in our most frequent free-response answers found in Tables 10 and 11, both providers and clients list lack of follow-up and transparency surrounding where a client was on the waitlist as a key source of frustration. As we will suggest in the recommendation section of this report, enhanced case management and follow-up with clients should be a priority for CARS.

Finally, providers did not feel like the CARS process was accessible to the most vulnerable clients. However, this may have been due to issues with the wording of the question itself. While originally our intention in asking providers whether “CARS assessments are accessible to

the most hard to reach populations” was to determine if CARS was accessible not only to the population experiencing homelessness at large, but specifically to the most vulnerable individuals such as the chronically homeless, the question on further reflection appears to be fairly ambiguous. Some respondents may have interpreted the question as asking whether or not CARS was accessible to people who were hard to contact via phone, email, or other means. And as we will discuss in the data analysis section of this report, client referrals rejected through non-contact is a fairly frequent issue in the CARS system. Future evaluators who wish to determine the accessibility of CARS to the most vulnerable populations should be more precise in how they word that question.

**Table 9: Areas for Major Improvement**

<b>Major Improvement</b>
<p>Clients and Providers identified issues of:</p> <ul style="list-style-type: none"> <li>➤ Waitlist efficiency</li> <li>➤ Timeliness of referrals</li> <li>➤ Follow-up with clients</li> <li>➤ Transparency of waitlist</li> <li>➤ Accessibility to the most vulnerable clients</li> </ul>

These findings were informed by the following questions:

**Table 6: Questions pointing to Major Improvements**

<b>Provider</b>	<b>Client</b>
<ul style="list-style-type: none"> <li>● The CARS process makes referrals in a reasonable timeframe (Agree/Disagree)</li> <li>● CARS assessments are accessible to the most hard to reach populations (Agree/Disagree)</li> </ul>	<ul style="list-style-type: none"> <li>● The CARS process makes referrals in a reasonable timeframe (Agree/Disagree)</li> </ul>

### 5.2.4 Free Response Answers

With regards to the free response sections of the questionnaire, qualitative data was collected and coded by the themes most commonly represented in responses. It is important to note that clients were given a completely open free response question, whereas providers were given three free response questions that specifically addressed CARS benefits, problems, and potential improvements. In Tables 10 and 11, below, the most common themes for each area are listed with the percentage of respondents who included that category in their responses to the right.

Providers listed structural factors as the primary strengths of the CARS process. Centralization - or how CARS links all service providers in their area into one referral network was the most commonly mentioned benefit with 42% of respondents mentioning that strength. Similarly,



CARS' ability to link clients to providers and the availability of shared client data were among the top responses.

For improvements, providers mentioned improvements to CARS trainings, the creation of a means of conducting intake assessment on a mobile device, and shortening or reworking the VI-SPDAT as their key areas in which they wanted to see changes made.

When asked for the three greatest challenges in the CARS process, speed of referrals was the most common answer with 16% of respondents mentioning timeliness. Similarly 10% of providers mentioned issues with client follow up and ongoing case management as a weakness in the process. Further reinforcing the weaknesses relating to the timeliness and efficiency of the waitlist were issues of clients being unclear on where they stood on that list, and challenges relating to having accurate client contact information.

Interestingly, there were very mixed responses in several areas. Providers listed ease of the CARS process as among both the most common strengths and weaknesses, and similarly there was significant disagreement regarding the benefits of prioritizing by vulnerability. As vulnerability prioritization is one of the key tenets of the CARS process, CHSP staff should focus on increasing buy-in among providers as to the benefit of this approach as one of their key priorities.

As the free response question posed to clients was much more open-ended than those posed to providers, the responses were slightly less illuminating. The most common positive responses included general feelings of hope and comments pointing to satisfaction with the assessment process. Negative responses, on the other hand, reinforced what we saw on the provider survey with lack of follow up and case management the top answer, followed by long wait times, general feelings of unhappiness, and feeling like they were left with few options.

**Table 10: Most Frequent Provider Free Response Themes**

Strength		Minor Improvement		Major Improvement	
Centralization	42%	No Improvements Suggested	21%	No Problems Noted	16%
Access to Services	37%	More/Better Training	12%	Speed of Referrals	16%
Prioritizing Vulnerability	28%	Services for Low Vulnerability	10%	VI-SPDAT related issues	16%
Accuracy/Availability of Data	28%	Better Mobile Access	9%	Waitlist unclear to clients	15%
Ease of Use	25%	Shorten Assessment	7%	Ease of Process	15%
Accessible for Clients	18%			Prioritizing by Vulnerability	12%
Builds Client	16%			Client Contact Information	12%

Relationships				Challenges	
				Client Follow-up	10%

**Table 11: Most Frequent Client Free Response Themes**

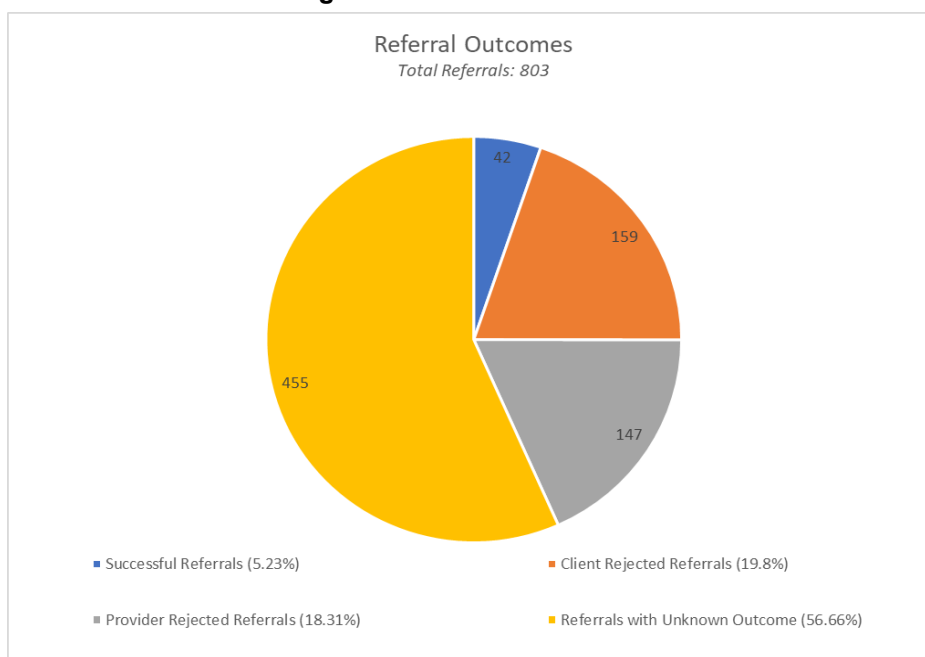
Positive Responses		Suggestions for Improvements		Negative Responses	
Overall Satisfaction w/ Process	16%	No Improvements Suggested	12%	No Contact/Follow-up	16%
General Feelings of Hope	3%	Improve Resource Education	6%	Left with No Options/Services	9%
		More Client-Centric	4%	Long Waitlist Time	8%
		More Structure/Training	4%	General Unhappiness	8%

## 5.3 Effectiveness Findings

### 5.3.1 Summary Review

Our summary review analyzed all referrals made by CARS during the 2021 calendar year. Of 2,538 entries in the master list during that year, CARS issued a total of 803 referrals. This figure represents 31.64% of all clients for whom an assessment was conducted. Of those referrals, 42 were successful, 159 were rejected by clients, 147 were rejected by providers, and 455 had unknown outcomes. See figure 4 below for a visualization of referral outcomes and table 5 for the results of referrals by provider

**Figure 4: Referral Outcomes**



**Figure 5: List of Provider Referrals**

Provider	Total	Missing	Successful	Client Rejected	Provider Rejected
San Benito County HEAP RRH	3	1	0	0	2
MidPen Moon Gate Plaza	1	1	0	0	0
Interim Shelter Cove	23	14	1	3	5
Interim Sandy Shores	9	0	0	6	3
Interim MCHOME S C	16	5	2	6	3
HRC HSP	20	17	0	3	0
Housing Resource Center HRC	1	1	0	0	0
HA Pueblo del Mar FRC	185	102	18	28	37
HA County of Monterey	211	211	0	0	0
Franciscan Workers HoP	112	16	4	29	63
COSB HHAP RA RRH	61	40	3	11	7
COSB Helping Hands	16	6	1	5	4
COSB ESG RRH	22	8	0	7	7
CHS Winter Warming Shelter	1	1	0	0	0
CHS New Beginnings	3	0	2	1	0
CHS Safe Passage	118	32	11	59	16
CHS HHAP	1	0	0	1	0

One clear shortcoming that can be identified is the high frequency of missing referral outcome information. We found that 56.66% of all the referrals made in 2021 had unknown outcomes, including all 211 referrals made to the Monterey County Housing Authority - the single biggest referral partner in the CARS process. Of the 17 providers to which referrals were made, only 8

had known successful referrals. Of providers to which more than 10 referrals were made, the Pueblo del Mar Family Recovery Center had the highest rate of known successful referrals with a 21.69% rate, while HRC-HSP and San Benito County ESG Rapid Rehousing both had a 0% success rate. It is also worth noting that the Franciscan Workers House of Peace also had a very low successful referral rate with 4.17% of its 112 referrals being successful.

### 5.3.2 Statistical Testing

The first area of quantitative analysis was trying to ascertain whether there was evidence that CARS effectively prioritizes referrals by vulnerability. To answer this question we employed multiple regression analysis using the length of time a client spent on the master list as our independent variable, and included that client's VI-SPDAT score, the type of referral they qualified for, and the provider to which they were referred as dependent variables. If this model showed that individuals with higher VI-SPDAT scores were expected to be on the waitlist for a shorter amount of time when controlling for type of need and location of provider, we would show evidence of referrals being prioritized by vulnerability.

Our model shows exactly that. Vulnerability was a statistically significant predictor of time spent on the master list, and our analysis shows that *for each additional point of vulnerability on the VI-SPDAT, clients were expected to receive referrals 3 days faster.*

Next we used logistic regression to identify what the biggest predictors were for successful, client rejected, and provider rejected referrals. Our models looked at each outcome individually and accounted for the clients VI-SPDAT score, need category, and the location of the referral.

With regards to successful referrals, we found only one statistically significant predictor:

Predictors of Successful Referrals
Referrals to MOSBE Community Homeless Solutions New Beginnings are <b>1.95x more likely</b> to be successful than referrals to other providers.

Statistically significant predictors of client rejected referrals were more numerous, and included:

Predictors of Client Rejected Referrals
Clients with higher vulnerability were <b>more likely</b> to reject referrals than clients with lower vulnerability <sup>2</sup> .

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<sup>2</sup> This outcome may be due to unreachable clients being listed as client rejections. Clients with higher vulnerability may be more difficult to contact. We recommend CARS internally track which client rejections are due to non-contact and which are affirmatively declined by clients.

Referrals to Rapid Rehousing (RRH) programs are <b>2.8x more likely</b> to be rejected than referrals to Permanent Supportive or Temporary Housing
Referrals to CHS Safe Passage are <b>1.7x more likely</b> to be rejected than referrals to other providers when accounting for client vulnerability and referral type.
Referrals to San Benito County HHAP Rental Assistance are <b>2.4x more likely</b> to be rejected than referrals to other providers when accounting for client vulnerability and referral type.
Referrals to the Housing Resource Center HRC are <b>2.7x less likely</b> to be rejected by clients than referrals to other providers when accounting for client vulnerability and referral type.
Referrals to HRC HSP are <b>2.2x less likely</b> to be rejected than referrals to other agencies
Referrals to Interim Sandy Shores are <b>1.8x more likely</b> to be rejected than referrals to other agencies
Referrals to San Benito County HEAP Rental Assistance are <b>2.7x less likely</b> to be rejected than referrals to other agencies

Lastly, we found two significant predictors of provider rejected referrals.

<b>Predictors of Provider Rejected Referrals</b>
Clients with higher vulnerability were <b>less likely</b> to be rejected by providers than referrals to lower vulnerability clients.
Referrals to Franciscan Workers House of Peace were <b>1.75x more likely</b> to be rejected than referrals to other agencies.

## 6. Recommendations

### 6.1 Compliance

#### Centralize Cars Policies and Procedures

While CARS is fully compliant with all mandatory requirements, and has shown substantial improvement in the areas in which they were partially or non-compliant in the last evaluation, staff should focus efforts on centralizing their policies and procedures related to HUD requirements into one central document. While the CARS Policies and Procedures document contained their written policies relating to most requirements, for some areas - especially relating to nondiscrimination complaints and appeals processes - information was found

elsewhere. Moving all policies and procedures into one place would make evaluating compliance easier in the future as well as increase transparency for clients and other stakeholders.

## 6.2 Process

### Review Anti-Discrimination Trainings

First, CARS should review their anti-discrimination trainings to further reduce incidents of discrimination against clients and increase cultural sensitivity. While our evaluation finds that incidents of discrimination are rare, they do exist and represent an area where enhanced trainings could be beneficial.

### Ensure Providers are Aware of Foreign Language Materials

CARS trainings should be utilized to ensure that providers and other stakeholders are aware of the existence of Spanish Language Materials and institute best practices for the utilization of those materials. While Spanish language documentation exists on the CARS website, our questionnaire responses indicated that some providers were unaware of this. Additionally, CARS staff should engage with Spanish speaking clients and partners to identify other ways in which access for Spanish speakers can be improved.

### Address Provider Concerns Regarding the VI-SPDAT

Next, CARS should conduct a review of ways to address provider concerns regarding the use of VI-SPDAT as an assessment tool. While clients overwhelmingly felt that the VI-SPDAT was an accurate representation of their situation, questionnaire responses submitted by providers frequently mentioned issues with the assessment tool including the length of the assessment and impersonal tone of the questions.

### Increase Buy-In Regarding Benefits of Prioritizing Referrals by Vulnerability

CARS should also work to both increase provider buy-in as to the benefits of prioritizing referrals based on vulnerability and analyze ways to better serve lower vulnerability individuals. In our questionnaires and focus groups with providers there was significant disagreement surrounding the benefits of vulnerability prioritization, and partners often felt that lower vulnerability clients were being underserved. Conversations with these providers about why vulnerability prioritization is important could improve collaboration in the coordinated entry

process, especially as this prioritization is a core tenet of the CARS program.

### Improve Waitlist Transparency

CARS should ensure that each client is fully aware that the CARS master list prioritizes individuals who are the most vulnerable first and that it does not function as a first-in first-out waitlist. This explanation would address a key source of frustration among clients.

### Review Follow-Up and Case Management Protocols

CARS and partner organizations should review their follow-up and case management protocols to provide clients clarity on the status of their referral. Client surveys identified lack of communication and long wait times as a significant source of frustration. One potential solution could be to institute standards for regular contact intervals and updates with clients. These standards should detail a minimum frequency for outreach to clients.

### Improve Accuracy of Client Contact Information

CARS staff should include accuracy of contact information in their data completeness report card that is sent to partner organizations as well as implement policies requiring confirmation of contact information at each interaction with a client. Improved contact information accuracy could decrease the number of client rejected referrals due to non-contact and save staff and partner time.

## 6.3 Effectiveness

### Improve Tracking of Referral Outcomes

56.66% of all referrals had unknown outcomes, including all referrals made to the Monterey County Housing Authority - the single biggest referral destination in the system. Better tracking of referral outcomes would allow for improved monitoring and evaluation of the effectiveness of CARS at linking clients to services.

### Disaggregate Client Rejections from Non-Contact Rejections

CARS should disaggregate referrals that were categorized as client rejected to separate out those clients who were unreachable and those who affirmatively declined referrals. This change would allow for better monitoring of referral outcomes in the future.

# Annex 1: English Client Questionnaire

## CLIENT SURVEY

We are 3<sup>rd</sup> party evaluators from the Middlebury Institute of International Studies, conducting an Impact Evaluation for CARS in compliance with federal requirements. Your feedback is very important to our evaluation. The goal of this survey is to find out how individuals interact with CARS so that we can make recommendations for process improvement.

This survey is strictly confidential and consists of three parts:  
Multiple choice, agree/disagree, and free response.

We estimate that it will take 5-10 minutes to complete. Thank you so much for your input!

### **Multiple Choice:**

*How did you find out about the CARS assessment? (Please select all that apply)*

- Outreach team
- Printed flyer
- Internet post
- Word of mouth
- Case worker
- Other: \_\_\_\_\_

*How did you first complete an assessment? (Please select all that apply)*

- Scheduling an appointment
- Walking in
- An assessor came to me
- Other: \_\_\_\_\_

*Are you requesting service through CARS for: (Please select only one)?*

- Yourself
- Yourself and your household with members under 18 years old
- Yourself and your household without members under 18 years old

*Your assessor explained the CARS process to you. (Please select only one)*

- Yes
- No
- I don't remember

*Did you and your assessor discuss domestic violence support? (Please select only one)*

- Yes
- No
- I don't remember

*After the assessment, were you contacted and referred to a homeless service provider. (Please select only one)*

- Yes
- No
- I don't remember
- N/A

*Did you or any member of your household feel discriminated against at any point of the CARS process?*

- Yes (please explain in the free response section)
- No



**Agree/Disagree:**

For each of the following questions, on a scale of Strongly Agree to Strongly Disagree, please select the answer that best describes your experience.

	Strongly agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The explanation of the CARS process was clear to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt comfortable during the assessment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS assessor treated me well during the assessment process.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARS assessments are accessible to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS referral expectations are reasonable (such as the documentation I had to provide, the traveling I had to do, the contact I had to maintain, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS process makes referrals in a reasonable timeframe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS process is fair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS process meets my cultural needs (such as respect for values, beliefs, traditions, access to language services, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARS and partner organizations protect my personal information.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS assessment accurately captured my experience and is representative of my situation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***Free Response:***

*The purpose of this survey is to help improve the CARS Process. This is your opportunity to share your thoughts on what is going well, where there are some issues, and where the organization could see improvement. If there is anything else you would like to share, please provide it in the space below:*

*Thank you for taking the time to share your experiences*

# Annex 2: Spanish Client Questionnaire

## Encuesta de Clientes

Somos evaluadores de la 3ª parte del Instituto Middlebury de Estudios Internacionales, realizando una Evaluación de Impacto para CARS en cumplimiento con los requisitos federales. Sus comentarios son muy importantes para nuestra evaluación. El objetivo de esta encuesta es averiguar cómo interactúan las personas con CARS para que podamos hacer recomendaciones para la mejora de procesos.

Esta encuesta es estrictamente confidencial y consta de tres partes:  
Opción múltiple, de acuerdo/en desacuerdo y respuesta libre.

Estimamos que tardará de 5 a 10 minutos en completarse. ¡Muchas gracias por su aportación!

### **Opción múltiple:**

¿Cómo se enteró de la evaluación CARS?  
(Por favor, seleccione todos los que correspondan)

- Equipo de divulgación
- Folleto impreso
- Publicación en Internet
- Boca a boca
- Trabajador social
- Otros:  
\_\_\_\_\_

¿Cómo completó por primera vez una evaluación? (Seleccione todo lo que aplica)

- Programar una cita
- Entrando
- Un asesor vino a mí
- Otros:  
\_\_\_\_\_

¿Está solicitando servicio a través de CARS para: (Seleccione solo uno)?

- Tú mismo
- Usted y su household con miembros menores de 18 años
- Usted y su hogar sin miembros menores de 18 años

Su asesor le explicó el proceso CARS.  
(Seleccione solo uno)

- Sí
- No
- No me acuerdo

¿Usted y su asesor discutieron el apoyo a la violencia doméstica? (Seleccione solo uno)

- Sí
- No
- No me acuerdo

Después de la evaluación, ¿se le contactó y lo remitió a un proveedor de servicios para personas sin hogar? (Seleccione solo uno)

- Sí
- No
- No me acuerdo
- No se aplica de mi

¿Usted o algún miembro de su hogar se sintió discriminado en algún momento del proceso CARS?

- Sí (por favor explique en la sección de respuestas abiertas)
- No

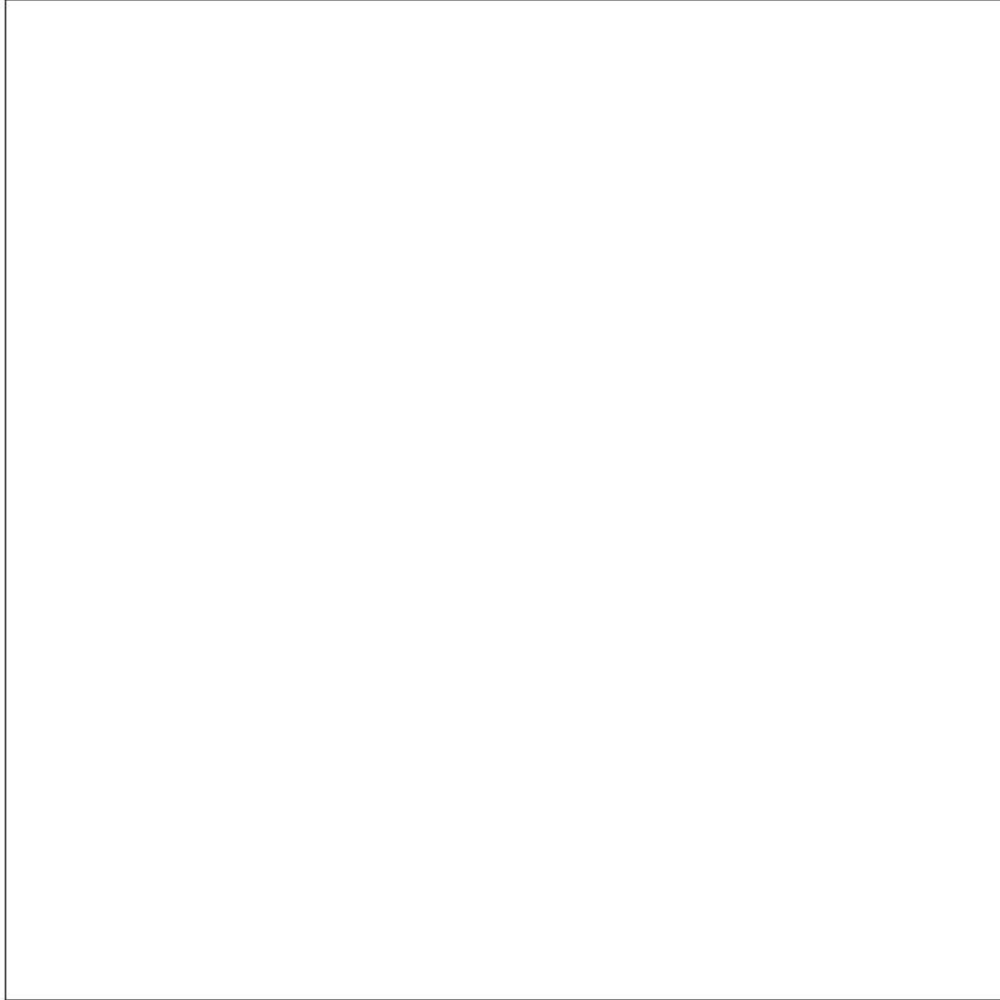
**De acuerdo/en desacuerdo:**

Para cada una de las siguientes preguntas, en una escala de Totalmente de acuerdo con el Disagree Fuerte, seleccione la respuesta que mejor describa su experiencia.

	Totalmente de acuerdo	Convenir	Neutral	Discrepar	Totalmente en desacuerdo	No se aplica de mi
La explicación del proceso CARS fue clara para mí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Me sentí cómodo durante la evaluación.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El asesor de CARS me trató bien durante el proceso de evaluación.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Las evaluaciones CARS son accesibles para mí.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Las expectativas de referencia de CARS son razonables (como la documentación que tuve que proporcionar, el viaje que tuve que hacer, el contacto que tuve que mantener, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El proceso CARS hace referencias en un plazo razonable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El proceso CARS es justo.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El proceso CARS satisface mis necesidades culturales (como el respeto por los valores, las creencias, las tradiciones, el acceso a los servicios lingüísticos, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARS y las organizaciones asociadas protegen mi información personal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La evaluación CARS capturó con precisión mi experiencia y es representativa de mi situación.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Respuestas abiertas:**

*El propósito de esta encuesta es ayudar a mejorar el Proceso CARS. Esta es su oportunidad de compartir sus pensamientos sobre lo que va bien, dónde hay algunos problemas y dónde la organización podría ver mejoras. Si hay algo más que le gustaría compartir, por favor proporciónelo en el espacio a continuación:*



*Gracias por tomarse el tiempo para compartir sus experiencias*

# Annex 3: Provider Questionnaire

5/19/22, 10:13 AM

CARS Provider Questionnaire

## CARS Provider Questionnaire

We're 3rd party evaluators from the Middlebury Institute of International Studies, conducting an Impact Evaluation for CARS in compliance with federal requirements. Your feedback is very important to our evaluation. The goal of this survey is to find out how individuals interact with CARS so that we can make recommendations for process improvement.

This survey is strictly confidential and consists of three parts:

1. Agree/disagree
2. Time Scale
3. Free response

We estimate that it will take 5-10 minutes to complete. Thank you so much for your input!

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\* Required

1. Please state which agency you work for. \*

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2. For each of the following questions, on a scale of Strongly Agree to Strongly disagree, please select the answer that best describes your current experience. \*

Mark only one oval per row.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
The CARS training fully prepared me to administer assessments.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The HMIS is intuitive and easy to use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable administering assessments to clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am proud to be part of the CARS process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS process prioritizes the most vulnerable populations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS process is effective at coordinating services for clients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS process makes referrals in a reasonable timeframe.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARS assessments are accessible to individuals experiencing homelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARS assessments are accessible to the most hard to reach homeless population	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS process is fair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The CARS process meets the cultural needs of	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

clients (such as respect for values, beliefs, traditions, access to language services, etc.)

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The CARS referral expectations are reasonable (such as the documentation clients have to provide, the traveling they have to do, the contact they have to maintain, etc.)

CARS and partner organizations protect the personal information of their clients.

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3. For each of the following questions, on a scale of Very Frequently to Never, please select the answer that best describes your current experience. \*

Mark only one oval per row.

	Very Frequently	Frequently	Occasionally	Rarely	Very Rarely	Never	N/A
I experience glitches when using the HMIS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CARS assessors discriminate against clients (for reasons such as race, gender, age, nationality, or other parts of their identity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I interact with clients:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do administrative tasks:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. Please list three benefits of the CARS process. \*

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5. Please list three problems in the CARS process \*

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6. How do you think the CARS process could be improved? \*

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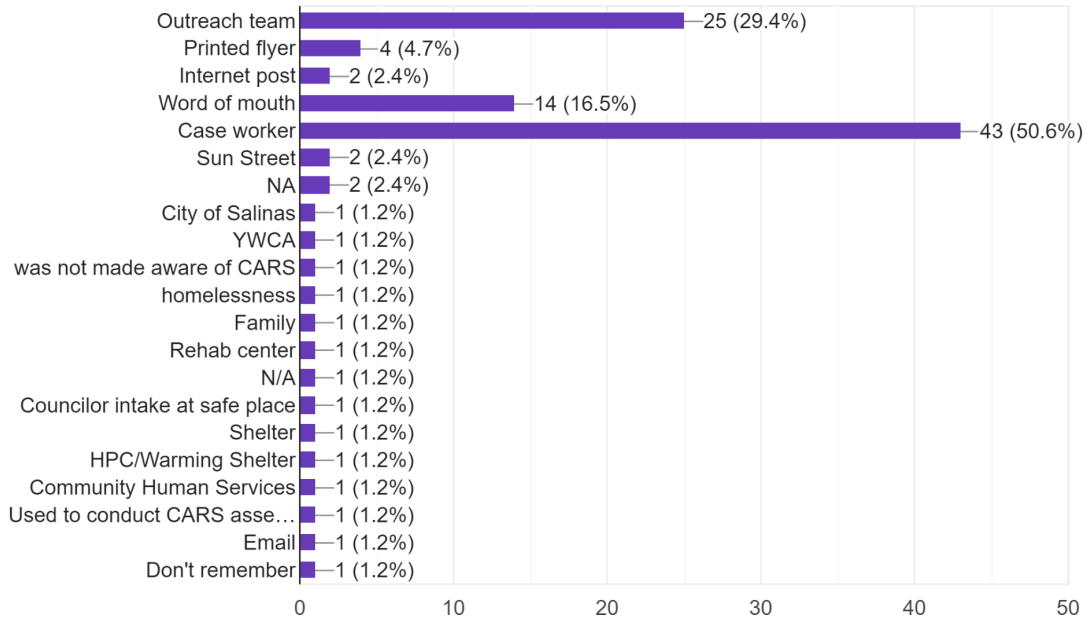
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# Annex 4: Client Questionnaire Responses (Combined English and Spanish)

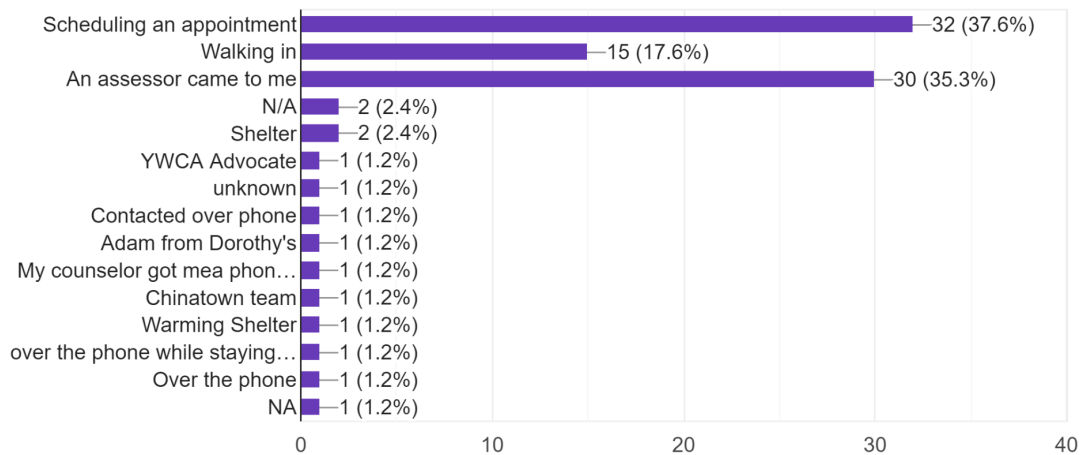
How did you find out about the CARS assessment? (Please select all that apply)

85 responses



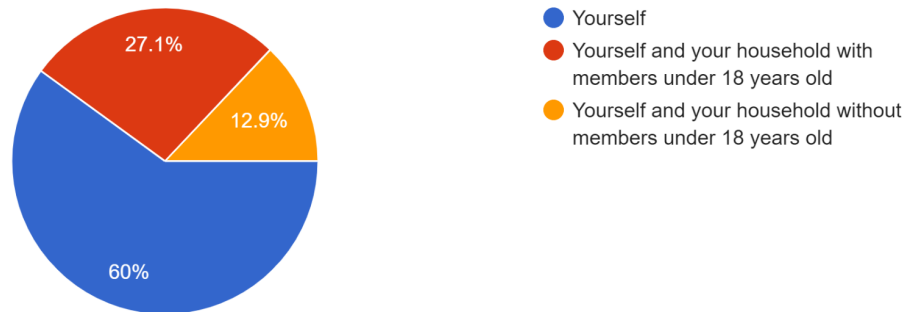
How did you first complete an assessment? (Please select all that apply)

85 responses



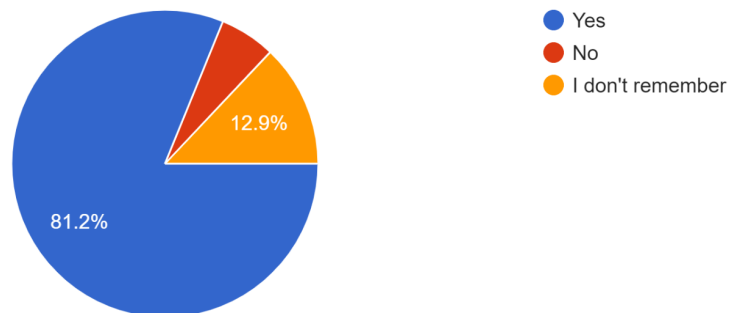
Are you requesting service through CARS for: (Please select only one)

85 responses



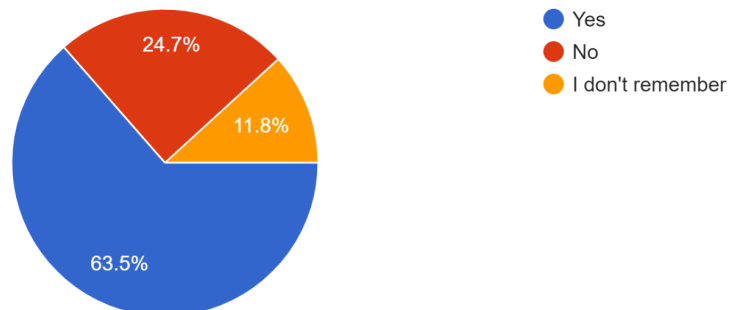
Your assessor explained the CARS process to you. (Please select only one)

85 responses



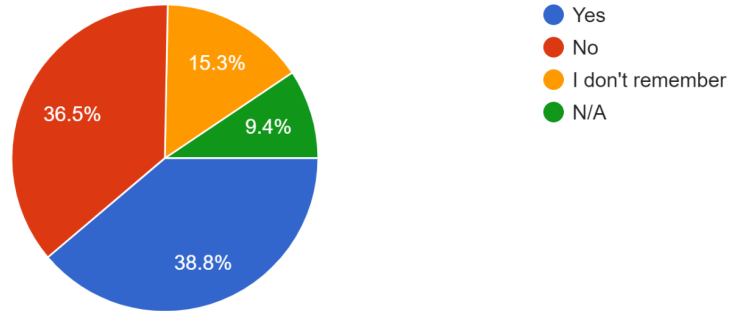
Did you and your assessor discuss domestic violence support? (Please select only one)

85 responses



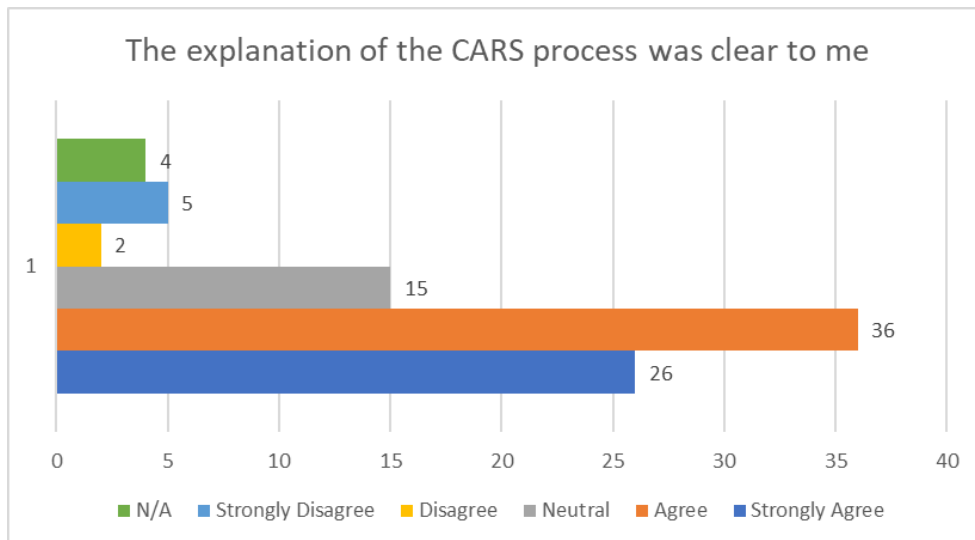
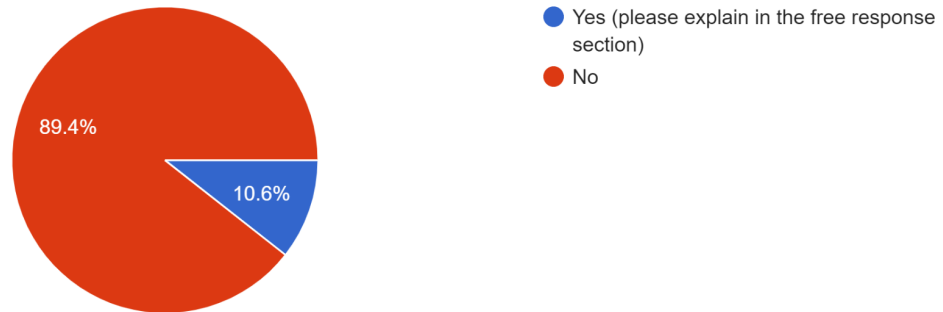
After the assessment, were you contacted and referred to a homeless service provider. (Please select only one)

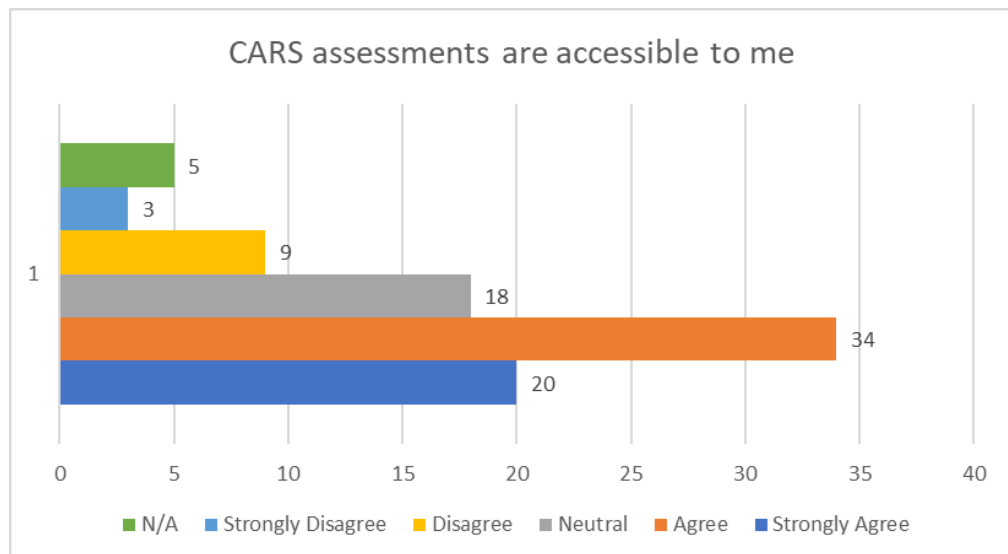
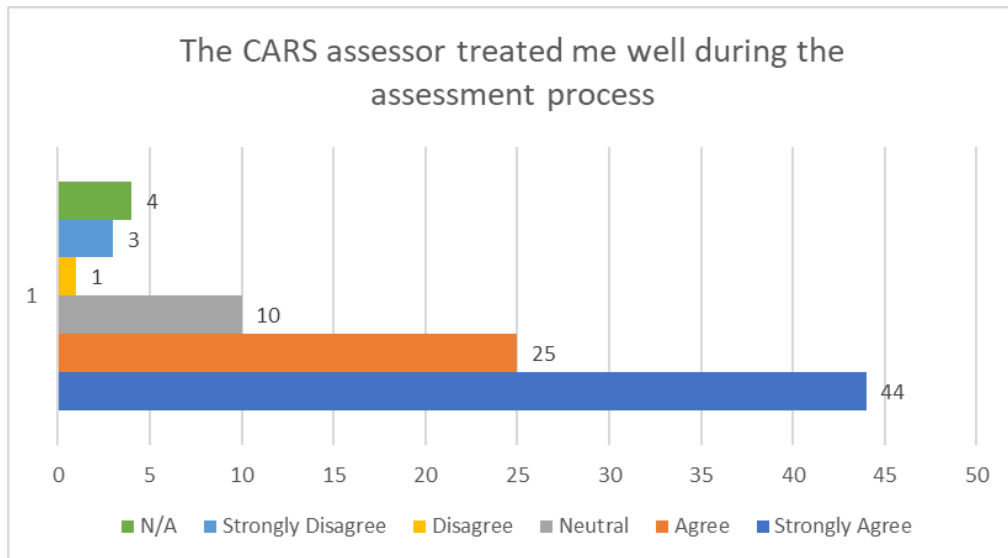
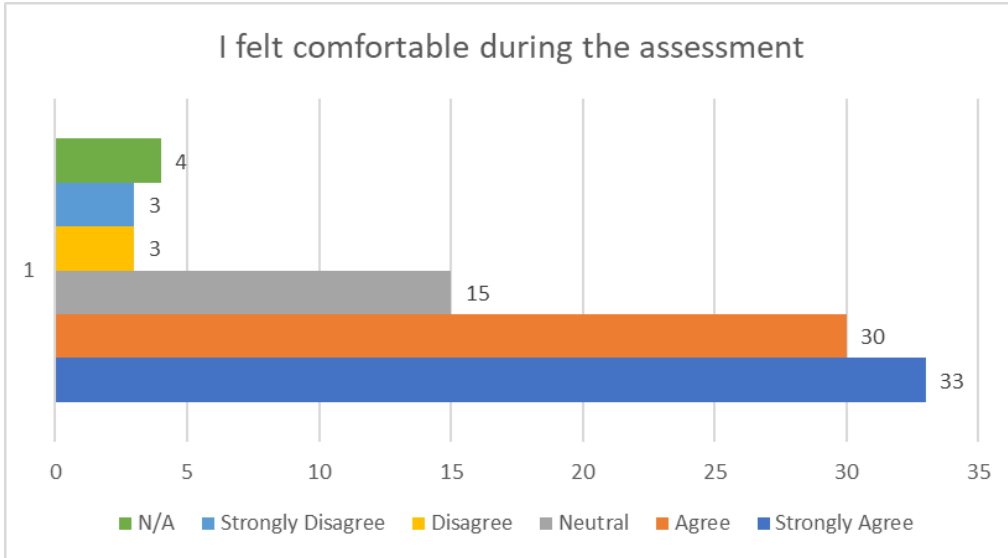
85 responses

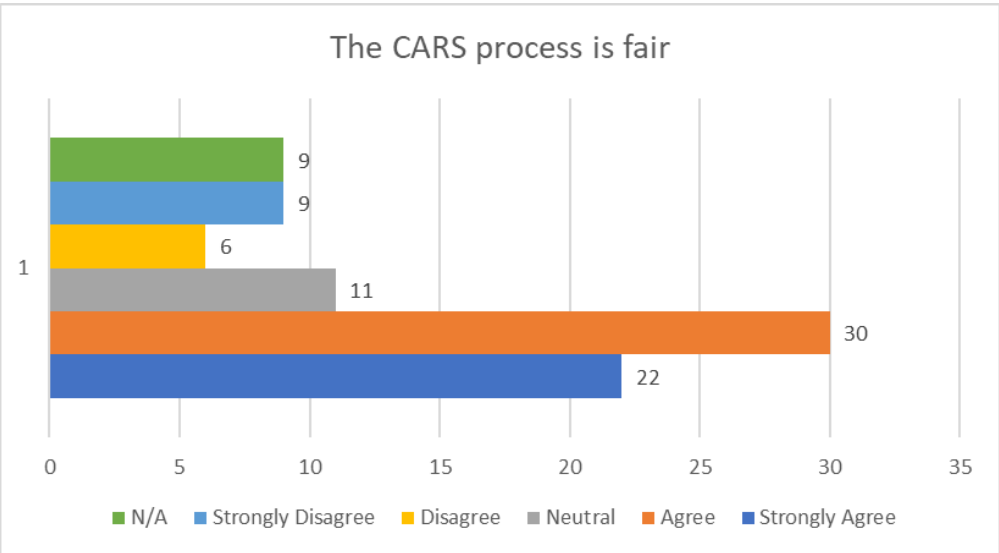
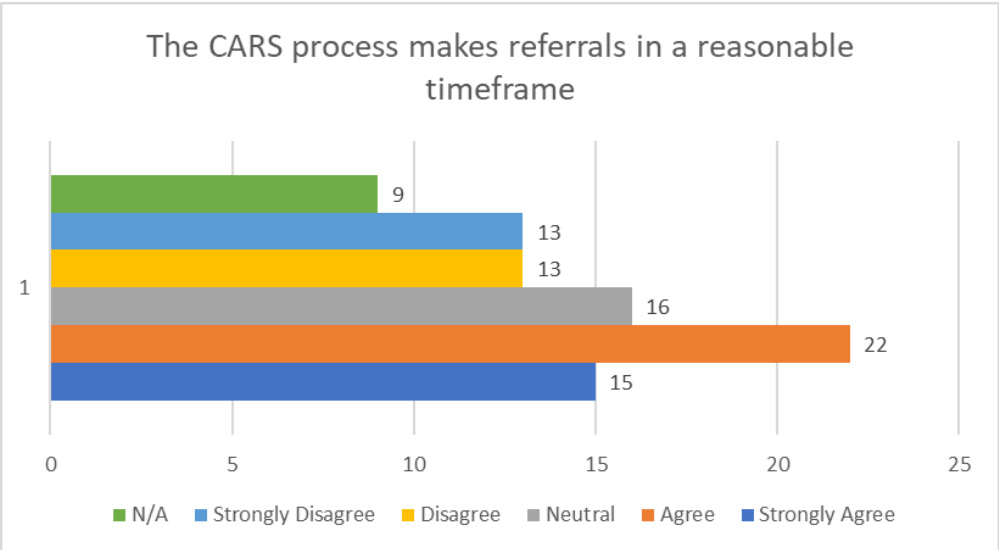
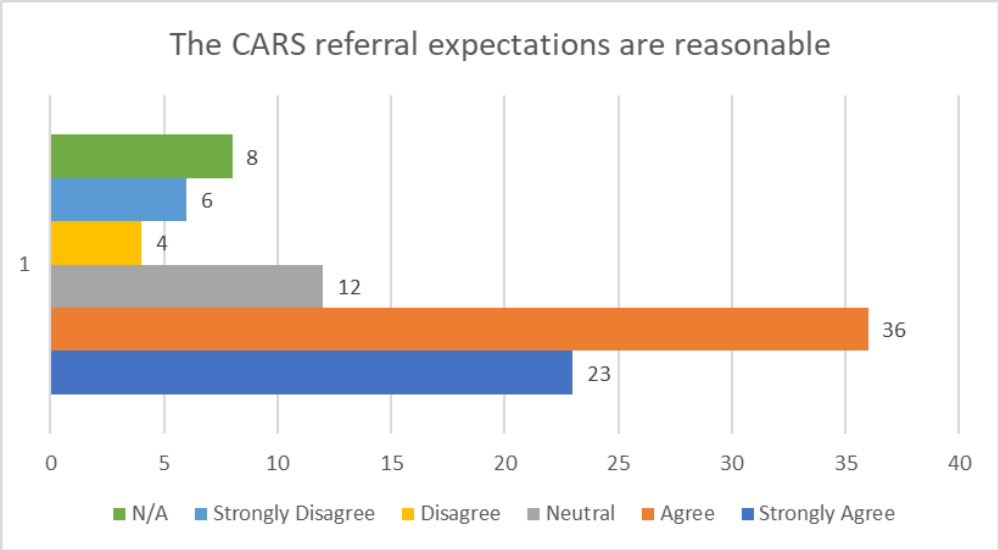


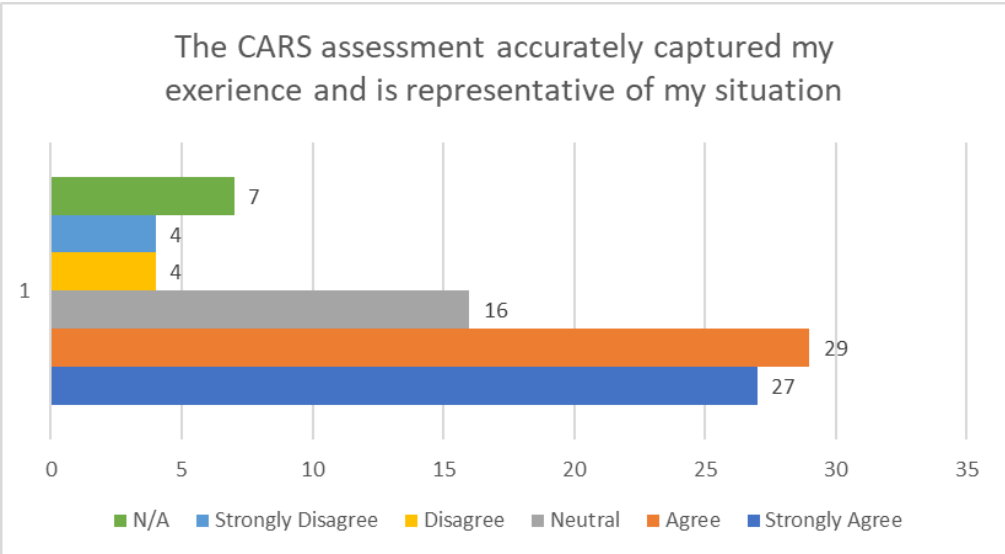
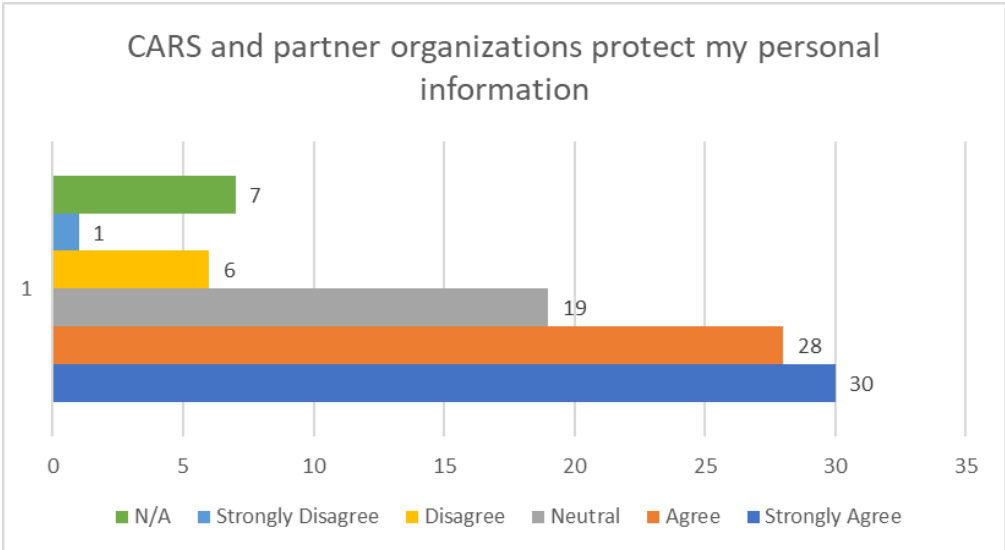
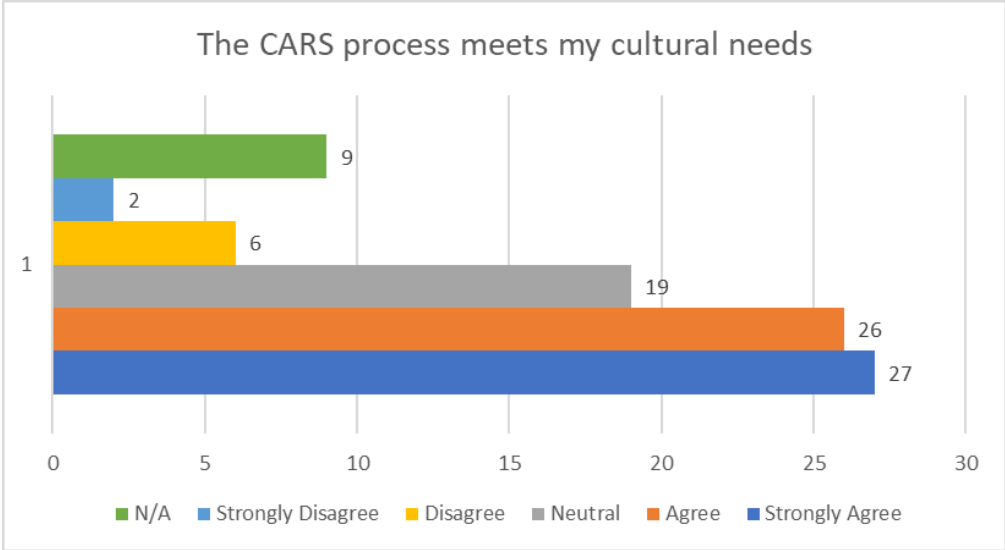
Did you or any member of your household feel discriminated against at any point of the CARS process?

85 responses



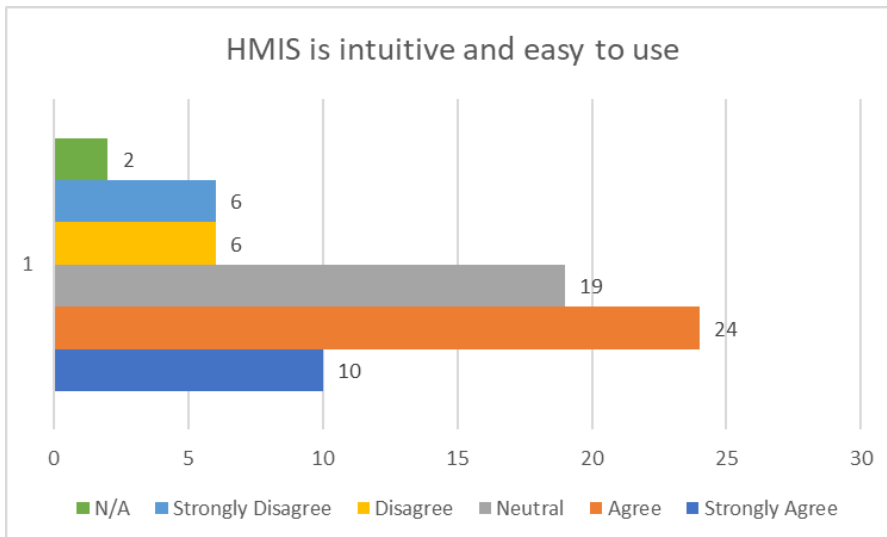
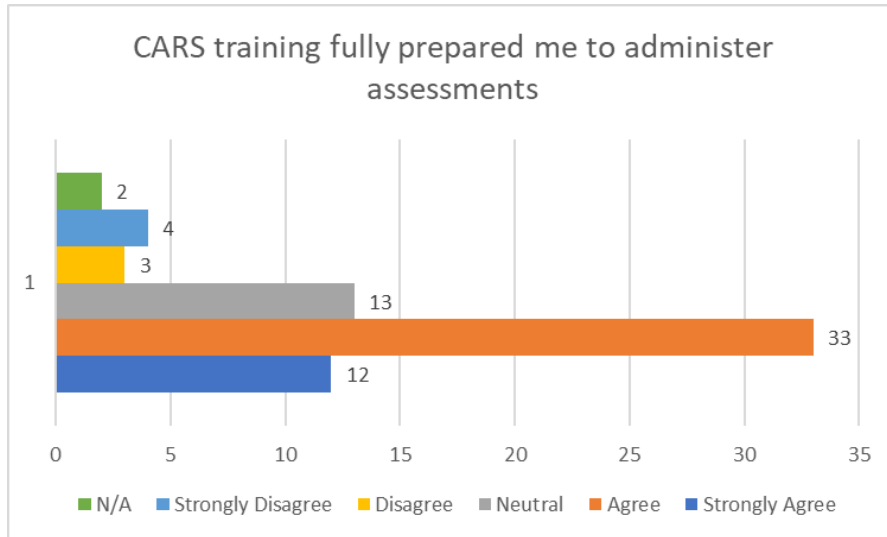


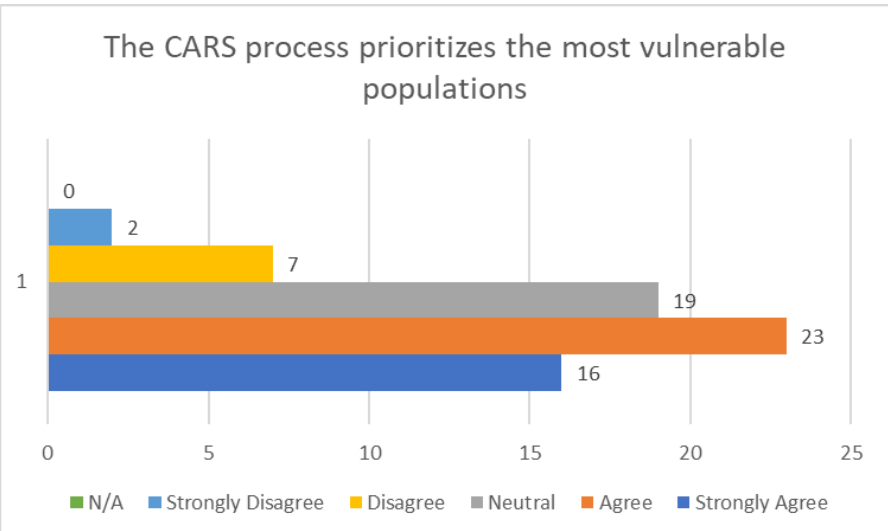
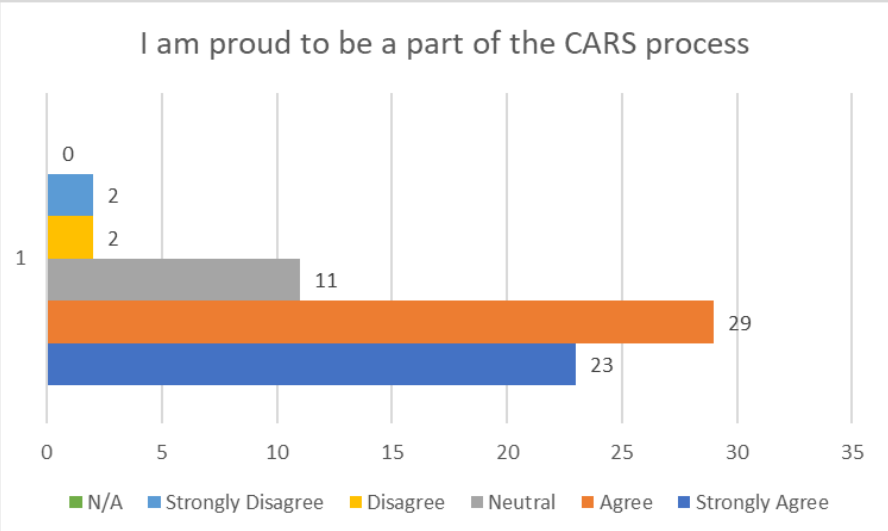
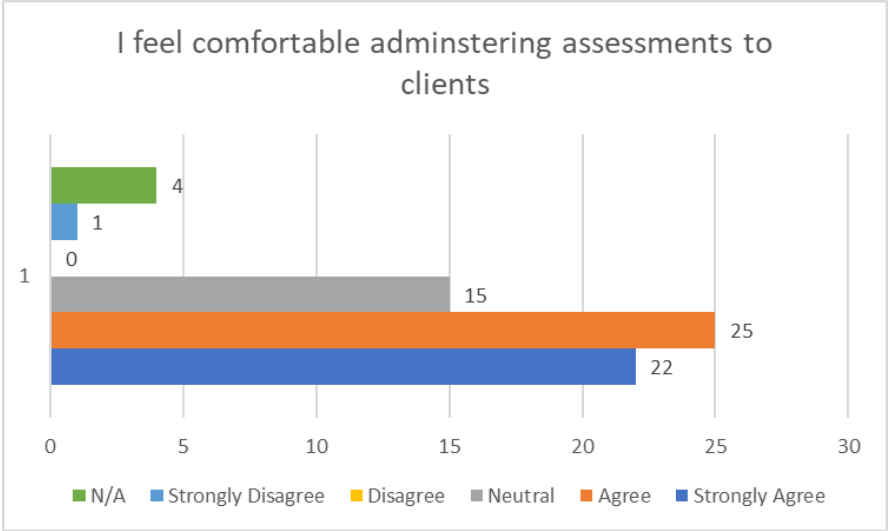


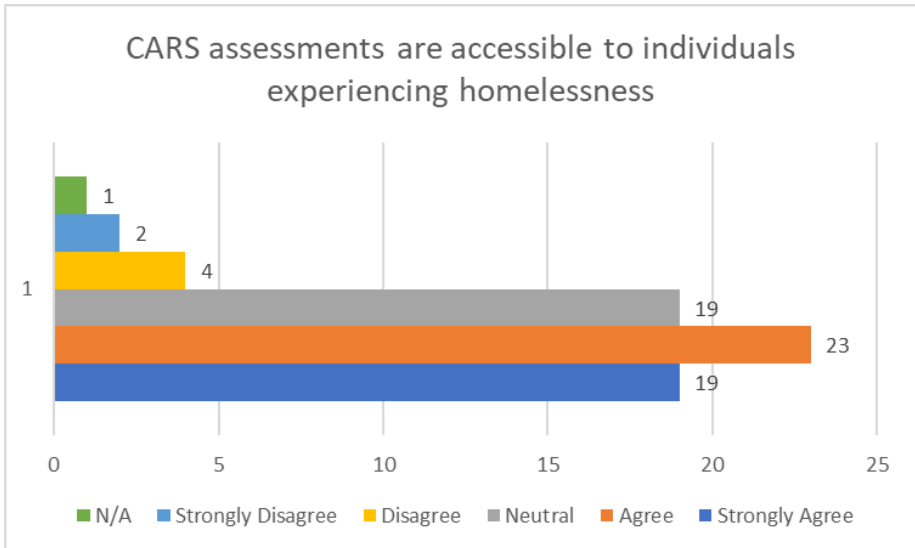
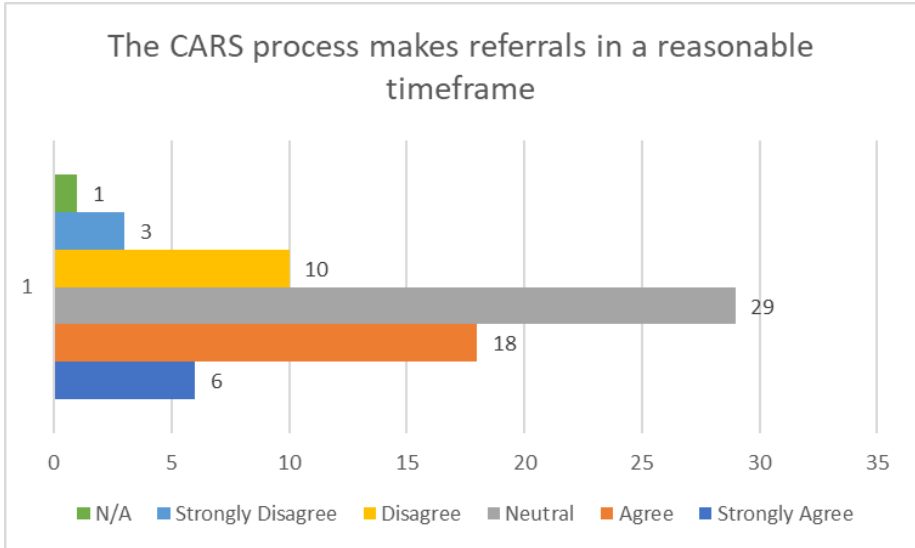
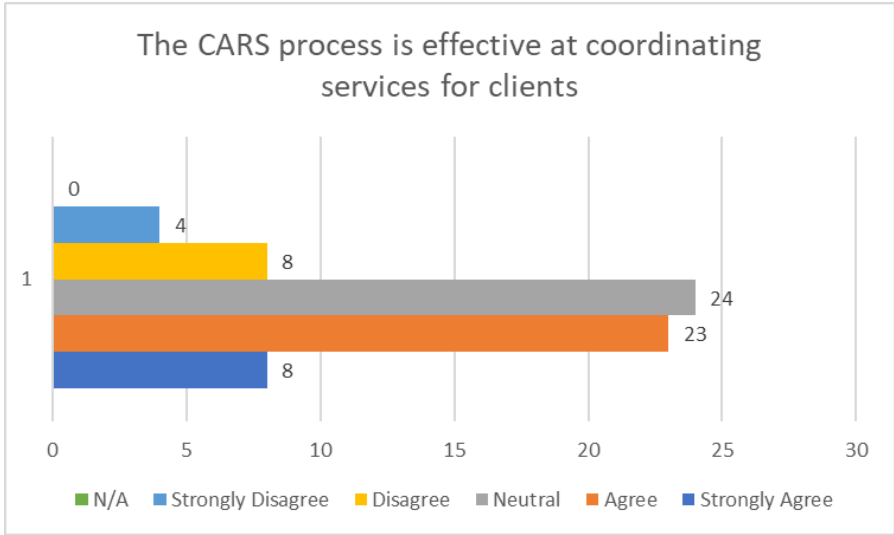


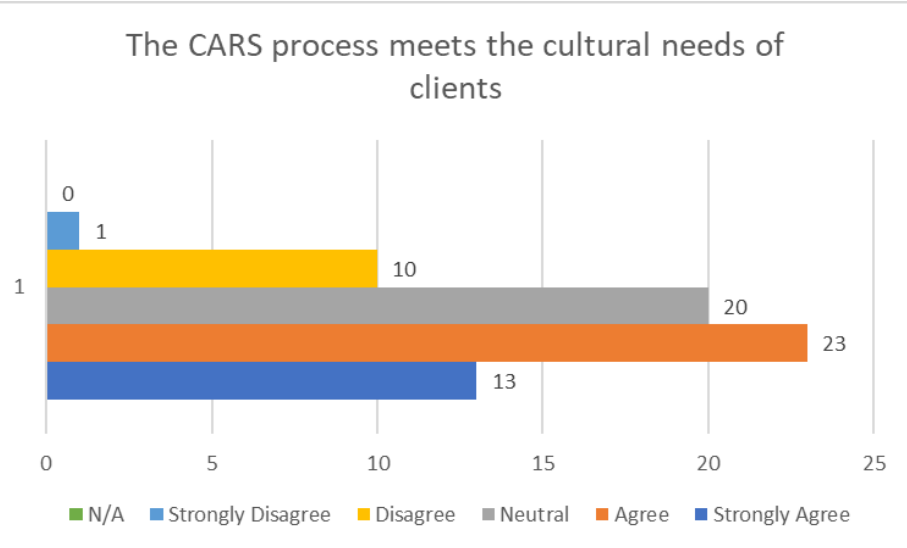
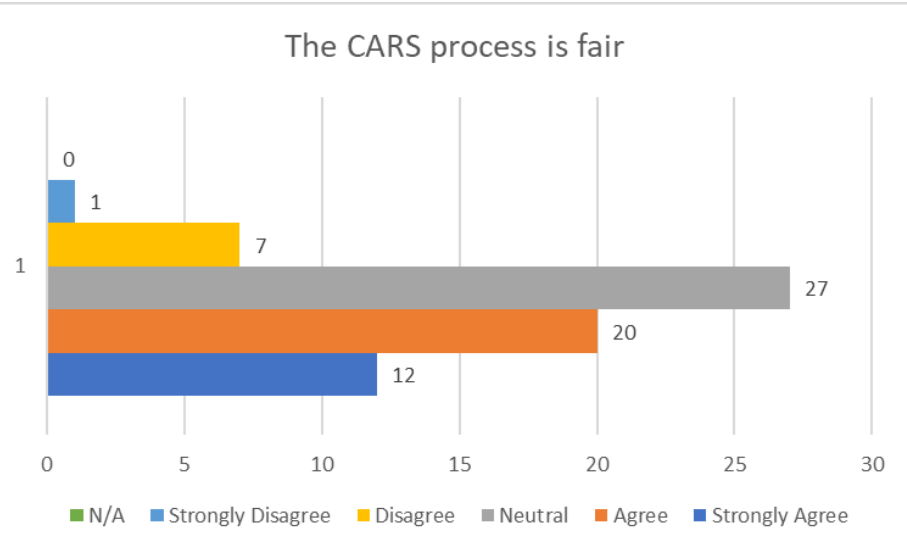
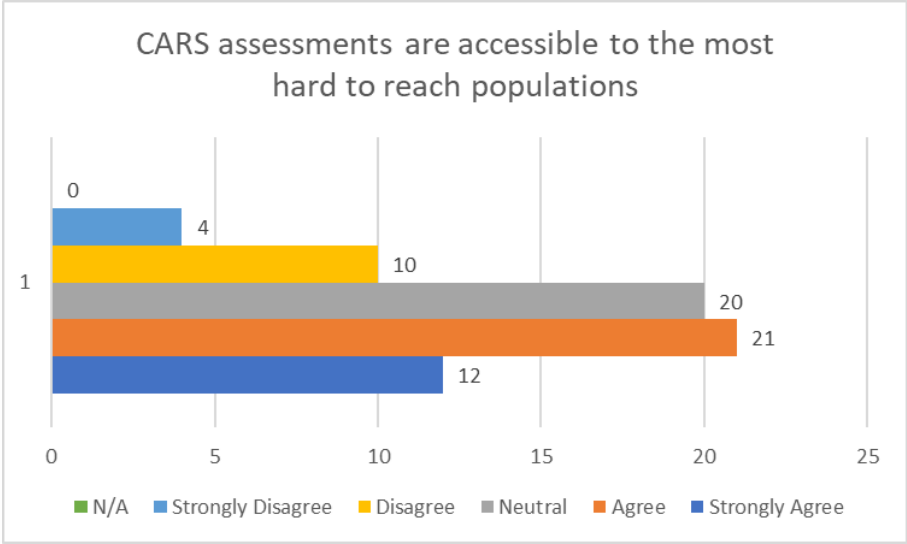


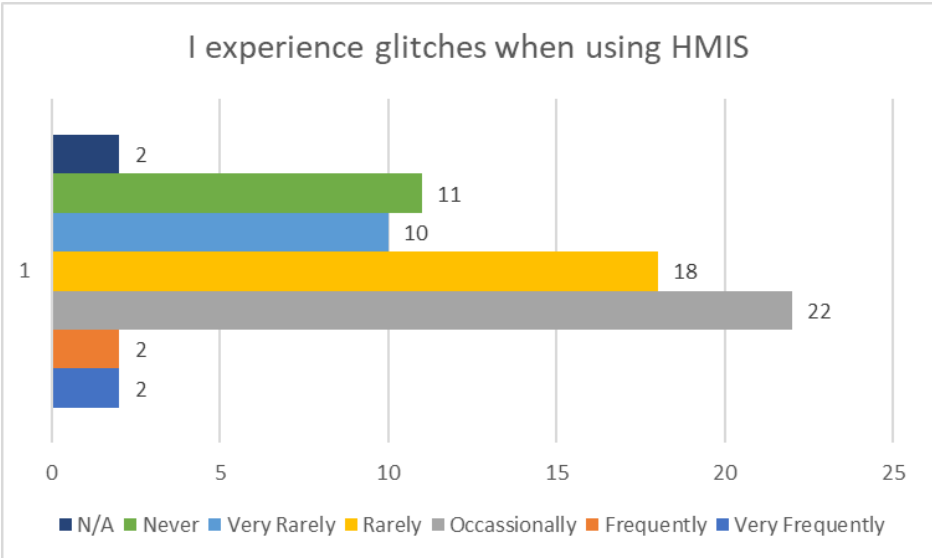
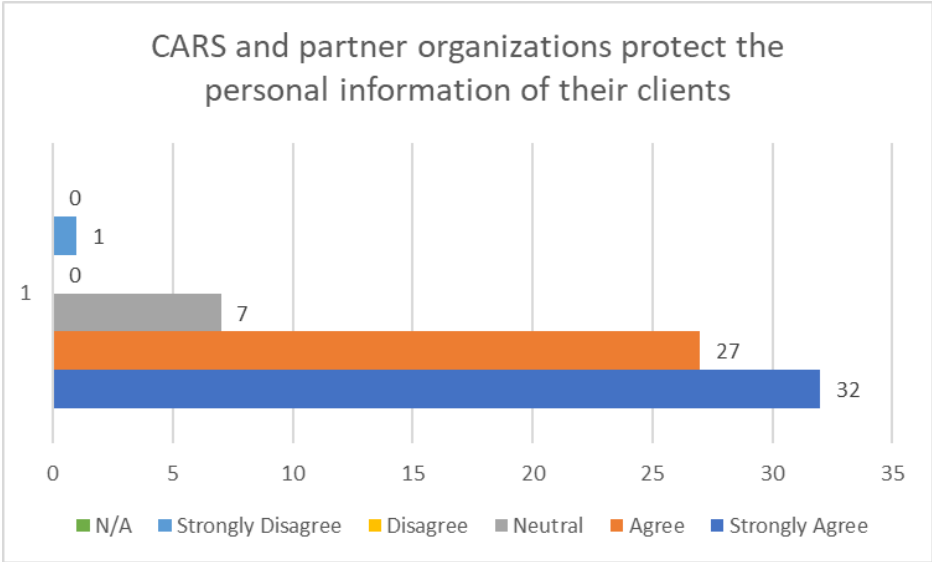
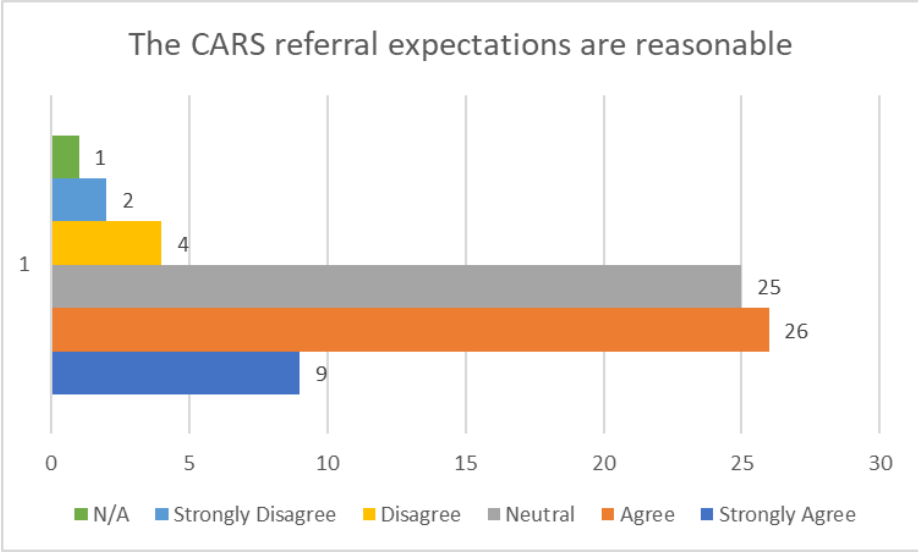
# Annex 5: Provider Survey Responses

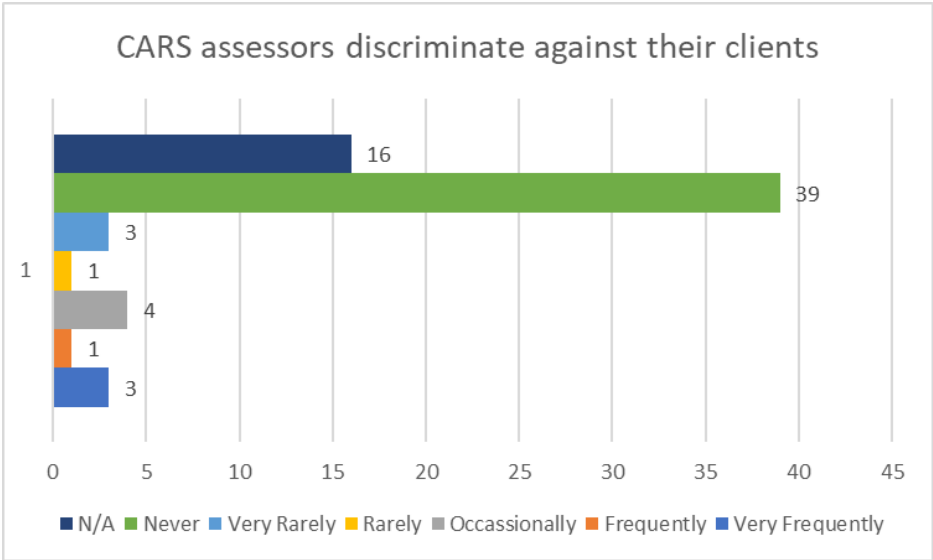












# Annex 6: HUD Compliance Assessment

Requirement	Compliance	Source
CES covers the entire geographic area claimed by the CoC.	Fully	Partner List
CES is easily accessed by individuals and families seeking housing or services.	Fully with room for improvement: While CARS has numerous points of entry accessible to clients throughout their geographic regions, both clients and provider surveys identified accessibility as an area for improvement.	Survey (C, P)
CES is well-advertised.	Fully	Interview (CoC)
CES includes a comprehensive and standardized assessment tool(s).	Fully	VI-SPDAT, CARS Policy and Procedures (p6)
CES provides an initial, comprehensive assessment of individuals and families for housing and services.	Fully	VI-SPDAT, CARS Policy and Procedures (p6)
CES includes a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.	Fully	CARS Policies and Procedures (p8)

<p>CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, has established and consistently follows written standards for providing Continuum of Care assistance which can guide the development of formalized policies and procedures for the coordinated entry process: • Written standards provide guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid rehousing assistance. • Written standards provide guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance. • Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.</p>	<p>Fully</p>	<p>Cars Policies and Procedures Attachment B. (p34), Rapid Re-Housing Performance Benchmarks and Program Standards (p10-11)</p>
<p>CoC and each ESG recipient operating within the CoC's geographic area must work together to ensure the CoC's coordinated entry process allows for coordinated screening, assessment and referrals for ESG projects consistent with the written standards for administering ESG assistance.</p>	<p>Fully</p>	<p>Observation, Monthly Meetings</p>



<p>.If multiple CoCs have joined together to use the same regional coordinated entry process, written policies and procedures describe the following: • The relationship of the CoC(s) geographic area(s) to the geographic area(s) covered by the coordinated entry process(es); and • How the requirements of ensuring access, standardizing assessments, and implementing uniform referral processes occur in situations where the CoC's geographic boundaries and the geographic boundaries of the coordinated entry process are different</p>	<p>Not Applicable</p>	
<p>CoC affirmatively markets housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach.</p>	<p>Fully</p>	<p>CARS policies and procedures (p26)</p>
<p>Coordinated entry written policies and procedures include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.</p>	<p>Fully</p>	<p>CARS Manual</p>
<p>Coordinated entry written policies and procedures ensure all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process.</p>	<p>Fully</p>	<p>CARS Manual, Trainings</p>

CoC has developed and operates a coordinated entry that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Fully

CARS Manual, CARS Policies and Procedures

<p>CoC offers the same assessment approach at all access points and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness. If separate access points are identified to meet the needs of one of the five populations allowable by HUD's Coordinated Entry Notice, initial screening at each access point allows for immediate linkage to the appropriate subpopulation access point (e.g. unaccompanied youth who access CES at the access point defined for adults without children are immediately connected to the youth-specific access point).</p>	<p>Fully</p>	<p>CARS manual, Website</p>
<p>CoC ensures that households who are included in more than one of the populations for which an access point is dedicated (for example, a parenting unaccompanied youth who is fleeing domestic violence) can be served at all of the access points for which they qualify as a target population.</p>	<p>Fully</p>	<p>CARS Manual, Trainings</p>
<p>CoC provides the same assessment approach, including standardized decision-making, at all access points.</p>	<p>Fully</p>	<p>CARS Manual, Trainings</p>
<p>CoC ensures participants may not be denied access to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p8)</p>
<p>CoC's access point(s) must be easily accessed by individual and families seeking homeless or homelessness prevention services.</p>	<p>Fully</p>	<p>Interview (CoC), Survey (C, P)</p>

<p>CoC's CE process allows emergency services, including all domestic violence and emergency services hotlines, drop-in service programs, and emergency shelters, including domestic violence shelters and other shortterm crisis residential programs, to operate with as few barriers to entry as possible. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's intake and assessment processes.</p>	<p>Fully</p>	<p>CARS Policies and Procedures</p>
<p>CoC's written CE policies and procedures document a process by which persons are ensured access to emergency services during hours when the coordinated entry's intake and assessment processes are not operating. CE written policies and procedures document how CE participants are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are operating.</p>	<p>Fully</p>	<p>CARS Policies and Procedures</p>
<p>CoC's written CE policies and procedures document a process for persons seeking access to homelessness prevention services funded with ESG program funds through the coordinated entry process . If the CoC defines separate access points for homelessness prevention services, written policies and procedures must describe the process by which persons are prioritized for referrals to homelessness prevention services. To the extent to which other (i.e., non ESG -funded) homelessness prevention services participate in coordinated entry processes, the policies and procedures must also describe the process by which persons will be prioritized for referrals to these programs.</p>	<p>Fully</p>	<p>CARS Policies and Procedures</p>
<p>CoC's access points cover and are accessible throughout the entirety of the geographic area of the CoC.</p>	<p>Fully</p>	<p>Partner List, Geographic Data</p>

<p>CoC's written coordinated entry policies and procedures document steps taken to ensure access points, if physical locations, are accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs, as well as people in the CoC who are least likely to access homeless assistance.</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p17-18)</p>
<p>CoC's written CE policies and procedures document steps taken to ensure effective communication with individuals with disabilities. Recipients of Federal funds and CoCs must provide appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices, and sign language interpreters).</p>	<p>Fully</p>	<p>Interview (CoC), CARS Policies and Procedures (p12, p22)</p>
<p>CoC's access point(s) take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).</p>	<p>Fully with room for improvement: While assessments and other materials are available in multiple languages, survey and focus group responses noted access for spanish speakers as an area for potential improvement</p>	<p>Written Policy Review, Survey (C, P) Focus Groups (P)</p>

<p>CoC has a specific written CE policy and procedure to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. At a minimum, people fleeing or attempting to flee domestic violence and victims of trafficking have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.</p>	<p>Fully</p>	<p>Cars Policies and Procedures</p>
<p>.Street outreach efforts funded under ESG or the CoC program are linked to the coordinated entry process. Written policies and procedures describe the process by which all participating street outreach staff, regardless of funding source, ensure that persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points.</p>	<p>Fully</p>	<p>Cars Policies and Procedures</p>
<p>CoC consistently applies one or more standardized assessment tool(s), applying a consistent process throughout the CoC in order to achieve fair, equitable, and equal access to services within the community.</p>	<p>Fully</p>	<p>VI-SPDAT, CARS Policy and Procedures (p6)</p>
<p>CoC's written policies and procedures describe the standardized assessment process, including assessment information, factors, and documentation of the criteria used for uniform decision-making across access points and staff.</p>	<p>Fully</p>	<p>VI-SPDAT, CARS Policy and Procedures (p6)</p>

<p>CoC maintains written policies and procedures that prohibit the coordinated entry process from screening people out of the coordinated entry process due to perceived barriers to housing or services, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.</p>	<p>Fully</p>	<p>CARS Policies and Procedures Attachment F (p52)</p>
<p>CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry written policies and procedures.</p>	<p>Fully</p>	<p>CARS website</p>
<p>CoC's coordinated entry process training curricula includes the following topics for staff conducting assessments: • Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations; • Requirements for use of assessment information to determine prioritization; and • Criteria for uniform decision-making and referrals.</p>	<p>Fully</p>	<p>CARS website, Survey (P) Focus Groups (P)</p>
<p>Participants must be informed of the ability to file a nondiscrimination complaint.</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p13)</p>

<p>CoC coordinated assessment participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options. *Note – Programs may require participants to provide certain pieces of information to determine program eligibility only when the applicable program regulation requires the information to establish or document eligibility.</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p15)</p>
<p>CoC has established written policies and procedures concerning protection of all data collected through the CE assessment process.</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p15-16)</p>
<p>CoC has established written policies and procedures establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p15)</p>



<p>CoC uses the coordinated entry process to prioritize homeless persons within the CoC's geographic area: • Prioritization is based on a specific and definable set of criteria that are documented, made publicly available and applied consistently throughout the CoC for all populations. • CoC's written policies and procedures include the factors and assessment information with which prioritization decisions are made. • CoC's prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4. *Note – Refer to HUD Prioritization Notice: CPD-16-11 for detailed guidance on prioritizing persons experiencing chronic homelessness and other vulnerable homeless populations in permanent supportive housing.</p>	<p>Fully</p>	<p>VI-SPDAT, CARS Policy and Procedures (p6)</p>
<p>CoC's written CE policies and procedures include the factors and assessment information with which prioritization decisions are made for all homeless assistance.</p>	<p>Fully</p>	<p>CARS Policies and Procedures, Attachment B</p>
<p>CoC's written CE policies and procedures clearly distinguish between the interventions that will not be prioritized based on severity of service need or vulnerability, such as entry to emergency shelter, allowing for an immediate crisis response, and those that will be prioritized, such as permanent supportive housing (PSH).</p>	<p>Fully</p>	<p>CARS Policies and Procedures, Attachment B</p>

<p>CoC does not use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex age, familial status, disability, actual or perceived sexual orientation, gender identify or marital status. CoC’s written policies and procedures for CE document how determining eligibility is a different process than prioritization. *Note – In certain circumstances some projects may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (e.g. HOPWA-funded projects may only serve participants who are HIV+/AIDS).</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p12)</p>
<p>CoC’s written CE policies and procedures document process for participants to file a nondiscrimination complaint.</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p12-13), CARS Program Denial Letter.</p>
<p>CoC’s written policies and procedures document conditions under which participants maintain their place in coordinated entry prioritization lists when the participant rejects referral options.</p>	<p>Fully</p>	<p>CARS Policies and Procedures (p18-19)</p>
<p>If the CoC manages prioritization order using a “Prioritization List,” CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.</p>	<p>Fully</p>	<p>CARS Policies and Procedures</p>
<p>If separate access point(s) for homelessness prevention services exist in the CoC, written CE policies and procedures describe the process by which persons will be prioritized for referrals to homelessness prevention services.</p>	<p>Not Applicable</p>	

<p>CoC's CE process includes uniform and coordinated referral process for all beds, units, and services available at participating projects within the CoC's geographic area for referral to housing and services.</p>	<p>Fully</p>	<p>CARS Policies and Procedures</p>
<p>CoC and projects participating in the coordinated entry process do not screen potential project participants out for assistance based on perceived barriers related to housing or services.</p>	<p>Fully</p>	<p>CARS Policies and Procedures</p>
<p>CoC- and ESG-program recipients and subrecipients use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by CoC and ESG programs.</p>	<p>Fully</p>	<p>CARS Partner Contracts, Interview (CoC)</p>
<p>CoC and all agencies participating in the coordinated entry process comply with the equal access and nondiscrimination provisions of Federal civil rights laws.</p>	<p>Fully</p>	<p>CARS Policies and Procedures</p>
<p>CoC's referral process is informed by Federal, State, and local Fair Housing laws and regulations and ensures participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.</p>	<p>Fully</p>	<p>CARS Policies and Procedures</p>