MAINE COORDINATED ENTRY SYSTEM (MCES)

AFTER ACTION REVIEW (AAR) RESULTS

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INTRODUCTION

On November 9, 2018, at the annual Emergency Shelter and Housing Assistance Program (ESHAP) meeting, ESHAP providers were asked to participate in an AAR in regards to the Maine Coordinated Entry System (MCES) at the request of the Maine Continuum of Care (MCoC). The MCES Triage & Diversion portion of the Coordinated Entry System was put on "pause" by the CoC Board on the same date. The MCoC implemented the AAR as a way to solicit perception, thoughts, and opinions of those projects and partners involved in MCES to be included in any changes The MCES Subcommittee would be making to enhance this evolving system. This report details the responses collected at that meeting and additional results collected through an AAR via SurveyMonkey and distributed to the entire MCoC on December 4, 2018.

AFTER ACTION REVIEW (AAR) OVERVIEW

What is an AAR?

- An AAR is a quick reflective exercise during an ongoing initiative, to improve results in the initiative.
- The AAR facilitates learning from experience; it does not require outside experts.
- AARs can be very powerful tools for change, especially if they are repeated at major project milestones.

The AAR is best used to;

- Improve practice: by identifying problems and finding solutions.
- Develop capacity: improve communication, clarify roles and objectives.
- Reflect on significant project moments: when the memory of past actions is fresh.

AAR Instructions:

1. Break into groups and introduce yourselves.
2. Assign a facilitator.
3. Pose the four questions to the group.
4. Get opinions from all participants.
5. Record all answers and note any trends that emerge.

Tips for Success:

- Avoid using AAR for evaluating performance or for assigning credit or blame; to do so will likely kill the process.
- During the discussion, focus on issues that are relevant to future activity.
- Make recommendations both actionable and as specific as possible.

- Don't over-analyze and get bogged down with unnecessary detail; discuss only the most important factors and move along.

RESULTS

QUESTION 1: WHAT WAS SUPPOSED TO HAPPEN IN COORDINATED ENTRY?
The answer(s) should be a brief recap of the objectives or intended results. This step is crucial in gauging if all persons involved understood the action(s) to be taken.

ESHAP Training Responses
1. Streamline referral to best fit needs
2. Help end & prevent homelessness
3. Create a point of contact
4. Ability to assist people with needs even if ineligible for shelter
5. Centralized place to enter data to make it easier for families/individuals to navigate system and allow shelters access to the data
6. A coordination of resources for a person in crisis with shared data to streamline access & prevent duplication
7. No wrong door approach
8. Utilize 211 as Central Intake Center
9. Match literally homeless people with shelter space as quickly as possible
10. To track individuals through homelessness to shelter using HMIS
11. A way to share services across CoC
12. Keep client from doing all the leg-work
13. No clients "falling through the cracks"
14. Increase collaboration amongst agencies
15. Increase communication with clients, so they don't get "lost" bouncing from shelter to shelter
16. Limit the number of times clients would need to provide info
17. Warm hand-offs
18. System recommends suggested resources
19. Streamline referral to best fit needs
20. Help end & prevent homelessness
21. Create a point of contact
22. Centralized place to enter data to make it easier for families/individuals to navigate system and allow shelters access to the data
23. A coordination of resources for a person in crisis with shared data to streamline access & prevent duplication
24. No wrong door approach
25. Utilize 211 as Central Intake Center

A. Survey Monkey Responses
B. Youth who contact shelters would get a quick housing vulnerability assessment and be referred to an appropriate level of housing based on need
C. Coordinated entry was supposed to have been designed to reduce the misdirection of people seeking shelter and related services. It was supposed to streamline the process to connect a caller with available and appropriate resources in the area of the State where the caller wanted to be. It was supposed to provide the means to collect relevant information for the system to generate a list of resources tailored for the caller to help meet their needs.
D. For provider agencies to implement the model as designed by the CE Committee and to review the implementation after six months. This also involved each agency designing a system within its organizational structure to best meet the tasking needs of the model.
E. Connecting homeless individuals with case/care/outreach workers to plan for permanent housing.
F. CES is intended to increase awareness and the exchange of information between Providers, as well as reduce barriers and increase access for individuals and Families who are seeking resources to end their homelessness

QUESTION 2: WHAT ACTUALLY HAPPENED?

Obtain the answer through personal accounts of the participants. Ask participants always to refer to facts that support their conclusions about what happened.

ESHAP Training Responses
1. Lack of understanding of resources
2. No follow up for individuals
3. Referrals would come through, but weren't entered into HMIS until later
4. Call would come in, but clients would have limited means to get where they needed
5. Seemed like an "add-on"
6. 211 didn't seem to be a part of the system/understand their role; breakdown of communication (phone messages/email/etc)
7. Clients referred back to referring shelter by 211
8. People may have become frustrated or felt dismissed
9. Confusing for everyone
10. Data could not be entered due to lack of ROI
11. More work; duplicated work
12. Did not want to report as "Diversion"
13. Lack of shelter space
14. Received referrals with little info - incorrect/missing phone numbers
15. Coordinated entry not utilized due to geographic location
16. Raised more barriers - transportation, urban/rural, no referral options for some areas
17. HMIS referral email would arrive after Client already in shelter
18. Providers misunderstood and directed all callers to 211
19. Miscommunication with vendor
20. Most people still referred to the same 2-3 shelters

21. Clients decline to give info/decline entry into HMIS - process stops
22. Visibility issues
23. Warm hand-offs aren't happening
24. Referrals to inappropriate places causing clients to become frustrated
25. "Human Factor" - we are always going to answer the phone, listen to folks & help them find resources
26. Some shelters doing diversion screening, others are not
27. Inconsistent responses from 211 - dependent upon which operator answers the call
28. Shelters are full - transportation barrier getting clients to shelters with open beds
29. Shelter staff refusing to spend 20 minutes asking Clients personal questions that can re-traumatize clients when they already know a bed isn't available
30. Staff/volunteers uncomfortable turning people away & telling them to call 211 vs. offering a compassionate ear & directly referring to resources
31. Some shelters had to add more questions, such as 'Sex Offender Status'
32. No folks at intake desk
33. Lag/non-receipt of emails sent
34. Front line staff do not have access to HMIS; the license fee is too expensive
35. Redundant
36. Irrelevant questions asked
37. Homeless agencies were already making referrals to appropriate resources
Survey Monkey Responses
A. The VISPADAT was not developmentally appropriate for youth and the release of information was unusable for licensed youth shelters
B. The design and implementation was bad. The main failure was to have CES be inside HMIS. The other main failure was to put the responsibility on the already taxed shelter staff
C. Did not implement the system internally. We waited until a new position was created and hired, who would conduct the CE tasks. We looked at different ways to implement
D. A whole lot of nothing
E. Awareness of homeless clients increased. More data and information was collected and entered into HMIS, but not necessarily "shared" with active CES participants. The collected information did not always trigger any new or additional action within the CES Provider community to assist the Clinet. Follow-up with CES Clients did not appear to be organized in a way to help the Client any more than before CES was implemented. Data entry was sometimes redundant and/or too technical for CES participants with no experience or real-world training.

QUESTION 3: WHY WAS THERE A DIFFERENCE (BETWEEN THE PLAN AND THE ACTUAL RESULT)?

Discuss and agree on the reasons for the differences. Identify the factors that contributed to success or lack thereof.

ESHAP Training Responses
1. No results
2. Not enough licenses
3. Disconnect between 211 & agencies
4. Some people not trained
5. Understanding amongst agencies was different; therefore, implemented differently
6. No clarity on process for DV shelters
7. Lack of signed ROI
8. Not enough space in shelters
9. Lack of affordable housing
10. Flawed communication
11. Under-utilized
12. Takes the personal aspect out of shelter aide and initial meeting
13. Lack of community engagement with non-homeless providers
14. Not enough cross-training beforehand
15. Lack of funding to support increased demand to implement plan (for training, staffing shelters, etc.)
16. Did not ensure 211 had all relevant & correct information to process calls & make good referrals
17. Phone inquiries wouldn't have signed ROI
18. High expectations on short time line
19. Wasn't as streamlined as hoped
20. Capacity issues
21. HMIS has flaws
22. 211 not the best solution for Coordinated Entry
23. 24 hour nature of homelessness with 9-5 support
24. Information flow wasn't efficient - people taking calls would get incomplete info, as they don't input into HMIS
25. Wording on forms confusing
26. Not trained like 911 dispatch
27. 211 Call Specialists have no idea about homeless people, what they need and what services are available
28. 211 has no way to see what shelters have availability in real time
29. Disconnect between shelters that don't use HMIS or accept MSHA housing
30. PATH services have decreased/been put on hold by KBH RFP - blocked by Gov. LePage
31. Loss of services - outreach and access to folks in non-funded shelters
32. Redundant

33. Irrelevant questions
34. Increased intake time - already 3 to 4 hours long prior to CE implementation
35. Adds more paperwork
Survey Monkey Responses
A. The coordinated entry system was designed for adult populations and to meet the needs of the adult system.
B. Not everyone has access to HMIS which means not everyone had access to CES.
C. The plan seemed reasonable, though the implementation required additional staff resources to really make it work. The results of assessment and diversion did not make a difference with the actual resource linking. Seemed to be just a data exercise, with more staff time and no real useful results to linking people with service. Unclear as to what 211 actually was doing and how the system worked between 211 and the agency. D. Ineffective and cumbersome intake process; poor planning to maximize efficacy of care coordinators/PATH workers roles; and ineffective messaging/training to CoC point-of-contact specialists.
E. There was no common space where all of the Clients being entered into HMIS could be reconciled, and given a final determination of "resolved" or "still active" (or something similar). Keeping the Client record open for the CES community to be aware, and hopefully, induce further activity for the Client within the CES network seemed to be a key factor that was missing.

QUESTION 4: WHAT WILL WE DO NEXT TIME (THE SAME, AND DIFFERENTLY)?
You are looking for specific ideas for action that can be implemented.

ESHAP Training Responses
1. Funding attached
2. Immediate responders
3. Funding sources for immediate needs: Bus ticket, hotel, gas cards
4. Communication - chain of command & follow up if directed
5. Data collection process not connected to identity
6. More specific state-wide training to define actual process for referring to 211
7. Divert clients to other resources
8. Training/education on the entire concept
9. Diversion effort resources
10. Better knowledge of resources
11. More natural intervention
12. Better planning; perform checks & balances
13. More intensive, geographic-specific training
14. More personal, less scripted
15. Have the "Big Wigs" come to monitor/teach shelter staff regularly
16. Providers will immediately update all info in 211

17. Engineer the process - 211 →HMIS→Generate email to provider - who has access? When? Under what circumstances?
18. Need compensation to increase users in HMIS and to support administrative process to triage and respond to referrals
19. By-Name List shared amongst homeless providers
20. DV does not apply, but required to use
21. Keep diversion to other resources
22. Support program to program connections directly & record referrals after (for data)
23. Not collect full SSNs - only last 4?
24. Limiting for DV
25. Not HMIS
26. Confidentiality when receiving phone calls
27. Simplify the questions on the forms
28. Remove from 211 & HMIS - create a purpose-built system
29. Rewrite it or scrap it
30. Not use 211 - confusing for people to remember the number
31. Train 211 to operate like 911 dispatch
32. Extensive cross-training & statewide training: whoever answers the call needs to know all resources, inside & out.
33. A simpler database - easier access to enter data immediately by anyone, anywhere
34. Require less info - just the basics & need to know, similar to 911
35. Use of other means of communication to reach back out to clients - texting, Facebook, etc.
36. More appropriate for use by hospitals, new LEO's, fire, EMT's (Use is targeted at wrong group)
37. Leave person & complete after intake - you will have most of the info needed from the 3 hour intake
Survey Monkey Responses
A. The current intake and access system for youth in Maine is an effective coordinated entry system. Create a way for current practices to be tracked in HMIS or elsewhere and take recommendations from the Coordinated Entry Learning Collaborative on best practices for youth coordinated entry
B. CES should be accessible to everyone that needs access. CES should provide 24 / 7 access and should be administered by 211, who is staffed 24 / 7 and is already known state-wide as a resource cent
C. Clarify if the intended purpose/requirement is what actually occurs. Again, seems to be more of a data exercise. We put off implementation and then the "hold" button was pushed. Various providers seemed to approach the task with different degrees of urgency and importance. Not sure the tool was useful to linking client with services beyond what we already know and do, so what do we really need to do to satisfy HUD. Do any options exist to satisfy HUD without another set of tasks and data entry to impose on staff. Thank you for this opportunity
D. Streamline the intake form by creating a less complicated site. It was too confusing because there were too many options that intake specialists didn't need to see, and the questions for diversion were not written in human-speak. Also, the astounding lack of beds in communities that are more densely populated (more are needed - funding/grants), coupled with little to no sister programs that help people get back on

	track to stable housing (career centers, employment opportunities, job training and the like) while they are in the shelter system. Additionally, in communities that do not have their own shelter, there is no discernible method to get a homeless person to a shelter that might have a bed. This effectively puts the burden on General Assistance (GA) and almost no community is willing to do this because of the MMA requirement that a client must be cared for by the town for up to 6 months
E.	Simplify the data entry process, create a running disposition for each Client record to be able to see who entered the client, where the Client was referred, and who is/was working with the Client. A better way to inform the CES network of the total Clients entered compared to the total number of Clients who still need help

NEXT STEPS

1. This report will be shared with the MCoC on January 17, 2019.
2. This report will additionally be shared with the MCoC CES Subcommittee on January 25, 2019.
3. This report could be potentially utilized in the context of the HUD Technical Assistance Opportunity, Community of Practice.