



BUILDING CHANGES

END HOMELESSNESS
TOGETHER



A ROAD MAP FOR COORDINATED ENTRY

Changing the Homeless System in Washington State Counties

BUILDING CHANGES TRANSFORMS THE WAYS COMMUNITIES WORK TOGETHER TO END HOMELESSNESS

About Building Changes

Building Changes is a nonprofit organization working to end homelessness across Washington state. We foster collaborative partnerships with government entities, community-based service providers, and private philanthropy and harness innovative, evidence-based strategies to collectively address the barriers to housing stability. We support our partners to do this work through our grantmaking, capacity building, and policy guidance. As a result, people at risk will avoid homelessness, and those who are homeless will be connected to services that move them into jobs and homes.

About Our Approach

Building Changes is working to advance evidence-based, results-oriented solutions to ending homelessness. Our approach is a mix of both proven and promising practices, many of which are being implemented in communities across the country. We are learning as we go from our own programs and incorporating new ideas from other communities as we apply these strategies:

Prevention: Help people who are at risk of becoming homeless with services that stabilize them before they end up in shelter or on the streets.

Coordinated Entry and Assessment: For those who become homeless, simplify their access to housing and services by coordinating their applications and referring them to programs that have worked for others.

Rapid Re-Housing and other Housing Resources: Quickly provide the type, amount, and duration of housing assistance that each individual or family needs.

Tailored Programs and Services: Match the services to the particular individual's or family's needs instead of using one-size-fits all approaches.

Economic Opportunities: Help people stabilize their housing, long-term, by supporting educational and workforce development opportunities.

Evaluation: Collect data and continually evaluate the impact of these approaches in order to improve, and scan the country for innovative ideas to bring to our communities.

About This Report

“A Road Map for Coordinated Entry: Changing the Homeless System in Washington State Counties” is part of a series of reports documenting the implementation of a new initiative under way in three Washington state counties—King, Pierce, and Snohomish. This initiative, which is being funded by Building Changes through the Washington Families Fund, and by the Bill & Melinda Gates Foundation through the Homeless Families Initiative, is part of a comprehensive systems change intervention designed to prevent and end family homelessness in our state. Each of these three counties has developed a plan to reduce homelessness by 50 percent by 2020.

Our reports are developed to help funders, homeless housing and services providers, government entities, and stakeholders from other systems learn from this work. See our website: www.BuildingChanges.org for our library of other resources, including case studies, best-practice reports, plans, and toolkits.

Introduction: Why Support for Coordinated Entry is Rising

Coordinated entry has been identified nationally as a best practice in homeless housing systems. It's more than just a valuable strategy in itself. Coordinated entry drives, directs, and stabilizes other necessary and desirable strategies. It's the engine, rudder, and anchor of comprehensive systems change.

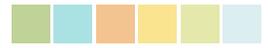
With coordinated entry in place, people experiencing homelessness don't have to call dozens of agencies a day for help, only to hear "Try back tomorrow" from every one. Providers can spend their time serving clients, not fielding futile telephone queries; and instead of having to interview arriving households for data entry purposes they can start meeting client needs based on information already in the Homeless Management Information System (HMIS). Agencies collaborating around a common intake structure can easily put clients in touch with programs offering supplementary services and supports. Providers worry less about filling program vacancies in a timely fashion, because they regularly receive clients pre-screened for eligibility and clients get referred to programs that are designed for people with their experiences and backgrounds.

Administrators and funders, too, find that coordinated entry helps them make better decisions. Client data are more likely to be complete and current. So is information about provider programs that will best match what clients need. Also available for

the first time is information about people who are turned away, about whom little was known in the past. Analyses of comprehensive data reveal, quickly and accurately, gaps and superfluities in services. Leaders can base their decisions on numbers that tell what's happening throughout a region instead of depending on bits of information from scattered organizations.

"If a homeless family was making calls on a cell phone, the battery had to be charged somehow, and money for minutes might be tight. If a housing unit was found, they might miss the intake appointment because of transportation problems and lose their place. If they made it to the meeting, the unit might be the wrong size, or their income didn't match eligibility requirements, or the distance of the unit from their workplace required a car they didn't have, or an element in their background disqualified them at that particular agency—and they were back to square one. If they were accepted into a program, it might have had a one-size-fits-all assistance package forcing them to use mental health services even though they didn't have mental health issues, or to take irrelevant classes in parenting or in repairing a credit history. A coordinated entry system changes all that."

*Troy Christensen
Homeless Programs Administrator
Pierce County, Washington*



Most important, perhaps, is that coordinated entry propels collaboration in other best practices: homelessness prevention, rapid re-housing, tailored services, and economic opportunities. For broad systems change, then, coordinated entry is an ideal place to start, counterintuitive though this may seem when the change will involve so many human and organizational complexities, especially in heavily populated counties with numerous different agencies.

“Coordinated entry propels collaboration in other best practices: homelessness prevention, rapid re-housing, tailored services, and economic opportunities.”

Complexities of Building Coordinated Entry

Introducing coordinated entry into a homeless housing system poses intertwining challenges, as Building Changes and community partners know from studies by the National Alliance to End Homelessness (NAEH) and others. Difficulties range from the broadly organizational and technological to the deeply human and cultural.

An inclusive group of stakeholders must create a suitable design and commit to moving the work along. The region’s HMIS must incorporate uniform online tools for recording client data during intake and assessment interviews, and must yield data reports that can both improve agency programs and enable coordination between them. Providers must reform their routines and protocols, and walls between programs must come down to let agencies share information.

Changing provider procedures and boosting collaboration can be the most difficult. Agencies struggling under already-heavy

administrative burdens naturally resist replacing familiar methods, which have brought them degrees of success over the years, with complicated unknowns. They may worry that money and time spent on “bureaucratic demands” will be shifted away from creating additional housing and sustaining high-quality client services. Some may fear that the social-services best practice of forming warm individual ties with clients, as a way of helping them grow confidence in their own capacity to rebuild their lives, will be jeopardized by a focus on technological mechanisms and generic protocols.

Given the inevitable creaks and groans of a major change entailing some loss of autonomy, is coordinated entry earning the kind of support from Washington state providers that can fuel large-scale community endeavors with full human power and intelligence?

A Coordinated Entry Glossary

Coordinated entry/assessment/engagement involves coordinating the assessment and referral process for housing and other services across agencies in a community.

Centralized intake refers to one location where people at risk for or experiencing homelessness can go to be assessed to determine which resources would best meet their needs. The location for intake can be either virtual (via telephone or Web) or physical. The virtual or physical location may serve all populations or there might be separate locations for each population.

Decentralized intake involves multiple coordinated locations (physical, virtual, or both) throughout the community that offer assessments and referrals. Sites can either be operated by one agency or by different agencies. All sites are coordinated because they use the same assessment form, targeting tools, and referral process. Each site has equal access to the same set of resources.

Coordinated Entry in Three Washington State Counties

King, Pierce, and Snohomish, Washington state's three most-populous counties, are reorganizing their homeless housing programs as part of a comprehensive systems change initiative aimed at ending family homelessness. This initiative is guided by best practices and emerging new concepts from a number of communities across the United States and is being funded by Building Changes through its Washington Families Fund (WFF) and by the Bill & Melinda Gates Foundation through its Homeless Families Initiative.

These “demonstration counties” are receiving funds through WFF to develop coordinated entry systems, a first step in meeting their goal of reducing family homelessness by 50 percent by 2020. Their models are diverse because, as Building Changes has long believed, each community knows best how to leverage its resources and improve the provision of housing and services. “Each of the three counties approached it differently, but in all three what stands out for me is the provider voice,” said Emily Nolan, Building Changes program director. “The counties are engaging with the providers, asking, ‘What do you need to see from coordinated entry? How do we walk you through the change together?’”

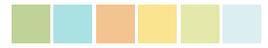
Pierce was the first of the three counties to receive funding, having been furthest along in its planning for their coordinated entry system. They were ready when the grant process began.

“The models for coordinated entry are diverse in each county, because as Building Changes has long believed, each community knows best how to leverage its resources and improve the provision of housing and services.”

Pierce County: Centralized Intake

Centralized Intake was launched in January, 2011. Called Access Point 4 Housing (AP4H), it is managed and staffed by Associated Ministries, the lead agency for the project. Once connected to AP4H via a free-of-charge number, callers are screened to determine whether they are eligible for a comprehensive assessment. If so, the household is scheduled for a face-to-face assessment of strengths and needs with an AP4H housing specialist, within one business day if possible (based upon level of urgency), at an AP4H office. Client data is then entered into HMIS.

Currently eight assessment sites are open on different days at different hours: the main office in the county seat of Tacoma, plus seven sites in more rural areas. When in-person assessments are complete in HMIS and the head of household consents to a referral, the AP4H housing specialist opens access to



the applicant record in HMIS to a provider whose data in the system indicates a suitable opening. Only in special circumstances do providers refuse a household that is a good match.

In cases where housing can't immediately be secured, an AP4H staff member provides interim light case management for applicants, linking them with other needed services besides housing, such as Worksource or medical care. "People don't ever have to be told 'nothing is available,'" said Troy Christensen, homeless programs administrator at Community Connections, Pierce County's human services division. "We're better prepared to coordinate than we've ever been."

The community of homeless housing providers is the backbone of Centralized Intake. Most use the system to fill vacancies in their homeless prevention programs, 90-day shelters, transitional housing, permanent supportive housing, or housing first programs, thereby closing any agency "side doors" where families with inside information or prior ties with staff might have been able to knock in the past. Providers at walk-in and first-come-first-served shelters are not required to use Centralized Intake, but the programs are listed among those used by AP4H staff to place clients when other housing is unavailable. Domestic violence shelters and severe weather shelters are similarly included on AP4H's list and exempted from using Centralized Intake. But all of these exceptions make referrals to AP4H to assist their clients in finding permanent housing once their shelter stay is up.

The meticulous self-analysis and timely self-reporting of participating providers are critical for making Centralized Intake work well for homeless households. All providers maintain current information in a shared, Web-based document about vacancies in their programs. Additionally each program

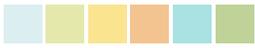
keeps detailed up-to-date agency profiles sources in HMIS that identify their target populations and specify eligibility requirements so that clients are matched with appropriate resources. Requirements might include:

- Household size
- Minimum household income
- Expectations about paying rent
- Readiness to work
- Clear criminal background or credit history
- Maximum length of stay, or
- Mandatory participation of a provided service.

Whereas in the past many agencies created their own programs and then required clients to participate in a package of services regardless of whether they needed them or not to regain housing stability, now agencies are moving toward tailoring their services to each arriving household according to the Centralized Intake assessment of the household's needs.

"The meticulous self-analysis and timely self-reporting of participating providers are critical for making Centralized Intake work well for homeless households."

So far, Centralized Intake is proving to be worth Pierce County providers' efforts. Several have told Christensen that the same resources can now help more households in smarter ways. An agency with a major budget deficit improved its financials by eliminating its intake personnel. And because the vacancy rate in the county's available units has decreased from about 15 percent to "virtually zero," said Christensen, more homeless and at-risk people are being housed at any given time.



Besides enhancing the county's ability to tailor services and to open pathways toward economic opportunities, the new system is speeding a conceptual shift on the wisdom of using a generous share of resources on preventing families from becoming homeless. Said Christensen, "Based on data we continually receive, the majority of at-risk households requesting prevention services are families, and the majority of those requesting immediate re-housing services are single individuals. Clearly, our investment in ending family homelessness should focus on prevention. But given the number of families at risk of homelessness, we cannot assist them all. So we need to get significantly better at predicting which will become homeless without our assistance."

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Step By Step: Building Centralized Intake

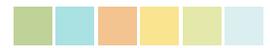
In 2009, funders signed a Compact for Change, signaling a commitment to revamping Pierce County's homeless housing system. A steering committee comprised of funders and consultants sought input and advice from a group of providers and families currently or formerly experiencing homelessness. Leaders and providers studied coordinated entry systems elsewhere in the nation, and a committee of providers from homeless housing programs (there are 22 in Pierce County) decided that a fully centralized intake system would serve the community best.

Pierce County has already met a Washington State Department of Commerce requirement for receiving Consolidated Homeless Grants that will take effect at the end of 2014. By that time, all lead and sub grantees in the state must have in place a uniform system of client intake, such as using a common tool for consistent screening of eligibility and needs. At this early date, more than two years before the deadline in a statewide transition, Pierce County is leading the way, and Commerce is relying on Pierce to share lessons learned, said Christensen. "They've visited us to learn more about how we developed our system, and the lessons we learned—in other words, what we would alter given what we know now."

Solving Post-Launch Problems

The original goal of Centralized Intake was to serve all households experiencing or at risk of homelessness, with intake for prevention and diversion services included. But rampant unemployment and high rates of foreclosure in the region had swelled the numbers of vulnerably housed and homeless people to the point where the level of demand swamped the system. "On Day One we had 500 calls and 100 walk-ins, when we had expected about that number per month," said Christensen. Voicemail filled up, shutting down the phones by 11 a.m. Clearly, marketing had become unnecessary. "Just telling the providers was enough to overwhelm CI on the first day," said Christensen.

A phased-in launch might have avoided the problem. But having traveled past that option, and facing the hard truth that 50,000 households might statistically be classified "at risk" based on comparisons between their incomes and Area Median Income, eligibility for the Centralized Intake process was narrowed.



After all, said Christensen, “90 percent of Americans at statistical risk of homelessness never actually become homeless.” So signs posted at strategic locations around the county saying *If you need rental assistance, call this number* were taken down, lest they encourage people wondering whether they could pay their rent two months hence to call even though they might never have to enter the system. By choosing only a few of the populations defined by HEARTH as being “at risk,” Pierce County managed demand, and will still be able to use data collected in HMIS to measure the progress of Centralized Intake over time against HEARTH outcomes.

HEARTH Act

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act 2009 was the first reauthorization of the McKinney-Vento Homeless Assistance Program since 1992. The purpose of HEARTH is to establish a federal goal of ensuring that individuals and families who become homeless return to permanent housing within 30 days. HEARTH mandates that all communities funded through Emergency Solutions Grants (ESG) and Continuum of Care (CoC) will have a coordinated entry system. The office of Housing and Urban Development, which oversees HEARTH, is evaluating communities based on the following outcomes:

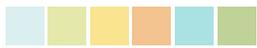
- The length of time individuals and families remain homeless
- The extent to which individuals and families who leave homelessness experience additional spells of homelessness
- The thoroughness of grantees in the geographic area in reaching homeless individuals and families
- The overall reduction in the number of homeless individuals and families
- Jobs and income growth for homeless individuals and families
- Success at reducing the number of individuals and families who become homeless

HMIS data are growing more useful to all, but providers are still striving to make their system input cohere with input from the county. For example, assessments must focus on people’s present strengths and needs, not on past disasters (beyond noting any that might affect background eligibility for certain programs). Additionally, because HMIS can capture only the number of housing units that are actually vacant and available to new occupants, a Web-based spreadsheet had to be designed to centralize data on pending vacancies as well. Flaws in this “Drop Box” system have led AP4H to consider replacing it with a Google-based application.

In general, the problems Pierce County encountered during the shift to Centralized Intake suggests there is wisdom in allowing a generous span of time between conceptual design and launch for hiring and training staff, finalizing policies and procedures, and measuring the gap between probable demand and the system’s ability to respond.

But no system can be perfect when launched. It must be up and running, with on-the-ground troubleshooting and fine-tuning, if problems are to be spotted and parts of the system are to dovetail at last. Besides, added Christensen, taking months to open the front door, after funds were released to start the contract, means using money that could be on the street housing people to support an organization not yet providing a direct service to the community.

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Garnering Community Support

As Centralized Intake geared up, complaints started coming in. Pierce County held a series of town meetings to respond, and after a few meetings, the message from those attending seemed to be that the new system was working fine. With community support seeming strong and no new people showing up, the meetings were discontinued. “A year later it was scary to hear that providers were complaining that their concerns weren’t being heard, and asking why we weren’t listening to them,” Christensen said. “We quickly reinstated those meetings so that people had a place to voice their concerns. For systems change to succeed, you need a reliable channel of communication for any provider to talk about issues. It also helps people be more responsible in their complaints.”

Christensen maintains that leaders shouldn’t wait for complaints to surface before creating a communication process that might at first seem superfluous or needlessly protracted. Pierce’s strategy now is to deliver, long-term, the same consistent messages again and again, in regularly scheduled public forums, in presentations, in coalition meetings, and in individual meetings with providers.

Even so, misconceptions persist. A nationwide belief that coordinated entry will somehow increase the homeless housing supply doesn’t readily yield to the repeated message, “*That’s not what coordinated entry is for. It’s to end the guessing game,*” said Christensen. A more startling complaint arose when unoccupied units were filled after Centralized Intake was in place. Speedier, more efficient No Vacancy replies to queries were interpreted as signs of worse housing shortages—caused by the new system.

The county is learning to live with such ironies. Leaders concede, too, that some complaints (though obviously not all) might have been forestalled if providers who had chosen a Centralized Intake model had helped design it. “Providers who participate

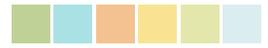
throughout the process of system change are more likely to share responsibility and accountability for the results,” said Christensen. “The system doesn’t belong to Associated Ministries or the County; it belongs to all of us.”

Feelings of shared ownership are growing. Providers have new ideas about tailoring services and making the shift from transitional housing approaches to rapid re-housing. Providers are also noting that the disparate requirements set by funders for program eligibility can hinder systems change. Tailoring services for a household with a complicated history and situation can seem impossible when, for instance, clients qualify for an agency because they’re employed, and the match looks ideal in other respects—except that an eviction on the household’s record runs contrary to funder stipulations. If providers need to move toward greater coherence and consistency in their endeavors, so do funders.

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Snohomish County: A Decentralized Coordinated Entry Project

Having learned much from a former one-door approach to entry into shelter and transitional housing, Snohomish County chose to develop a decentralized model of coordinated entry. A unified, regional, “no wrong door” cross-system of 20 sites and 100 programs located throughout this mostly rural region is now under construction. By the end of July 2016, each program will provide homeless housing or a related service



such as health care or economic opportunity development, and all programs will share information and collaborate. The flexible continuum of services will be connected practically by the coordinated entry system and philosophically by the common purpose of helping each family achieve optimal self-sufficiency as measured by the Snohomish County Self-sufficiency Matrix.

Optimal self-sufficiency has been a common goal across human services programs and systems in Snohomish for more than 10 years, according to Mary Jane Brell Vujovic, director of strategic initiatives for Workforce Development Council Snohomish County (WDCSC), the agency designated by the county to lead the project. In the absence of this commonly held value it would surely have been harder for disparate providers to join in coordinating so many different moving parts. The coordinated entry pilot project, part of Snohomish County's Investing in Families program, is further reducing the separation and fragmentation of homeless housing and other services.

The county started testing a coordinated entry system in July 2011 at one site and added three more sites during the following year. Ultimately, said Vujovic, Investing in Families was less about housing people than about "how we work together as a community to help people achieve their potential."

The 4-Year Pilot: How It Works

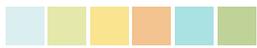
A Memorandum of Understanding was established with partners through which families are referred to the pilot project at participating coordinated entry sites. A family's primary needs are recorded in a standardized screening tool now being pilot-tested. Families with immediate or imminent housing needs are referred to a Housing Resource Specialist to address those needs, followed by referral to a Navigator for assistance with additional needs. Families with complex additional needs are referred to a Navigator

first. The Housing Resource Specialist or Navigator helps the family obtain the right kinds of assistance, including immediate emergency housing if necessary, and conducts a full family assessment.

Then the family works with the Navigator to create a self-sufficiency plan. The family lays out a structured pathway to readiness for participating, with minimum help from subsidies, in as wide an array of essential life activities as possible—employment training, child care, education, budgeting and saving, addressing legal matters, staying healthy, etc. The Navigator guides the family until it is connected to a case manager at a specific agency, who picks up where the Navigator left off. The Navigator remains involved in tracking family progress toward achieving its goals.

When the county had a centralized entry model with one door into the system, said Vujovic, there were 1,200 families and individuals on the waiting list and a one-to-five month wait for housing or shelter. While people waited for housing, services were also on hold. Now "we're turning the dead zone into an opportunity zone," said Vujovic, because (as is happening in Pierce County) coordination between agencies allows people in line for housing to access related services while they wait. "Someone walking through any door in the county system will be able to say, 'These are my issues,' and find what they need and are eligible for, in whatever order it needs to happen." Success in securing help from others breeds confidence in the power to help oneself.

The pilot project started with 75 families and had added 40 more a year later. The families live either in Everett, Snohomish's county seat and largest city, or in Sky Valley, where the city of Monroe and seven smaller towns are strung like loose beads along 34 miles of the Skykomish River. By 2017 the Snohomish continuum of services is projected to have



the capacity to assist, flexibly and for as long as is necessary, 500 homeless or unstably housed families per year in addition to other populations in similar straits. At this juncture in the pilot project, most homeless families are quickly being moved into permanent or short-term housing instead of experiencing long waits, according to Vujovic, and prevention services are stabilizing the shaky housing situations of families on the brink of homelessness.

“Someone walking through any door in the Snohomish County system will be able to say, ‘These are my issues,’ and find what they need and are eligible for, in whatever order it needs to happen.”

Coordinated entry tools have been integrated into the county’s HMIS. Until all providers in the pilot, from homeless housing to mental health program staff, are trained to use the tools, they will fill out paper forms and send them to WDCSC for data entry. The HMIS is being redesigned to incorporate tools and yield reports that will be useful for case management across systems and at multiple levels. Said Vujovic, “We need something like one of the emerging health information technology systems, where everybody including the patient can see what’s in it.”

On the Threshold of Broad Nationwide Solutions

The Strategic Advisory Coordinating Committee set up to guide planning for systems change in Snohomish County reflects the inclusive range of services on the continuum being tested in the pilot. Members are community leaders not only from government, nonprofit, social service, and workforce development sectors but also from K-12 and higher education. A work group of providers, including representatives from 2-1-1

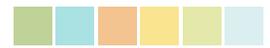
(Pierce’s call system that connects people to essential health and human resources), created the pilot design and mapped projected flows of resources to clients, and a governance structure has been developed to manage the process.

Vujovic has been working with poverty issues since the Nixon presidency. “This is the first time in 40 years I’ve actually felt we’re doing more than fiddle around the margins of systems that are getting more bureaucratic and cumbersome and pretending to be more efficient, but not seeing people as human beings,” she said. “It’s a chance to have some collective impact on the most pressing problem of our nation.”

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Coordinated Entry in King County

King County’s new coordinated entry and assessment system marks the first major step in a countywide transformation of services to homeless families under its Family Homelessness Initiative. The system, called the Family Housing Connection (FHC), took its shape from years of planning on the part of providers, funders, and county leaders collaborating closely to produce a strong design and effective tools. Catholic Community Services was selected as lead agency for FHC in the fall of 2011, and the system came online in late April, 2012.



A 2-1-1 call center is the centralized access point where phone staff schedule appointments for homeless families to meet in person with FHC specialists for an initial one-hour assessment at one of nine locations throughout the county. When a resource becomes available for a family there is a second assessment, with screening and intake done by the resource provider on-site.

Programs in the system number more than 80, with services ranging from emergency shelter and transitional housing to rapid re-housing, transitional rental assistance, services-enriched housing, and permanent supportive housing. Outreach extends to domestic violence programs and immigrant communities. Enclaves of foreign-born residents are served by FHC team members, many with experience as refugees or immigrants in the county, who are fluent in Amharic, Gurage, Russian, Spanish, Somali, Swahili, and Tigrinya.

“King County’s new coordinated entry and assessment system marks the first major step in a countywide transformation of services to homeless families under its Family Homelessness Initiative.”

Uniform tools in King County’s “Safe Harbors” HMIS system hold and organize all FHC data: appointment bookings, intake and assessment, client demographics, provider profiles, program openings, and the status of each referral. Tool designs were based on research into nationwide best practices followed by input from local providers, said Debbi Knowles, project manager for King County’s Family Homelessness Initiative. Uniform strengths-based assessments reveal each family’s particular barriers to obtaining and keeping housing and its particular array of needs for specialized services. Adystech, King County’s HMIS

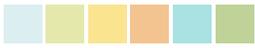
vendor, uses the county’s work as a model of how coordinated entry and assessment can be incorporated into an HMIS system.

Ensuring Community Support and Program Effectiveness

To forestall mistaken or inflated community expectations about what coordinated entry can achieve, all communications from county and FHC leaders have featured statements to the effect that housing capacity for King County families won’t increase and wait times won’t shorten. The county hosts (and will continue, long-term, to host) feedback meetings with partners every two weeks at rotating venues, which funders sometimes attend, and quarterly meetings with direct service advocates.

There’s been no shortage of problems to discuss at the meetings. Until electronic screening, assessment, and referral tools came online almost a month after launch, FHC staff needed first to fill out paper forms and afterward to create electronic documents in the system, which seriously slowed the pace of referrals. FHC posted weekly updates online that acknowledged provider frustrations, apologized for delays, made the causes of the delays transparent, and kept providers abreast of progress made.

The next obstacle was the high rate of agency denials, even for clients who fit stated agency criteria. Occasionally a family had omitted certain information, but more often families were denied because a provider profile or program inventory was inaccurate. An agency would say, for instance, that it accepted families below a certain income level but omit the fact that it didn’t accept families with no income at all. Careful honing of agency profiles and inventories is essential, said Knowles, not only to house people quickly and fill vacancies but to keep providers from basing decisions (as too often happened in the past) on a “gut feeling

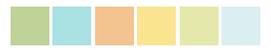


about whether a family is ‘a good fit for our program.’” Intuitive decisions are now yielding to a systematic emphasis on objectivity, consistency, and fairness, she said.

Knowles is realistic about the pace of progress. “We launched the coordinated entry system in the current world,” she said. For now, to keep it moving and buffer some of the anxiety of the 35 participating agencies, the county is approving most of the eligibility criteria. Moving forward, however, the focus will be on rapid-rehousing and be more strengths-based in assessments. For a system to work smoothly and well in the end, Knowles said, “You have to go ahead and start it up,” and make corrections as it runs.

Early Successes

Some programs have reduced their screening criteria, said Knowles. Arbitrary shelter swaps have stopped. Some families have been able to avoid shelter stays altogether via FHC’s direct referrals to permanent supportive housing and rental assistance. Collaboration is increasing, too. In the past some agencies worked together to coordinate, said Knowles, but when coordination happened it was mainly because some providers had built relationships with other providers. “The relationships weren’t systematized, so they changed when staff changed. A good system with good data is helping us do better.”



Coordinated Entry in Smaller Washington Counties (Clark, Kitsap, Spokane, Whatcom)

The steps and benefits of implementing a coordinated entry system are roughly similar regardless of county size, as are the universal challenges of persuading people anywhere to change their habitual ways of getting work done. But compared to larger counties, smaller ones can find it easier to comply with the state's directive about implementing coordinated entry by 2014, if only because they have fewer service providers and thus fewer silo walls to break down. Some small counties have even been pioneers.

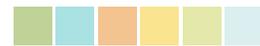
For decades **Clark County** has had a telephone-based system called the Clearinghouse, using the same intake tool as all homeless housing programs in the community. Client information goes into HMIS. With the help of an assessment coordinator hired this year the system will expand to include prevention efforts, and a work group is creating an assessment tool that will fulfill the demands of diverse programs. In 2012 a variety of agencies will pilot-test the expanded coordinated entry system.

Kitsap County launched a coordinated entry system in March, 2012, after several years of using HMIS for sharing client data among all agencies. The Housing Solutions Center does virtually all homeless intakes and initial data collection, then makes referrals to partner agencies. The system has three physical sites using the same assessment tool.

In **Whatcom County**, the existing HMIS turned out to be a useful point of departure for conversations about further collaboration that led to a coordinated entry system. Partner agencies use a common assessment tool in multiple locations, and prevention services are included. Whatcom has seen a 48 percent decrease in chronic homelessness and significant reductions in veteran homelessness since coordinated entry was inaugurated in 2008.

“The steps and benefits of implementing a coordinated entry system are roughly similar regardless of county size, as are the universal challenges of persuading people anywhere to change their habitual ways of getting work done.”

In 2011 the city of Spokane convened a committee to plan a coordinated entry system for **Spokane County**. When daunting complexities multiplied, the community settled for a four-month pilot project to evaluate a common assessment tool. Five agencies completed 236 assessments organized around a self-sufficiency matrix, and revisions made the assessment tool more readable and more clearly structured, according to a concluding survey of provider opinions



compared to a baseline survey. Cindy Algeo and Shane Taylor, executive director and program coordinator, respectively, of Spokane Low Income Housing Consortium (SLIHC), which led the pilot, noted some unexpected rewards of coordination. Participating providers are boosting political will to change the system, by critiquing each other's operations in constructive ways and by airing their concerns about the choices funders make. At this time, the assessment tool is not integrated into HMIS, and it duplicates a few HMIS assessment questions.

Except in Spokane, where the pilot project was funded by the city and a small grant from the Campion Foundation, these counties are funding their coordinated entry systems through a combination of document recording fees, funds from Consolidated Homeless Grants and Community Development Block Grants, and donations.

Evaluation and Looking Ahead

Reliable evaluations of outcomes can be made once a coordinated entry system has been up and running long enough. Even then, economic fluctuations can be more powerful drivers of statistical change, and the impact of one strategy can't be separated out from related strategies employed at the same time. Still, the National Alliance to End Homelessness (NAEH) has encouraged leaders and providers to roughly estimate the success of coordinated entry in their region by asking broad questions. Is it shrinking the numbers of people who become homeless? Is it moving clients more quickly from entry points to success in retaining or gaining permanent housing? Is it reducing repeated descents into homelessness?

Meanwhile, a formal, rigorous five-year evaluation of systems change in the King, Pierce, and Snohomish counties is being conducted by Westat, a national research company located in Rockville, Maryland, in collaboration with state agencies. The evaluation has been funded by the Bill & Melinda Gates Foundation and will assess families at regular intervals each year, evaluate organizations and systems annually via site visits, and compare the cost of supporting a changed homeless housing system with status quo costs. It will also evaluate the role of Building Changes and the Gates Foundation in the systems change effort.

To speed and guide the development of coordinated entry around Washington state so that all applicants for state Consolidated Housing Grants will be eligible by 2014 as required by the state Department of Commerce, Building Changes is developing a toolkit that can be adapted to any community's specific needs. The contents will offer a variety of practical suggestions about the kinds of things to look for in a coordinated entry system, diverse approaches to building it, and what communities are saying about steps that work and don't work in rural vs. urban areas. The toolkit will expand on materials the organization has been sharing through conference presentations, webinars, and consultations at individual sites around the state.

Building Changes hopes that Washington counties creating different models of coordinated entry will inspire and guide other communities in search of promising practices to adopt and adapt to their own circumstances.

Acknowledgments

Building Changes would like to thank the following individuals for their contributions to this paper:

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