

# Making Coordinated Entry Work ~~for You~~ to End Homelessness

National Conference on Ending Family and  
Youth Homelessness  
February 19, 2016



# About Focus Strategies

- Sacramento-based consulting firm
- Founded to help communities improve use of data to reduce and end homelessness
- Working on CES development /refinement in eight communities
- Presenting today: Katharine Gale, Principal Associate



# What should CES accomplish?

- Simplify access for clients
- Ensure fairness and consistency
- Prioritize assistance
- Match households to *most appropriate available intervention(s)*
- Target limited resources more efficiently
- Speed movement from homelessness to housing

# But it doesn't do everything...

- Should get people to programs faster ... but, programs still have to house them quickly
- Frees up some staff capacity (reduce front end work) but doesn't create new housing
- Gives information about bottlenecks and gaps, but alone can't fix them
- May change demand – consider how impacts client and program behaviors

Where to start...

# Your System Goal(s)

**What are you trying to achieve??**

- End unsheltered homelessness?
- End chronic homelessness?
- Target limited resources to those who have highest rehousing barriers?

**Be clear about your goals – that should drive your process and prioritization**

# Your Prioritization Should Reflect Your Goals

- If ending unsheltered homelessness is your goal, weight that most
- If reducing total time homeless is your goal, chronicity is not just a yes/no question
- If you want limited resources to go to those who most likely can't do it on their own, focus on housing barriers
- Too many priorities = no priority

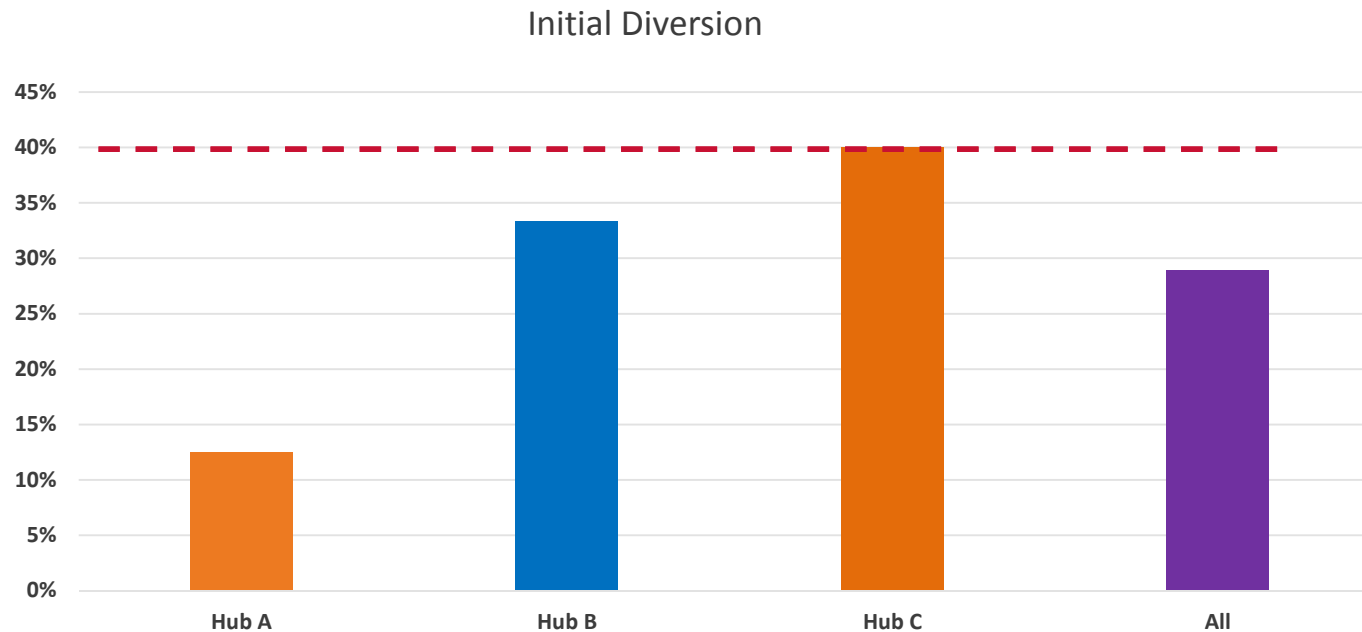
# Using Data To Evaluate Your CES: What are you looking at?

- Outcomes (destinations, including for diversion)
- Incoming situation (where stayed before?)
- Time frames (contact to assessment, assessment to resource, resource to housing)
- Flow (how many in, out, gone, **stuck**)
- Returns



# What are you looking at?

All your metrics should have performance benchmarks, and each program or agency should see how they contribute:

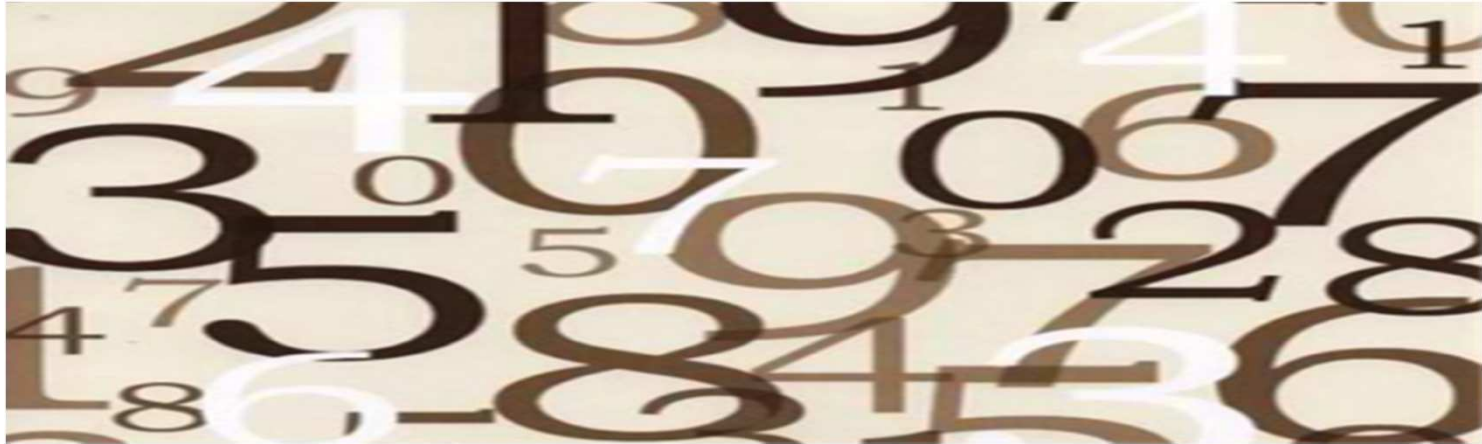


What CES data will tell you...

# Housing People vs. Filling Slots



# Too many matching /screening criteria!



- Matching system can't be automated
- Many rejections for programs
- People/households who don't get served

# Identifying Tool Challenges

Data can help you see if:

- Scores reflect staff desire to get people in
- Patterns change as clients learn what to say
- People at certain score points are stuck

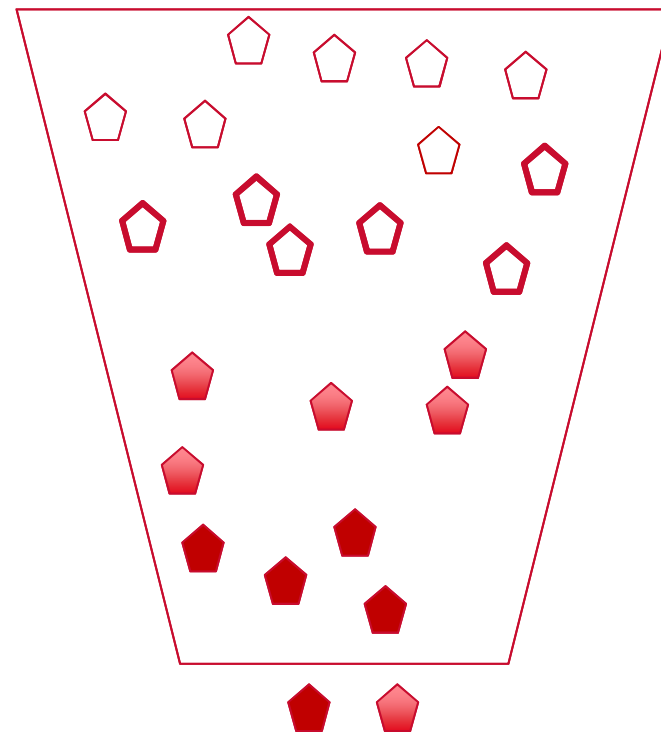
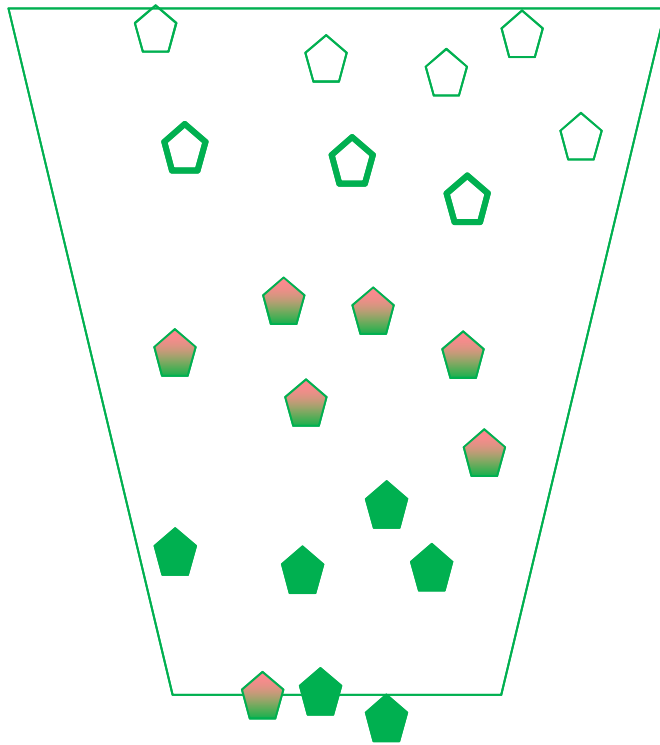
# What does this tell you?



# Beware of People Stuck in Buckets!

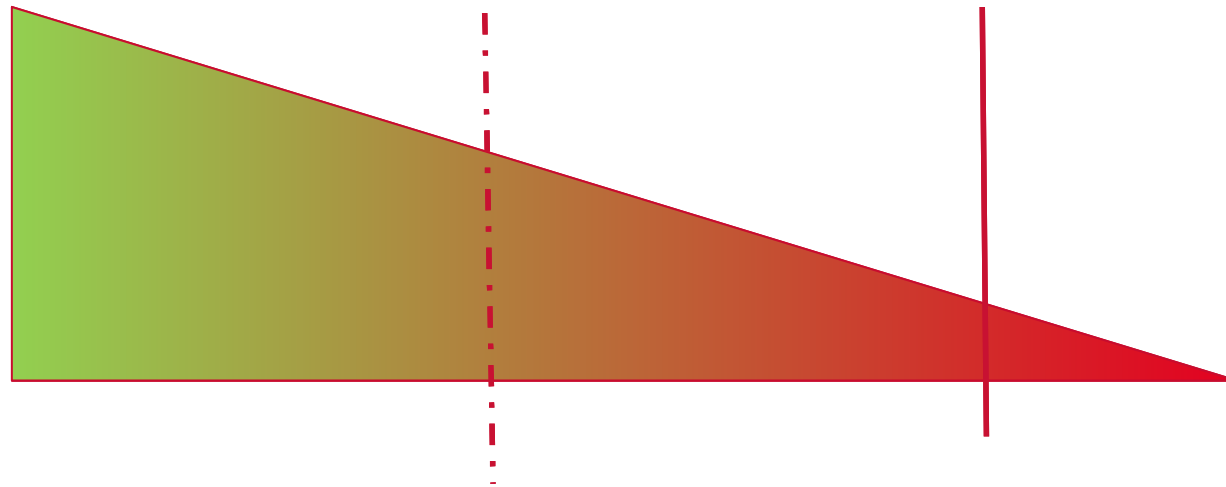


# Beware of People Stuck in Buckets!





# Blending the Buckets



# Scores are scores, People are people

- Tools help make resource decisions but they are not infallible; people defy expectations
- No one is their score.

“She’s a 13, she **needs...**” vs.

“She scored 13, indicating she could benefit from X... Do we have X?”

# Other factors impacting CES flow

- High no-show rates at set appointments
- High rates of refusals/denials
- Lengthy assessments that include unnecessary information – **TMI!!**
- Working from an out of date list (long wait lists end up full of ghosts)

# Data-DRIVEN means

- Look at data every time you meet
  - Every time means **every** time
- Look at data between when you meet and if something's up, call a meeting!
- All system change decisions are data informed
- Data can be questioned but never ignored

# Using the System Data

# assessed in a month = # diverted + # of monthly openings  
Example: 200 assessed → 50 diverted and 90 rehoused =  
60 carry over **\*STUCK\***

Three things that can change the right hand side of the equation:

- More successful diversion
- Higher rates of turnover in existing programs (i.e. shorter lengths of stay)
- Add housing programs/slots

# What to invest in if system's really stuck ...

- 100 units of PSH, equals ~15 openings a year
- 100 slots of RRH, equals ~ 240 openings in a year (at average 5 months)

Shelter doesn't house people, but it does shelter them.

What's your priority??

For more information  
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[www.focusstrategies.net](http://www.focusstrategies.net)



# Coordinated Intake in Southern Nevada

Michele Fuller-Hallauer, MSW, LSW

Clark County Social Service

Manager and CoC Coordinator

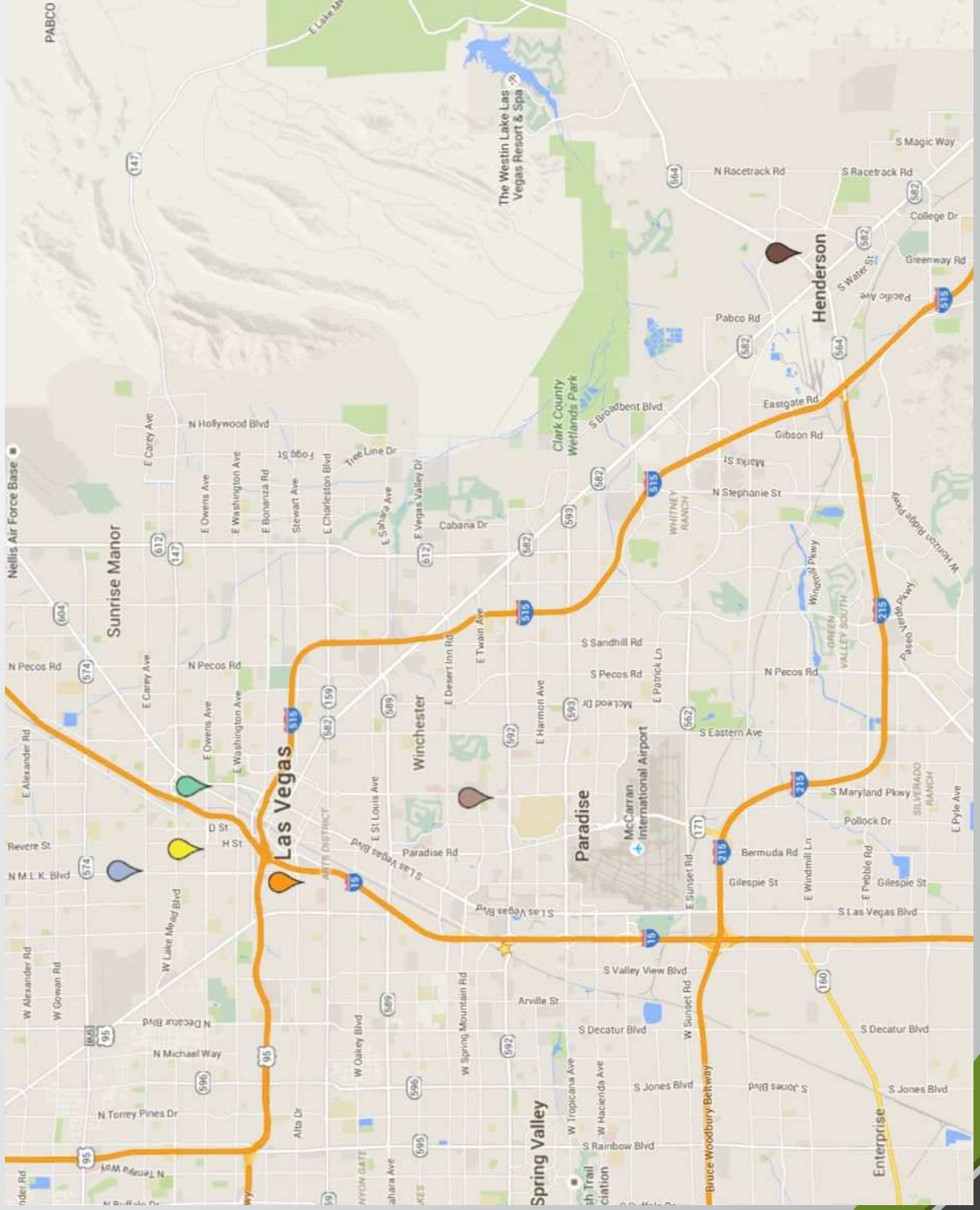


**Help Hope Home**

*Ending Homelessness in Southern Nevada*

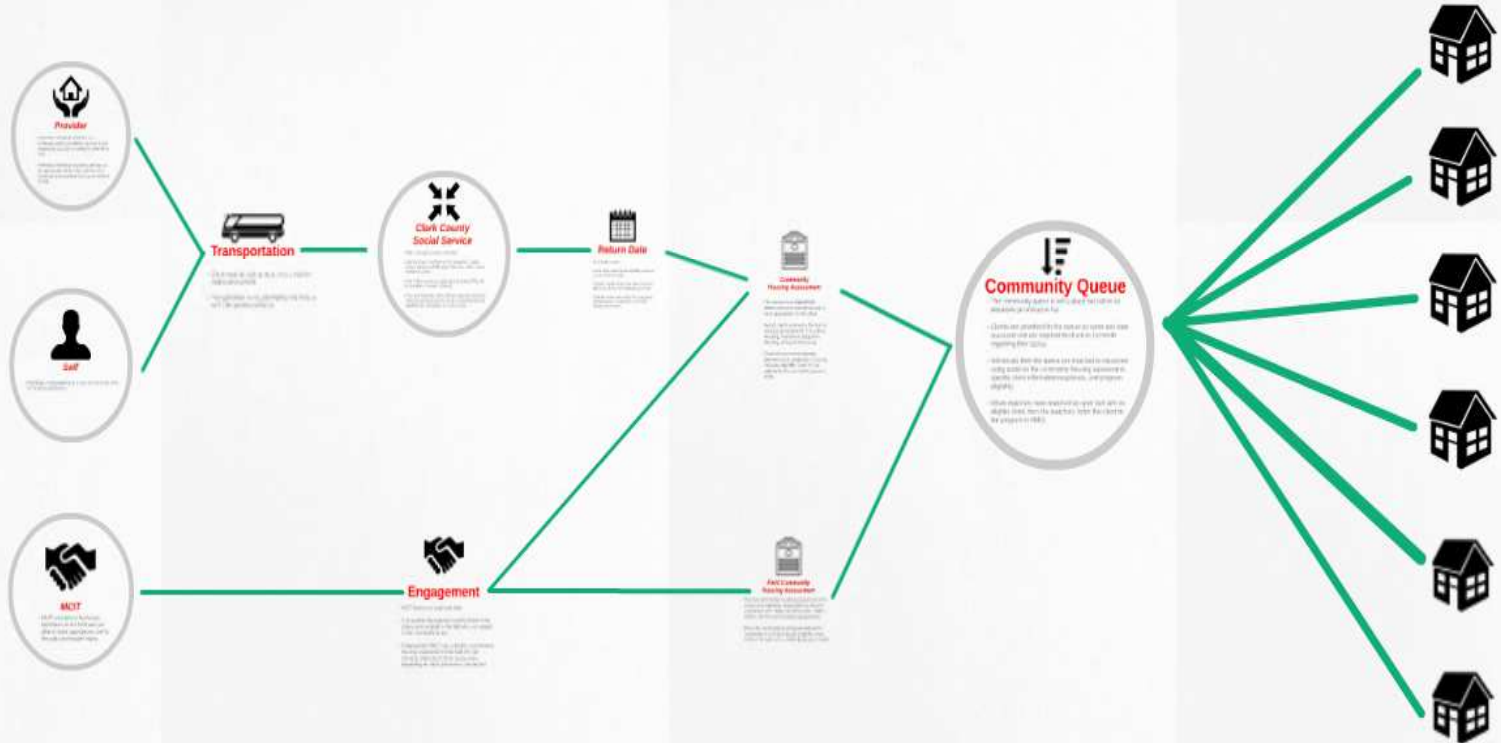


# Coordinated Intake Sites



# Coordinated Intake in Southern Nevada

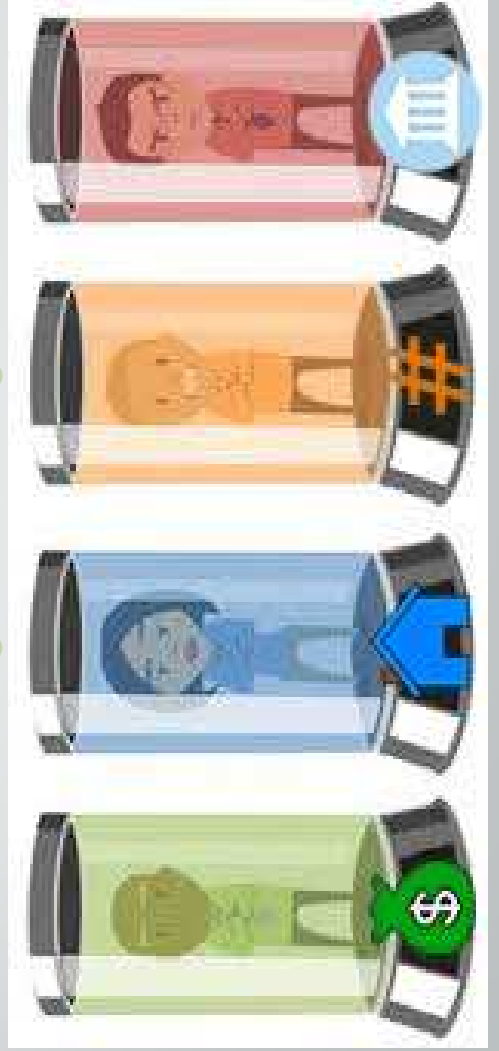
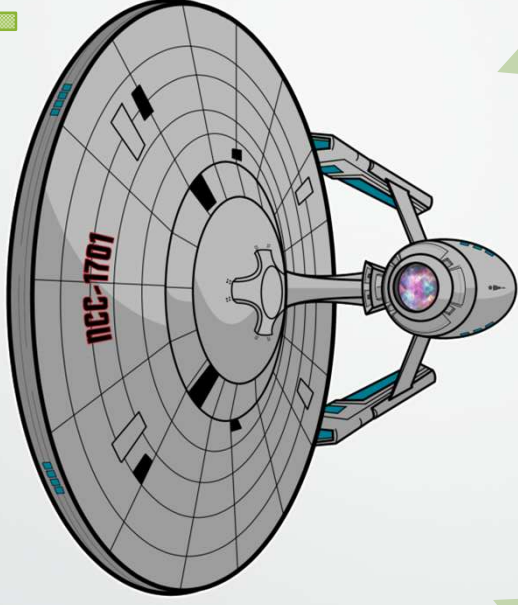
Point of Entry



[PREZI site](#)

# Moments

# Beam Me Up



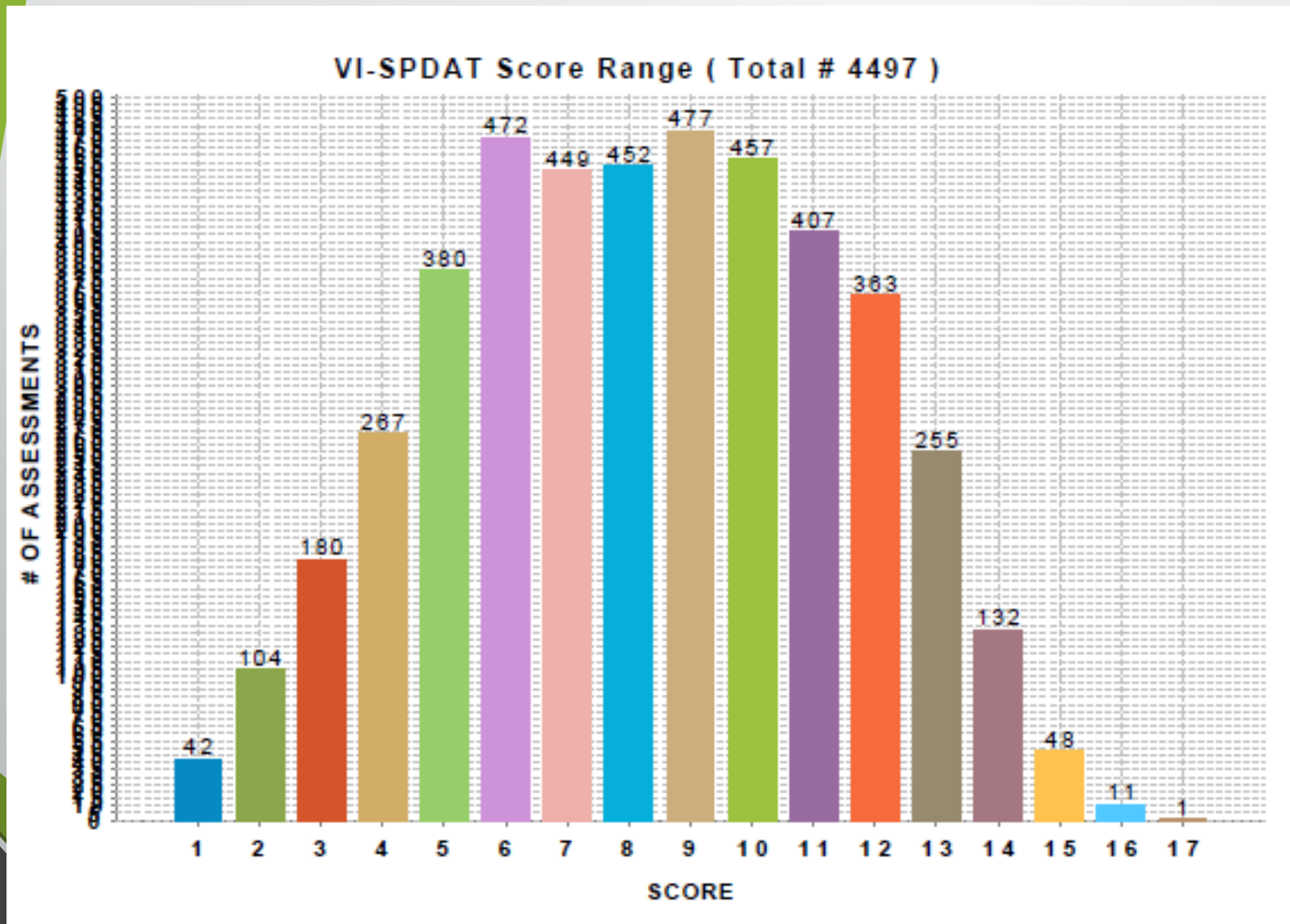
# Coordinated Intake (CI) Change Advisory Team (CAT)



# Weekly HMIS Reports

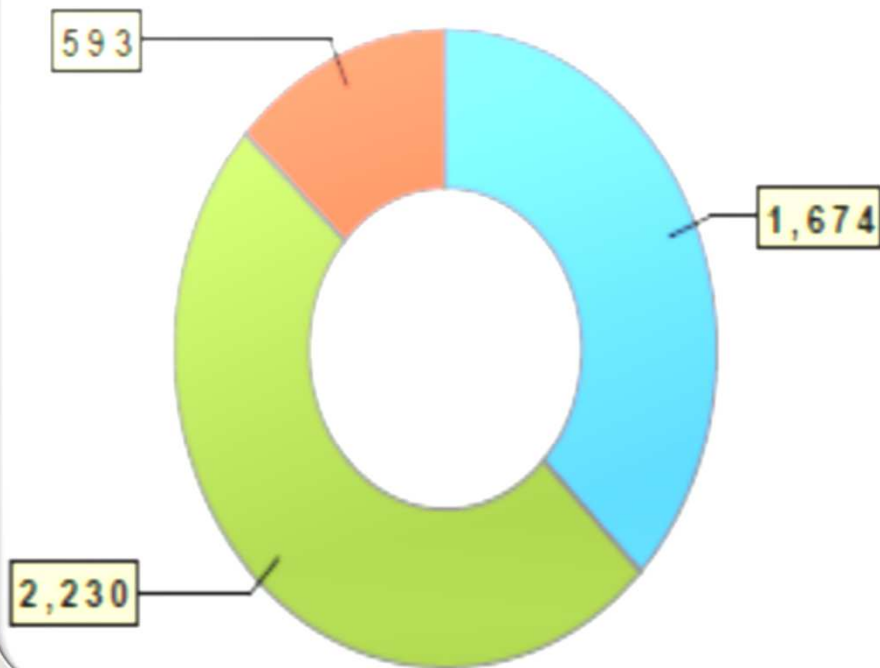
COMMUNITY ASSESSMENT AND HOUSING DETAILS											
DATA THRU 02/07/2016											
	VA Completed Assessment	VA Matched	VA Housed TH	SSVF Housed RRH	VASH Housed PSH	Community Completed Assessment	CCSS Completed Assessment	CCSS Matched			
TOTAL	0	0	0	0	0	0	0	0	0	0	0
2016 Feb (to date)											
2016 Jan											
2015 Dec											
2015 Nov											
2015 Oct											
2015 Sept											
2015 Aug											
2015 Jul											
2015 Jun											
2015 May											
2015 Apr											
2015 Mar											
2015 Feb											
2015 Jan											
2014 Dec											
2014 Nov											
2014 Oct											
2014 Sept											
2014 Aug											
2014 Jul											

# Score Range 7/1/2014- 2/2/2016



# VI-SPDAT Completed

(Total # 4497)  
7/1/2014-2/2/2016



- Permanent Supportive Housing (10 - 99) ( #1,674 )
- Rapid Re-Housing/Transitional (5 - 9) ( #2,230 )
- No Housing Support Recommended (0 - 4) ( #593 )

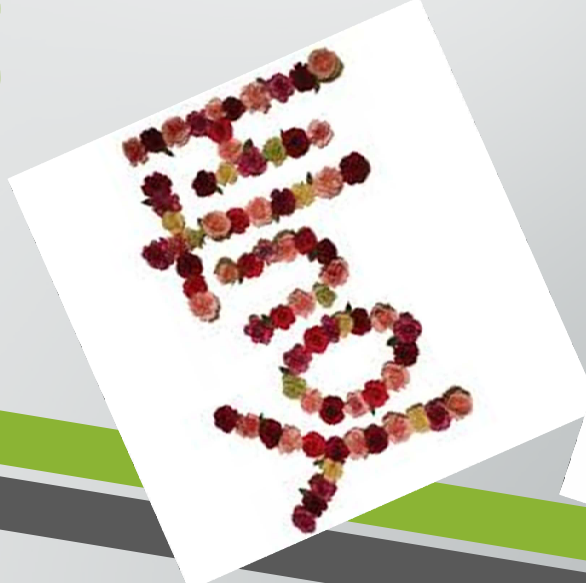


# CI Evaluation

- Analysis of Relevant HMIS Data
- Focus Groups and Key Stakeholder Interviews/Meetings
- Surveys
- Document Review
- Applicable Federal Requirements/Guidance and Community Examples
- Report divided into sections:
  - Outreach
  - Assessment
  - Matching
  - Conclusion
  - Appendix



# Sub-Population Coordinated Intake





# ***Making Coordinated Entry Work for You***

## ***Milwaukee's 2-1-1 Approach***

2016 National Conference on  
Ending Family and Youth Homelessness

[www.impactinc.org](http://www.impactinc.org)

**IMPACT**  
*Changing Lives. For Good.*

# *IMPACT's mission is to change lives, for good.*

- helps restore the health and productivity of individuals, organizations and workplaces leading to an improved quality of life for our entire community
- has served the community for more than 50 years
- Is a regional service provider headquartered in Southeastern Wisconsin

# What's the Scope of Homelessness in Milwaukee?

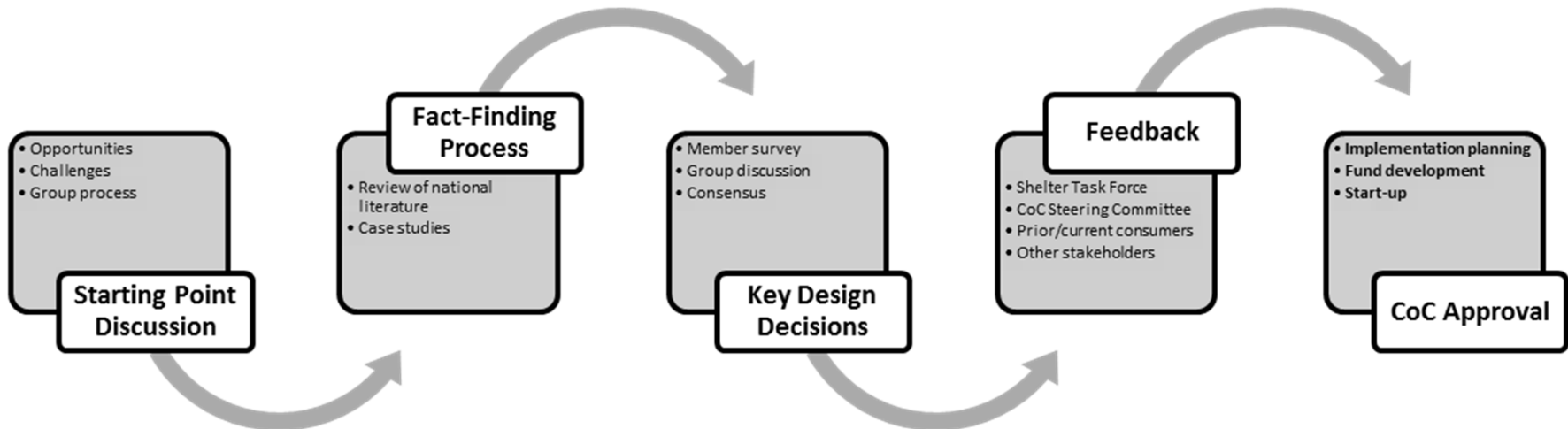
- Metro Milwaukee Area: 1.5 million people
- City of Milwaukee: 600,000 people
- 2014: Our CoC provided services to 8,174 clients
- Estimated total on an average night: 2,165 client served

# How did we decide on Coordinated Entry?

## 2011 Continuum of Care Planning Day



## Coordinated Entry Workgroup Created



# *Workgroup Starting Point: Vision for the Future*

- Multiple access points with outreach.
- Highly skilled staff with multidisciplinary capability.
- Extensive knowledge of and access to community resources.
- Continuity of care within the coordinated entry function – person tells his/her story once.
- Ability to respond to immediate needs.

# *Workgroup: Key Design Decisions*

- Coordinated Entry should not be a physical place that people go to.
- The strong consensus of the Work Group is that Coordinated Entry should serve all homeless populations.
- Coordinated Entry will match referrals to agencies' criteria, making reservations that are contingent on agencies' approval with the expectation that agencies will honor appropriate referrals.
- CE will implement screening and shelter diversion over the phone, using the CE Outreach Team to conduct face-to-face assessment when necessary.

## *Workgroup: Key Design Decisions, cont.*

- Participation will be required by the Continuum of Care (CoC) with funding sources backing up the requirement in their funding/program evaluation criteria.
- CE will include the full array of homeless services within the Continuum of Care.
- CE should be established as a separate non-provider entity that can monitor the CE process, maintain good communication, organize participating agencies, identify and address implementation issues, and develop resources to improve the system.
- Governance of Coordinated Entry should be initially lodged with the Executive Board of the Milwaukee Continuum of Care.



# *Coordinated Entry: Lessons Learned*

- Implement an entire segment of the population vs. starting with shelters
- Address program barriers upfront, prior to implementation and often!
- Meet with anyone and everyone to discuss Coordinated Entry—especially direct service staff (even if their ED's are already well informed).
- Make it absolutely clear how backdoors will or will not be allowed to operate.
- Collaboration with community partners is key.
- You need a champion(s)

# Golden Rule:

Let the data speak for the system

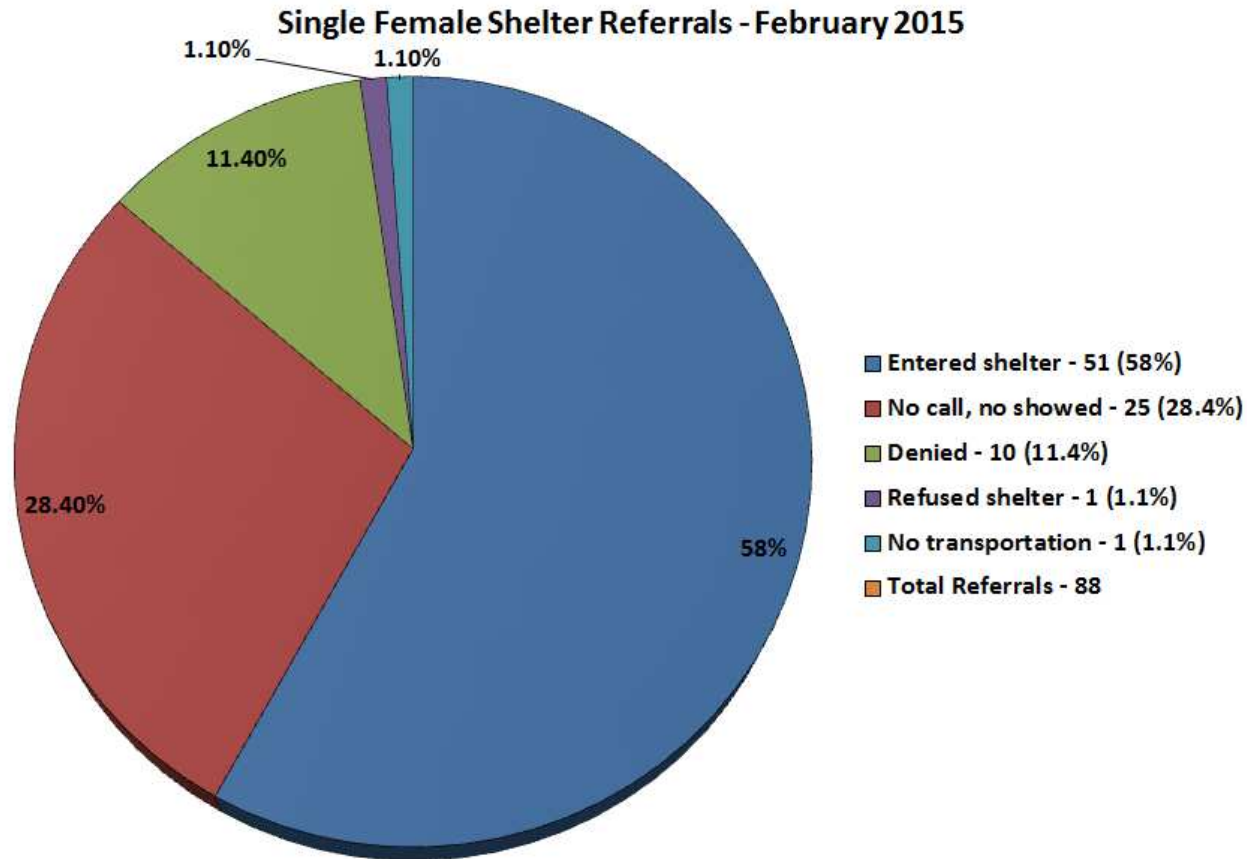
# Call Metrics

December 2014	Reflected in Minutes		
Skill	Avg InQueue Time	Avg Talk Time	Avg Handle Time
CoorEntry	3.00	5.90	6.62
Housing	4.95	4.78	5.41
SpanCoorEntry	1.65	4.56	5.14
SpanHousing	3.48	5.57	6.31
Difference b/w CoorEntry and Average for All Calls	Time to wait for an answer is shorter by this amount	Average talk time is greater by this amount	Total overall time is longer by this amount
	26%	46%	45%

# Data Reports – Year End

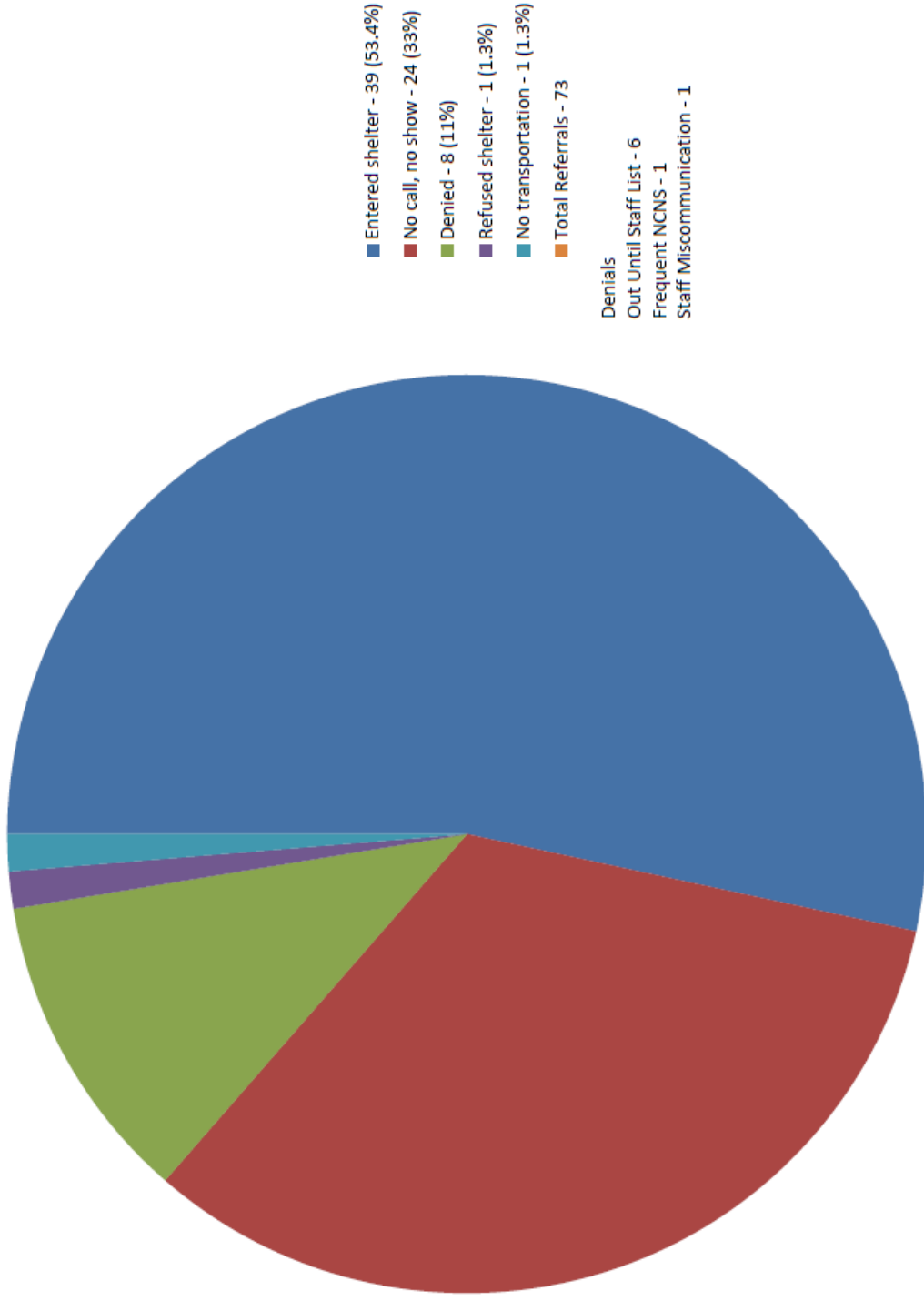
	<b>2014 Year End Data</b>	<b>Total</b>
Cold Weather Shelters/Warming Centers		<b>764</b>
Community Shelters		<b>26,974</b>
Crisis Nurseries/Child Care		<b>478</b>
Domestic Violence Shelters		<b>1,498</b>
Homeless Drop In Centers		<b>196</b>
Runaway/Youth Shelters		<b>280</b>
<b>Total requests for emergency shelter:</b>		<b>30,190</b>
Total requests for emergency shelter for families (all calls)		<b>11,629</b>
Total number of unduplicated families:		<b>3,409</b>
Total referrals attempted:		<b>528</b>
Total referrals accepted:		<b>317</b>
Total diverted		<b>844</b>
<b>Total on housing priority index:</b>		<b>1,528</b>
Total requests for emergency shelter for women (all calls)		<b>12,618</b>
Total number of unduplicated single females:		<b>2,856</b>
Total referrals attempted:		<b>873</b>
Total referrals accepted:		<b>554</b>
Total diverted		<b>823</b>
<b>Total on housing priority index:</b>		<b>1,112</b>
<b>Homeless Prevention Service Requests</b>		<b>22,927</b>

# Monthly Data Report



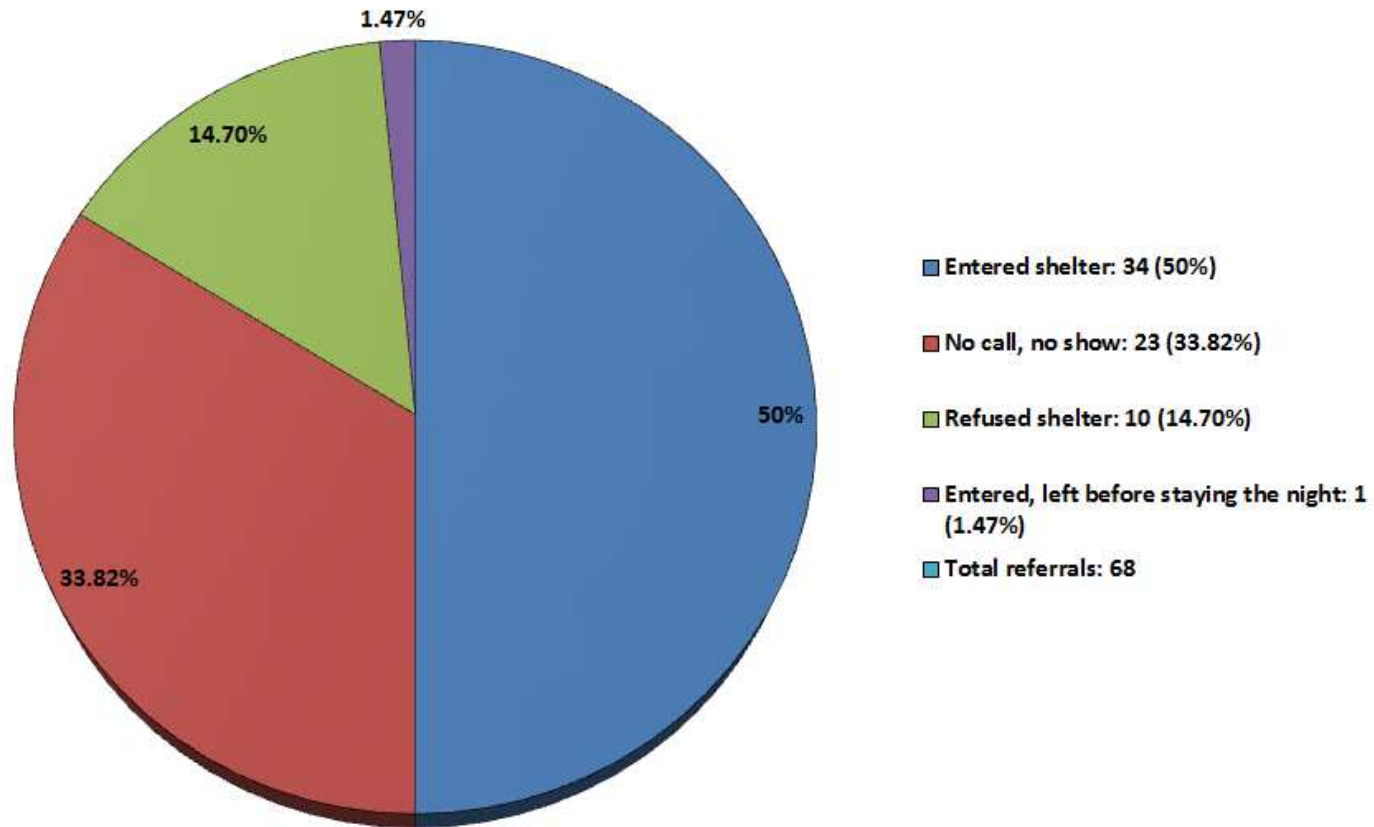
# Monthly Data Report

## Female Referrals - February 2015



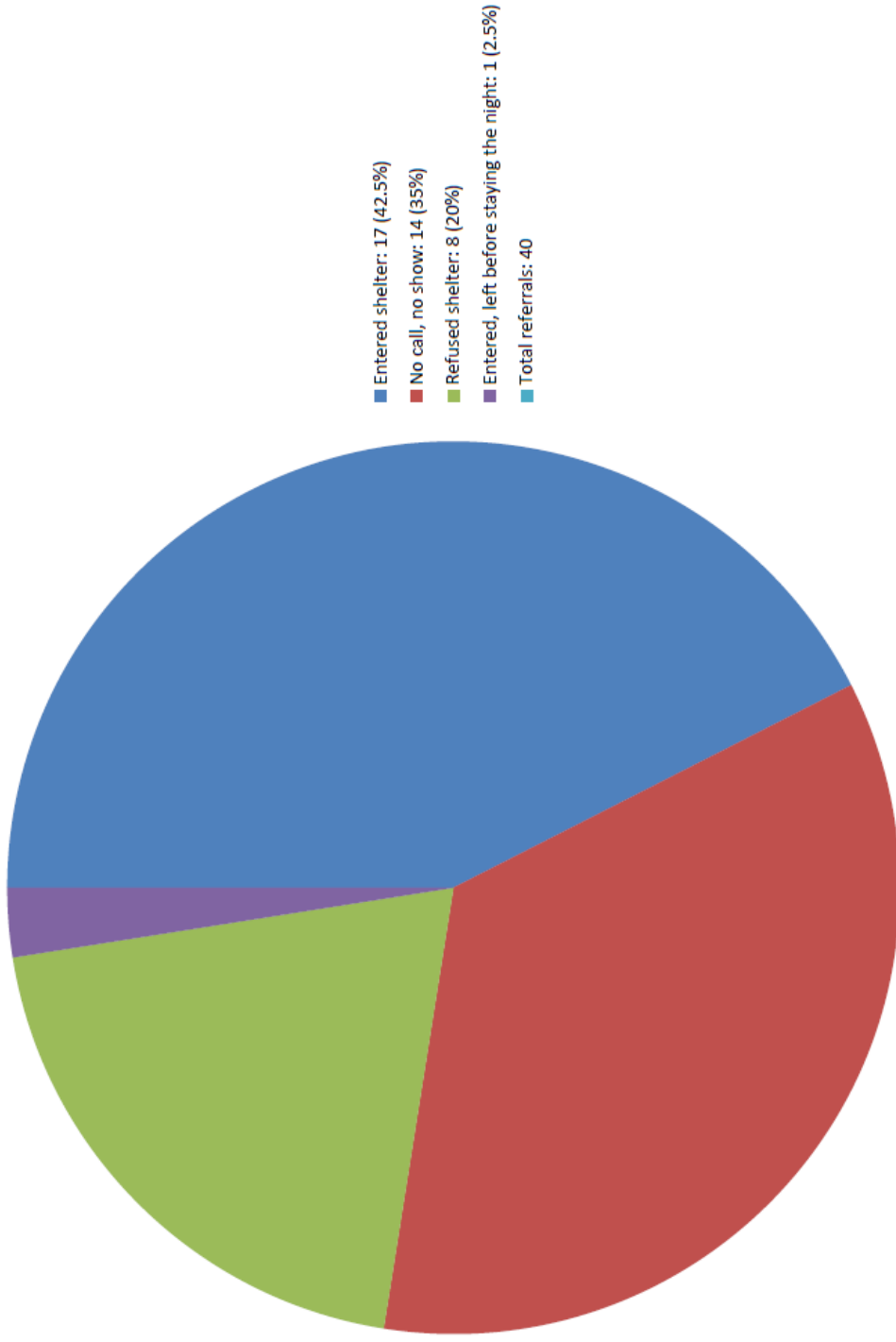
# Monthly Data Report

## Family Shelter Referrals - February 2015



# Monthly Data Report

## Family Referrals - February 2015





## Family Shelter Matrix

<p><b>Criminal background</b> (Look back period, open warrants, open cases without plea, sex offenders)</p>	<p>Look back period: Gathers all historical data, no period. Open warrants: Will work to clear MMC and CCAP warrants Open cases: MMC and CCAP okay; Will assess any cases involving violence/aggression towards women or children on a case by case basis.</p> <p>Sex offenders: No</p>	<p>Look back period: 2 yrs. for battery/assault/DV/abuse, gathers other historical data, no period. Open warrants: Okay Open cases: Okay, however no battery/assault/DV/sex offenses Sex offenders: No</p>	<p>Look back period: Gathers all historical data, no period. Open warrants: Okay Open cases: Okay, sexual offenses handled on case by case basis. Sex offenders: No for those listed on sex offender registry. Case by case review of non-sex registry sexual offenses.</p>	<p>Look back period: Must have felony level violence clean record for past 5 years. Will not accept any felony child abuse (no look back window). Open warrants/cases: Open cases ok but must be willing to work with Case Manager to address those issues. Sex offenders: No sex offences at any time in the past. Registered or non-registered.</p>
<p><b>Documentation Required</b> (ID required, Social Security Card, Birth Certificates, Child custody paperwork)</p>	<p>ID/SS/Birth Cert/Child Custody Paperwork: Will work with client to obtain within 2 business days of entry.</p>	<p>ID/SS Cards/Child Custody Paperwork: Will work with client to obtain within 48 hours of entry.</p>	<p>ID/SS/Birth Certificate/Child Custody Paperwork: Will work with client to obtain.</p>	<p>ID/SS: Must have some sort of identification (can be piece of mail, pay check stub, etc.) Child custody paperwork: Will work with client to obtain. Will not take undocumented immigrants.</p>
<p><b>In-take Hours</b> (Referral acceptance hours, hours families have to arrive until)</p>	<p>Referrals: M-F, 9:00am-4:30; 8:00-11:00 pm and Sa-Su 9:00-11:00am, 8:00-11:00 pm Family Arrival: Case by Case basis; Up until midnight daily; We will notify 2-1-1 if a family does not show up.</p>	<p>Referrals: M-F, 9:00am-4:30pm Family Arrival: Case by case basis if family doesn't arrive we will notify 211 of opening.</p>	<p>Referrals: M-F, 9:00am-5:30pm Family Arrival: Anytime, case by case basis (would like them there prior to 11:00pm).</p>	<p>Referrals: Sun-Sat, 9:00am-4:30 Preferable for them to arrive for intake between 5pm and 7pm. Will work with folks who can't make this time.</p>
<p><b>Family Acceptance</b> (Young males 12-18, male HOH, multigenerational families)</p>	<p>Young Males: Okay, children age 18 must still be enrolled in high school. Male HOH: Yes, does not have to be married but must have been part of the household prior to current homeless episode. Multigenerational Families: If living in same household with minor kids prior to shelter. ** One adult in the family must be legally or biologically related to the children.</p>	<p>Young Males: Up to the age of 17, however if 18 and in school they can remain in shelter. Male HOH: Currently Not allowed. Multigenerational Families: If they were leaving from the same household at the time of entry to the shelter.</p>	<p>Young Males: Okay, children age 18 must still be enrolled in high school OR have special needs which require them to stay with the family. Male HOH: Yes, does not have to be married but must have been part of the household prior to homeless episode. Multigenerational Families: Okay, as long as they have minor kids within the family.</p>	<p>Young Males: Okay, children age 18 must still be enrolled in high school OR have special needs which require them to stay with the family. Male HOH: Yes, does not have to be married but must have been part of the household prior to homeless episode. Multigenerational Families: Okay, as long as they have minor kids within the family.</p>

<b>DI Accessible</b> (Wheelchair, Service Animals, Hear/Visual Impairment, Elevator)	Wheelchair: Yes Service Animals: Yes Hear/Visual Impairment: Hearing is okay, visual is a possibility Elevator: Yes	Wheelchair: Yes Service Animals: Yes Hear/Visual Impairment: Yes Elevator: Yes	Wheelchair: Yes Service Animals: Yes Hear/Visual Impairment: Yes Elevator: Yes	Wheelchair: Yes Service Animals: Yes Hear/Visual Impairment: Yes Elevator: Yes
<b>Gender Identification</b> (Transgendered Individuals)	Transitioning/Transgendered okay.	Transgendered okay. However the client identifies is how shelter will identify them.	Discuss with the client and find where they would feel most comfortable. Able to house as they identify.	Transitioning/Transgendered okay.
<b>Sobriety</b> (Under the influence)	If they are currently intoxicated, it's okay as long as they can care for themselves and their children and are not disruptive. If they are unable, they can be sent to Detox and Emergency Contacts called to pick up the children.	Would offer a referral to internal AODA program. If unable to function, they would be sent to detox and their bed held until discharge from detox	If they are currently intoxicated, they are allowed as long as no violence/aggressive behavior. May be sent to detox, if necessary but will not lose their bed.	If they are currently intoxicated but can care for themselves and are not disruptive will be allowed to stay the night, but will be discharged the following morning. Will be sent to Detox if they are disruptive.
<b>Ban/Out Until Staffed List &amp; Banned</b>	Out until staffed, will need re-assessment for entry. No expiration date for removal from the OUS List.	Ban list for those that have threatened staff, acts of violence, drug use on premises. No expiration date for removal from ban list.	None – a contract may be required for re-entry. For <u>fmj</u> , clients that made violent threats, they must speak to staff prior to entry.	Red Flag list for those that have threatened staff, acts of violence, drug use on premises. No expiration date for removal from ban list. This is listed in <u>ServicePoint</u> .
<b>Average Length of Stay</b> (Extensions Permitted & Reasons)	30 days with possibility of extension up to a maximum stay of 90 days. Extensions are reviewed at the 30/60 day mark depending on the behavior in shelter and progress of case plan.	30 days, Extension: if there is a pending referral to permanent housing.	30 days, Extension: W-2 paycheck, SS check, pending referral to permanent housing.	90 days, Extension is reviewed at 30/60 mark and determined by behavior while in shelter and progress of case plan.
<b>Family structure</b>	Must have minor children	Must have minor children	Must have minor children	Must have minor children
<b>Bed count for families</b> (Pack n plays separate)	8 rooms (28 beds), pack n plays, various cots as needed. **Cot availability for the family floor will be limited during Overflow operations.	12 rooms (40 twin beds), 9 pack n plays	12 rooms (48 single sized beds), pack n play varies (typically 6 on site), 2 cribs meeting safety standards also has 4 children's cots on and 2 adult cots on site.	10 rooms (38 twin beds) pack n plays/cribs as needed for household
<b>24 Hour Shelter/ 3rd Shift Workers</b>	24 Hour Shelter: No 3rd Shift Workers: No	24 Hour Shelter: No 3rd Shift Workers: No	24 Hour Shelter: Yes 3rd Shift Workers: Yes	24 Hour Shelter: Yes 3rd Shift Workers: Yes
<b>Unable to self-care</b>	Not eligible	Allowed only if they have a nurse or CNA that can come in to care.	Not eligible	Not eligible
<b>30 day out of programs policy</b>	Must not have been at CCI in the past 15 days prior to entry.	Must not have been at MWC in the last 30 days prior to entry.	None	None
<b>Income</b>	None	None	May deny on the basis of client	None

# *Six Month Implementation Review*

## **Pre and Post Comparison of Families in Shelter:**

- Slight increase in family size, Children in families tended to be younger
- Amount of families served went down by 13.1%
- 3% more likely to come from places not meant for human habitation
- Prior to CE, 0% came from psychiatric hospitals, medical hospitals or jail.
- Increased mental health and physical/medical problems

# Six Month Implementation Review

## Family Length of Homelessness

Length of Homeless Episode	Pre-Coordinated Entry %	Six Months Post Coordinated Entry %
Less than one week	27.1	27.3
One week to less than one month	43.1	31.8
One month to less than three months	26.4	30.3
Three months to less than six months	1.7	3.4
Over six months	1.7	7.2

# *Six Month Implementation Review*

## **Pre and Post Comparison of Single Females in Shelter:**

- Increase in women served
- Clients with AODA, mental health and physical/medical issues all increased
- Percentage coming from places not meant for human habitation dropped
- Clients coming from discharges (psychiatric, AODA Tx, hospitals) increased
- Chronic homelessness jumped from 6.2% to 22.4% and consists primarily of women having multiple episodes vs. a year long homeless episode
- The number of white women in shelter increased and the number of African American women decreased

# *Six Month Implementation Review*

## System Problems Identified

- Late afternoon warm transfers (shelter staff availability and possible empty rooms)
- Reduction of communication and collaboration amongst providers
- Assessment questions regarding physical/medical issues
- Shelter Capacity: Physical structure, staff capacity
- Differing shelter eligibility requirements
- Serving the hardest to serve means you're serving the hardest to serve

# *Six Month Implementation Review*

- Implementation of 2<sup>nd</sup> round of daily referrals and change in the start of our referral specialist
- CE Workgroup, push for engagement in other workgroups
- Changed assessment on physical/medical questions to VI-SPDAT model
- Took 2-1-1 staff to view shelters to understand capacity
- Instituted monthly CoC wide trainings
- Hard talks on eligibility, legalities and data

# *Coordinated Entry: Moving Forward*

- Adding mobile Coordinated Entry component
- Creative Case Management – Reduce Recidivism
- Public Relations: First Responders
- Coordinated Entry Database and Mobile Application
- Continued evaluation of the Coordinated Entry system and process
- Collaboration:
  - Hospital
  - Department of Corrections
  - Public Housing Authorities
  - ADRC
  - Milwaukee County Behavioral Health Division





**IMPACT would like to thank the City of Milwaukee Community Development Grants Administration (CDGA), United Way of Greater Milwaukee and Waukesha Counties and Milwaukee County Government for supporting IMPACT and the Coordinated Entry Program**



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<http://www.impactinc.org/impact-2-1-1/coordinated-entry-for-homeless-services/>