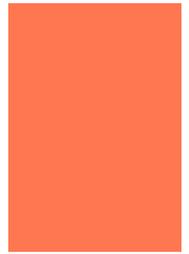


# Pierce County Coordinated Entry System One Year Evaluation Report



Prepared for Pierce County  
Human Services  
by Focus Strategies

March 2019



Pierce County One Year Coordinated Entry System (CES) Evaluation  
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## Executive Summary

Focus Strategies has conducted an evaluation of the Coordinated Entry System (CES) designed and implemented by Pierce County Human Services (PC). This evaluation covers the period from April 1, 2017 through March 31, 2018 and represents a follow-up to our evaluation of the first six months of CES operations from October 2016 through March 31, 2017. The purpose of this evaluation is to assess the effectiveness of CES and determine whether progress has been made since the original six-month assessment. Results from this evaluation will inform PC's ongoing refinement of the CES.

PC's main goals for Coordinated Entry are that:

- People experiencing homelessness have a clear, well-understood pathway to accessing the homeless crisis response system;
- CES helps households solve their own housing crises and stay out of the homeless system whenever possible;
- Households receive the right resources at the right time;
- Those with the greatest needs are prioritized for the most intensive assistance; and
- People experiencing homelessness move rapidly into permanent housing and do not experience subsequent returns to homelessness.

Our previous evaluation found that, as a general matter, CES was achieving its intended objectives, but that there were a number of ways the system could be adjusted to yield stronger results. This follow-up evaluation identifies continuing improvement and some significant system strengths. The practice of offering a housing solutions conversation (HSC) to each household has been strengthened and refined, and the results are that 51% of households who enroll in diversion as a result of the HSC successfully identify a housing solution. The system is successfully identifying and prioritizing the highest need households for available housing resources; and those who receive a housing referral do so fairly quickly. Stakeholders report that the provider community and clients are continuing to gain a greater understanding of the goals of CES and how it operates; and there is a general perception that the system is producing positive results for clients.

Our analysis identified several areas that continue to be challenging and that warrant continued focus on system refinement. The call center for initial screening is serving fewer households than expected and stakeholders report that it is difficult to get through or to receive a call back. This appears in part to be a result of CES not having enough capacity to schedule HSC appointments in a timely way, and so the call center only operates during limited hours. We recommend making HSC more widely available, such as through deputizing other organizations to perform this function, rather than expanding call center hours. Another challenge is that while people who receive a housing referral do so fairly quickly, there are many in the priority pool who do not receive a referral at all due to lack of system capacity (insufficient supply of both rapid rehousing and permanent supportive housing). Additionally, many of the referrals are declined either by the client or the provider agency. While CES cannot address the lack of housing resources in the community, it appears that there are a number of ways the referral process could be more efficient, particularly in the area of helping clients to secure needed documentation. Another finding is that there appear to be some differences between the two CES provider agencies in how staff time is allocated to particular CES functions. There may be ways that each provider can learn from the other how to make the CES process speedier and more efficient. Overall, however, we did not find any major areas of concern. We advise PC to continue to assess the CES on an ongoing basis and continue to refine policies and practices to achieve even stronger results moving forward.

## I. Introduction

Pierce County Human Services (PC) engaged Focus Strategies to provide technical assistance (TA) with the development of the community's Coordinated Entry System (CES) for homeless households. Launched in October 2016, CES is a re-structuring of the Centralized Intake (CI) system that had been operating since 2011. As part of this TA engagement, Focus Strategies conducted an evaluation of the first six months of implementation of CES covering October 1, 2016 through March 31, 2017. This report is a follow-up evaluation of a full year of operations covering April 1, 2017 through March 31, 2018. The general goal of this evaluation is to assess the effectiveness of CES and how well it is meeting PC's homeless system objectives. Results from this evaluation will inform further CES refinement.

## II. Background: Development of the Pierce County Coordinated Entry System (CES)

In 2014 to 2015, Focus Strategies conducted an assessment of the design and operations of the County's Centralized Intake (CI) system, which was implemented in 2011. Results of this assessment were documented in a report finalized in February 2015. The purpose of the assessment was to inform a process to refine and re-structure the CI system, Access Point for Housing (AP4H), to achieve better results and align with broader system change initiatives underway.

Following this assessment, PC worked with Focus Strategies to design a Coordinated Entry System (CES) building upon the existing CI. The overall goal of this system re-structuring work was to improve the effectiveness of the community's coordinated entry work by: ensuring people receive the right resources at the right time; assisting a greater number of households in solving their own housing crises and staying out of the homeless system; serving and housing those who have the greatest need for assistance; and ensuring people move rapidly to permanent housing and do not experience a return to homelessness. Focus Strategies assessment report, as well as information about the process that PC followed to develop CES may be found on the Pierce County Human Services website:

<https://www.co.pierce.wa.us/4809/Coordinated-Entry>

### A. Key Features of CES and Definition of Terms

The following section summarizes the key elements of CES that have been implemented in PC.

**General Features:** CES integrates a Housing First-oriented crisis resolution framework – the fundamental purpose of CES is to help connect as many people as possible to resources that resolve their housing crisis as quickly as possible. CES employs a client-centered, strengths-based model in which participants are supported to identify and implement their own housing solutions. CES is also strongly funder-driven – PC is responsible for the overall system design and objectives, while homeless system providers have helped to shape many of the operational decisions regarding how the system will function.

**CES Partners:** PC has entered into contract with three provider agencies to operate CES: Associated Ministries (AM), Catholic Community Services (CCS), and Greater Lakes Mental Health Care (GLMH), all selected through a competitive RFP process. Comprehensive Life Resources (CLR) subsequently joined the partnership, expanding the unsheltered outreach of CES.

**Mobile Outreach and Engagement:** The GLMH and CLR PATH Teams conduct mobile outreach to people experiencing homelessness. These outreach teams also conduct CES activities in the field with people who are unsheltered and chronically homeless – these activities include collecting initial screening and prioritization data. The outreach teams are also trained in conducting housing solutions conversations

and assisting clients to identify a housing solution without entering the homeless crisis response system. Engagement is focused on identifying an individual's housing needs and barriers, and the teams take a problem-solving approach to find housing solutions.

**Initial Screening:** Screening is conducted through a call-in helpline operated by AM, as well as by the outreach team. Only those households who are identified through this initial screening as being literally homeless (living outside or in shelter) or fleeing/attempting to flee domestic violence may access homeless system resources. Those who are identified as literally homeless at the screening step are scheduled for a housing solutions conversation appointment.

**Housing solutions conversation:** All households identified as being literally homeless are scheduled for a housing solutions conversation before being assessed or prioritized for housing assistance. The objective is to help as many people as possible to resolve their homelessness through problem-solving and limited financial assistance. AM and CCS both conduct housing solutions conversations at their offices, as well as same-day shelters. Those who identify a diversion plan are "enrolled in diversion" (see terminology below) and then work with a CES specialist for up to 30 days to secure housing outside of the homeless crisis response system. Those who do not develop a diversion plan are placed into the priority pool for a housing referral but encouraged to continue searching for housing on their own.

*Note on Diversion Terminology:* Throughout this document, we use specific terms to differentiate various steps in the diversion process. These distinctions are important in understanding the analysis of CES data, as information is collected at a number of discrete steps in the process which include:

- **Housing solutions conversation:** A conversation, scheduled by appointment, where a CES specialist discusses a household's current situation, any potential housing resources available within the household's natural pool of resources and social networks, and attempts to identify a housing solution accordingly. When we refer to the number of housing solutions conversations, we are talking about the numbers of these encounters. Not all conversations lead to an actual diversion outcome or even "enrollment in diversion."
- **Enrolled in diversion:** At the end of the housing solutions conversation, some clients will identify a housing plan that they want to work on alongside a CES specialist, at which point they are enrolled in the diversion project in the Homeless Management Information System (HMIS) and have 30 days to execute the diversion plan. When we refer to numbers of people enrolled in diversion, we are referring to how many choose to pursue this type of housing solution and are enrolled in the diversion project in HMIS.
- **Successfully diverted:** Of those people who enroll in diversion, only a subset actually secure housing as a result. When we talk about how many were successfully diverted, we are talking about how many people were actually documented in HMIS as having secured housing as a result of the diversion program.

**Prioritization Interview:** A Prioritization Tool, designed by Focus Strategies with input from a community stakeholder work group, is integrated into HMIS. The tool includes 25 questions designed to capture data on a household's housing barriers and level of vulnerability. It also captures data needed to determine what programs a household is eligible to enter. The tool is organized into five areas: living situation and housing history, armed forces history, health status, income, and legal domains. Those with higher barriers and greater vulnerability receive higher scores. During the housing solutions conversation, CES staff also collect all the data needed to complete the Prioritization Tool, then enter that information into HMIS. Many of the prioritization factors are captured during the housing solutions conversation, and the

remainder are captured at the conclusion of the conversation. All households that are not enrolled in diversion complete the prioritization interview portion of the housing solutions conversation and are entered into the priority pool with an auto-exit date that is 90 days from date of entry. Chronically homeless people are never auto-exited *and* are also kept on a Chronic Homeless master list.

**Priority Pool Management/Program Matching and Referral:** The priority pool is designed to minimize the amount of time a household needs to wait for a referral to a program, while also ensuring that the highest need households (highest vulnerability and housing barriers) are prioritized for available housing assistance. AM works with an updated prioritized list of people in the priority pool daily and uses this list to determine which household is matched to which housing program vacancy. Those with the highest priority score receive the next available referral for which they are eligible.

**Entry Barriers/Denials by Providers:** Based on contracting requirements with the County, providers are expected to accept a majority of households referred who meet their eligibility criteria and are formally evaluated on their ability to meet a 95% acceptance rate. AM staff problem-solve with providers to minimize program denials and maintain data on reasons for refusal/denial. PC has required all providers that receive funding from PC to remove any eligibility criteria unless specifically required by a funding source.

**Coordination with Same-Day Shelters:** CES does not manage entry into same-day emergency shelter. Each shelter provider maintains their own entry criteria and process to assign shelter beds. Once clients are in shelter, they are encouraged to have a housing solution conversation with a CES staff person, so that they can be prioritized for housing assistance. CES staff conduct these conversations onsite at the shelters.

**Data Entry, Tracking, and Reporting:** All CES data are collected and managed in HMIS, which is operated by PC using the ServicePoint software. This includes collection of initial demographic data, required HMIS data elements, and data for the Prioritization Tool; management of the priority pool; and referral of clients to programs. Data to assess the performance of CES is all collected in ServicePoint.

## B. Objectives of the Evaluation

The overall goals of this one-year evaluation include:

- Assess whether CES implementation is achieving the goals established by PC
- Determine whether there are improvements in CES performance since the last evaluation
- Understand what stakeholders perceive as the strengths and weaknesses of the new system, and analyze how those perceptions align with the data

In addition, the evaluation seeks to answer the following specific key questions. Following each question, we indicate the page numbers where the questions are answered.

- Does CES help households solve their own housing crises and stay out of the homeless system? (Pages 22-27; 29-40)
- What proportion of the homeless population is flowing through CES? How many households make it past the initial screening to the housing solutions conversation? (Pages 12-16)
- Has CES resulted in lower-need/barriers households being successfully enrolled in diversion and successfully diverted through a problem-solving approach? Who are the clients who are being

diverted? What are the characteristics of those who are not successfully diverted and enter the priority pool for possible referral to a housing program? (Pages 20-21; 27-29)

- Are those with the greatest needs prioritized for the most intensive assistance? (Pages 29-31)
- Do people experiencing homelessness move rapidly to permanent housing? (Page 30)
- Are appropriate referrals being made from the priority pool? Are higher-need/barrier households more likely to receive a referral for housing? Are higher-need/barrier households more likely to receive a referral to Permanent Supportive Housing (PSH) than Rapid Re-Housing (RRH)? (Pages 29-35)
- Are referrals to housing programs being accepted? Are reasons for rejection documented? (Pages 33-40)
- Have “side doors” (entry points into homeless programs outside of the CES process) into the system been closed? (Pages 6-10)
- Do clients and staff experience CES as fair and transparent? Is there clarity around who is being referred to which interventions and why? (Pages 6-10)
- What do staff perceive to be working well about CES? What is not working as intended? (Pages 6-9)

### **III. Evaluation Methodology and Findings**

The evaluation methodology includes both quantitative and qualitative components. This section summarizes both the data sources that were analyzed and the key findings of our analysis.

#### **A. Information Sources**

To conduct the evaluation, Focus Strategies collected and analyzed both quantitative and qualitative information.

##### **Qualitative Data**

In Spring 2018, Focus Strategies conducted nine focus groups with key stakeholders in Pierce County to understand community perceptions, strengths, and challenges of CES. Stakeholders who participated in these focus groups included: Pierce County Human Services, Comprehensive Life Resources, Greater Lakes Mental Health PATH team, Associated Ministries, and Catholic Community Services staff; same day shelter, emergency shelter, and transitional housing providers; rapid rehousing and permanent supportive housing providers; and CES clients who had enrolled in diversion and/or the priority pool. The overarching goal of the focus groups was to better understand Pierce County’s current CES implementation and identify potential areas for refinement to ensure CES is achieving its intended goals.

The nine focus groups, attended by eight CES clients and approximately 40 agency staff, were facilitated by two Focus Strategies staff and organized by Pierce County Human Services with assistance from the County’s partner agencies. Neither Pierce County nor provider agency staff were present during the focus groups with CES clients, in order to solicit the most forthright, objective feedback possible from clients. To further promote candid responses from client participants, Focus Strategies staff began each group by ensuring participants that their identity and feedback would remain anonymous. Following each focus group with CES clients, participants were asked to complete an anonymous informational survey regarding client demographics. Additionally, clients were given grocery store gift cards in exchange for their time. Descriptive characteristics of client participants are provided in Appendix A.

## Quantitative Data

The primary quantitative data source was HMIS. Focus Strategies requested and received data extracted from HMIS by PC staff. This included multiple data sets that represented clients who had been engaged in the screening process, housing solutions conversation, enrollment in diversion, enrollment in the priority pool, and/or the referral process. The specific timeframe used for this evaluation covered the period of April 1, 2017 through March 31, 2018. For all housing solutions conversations that occurred within that timeframe, we determined whether the household subsequently was enrolled in diversion and/or the priority pool, and if the latter, whether they received a referral.

## B. Qualitative Findings

This section provides a high-level summary of our key findings about how community stakeholders perceive Coordinated Entry to be performing since its launch in October 2016, including key strengths and challenges thus far. A more detailed synopsis of stakeholder feedback is provided in Appendix A.

### *Provider Perceived Successes and Strengths of Coordinated Entry System*

During our focus groups with providers, participants were asked to identify what they perceive the key strengths and accomplishments of Coordinated Entry to be. Stakeholders were also asked to identify what has improved or changed since the six-month evaluation conducted in 2017. This section reflects key strengths and successes addressed by providers.

- *Client-focused and Driven Process:* Across most stakeholder groups, participants expressed feeling that CES was designed to be client-focused and driven. One stakeholder explained that CES staff and system providers “try to ask a lot of questions to make sure there is clarity, always open[ing] up room for questions.” Stakeholders also commented that the HMIS system allows for clients to feel known throughout the CES process and system and prevents them from having to unnecessarily repeat their situation and story to multiple people throughout the housing process. One provider commented that the CES system is client-focused and takes into consideration client preference and concerns as best as they can, given limited resources.
- *Streamlined Process:* During the one-year evaluation focus groups, stakeholders maintained that CES is a more streamlined and organized process than the previous Coordinated Intake (CI) system, a point also made during six-month evaluation stakeholder input process. The system’s HMIS works well, allowing for greater data sharing and consistency between provider agencies and steps within the CES process. This streamlined process and increased data sharing has helped providers avoid duplication of clients and efforts between providers or steps in the process.
- *Prioritization System:* Stakeholders who participated in the focus groups affirmed that CES’s prioritization of households is working as intended by ensuring housing resources are reserved for the most vulnerable or high need households. Because of this, many stakeholders are interacting with high need and vulnerable clients at a greater frequency, despite feeling that the community lacks the housing supply to help all high need households end their homelessness.
- *Diversion vs. Priority Pool:* CES staff and providers alike agreed that improvements have been made to diversion since the six-month evaluation, including bolstered efforts to educate clients on what “entering into diversion” entails and an increased focus on client choice. During our last evaluation, the issue of clients not knowing whether they were enrolled in diversion or the priority pool was frequently mentioned. CES providers said they have made some headway on this issue and feel CES staff are more intentionally explaining the difference between the two

“program types.” Some CES provider staff utilize visuals and diagrams to help clients understand their possible pathways to achieving a housing solution. Once the conversation has ended and a client has opted to enroll in diversion, diversion specialists encourage clients to get back in touch with possible housing solutions, questions, or requests for further assistance, according to CES staff. Even if clients are entered into the priority pool, they are encouraged to continue exploring possible housing solutions while waiting for a referral and call back if they arrive at a solution.

### Provider Perceived Challenges of CES

The following are key challenges and gaps of the current CES identified by providers during the focus groups.

- *Coordinated Entry Screening Phone Line:* Several stakeholders expressed frustration around the CES phone line used to screen households seeking housing assistance and noted inconsistencies between the posted hours and when the phone lines were answered. Many providers were concerned that client phone calls were not returned which may result in clients giving up on the CES process. Overall, stakeholders noted that CES phones lines are too limited in comparison to the demand and availability of people seeking assistance. These issues were also presented during last year’s six-month evaluation stakeholder input process.
- *Inconsistencies in System Entries:* During the focus groups, some providers mentioned that the CES still has some inconsistencies in how people access the system. For instance, emergency shelter and transitional housing providers sometimes send people with behavioral health disabilities to PATH outreach staff to enter them directly into CES. However, it is Focus Strategies’ understanding based on conversations with Pierce County staff that this is an intentional function of CES to allow for flexibility in system entries from unsheltered situations (i.e. outreach).
- *Referral System:* One of the most common concerns expressed was related to communication, transparency, and referral denials; issues also expressed during the six-month evaluation. When clients receive a referral, providers must explain that the referral does not guarantee them a housing placement. Often, it is unclear to CES staff and other CE partners whether a housing provider will accept referrals (eligibility criteria is inconsistent across providers). For example, one stakeholder described a referral made for a client who was a one-time sex offender but was denied because of his criminal record. No previous written communications or policies about the program to CES explained that one-time sex offenders would not be accommodated with this particular provider. More clear and transparent communication between CES and housing providers regarding provider eligibility requirements may smooth out the referral process. The referral process also “does not have a human element, so referrals are not always appropriate. Clients have “dogs, are sex offenders, or are not open to shared living,” however, referrals are made that do not take these factors into consideration. Stakeholders further explained the disconnect between CES, housing providers, and private-market landlords, who are often unwilling to accept certain clients and have high or unexpressed barriers to housing. The issue of referral denials and difficulty housing clients in the private market was also expressed during the six-month evaluation. Moreover, there is a general consensus that the referral process is slow and takes too long.

Stakeholders also noted accountability issues related to ensuring clients are “document ready” prior to referral. All stakeholder types noted a lack of clarity around whose responsibility getting clients document ready is within the system, whether that be outreach workers, housing

providers, or other providers. “Everyone thinks someone else will do it,” one stakeholder said about document readiness. “Instead of being a community effort, responsibility is dropping in [housing] providers’ laps.”

Non-same-day emergency shelter providers participating in CES said their programs were not receiving enough referrals through CES to fill all beds, resulting in “empty shelters.” Some explained that CES has only been referring people to shelter if they also have a RRH referral, however there have been very few RRH program openings and many ES beds have gone unfilled. “There should be a rule in place that if there is a shelter bed opening for more than three days, we [shelter providers] should be able to fill it.”

- *Prioritization System:* Although some stakeholders mentioned that the prioritization system was working as intended by giving priority to the highest need clients, other stakeholders said that the system was flawed. During the six-month evaluation, the prioritization tool and process was a concern for stakeholders, particularly for clients with functional impairments or other challenges who might not be able to finish the assessment. During the one-year evaluation focus groups, one provider stated that the process “works best for people who are high-functioning.”
- *Follow-up After Referrals and Client Understanding of Referrals:* In the design of the CES, it is the housing provider’s responsibility to follow up with clients who have been referred to their programs to ensure that they take the next steps needed for intake and enrollment. During the focus groups, stakeholders noted several times that CES providers lack effective processes for following up with clients after they have been referred to housing through CES. Further, if a housing referral is denied or otherwise falls through, there is no mechanism for the provider to continue supporting the client. Some providers noted that once CES makes a referral, the CES staff are no longer involved in the process and that it would be helpful for CES to have more of a role. Additionally, PATH staff said that “more often than not,” clients who receive referrals through CES and are housed end up back outside because of lack of support or inappropriateness of housing referral.

Although stakeholders generally agreed that there is a wider understanding of the purpose and process of CES since the six-month evaluation, homeless system clients’ expectations and understanding of the CES process are often skewed. Stakeholders said that clients often are “not sure of whether they were placed in the priority pool or if they were diverted” at the end of their initial CES conversation. Even if familiar with terms related to CES (i.e. diversion, priority pool, etc.), clients are not always “sure about the particulars” and many leave the CES conversation “thinking they are going to get housed.” “People are in a crisis and in survival mode – they are going to do whatever it takes [to get housed] and are not too involved with how this [CES] all works,” one stakeholder noted. Additionally, some clients don’t understand the realities and repercussions of their choice of either diversion or the priority pool.

- *Services for Single Adults vs. Families:* During the six-month evaluation, stakeholders shared that CI had a stronger focus on families, but that CES offered more housing opportunities for single adults. During this focus group, it came up several times that single adults (in particular, men) were the hardest to house and serve.
- *Persons with Disabilities:* There were some unique concerns mentioned by stakeholders related to serving persons with disabilities in PSH. For example, disability certification is difficult to obtain because doctors don’t fully understand what they are signing off on; they confuse disability certification with signing documentation for lifelong disability income.

- *Diversion:* Although diversion generally was said to have improved since the previous CES evaluation, stakeholders still suggested that diversion could be more specific in order to be most effective for people looking to resolve their housing crises. “Housing plans need to be more specific to be helpful,” one person said. “More support from someone [from CES] during the diversion process would also be helpful.” Other perceived issues with the diversion process included that AM and CCS have different financial caps on diversion assistance, and there are inconsistencies in what can and cannot be covered. Nevertheless, County staff informed Focus Strategies that both agencies are required to follow the same County policy regarding diversion assistance amounts and processes.
- *Systemwide Coordination and Collaboration:* Finally, despite stakeholders generally feeling that CES has improved since the six-month evaluation, further coordination and collaboration amongst all CES partners – including providers, CES, and the County – is needed. More coordination and teamwork between the two CES agencies, AM and CCS, was also said to be needed to improve how CES functions from the top-down. Overall, many expressed feeling that more transparency and honesty from all partners would benefit the system. “I wish we could all get together, say how we really feel, and set aside personal feelings, then we could really get something done,” one person said. “Right now, we [as a system] are unwilling to work together and brainstorm.”

### Client Focus Group Feedback

This section provides a summary of our key findings from clients who accessed assistance through the Coordinated Entry System. CES clients were from both Associated Ministries and Catholic Community Services and had a variety of housing outcomes following their entry into CES.

- *Accessing CES:* Clients generally learned about CES by way of referral from another community program (including emergency shelter and other homeless system programs, alcohol and other drug treatment programs, etc.) and word of mouth. The amount of time between calling the CES phone line and the date of a housing solutions conversation appointment varied. Some clients received an in-person appointment the same day, while others said they had to wait weeks. Similar to feedback during the six-month evaluation and community providers’ feedback during the current year’s evaluation, clients found the CES phone line unpredictable in terms of hours of operation and availability. Several clients said that it took them several attempts to successfully reach a CES phone operator, and many said that their voicemails were not returned. Several clients noted that during the winter months CES was “closed” for two weeks and no one was able to access assistance during this time.
- *Referral and Housing Location Process:* Housing outcomes of clients who participated in the interviews varied. All clients who were successfully housed (from both AM and CCS) located housing on their own with guidance from CES staff. Of those people who accessed CES through CCS and were ultimately housed without assistance from the homeless response system (diverted), a majority said that the housing process was seamless and efficient. All CCS clients said they were assessed and housed in one week or less, and that their experience looking for and obtaining housing was made easier with help from CCS staff. Several who were housed said that it is crucial for clients to be motivated and “put in the work” (i.e. search for housing, contact landlords, apply for work, etc.) to be housed. “A lot of people aren’t willing to do the work it takes to get into a unit,” one participant said. “You have to be able to seek out resources for yourself to make it work.”

For many who had been referred but were not yet housed, the cost of housing and landlords' unwillingness to work with people experiencing homelessness were cited as the main obstacles. Many landlords are unwilling to work with RRH and PSH programs and/or accept housing vouchers because of the required housing inspections and standards. Landlords are generally unwilling to pay for work to ensure units meet housing quality standards, when they could easily rent the units to others. Clients also said the cost of housing is too high compared to income. "Even low-income and subsidized housing can be more than people get on SSI [and other fixed incomes]," a client said.

- *Communication and Clarity of CES Process to Clients:* As discussed during the previous six-month evaluation, there is still confusion amongst clients around the difference between diversion and the priority pool. Clients said that during the initial housing solutions conversation, there is not a lot of clarity around the two options. Additionally, clients agreed there is "a lot of misleading information" provided to clients between the two CES agencies and their staff. One client said there seems to be "a lack of communication internally – a lot of people are asking [CES staff] the same questions and all getting different answers. There's no clarity around what's available and what the different programs are." Clients also said that CES staff often provide misinformation or inconsistent information around the types of assistance and amount of assistance dollars available through diversion. However, Pierce County staff explained this is an intentional feature of CES to maintain fairness amongst clients and ensure those with the highest need are prioritized for system resources.

### C. Quantitative Findings

The quantitative analysis of CES performance used data extracted from HMIS. Data were organized based on what part of CES client flow was being analyzed. The following steps of the process were delineated:

- 1) Screening: Households seeking assistance can enter CES at any of three types of access points: in the field with the PATH mobile outreach team, at same-day emergency shelters (by CES staff), and/or at the CES helpline. Clients who contact the helpline receive an initial screening to determine whether they are literally homeless before moving on to a housing solutions conversation.
- 2) Housing solutions conversation: During the housing solutions conversation, CES or PATH staff help the client identify a housing solution that can be implemented without financial assistance or, in some cases, with a small amount of financial assistance. The housing solutions conversation should then lead to one of two outcomes: diversion or priority pool.
- 3) Diversion: Households who enroll in diversion have the goal of finding a housing solution without entering the homeless system.
- 4) Priority Pool: Households who enroll in the priority pool have the opportunity to be referred to a permanent housing program (rapid re-housing or permanent supportive housing) or a non-same-day shelter.
- 5) Referral: Referrals are provided to households enrolled in the priority pool as resources allow.

#### 1. CES Enrollments During the Evaluation Period

Table 1 (below) shows that there were 10,710 total enrollments<sup>1</sup> in CES between April 1, 2017, and March 31, 2018. Of those, 2,818 (26%) were for Screening, 3,638 (34%) were for Housing Solutions

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<sup>1</sup> The analyses in this report treats one household entry as one enrollment, regardless of the number of individuals in the household. Some households may have more than one enrollment. For households with multiple persons, the head of

Conversation, 1,481 (14%) were for diversion, and 2,773 (26%) were for the priority pool. One might expect there to be more screenings than HSCs as well as similar numbers of HSCs, and diversion/priority pool enrollments. Fewer Screenings can exist because a number of households may enter CES through same-day shelter or the PATH outreach team, thereby bypassing the screening step in HMIS. In addition, electronically linking screened households with those having an HSC can be challenging as the identified head of household is not always consistent between the two steps. Further, not all enrollments in diversion or the priority pool have a record showing a previous HSC. Finally, there are over 350 HSCs followed by enrollment in both diversion and the priority pool, as well as households who enrolled in one or the other more than one time.

*Table 1: Enrollments in Coordinated Entry System Milestones*

CES Milestone	Enrollments in Milestone (Total N = 10,710)	
	N	%
Screening	2,818	26.3%
Housing Solutions Conversation	3,638	34.0%
Diversion	1,481	13.8%
Priority Pool	2,773	25.9%

## 2. Time to Reach CES Enrollment Milestones

Table 2 (below) shows the average time from any point in the CES process to the HSC (e.g., screening to HSC, HSC to diversion, or HSC to priority pool). On average, it takes more than eight days for clients who are screened for literal homelessness to receive the HSC, although the median length of time is just five days. The median length of time is aligned with the timeliness goal of five days that has been set by PC and CES partners. Once the HSC takes place, the average time to diversion or priority pool enrollment is under five days; the median times are both zero days, indicating that most clients progress to these steps on the same day.

*Table 2: Time to Reach CES Milestones From HSC*

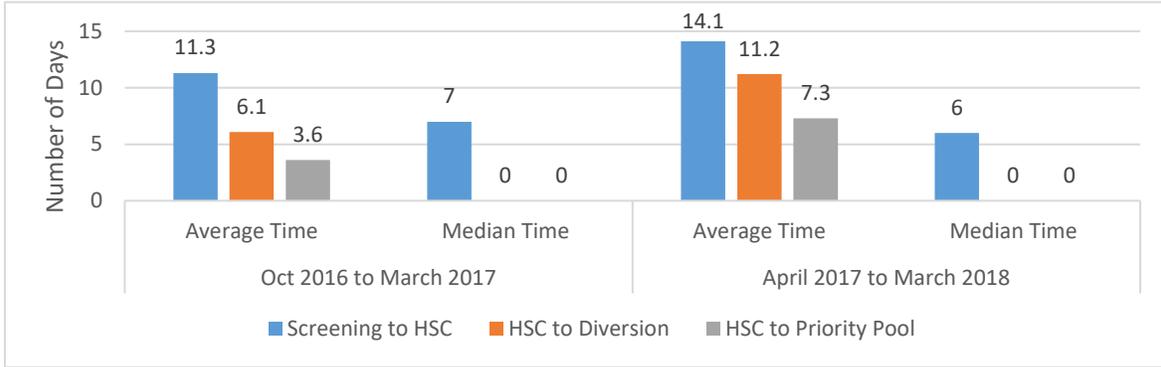
Metric	Screening	Diversion	Priority Pool
Number of Enrollments	1,713	1,425	2,389
Average Time between HSC and Milestone	8.6 days	4.8 days	4.5 days
Median Time between HSC and Milestone	5.0 days	0.0 days	0.0 days
Range of Time from HSC to Milestone	0-326 days	0-272 days	0-139 days

Figure 1 compares the length of time reported to reach these milestones in the six-month evaluation to current findings. Although the average number of days has increased for each CES milestone, the median length of time has either remained the same or decreased; the time it takes to move from screening to the HSC appears to have decreased somewhat since the six-month evaluation.

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household's enrollment record and demographic information is used to represent the household in the analysis. Analyses throughout the report are presented per enrollment except where noted; households may have more than one enrollment at each Coordinated Entry milestone.

Figure 1: Comparing Time to Reach CES Milestones



### 3. Screening Effectiveness

Households seeking services through CES undergo a screening designed to identify and forward those households that are literally homeless to an HSC. CES conducted approximately 11,400 screenings, of which a total of 2,818 were entered into HMIS (indicating they met criteria for referral to an HSC).<sup>2</sup> Table 3 demonstrates that, as expected, most households screened and entered into HMIS were literally homeless (2,769, 98%). Of the 1,712 Screenings (61%) that were followed by an HSC, 1,683 (98%) were also for literally homeless households. It is interesting that over 1,000 homeless households that were screened did not show as having an HSC. Possible reasons include that they did not attend the scheduled HSC or when they did, a different member of the household was identified as the head of household.

Table 3: Prior Living Situation for Screening Enrollments

Prior Living Situation	Had HSC (N=1,712)		No HSC (N=1,103)		Total (N=2,815)	
	N	%	N	%	N	%
Homeless	1,683	98.3	1,086	98.5	2,769	98.4
Housed	15	0.9	7	0.6	22	0.8
Other	14	0.8	10	0.9	24	0.9

Table 4 depicts key demographics for homeless households who were screened. Homeless households whose screenings were followed by an HSC were significantly older on average than those that did not, however, the difference is not meaningful (38.9 vs. 37.6, respectively).

The remainder of Table 4 provides information about the distribution within each characteristic for those screenings followed by an HSC as compared to those not followed by an HSC. For example, gender of those who had an HSC was predominantly female (71.2% vs. 28.8% male); similarly, those who did not have an HSC were predominantly female (70.8% vs. 29.2% male). There is no difference between these distributions. All variables represented in ***bold and italicized font*** indicate significant differences between the distributions for enrollments that led to an HSC and those that did not. Because youth experiencing homelessness is a population of special interest across the nation, we also looked at households wherein the head of household was less than 25 years old. No significant demographic differences were found

<sup>2</sup> Three enrollments were missing prior living data and are not reflected in Table 3.

between screened Transition Aged Youth (TAY) households who subsequently had an HSC from those who did not.

Table 4: Demographic Characteristics of Households Screened by Outcome

Characteristic	Had HSC		No HSC		Total	
	Average	Range	Average	Range	Average	Range
<b>Age at Entry<sup>3</sup></b>	38.9	18-84	37.6	18-80	38.4	18-84
	N (1,677)	%	N (1,085)	%	N (2,762)	%
Gender						
Male	483	28.8	317	29.2	800	29.0
Female	1,194	71.2	768	70.8	1,962	71.0
	N (1,640)	%	N (1,045)	%	N (2,685)	%
<b>Primary Race<sup>4</sup></b>						
White	752	45.9	516	49.4	1,268	47.2
Black	747	45.5	424	40.6	1,171	43.6
Other <sup>5</sup>	141	8.6	105	10.0	246	9.2
	N (1,675)	%	N (1,082)	%	N (2,757)	%
Hispanic/Latino	140	8.4	85	7.9	225	8.2
	N (1,683)	%	N (1,086)	%	N (2,769)	%
Household Type						
Adult Only	812	48.2	539	49.6	1,351	48.8
Adult with Child	871	51.8	547	50.4	1,418	51.2
	N (1,683)	%	N (1,086)	%	N (2,769)	%
Chronically Homeless at Entry	146	8.7	72	6.6	218	7.9
	N (1,673)	%	N (641)	%	N (2,314)	%
<b>Disabling Condition<sup>6</sup></b>	1,089	65.1	372	58.0	1,461	63.1
	N (1,681)	%	N (1,079)	%	N (2,760)	%
Domestic Violence	755	44.9	470	43.6	1,225	44.4
	N (1,683)	%	N (1,086)	%	N (2,769)	%
TAY	215	12.8	150	13.8	365	13.2

Using the same data, a slightly different question can be asked. For example, the data in Table 4 tell us that the racial distribution of those who have an HSC is significantly different from those who do not. Reframing the question, we can also say of all the white heads of households that were screened, a significantly lower proportion went on to have an HSC than black heads of households (59.3% vs. 63.8%). The data show that households headed by persons identifying as black and/or disabled were more likely

<sup>3</sup> F (1,2767) = 7.8, p<.01. N = 1,683 (Had HSC), 1,086 (No HSC), 2,769 (Total)

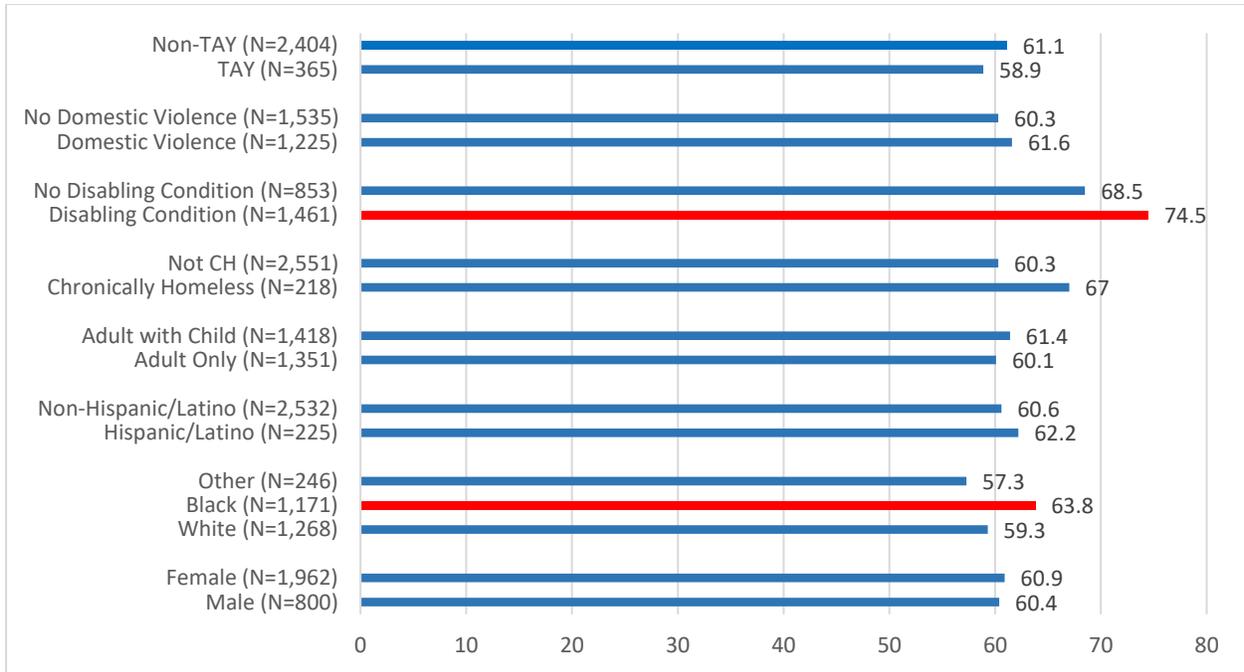
<sup>4</sup>  $\chi^2$  (2) = 6.8, p<.05.

<sup>5</sup> Other includes American Indian, Asian, and Native Hawaiian/Pacific Islander.

<sup>6</sup>  $\chi^2$  (1) = 9.9, p<.01.

to have an HSC following screening. Figure 2 illustrates the proportion of those with each characteristic who went on to have an HSC.<sup>7</sup> The red bars in the Figure highlight where the significant differences exist.

Figure 2: Proportion of Households With an HSC After Screening



#### 4. Effectiveness of HSC in Subsequent Enrollment in Diversion or Priority Pool

Homeless households participate in an HSC to think about and decide whether their housing crisis is best resolved through enrollment in diversion or the priority pool. A total of 3,638 unique HSCs were conducted for heads of household during the evaluation period; the vast majority of these households (3,464, 96%) were literally homeless.

Table 5 depicts key demographics for homeless households who had an HSC. Of the 3,638 HSCs conducted, 3,454 (95%) were followed by an enrollment in either diversion or the priority pool. Heads of household whose HSCs resulted in an enrollment in diversion or the priority pool were younger on average than those that did not (39 vs. 45, respectively). They were also more likely to be TAY, female, black, Hispanic/Latino, in households with children, and to have experienced domestic violence.

There were no significant demographic differences in TAY households experiencing homelessness that were enrolled in diversion or the priority pool following an HSC.

<sup>7</sup> See Appendix B for a comparison of demographics describing populations experiencing homelessness as counted in the Point In Time Count with those enrolling in a Housing Solutions Conversation.

Table 5: Demographic Characteristics of Households Enrolled in HSC by Outcome

Characteristic	Enrolled in Diversion or Priority Pool		Not Enrolled		Total	
	Average	Range	Average	Range	Average	Range
<b>Age at Entry<sup>8</sup></b>	39.3	18-90	44.8	19-72	39.6	18-90
	N (3,441)	%	N (182)	%	N (3,623)	%
<b>Gender<sup>9</sup></b>						
<b>Male</b>	1,258	36.6	86	47.3	1,344	37.1
<b>Female</b>	2,183	63.4	96	52.7	2,279	62.9
	N (3,380)	%	N (182)	%	N (3,562)	%
<b>Primary Race<sup>10</sup></b>						
<b>White</b>	1,675	49.6	109	59.9	1,784	50.1
<b>Black</b>	1,391	41.2	59	32.4	1,450	40.7
<b>Other</b>	314	9.3	14	7.7	328	9.2
	N (3,438)	%	N (182)	%	N (3,620)	%
<b>Hispanic/Latino<sup>11</sup></b>	312	9.1	8	4.4	320	8.8
	N (3,454)	%	N (184)	%	N (3,638)	%
<b>Household Type<sup>12</sup></b>						
<b>Adult Only</b>	2,080	60.2	144	78.3	2,224	61.1
<b>Adult with Child</b>	1,374	39.8	40	21.7	1,414	38.9
	N (3,454)	%	N (184)	%	N (3,638)	%
Chronically Homeless at Entry	729	21.1	45	24.5	774	21.3
	N (3,448)	%	N (158)	%	N (3,606)	%
Disabling Condition	2,392	69.4	118	74.7	2,510	69.6
	N (3,442)	%	N (170)	%	N (3,612)	%
<b>Domestic Violence<sup>13</sup></b>	1,638	47.6	61	35.9	1,699	47.0
	N (3,454)	%	N (184)	%	N (3,638)	%
<b>TAY<sup>14</sup></b>	507	14.7	12	6.5	519	14.3

Figure 3 illustrates these findings. As the red bars indicate, households headed by persons identifying as female, black or “other”, of Hispanic/Latino origin, having children, experiencing domestic violence or TAY, were more likely to enroll in diversion or the priority pool following an HSC.

<sup>8</sup> F (1,3636) = 29.3, p<.001. N = 3,454 (Enrolled in diversion or priority pool), 184 (Not Enrolled), 3,638 (Total)

<sup>9</sup>  $\chi^2$  (1) = 8.5, p<.01.

<sup>10</sup>  $\chi^2$  (2) = 7.4, p<.05.

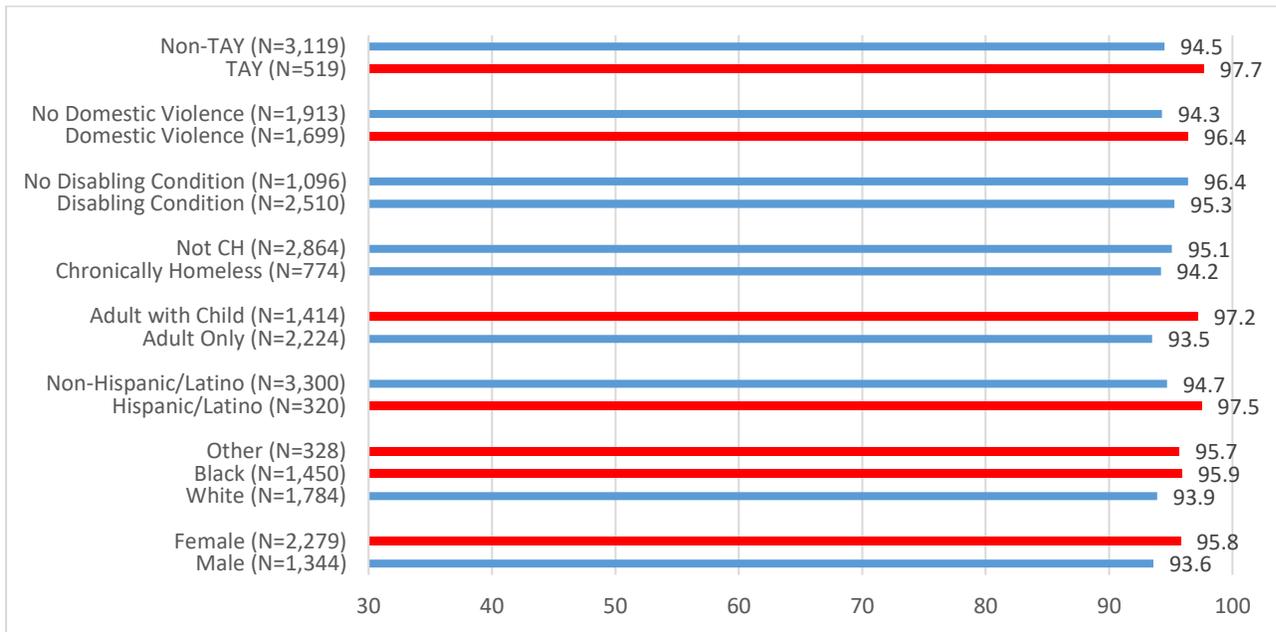
<sup>11</sup>  $\chi^2$  (1) = 4.7, p<.05.

<sup>12</sup>  $\chi^2$  (1) = 23.9, p<.001.

<sup>13</sup>  $\chi^2$  (1) = 8.9, p<.01.

<sup>14</sup>  $\chi^2$  (1) = 9.5, p<.01.

Figure 3: Proportion of Households Enrolling in Diversion and/or the Priority Pool



5. Distinguishing Households Who Enrolled in Diversion from Those Enrolled in the Priority Pool

Of those HSCs that resulted in enrollment in either diversion or the priority pool, 1,065 (31%) were followed by just a diversion enrollment and 2,029 (59%) by enrollment in the priority pool only; 360 (10%) were followed by both diversion and priority pool entries. Table 6 depicts key demographics for households who were enrolled in diversion, priority pool, or both following HSC. Households who were enrolled in diversion were more likely to be black or in family households. Those enrolled in the priority pool were more likely to be TAY, white, in single adult households, be chronically homeless, have a disabling condition, or to have experienced domestic violence.

Table 6: Demographic Characteristics of Households Enrolled in HSC by CES Path

Characteristic	Diversion Only		Priority Pool Only		Both		Total <sup>15</sup>	
	Average	Range	Average	Range	Average	Range	Average	Range
Age at Entry <sup>16</sup>	39.1	18-84	39.2	18-90	40.4	18-75	39.3	18-90
	N (1,063)	%	N (2,019)	%	N (359)	%	N (3,441)	%
Gender								
Male	402	37.8	748	37.0	108	30.1	1,258	36.6
Female	661	62.2	1,271	63.0	251	69.9	2,183	63.4
	N (1,046)	%	N (1,983)	%	N (351)	%	N (3,380)	%
<b>Primary Race<sup>17</sup></b>								
<b>White</b>	422	40.3	1,119	56.4	134	38.2	1,675	49.6

<sup>15</sup> Statistical analyses compare households enrolled in diversion only and those enrolled in priority pool only.

<sup>16</sup> N = 1065 (Diversion only), 2029 (Priority Pool only), 360 (Both), 3454 (Total)

<sup>17</sup>  $\chi^2 (2) = 87.9, p < .001$ .

Characteristic	Diversion Only		Priority Pool Only		Both		Total <sup>15</sup>	
<b>Black</b>	535	51.1	670	33.8	186	53.0	1,391	41.2
<b>Other</b>	89	8.5	194	9.8	31	8.8	314	9.3
	N (1,061)	%	N (2,018)	%	N (359)	%	N (3,438)	%
Hispanic/Latino	84	7.9	198	9.8	30	8.4	312	9.1
	N (1,065)	%	N (2,029)	%	N (360)	%	N (3,454)	%
<b>Household Type<sup>18</sup></b>								
<b>Adult Only</b>	574	53.9	1,309	64.5	197	54.7	2,080	60.2
<b>Adult with Child</b>	491	46.1	720	35.5	163	45.3	1,374	39.8
	N (1,065)	%	N (2,029)	%	N (360)	%	N (3,454)	%
<b>Chronically Homeless at Entry<sup>19</sup></b>	119	11.2	549	27.1	61	16.9	729	21.1
	N (1,065)	%	N (2,023)	%	N (360)	%	N (3,448)	%
<b>Disabling Condition<sup>20</sup></b>	623	58.5	1,515	74.9	254	70.6	2,392	69.4
	N (1,063)	%	N (2,020)	%	N (359)	%	N (3,442)	%
<b>Domestic Violence<sup>21</sup></b>	445	41.9	1,019	50.4	174	48.5	1,638	47.6
	N (1,065)	%	N (2,029)	%	N (360)	%	N (3,454)	%
<b>TAY<sup>22</sup></b>	131	12.3	330	16.3	46	12.8	507	14.7

Figure 4 illustrates that households headed by persons identifying as black or having children are most likely to enroll in diversion, whereas white, TAY, single adults reporting chronic homelessness, disability or experience with domestic violence are most likely to enroll in the priority pool following an HSC.

<sup>18</sup>  $\chi^2 (1) = 33.1, p < .001$ .

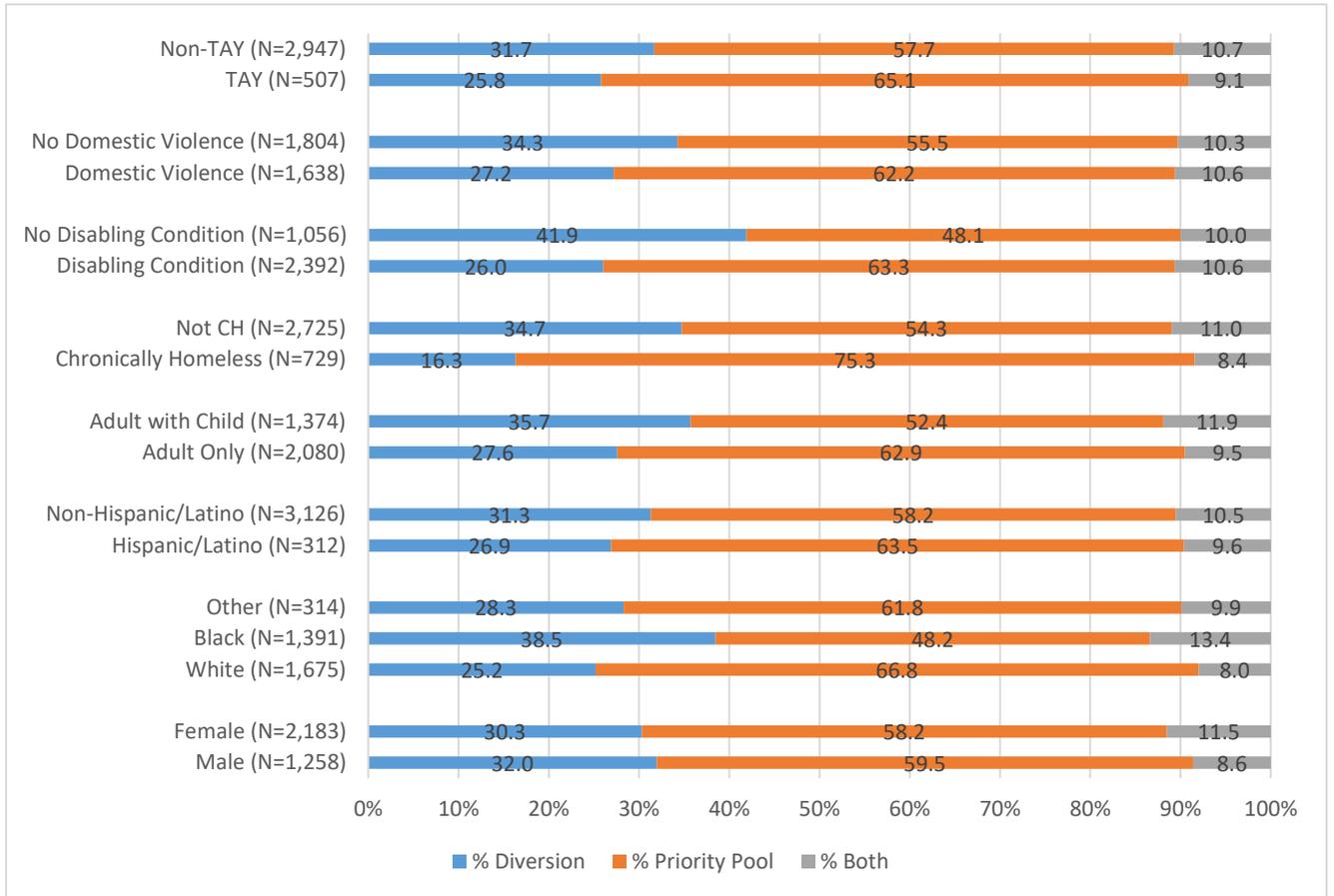
<sup>19</sup>  $\chi^2 (1) = 104.1, p < .001$ .

<sup>20</sup>  $\chi^2 (1) = 88.0, p < .001$ .

<sup>21</sup>  $\chi^2 (1) = 20.6, p < .001$ .

<sup>22</sup>  $\chi^2 (1) = 8.7, p < .01$ .

Figure 4: Proportion of Households Enrolling in Diversion, the Priority Pool, or Both



These findings very closely mirror those we found in the six-month evaluation. Figure 5 illustrates findings from both sets of analyses regarding the primary race of heads of households who enrolled in either diversion or the priority pool.

Figure 5: Primary Race of Households Enrolled in Diversion vs. Priority Pool

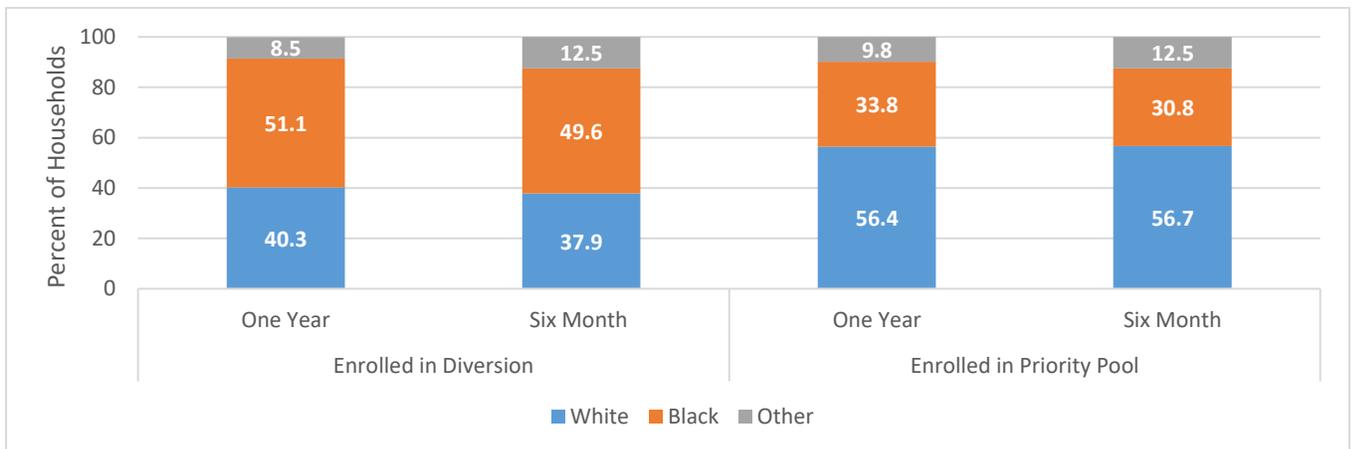


Table 7 illustrates the demographic characteristics for TAY households who were enrolled in Diversion, priority pool, or both following HSC. TAY households mirrored the overall population at this stage. Those who were enrolled in diversion were more likely to be black or in family households, while those enrolled in the priority pool were more likely to be white, in single adult households, be chronically homeless, have a disabling condition, or to have experienced domestic violence.

Table 7: Demographic Characteristics of TAY Households Enrolled in HSC by CES Path

Characteristic	Diversion Only		Priority Pool Only		Both		Total <sup>23</sup>	
	Average	Range	Average	Range	Average	Range	Average	Range
Age at Entry <sup>24</sup>	21.4	18-24	21.3	18-24	21.4	18-24	21.3	18-24
	N (131)	%	N (328)	%	N (46)	%	N (505)	%
Gender								
Male	34	26.0	111	33.8	6	13.0	151	29.9
Female	97	74.0	217	66.2	40	87.0	354	70.1
	N (130)	%	N (321)	%	N (44)	%	N (495)	%
<b>Primary Race<sup>25</sup></b>								
<i>White</i>	35	26.9	131	40.8	12	27.3	178	36.0
<i>Black</i>	82	63.1	157	48.9	28	63.6	267	53.9
<i>Other</i>	13	10.0	33	10.3	4	9.1	50	10.1
	N (131)	%	N (329)	%	N (46)	%	N (506)	%
Hispanic/Latino	20	15.3	49	14.9	6	13.0	75	14.8
	N (131)	%	N (330)	%	N (46)	%	N (507)	%
<b>Household Type<sup>26</sup></b>								
<i>Adult Only</i>	63	48.1	212	64.2	18	39.1	293	57.8
<i>Adult with Child</i>	68	51.9	118	35.8	28	60.9	214	42.2
	N (131)	%	N (330)	%	N (46)	%	N (507)	%
<b>Chronically Homeless at Entry<sup>27</sup></b>								
	7	5.3	66	20.0	2	4.3	75	14.8
	N (131)	%	N (330)	%	N (46)	%	N (507)	%
<b>Disabling Condition<sup>28</sup></b>								
	45	34.4	190	57.6	23	50.0	258	50.9
	N (130)	%	N (329)	%	N (46)	%	N (505)	%
<b>Domestic Violence<sup>29</sup></b>								
	52	40.0	171	52.0	21	45.7	244	48.3

Figure 6 illustrates that TAY households headed by persons identifying as black or having children are most likely to enroll in diversion, whereas white, single TAY reporting chronic homelessness, disability or experience with domestic violence are most likely to enroll in the priority pool following an HSC.

<sup>23</sup> Statistical analyses compare households enrolled in diversion only and those enrolled in priority pool only.

<sup>24</sup> N = 131 (Diversion only), 330 (Priority Pool only), 46 (Both), 507 (Total)

<sup>25</sup>  $\chi^2 (2) = 8.4, p < .05$ .

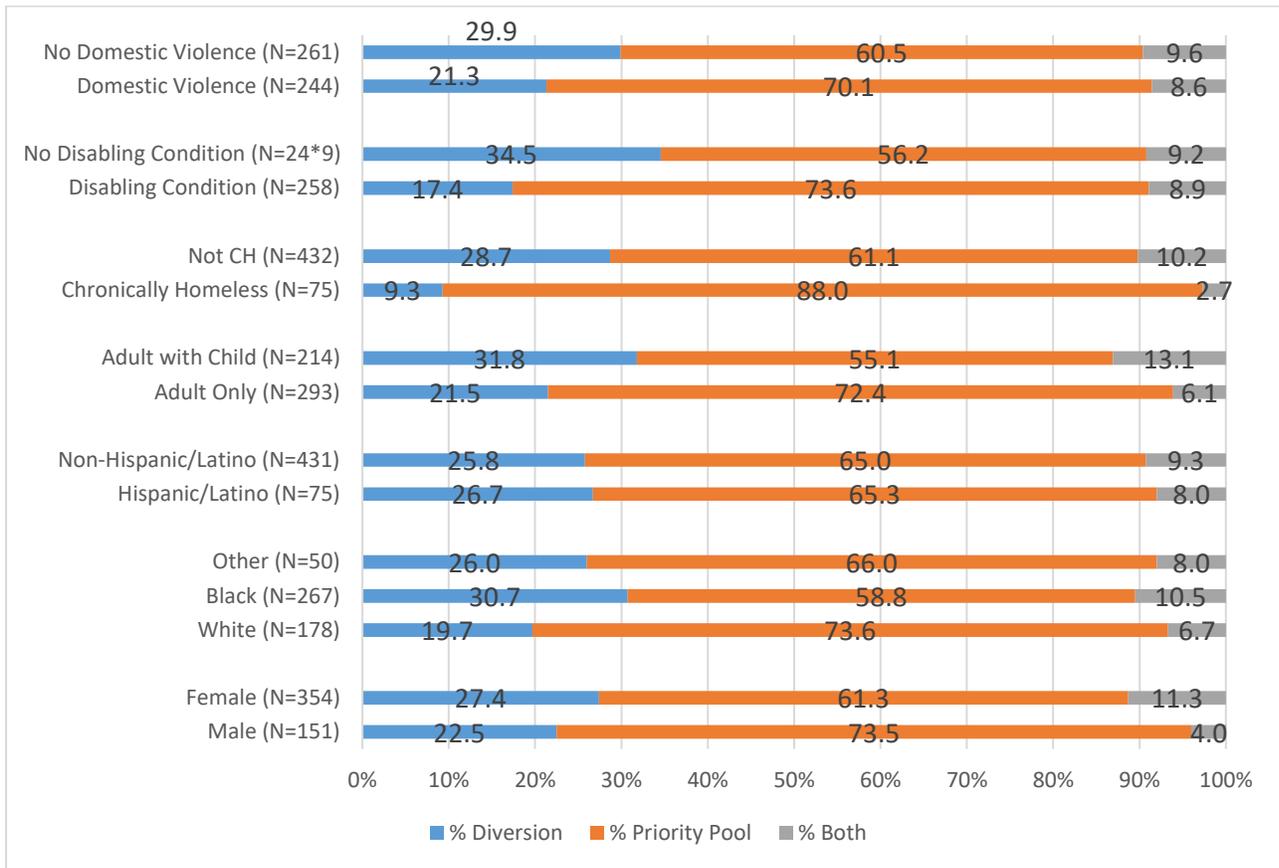
<sup>26</sup>  $\chi^2 (1) = 10.2, p < .01$ .

<sup>27</sup>  $\chi^2 (1) = 15.1, p < .001$ .

<sup>28</sup>  $\chi^2 (1) = 20.2, p < .001$ .

<sup>29</sup>  $\chi^2 (1) = 5.4, p < .05$ .

Figure 6: Proportion of TAY Households Enrolling in Diversion, the Priority Pool, or Both



6. Priority Scores of Households Enrolled in Diversion

Households are assessed and assigned a priority score when enrolled in diversion or the priority pool. Overall, there were 4,254 unique diversion or priority pool enrollments for heads of households during the evaluation time frame. **A total of 4,195 of these enrollments had priority scores – the mean priority score was 65.1 and the range was 3-159.**

There were 1,481 unique diversion enrollments for heads of household during the evaluation period; 1,422 of those had a priority score, with an average priority score of 57.6. Households enrolled in diversion had higher average priority scores if they were female, in households with children, were chronically homeless, had a disabling condition, or had experienced domestic violence; TAY and black households had lower average priority scores.

Table 8: Priority Score for Households Enrolled in Diversion by Demographics

Characteristic	Priority Score at Diversion Enrollment		
	N	Average	Range
Total	1,422	57.6	3-135
	N (1,419)	Average	Range

Characteristic	Priority Score at Diversion Enrollment		
<b>Gender<sup>30</sup></b>			
<i>Male</i>	521	53.0	3-135
<i>Female</i>	898	60.2	9-129
	N (1,394)	Average	Range
<b>Primary Race<sup>31</sup></b>			
<i>White</i>	547	60.2	3-129
<i>Black</i>	728	55.5	9-129
<i>Other</i>	119	59.0	9-126
	N (1,416)	Average	Range
Ethnicity			
Hispanic/Latino	115	58.2	12-135
Non-Hispanic/Non-Latino	1,301	57.5	3-129
	N (1,422)	Average	Range
<b>Household Type<sup>32</sup></b>			
<i>Adult Only</i>	788	54.5	3-120
<i>Adult with Child</i>	634	61.4	15-135
	N (1,422)	Average	Range
<b>Chronic Homelessness<sup>33</sup></b>			
<i>Chronically Homeless at Entry</i>	197	72.7	18-129
<i>Not Chronically Homeless at Entry</i>	1,225	55.1	3-135
	N (1,422)	Average	Range
<b>Disabling Condition<sup>34</sup></b>			
<i>Disabling Condition</i>	884	62.7	18-129
<i>No Disabling Condition</i>	538	49.1	3-135
	N (1,419)	Average	Range
<b>Domestic Violence<sup>35</sup></b>			
<i>Experienced Domestic Violence</i>	624	62.5	12-129
<i>No Experience of Domestic Violence</i>	795	53.7	3-135
	N (1,422)	Average	Range
<b>TAY<sup>36</sup></b>	169	54.21	12-126
<b>Non-TAY</b>	1253	58.01	3-135

<sup>30</sup> F (1,1417) = 36.5, p<.001.

<sup>31</sup> F (1,1391) = 7.53, p<.01.

<sup>32</sup> F (1,1420) = 36.1, p<.001.

<sup>33</sup> F (1,1420) = 116.1, p<.001.

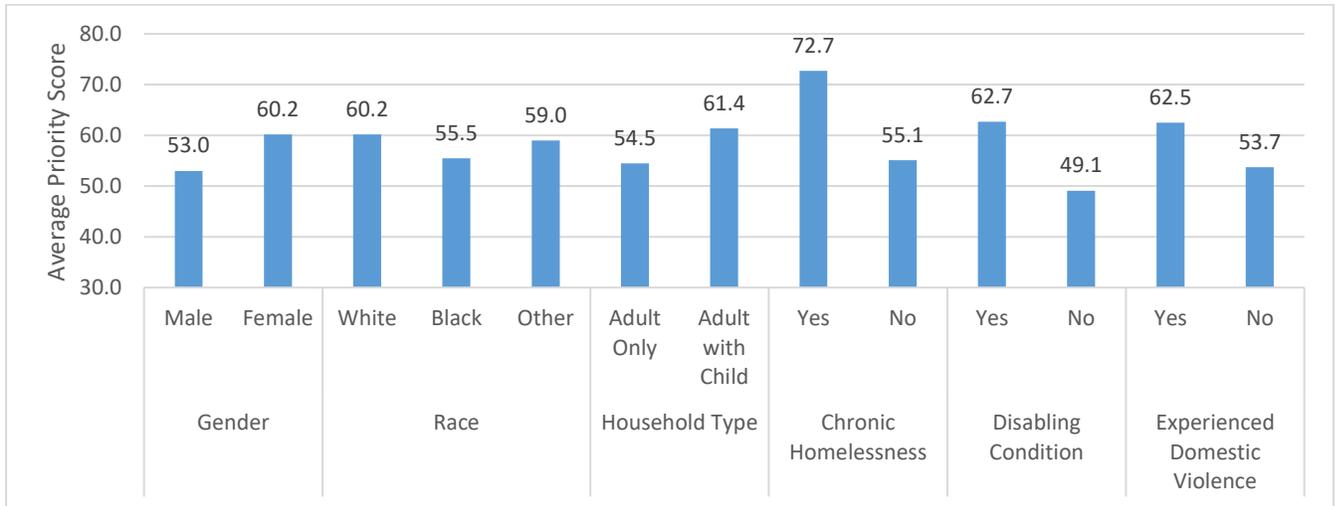
<sup>34</sup> F (1,1420) = 139.2, p<.001.

<sup>35</sup> F (1,1417) = 57.6, p<.001.

<sup>36</sup> F (1,1420) =4.44, p<.05

Figure 7 illustrates the average priority score for the factors that are significantly different between the groups.

Figure 7: Priority Scores Associated with Demographic Characteristics for Diversion Enrollments



In the six-month analysis, differences in priority scores were not found between males and females enrolled in diversion, nor were they found between black and white heads of households. Further, households with children had lower scores than single adults previously in contrast to the higher scores found in this analysis.

### 7. Diversion Outcomes

PC is successfully diverting the majority of households who enroll in diversion, with 57% (737 of 1,292) of households exiting diversion to housing without first being referred to shelter or another homeless housing intervention.

We investigated whether there were demographic differences in the likelihood of successful diversion. Only females were more likely to exit diversion successfully than their male counterparts

Table 9: Demographic Characteristics of Households Exiting Diversion by Outcome

Characteristic	Successfully Diverted		Not Successfully Diverted		Total	
	Average	Range	Average	Range	Average	Range
Age at Entry <sup>37</sup>	39.7	18-84	39.3	18-75	39.5	18-84
	N (727)	%	N (552)	%	N (1,279)	%
<b>Gender<sup>38</sup></b>						
<b>Male</b>	223	30.7	209	37.9	432	33.8
<b>Female</b>	504	69.3	343	62.1	847	66.2
	N (722)	%	N (543)	%	N (1,265)	%

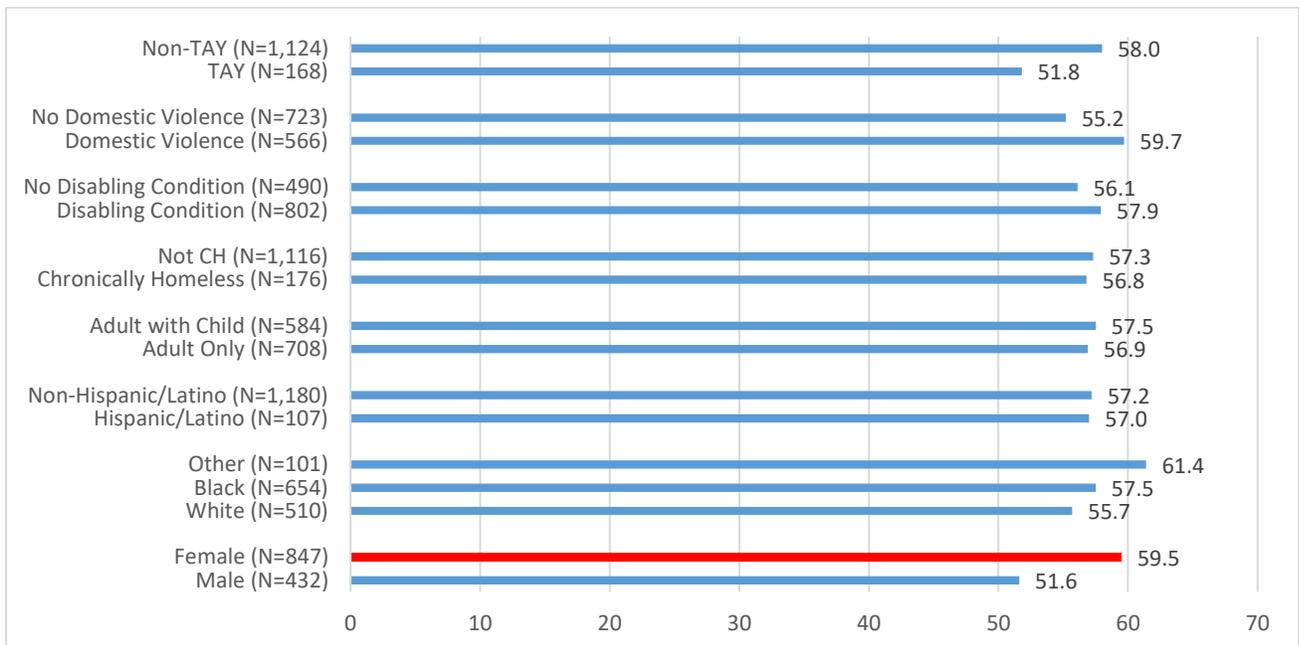
<sup>37</sup> N = 739 (Diverted), 553 (Not Diverted), 1,292 (Total)

<sup>38</sup>  $\chi^2 (1) = 5.49, p < .05$ .

Characteristic	Successfully Diverted		Not Successfully Diverted		Total	
	N	%	N	%	N	%
Primary Race						
White	284	39.3	226	41.6	510	40.3
Black	376	52.1	278	51.2	654	51.7
Other	62	8.6	39	7.2	101	8.0
	N (736)	%	N (551)	%	N (1,287)	%
Hispanic/Latino	61	8.3	46	8.3	107	8.3
	N (739)	%	N (553)	%	N (1,292)	%
Household Type						
Adult Only	403	54.5	305	55.2	708	54.8
Adult with Child	336	45.5	248	44.8	584	45.2
	N (739)	%	N (553)	%	N (1,292)	%
Chronically Homeless at Entry	100	13.5	76	13.7	176	13.6
	N (739)	%	N (553)	%	N (1,292)	%
Disabling Condition	464	62.8	338	61.1	802	62.1
	N (737)	%	N (552)	%	N (1,289)	%
Domestic Violence	338	45.9	228	41.3	566	43.9
	N (739)	%	N (553)	%	N (1,292)	%
TAY	87	11.8	81	14.6	168	13.0

Figure 8 illustrates these findings. As the red bar indicates, females were more likely to be successfully diverted than males.

Figure 8: Proportion of Households Successfully Diverted



Analyses found there was no relationship between priority score and success in diversion. There were 1,481 unique diversion enrollments for heads of household during the evaluation period. 1,292 (87%) of those enrollment records included exit dates, of which 1,239 had a priority score. Table 10 illustrates that there is no difference in the average priority score for households who are successfully diverted compared to those who are not. This echoes the finding in the six-month evaluation that success in diversion was not related to priority score. There was no relationship between demographic characteristics or priority score and successful exit from diversion for TAY households.

*Table 10: Priority Score of Households Exiting Diversion by Outcome*

	Priority Score at Diversion Enrollment (Exited HHs)		
	N	Average	Range
Total	1,239	57.6	3-135
	N	Average	Range
Diversion Outcome			
Successfully Diverted	703	57.3	6-129
Not Successfully Diverted	536	57.9	3-135

8. Households Returning to HSC Following Diversion

Of the 1,292 households who exited diversion, 153 (11.8%) returned to HSC during the evaluation period. For the 1,239 households with a priority score, average score for households who returned to HSC following diversion was not significantly different from those who did not return within the evaluation period.

*Table 11: Priority Score of Households Exiting Diversion by Return to HSC*

	Priority Score at Diversion Enrollment (Exited HHs)		
	N	Average	Range
Total	1,239	57.6	3-135
	N	Average	Range
Return to HSC			
Returned to HSC within Evaluation Period	143	59.2	9-126
Did Not Return to HSC	1,096	57.4	3-135

In contrast, the data in Table 12 show that households who successfully exited diversion were significantly less likely to return to HSC. Sometimes households are exited from diversion because they have been enrolled for more than 90 days; their diversion episode is considered expired. Table 12 also illustrates that only 9 of the 1,294 (0.7%) diversion exits were due to the household’s diversion episode expiring, and the rate of return to HSC was similar for households whose diversion episodes expired as for those who exited prior to 90 days.<sup>39</sup>

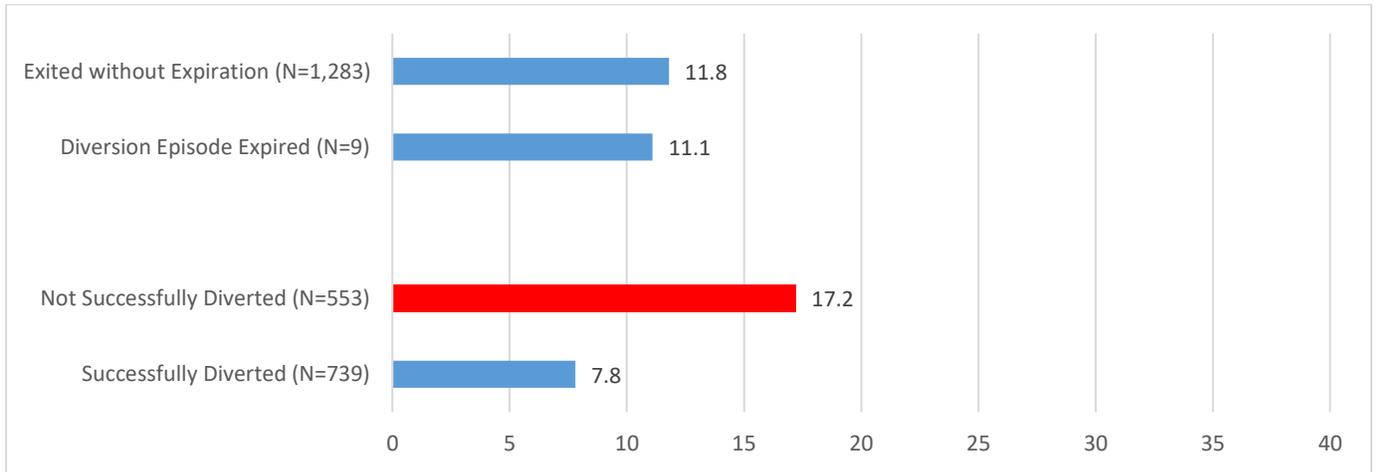
<sup>39</sup> Likewise, only 7 of 189 currently open Diversion episodes had extended beyond the 90 days.

Table 12: Exit Characteristics for Households Exiting Diversion by Return to HSC

	Returned to HSC (N=153)		Did Not Return (N=1,139)		Total (N=1,292)	
	N	%	N	%	N	%
<b>Successful Diversion<sup>40</sup></b>						
<b>Successfully Diverted</b>	58	37.9	681	59.8	739	57.2
<b>Not Successfully Diverted</b>	95	62.1	458	40.2	553	42.8
	N	%	N	%	N	%
Diversion Expiration						
Diversion Episode Expired	1	0.7	8	0.7	9	0.7
Exited without Expiration	152	99.3	1,131	99.3	1,283	99.3

Figure 9 illustrates the proportion of households exiting diversion that returned to HSC by the quality of exit. The data show that those who are successfully diverted have a 7.8% return rate, while those who did not have a 17.2% return rate.

Figure 9: Proportion of Households Exiting Diversion that Return to HSC by Type of Exit



When we investigated whether any demographic characteristics were associated with the likelihood of returning to HSC after a successful exit from diversion (defined as establishing a housing solution, whether permanent or temporary), we found that households whose head of household were black, had a disabling condition, or had experienced domestic violence were more likely to return to HSC. Interestingly, none of these factors significantly impacted the likelihood the household exited diversion successfully.

<sup>40</sup>  $\chi^2 (2) = 26.4, p < .001$ .

Table 13: Demographic Characteristics of Households Exiting Diversion by Return to HSC

Characteristic	Returned to HSC		Did Not Return		Total	
	Average	Range	Average	Range	Average	Range
Age at Entry <sup>41</sup>	39.3	18-63	39.6	18-84	39.5	18-84
	N (54)	%	N (662)	%	N (716)	%
Gender						
Male	11	20.4	217	32.8	228	31.8
Female	43	79.6	445	67.2	488	68.2
	N (53)	%	N (648)	%	N (701)	%
<b>Primary Race<sup>42</sup></b>						
<b>White</b>	12	22.6	262	40.4	274	39.1
<b>Black</b>	39	73.6	327	50.5	366	52.2
<b>Other</b>	2	3.8	59	9.1	61	8.7
	N (54)	%	N (662)	%	N (716)	%
Hispanic/Latino	4	7.4	54	8.2	58	8.1
	N (54)	%	N (664)	%	N (718)	%
Household Type						
Adult Only	28	51.9	359	54.1	387	53.9
Adult with Child	26	48.1	305	45.9	331	46.1
	N (54)	%	N (664)	%	N (718)	%
Chronically Homeless at Entry	7	13.0	87	13.1	94	13.1
	N (54)	%	N (664)	%	N (718)	%
<b>Disabling Condition<sup>43</sup></b>	41	75.9	411	61.9	452	63
	N (54)	%	N (662)	%	N (716)	%
<b>Domestic Violence<sup>44</sup></b>	34	63.0	297	44.9	331	46.2
	N (54)	%	N (664)	%	N (718)	%
TAY	4	7.4	81	12.2	85	11.8

Figure 10 illustrates the proportion of each demographic characteristic for households successfully exiting diversion that returned to HSC. As the red bars indicate, those who are most likely to return to HSC are black or have experienced domestic violence.

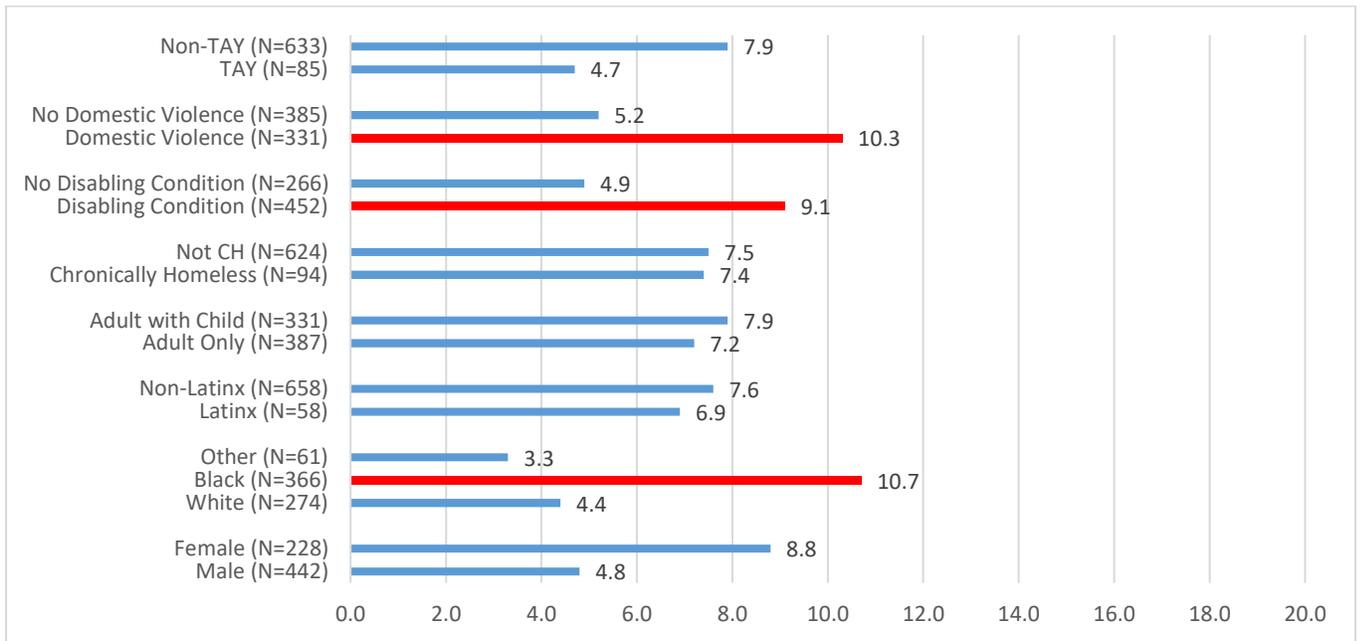
<sup>41</sup> N = 54 (Returned), 664 (Did not return), 718 (Total)

<sup>42</sup>  $\chi^2 (2) = 10.6, p < .01.$

<sup>43</sup>  $\chi^2 (1) = 4.2, p < .05.$

<sup>44</sup>  $\chi^2 (1) = 6.6, p < .01.$

Figure 10: Proportion of Households Successfully Exiting Diversion that Return to HSC



9. Priority Scores of Households Enrolled in Priority Pool

There were 2,773 unique priority pool enrollments for heads of household during the evaluation period; the average priority score was 69.0 for all priority pool enrollments. Similar to households enrolled in diversion, households enrolled in the priority pool had higher average priority scores if they were female, in households with children, were chronically homeless, had a disabling condition, or had experienced domestic violence; TAY and black households had lower average priority scores. Figure 11 illustrates the average priority score for the factors that are significantly different between the groups.

Table 14: Priority Score for Households Enrolled in Priority Pool by Demographics

Characteristic	Priority Score at Enrollment to Priority Pool		
	N	Average	Range
Total	2,773	69.0	3-159
	N (2,759)	Average	Range
<b>Gender<sup>45</sup></b>			
Male	1,124	65.6	12-153
Female	1,635	71.3	3-159
	N (2,710)	Average	Range
<b>Primary Race<sup>46</sup></b>			
White	1,466	70.1	12-153
Black	989	67.5	3-159

<sup>45</sup> F (1,2757) = 35.5, p<.001.

<sup>46</sup> F (2,2707) = 3.6, p<.05.

Characteristic	Priority Score at Enrollment to Priority Pool		
		Average	Range
<b>Other</b>	255	70.3	24-153
	N (2,760)	Average	Range
<b>Ethnicity</b>			
Hispanic/Latino	265	71.5	18-150
Non-Hispanic/Non-Latino	2,495	68.8	3-159
	N (2,773)	Average	Range
<b>Household Type<sup>47</sup></b>			
<b>Adult Only</b>	1,832	66.8	3-159
<b>Adult with Child</b>	941	73.4	12-153
	N (2,773)	Average	Range
<b>Chronic Homelessness<sup>48</sup></b>			
<b>Chronically Homeless at Entry</b>	718	82.1	21-159
<b>Not Chronically Homeless at Entry</b>	2,055	64.4	3-153
	N (2,767)	Average	Range
<b>Disabling Condition<sup>49</sup></b>			
<b>Disabling Condition</b>	2,091	73.1	15-159
<b>No Disabling Condition</b>	676	56.3	3-144
	N (2,763)	Average	Range
<b>Domestic Violence<sup>50</sup></b>			
<b>Experienced Domestic Violence</b>	1,296	75.0	3-159
<b>No Experience of Domestic Violence</b>	1,467	63.7	3-153
	N (2,773)	Average	Range
<b>TAY<sup>51</sup></b>	405	65.1	12-147
<b>Non-TAY</b>	2,368	69.7	3-159

<sup>47</sup> F (1,2771) = 44.7, p<.001.

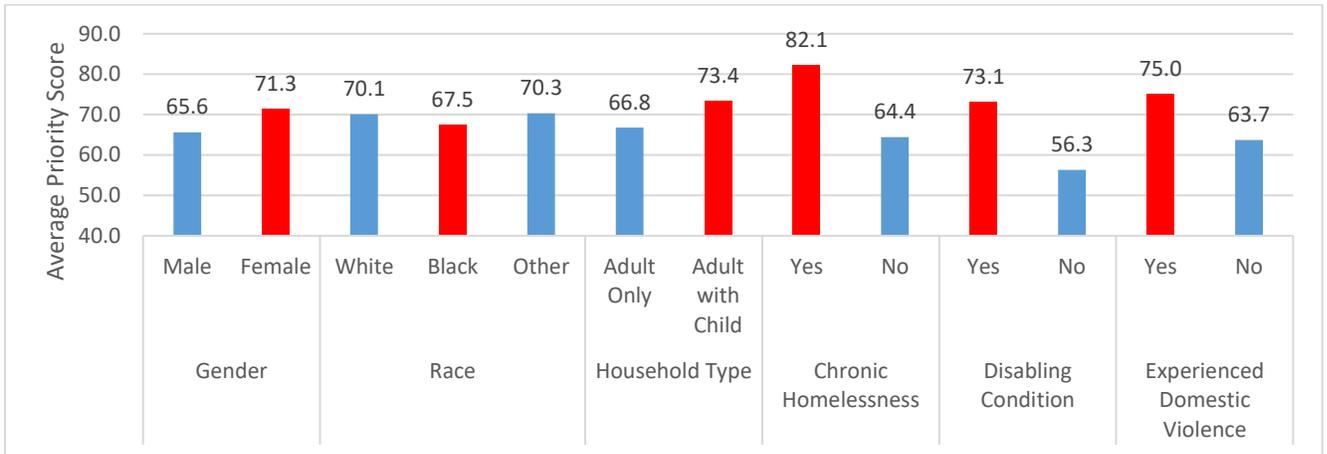
<sup>48</sup> F (1,2771) = 298.7, p<.001.

<sup>49</sup> F (1,2765) = 255.0, p<.001.

<sup>50</sup> F (1,2761) = 151.6, p<.001.

<sup>51</sup> F (1,2771) = 11.95, p<.001.

Figure 11: Priority Scores Associated with Demographic Characteristics for Priority Pool Enrollments



In the six-month analysis, we found that priority scores were higher for single adults, while the reverse was found in the one-year evaluation. Further, no racial disparities were found in the six-month evaluation and at one-year, black heads of households score lower than others. The gender difference was previously found in single adult households.

10. Housing Referrals from the Priority Pool

A Priority Pool entry may result in referral to a housing intervention, ideally within 30 days of enrollment in the priority pool. Referrals can be accepted or declined based on household choice, program eligibility, and the ability of staff to contact the household. To evaluate whether households enrolled in the priority pool were being referred to housing interventions in a timely manner, we determined the percentage of households receiving a referral to any homeless or housing intervention, those receiving a referral to permanent housing, and those with accepted permanent housing referrals.

As the data in Table 15 indicate, only 28% of the 2,773 households enrolled in the priority pool received a referral during the evaluation period and fewer still received (26%) and had accepted referrals (16%) to permanent housing resources. For the households that did receive a referral for permanent housing, however, the acceptance rate was 63.7% (454 of 713).

Table 15: Referrals for Households Enrolled in the Priority Pool

	Referred	Referred to PH	Accepted Referral to PH
# of Priority Pool Entries	782	713	454
% of Priority Pool	28.2%	25.7%	16.4%

Table 16 shows that those households that do receive referrals get them in a timely fashion, however; the average time to a household’s first referral is 18 days, while the average time to an accepted permanent

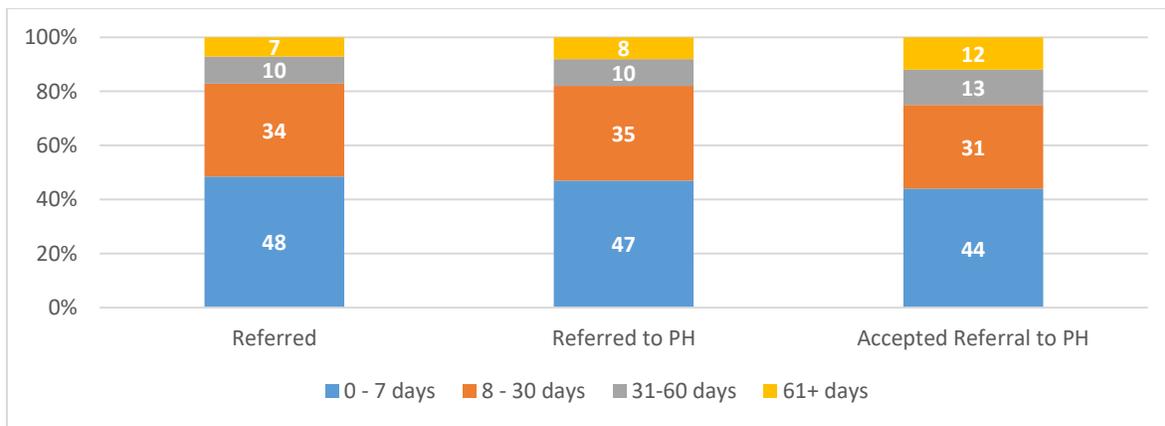
housing referral is 25 days. Moreover, the average time for those receiving their first referral has decreased since the six-month evaluation, when the average time was 27 days.

Table 16: Time to Referral from Priority Pool Enrollment

Metric	Referral	Referral to PH	Accepted Referral to PH
# of Enrollments into Priority Pool	782	713	454
Average Time to 1st Referral	18.2 days	19.0 days	25.4 days
Median Time to 1st Referral	8.0 days	8.0 days	10.0 days
Range of Time until 1st Referral	0-253 days	0-244 days	0-252 days

Figure 12 illustrates the distributions of time from priority pool enrollment to the first referral, the first permanent housing referral, and the first accepted permanent housing referral.

Figure 12: Time Between Priority Pool Enrollment and Referral



Results showed there is a significant difference in the priority scores for households who receive referrals from the priority pool from those that do not. The data in Table 17 show that households with higher priority scores are more likely to be referred in general, to be referred to permanent housing, and to have accepted referrals to permanent housing.

Table 17: Priority Score of Households Enrolled in Priority Pool by Outcome

	Priority Score at Priority Pool Entries		
	N	Average	Range
Total	2,773	69.1	3-159
	N	Average	Range
<i>Referrals</i> <sup>52</sup>			
<i>Referred</i>	782	87.5	21-159

<sup>52</sup> F (1,2771) = 769.3, p<.001.

Priority Score at Priority Pool Entries			
<i>Not Referred</i>	1,991	61.7	3-147
	N	Average	Range
<i>Referrals to PH<sup>53</sup></i>			
<i>Referred to PH</i>	713	87.3	21-159
<i>Not Referred to PH</i>	2,060	62.7	3-147
	N	Average	Range
<i>Accepted Referrals to PH<sup>54</sup></i>			
<i>Had Accepted Referral to PH</i>	454	85.9	27-159
<i>No Accepted Referral to PH</i>	2,319	65.7	3-153

There were also significant demographic differences in the households who received referrals and those that did not. As summarized in Tables 18 to 20, households whose heads of households were younger, TAY, female, black, Hispanic/Latino, in households with children, chronically homeless, or had experienced domestic violence were more likely to receive referrals. Households whose heads of household had disabling conditions were more likely to receive referrals, but not more likely to have accepted permanent housing referrals. Note that for black and TAY households, this occurs in spite of the fact that they have lower average priority scores.

Finally, we also investigated the rate of referral for young adults who were prioritized in this process. Of the 164 young adult prioritizations, 85 (51.8%) resulted in a referral to permanent housing, which compares to a 26.5% referral rate for those who are 25 and older. This data suggest that young adults are receiving referrals at a higher rate than the rest of the population.<sup>55</sup>

Table 18: Demographic Characteristics with Greater Likelihood of Referral

	Referred (N=782)		Not Referred (N=1,991)		Total (N=2,773)	
	Average	Range	Average	Range	Average	Range
<i>Age at Entry<sup>56</sup></i>	35.1	18-82	42.3	18-90	40.3	18-90
	N (776)	%	N (1,983)	%	N (2,759)	%
<i>Gender<sup>57</sup></i>						
<i>Male</i>	236	30.4	888	44.8	1,124	40.7
<i>Female</i>	540	69.6	1,095	55.2	1,635	59.3
	N (769)	%	N (1,941)	%	N (2,710)	%
<i>Primary Race<sup>58</sup></i>						
<i>White</i>	381	49.5	1,085	55.9	1,466	54.1

<sup>53</sup> F (1,2771) = 638.9, p<.001.

<sup>54</sup> F (1,2771) = 278.6, p<.001.

<sup>55</sup>  $\chi^2$  (1) = 42.2, p<.001

<sup>56</sup> F (1,2771) = 161.8, p<.001.

<sup>57</sup> X2 (1) = 47.7, p<.001.

<sup>58</sup> X2 (2) = 9.45, p<.01.

	Referred (N=782)		Not Referred (N=1,991)		Total (N=2,773)	
<b>Black</b>	313	40.7	676	34.8	989	36.5
<b>Other</b>	75	9.8	180	9.3	255	9.4
	N (779)	%	N (1,981)	%	N (2,760)	%
<b>Ethnicity<sup>59</sup></b>						
<b>Hispanic/Latino</b>	92	11.8	173	8.7	265	9.6
	N (782)	%	N (1,991)	%	N (2,773)	%
<b>Household Type<sup>60</sup></b>						
<b>Adult Only</b>	382	48.8	1,450	72.8	1,832	66.1
<b>Adult with Child</b>	400	51.2	541	27.2	941	33.9
	N (782)	%	N (1,991)	%	N (2,773)	%
<b>Chronically Homeless at Entry<sup>61</sup></b>	285	36.4	433	21.7	718	25.9
	N (782)	%	N (1,991)	%	N (2,773)	%
<b>Disabling Condition<sup>62</sup></b>	620	79.3	1,471	73.9	2,091	75.4
	N (782)	%	N (1,991)	%	N (2,773)	%
<b>Domestic Violence<sup>63</sup></b>	489	62.5	807	40.5	1,296	46.7
	N (782)	%	N (1,991)	%	N (2,773)	%
<b>TAY<sup>64</sup></b>	199	25.4	206	10.3	405	14.6

Figure 13 illustrates the proportion of each demographic characteristic receiving a referral after enrolling in the priority pool. As the red bars indicate, those most likely to receive a referral are female, black or other, Latinx, in family households, chronically homeless, disabled, TAY, or have experienced domestic violence.

<sup>59</sup> X2 (1) = 6.1, p<.05.

<sup>60</sup> X2 (1) = 144.0, p<.001.

<sup>61</sup> X2 (1) = 63.2, p<.001.

<sup>62</sup> X2 (1) = 8.15, p<.01. N = 806 (Referred), 1976 (Not Referred), 2,782 (Total).

<sup>63</sup> X2 (1) = 108.8, p<.001. N = 804 (Referred), 1974 (Not Referred), 2,778 (Total).

<sup>64</sup> X2 (1) = 102.7, p<.001.

Figure 13: Proportion of Households Receiving a Referral

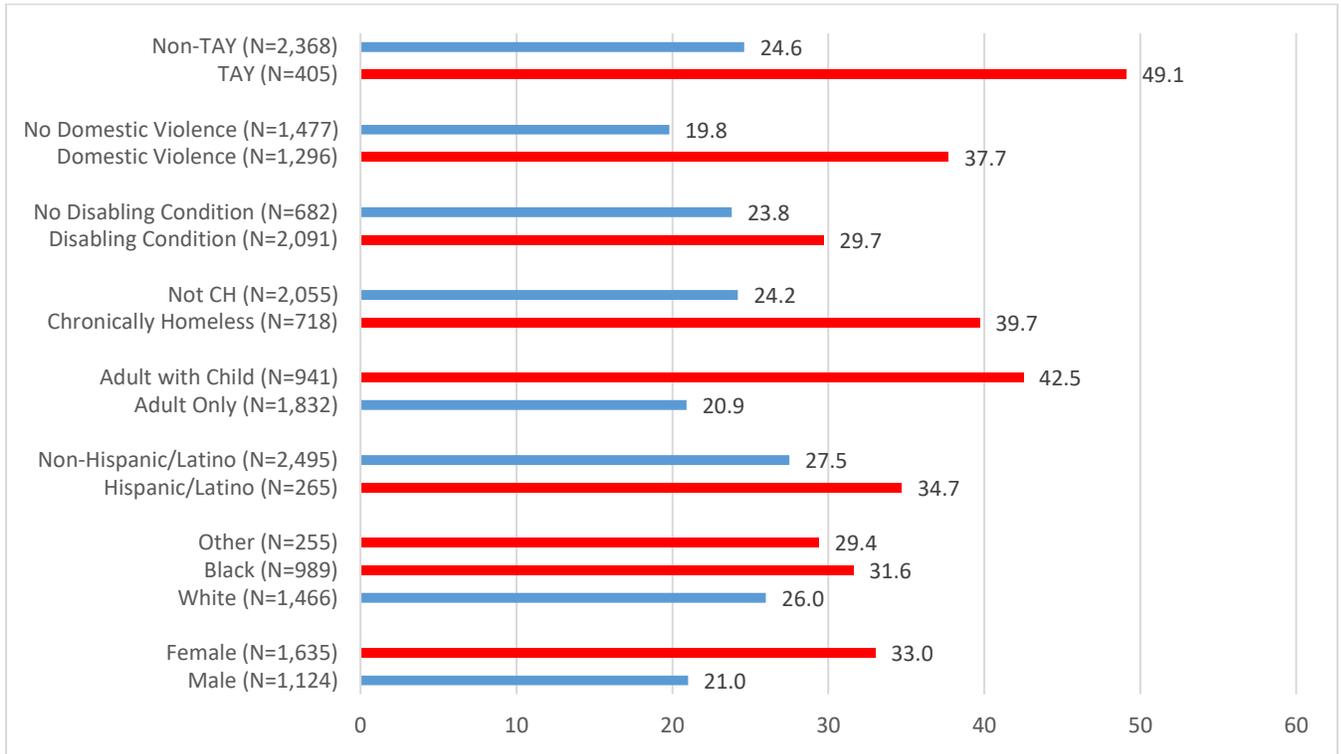


Table 19 details the demographic characteristics of those receiving a referral to permanent housing after enrolling in the priority pool.

Table 19: Demographic Characteristics with Greater Likelihood of Referral to Permanent Housing

	Referred to PH (N=713)		Not Referred to PH (N=2,060)		Total (N=2,773)	
	Average	Range	Average	Range	Average	Range
<b>Age at Entry<sup>65</sup></b>	33.0	18-82	42.0	18-90	40.3	18-90
	N (707)	%	N (2,052)	%	N (2,759)	%
<b>Gender<sup>66</sup></b>						
<b>Male</b>	224	31.7	900	43.9	1,124	40.7
<b>Female</b>	483	68.3	1,152	56.1	1,635	59.3
	N (701)	%	N (2,009)	%	N (2,710)	%
<b>Primary Race<sup>67</sup></b>						
<b>White</b>	341	48.6	1,125	56.0	1,466	54.1
<b>Black</b>	296	42.2	693	34.5	989	36.5
<b>Other</b>	64	9.1	191	9.5	255	9.4

<sup>65</sup> F (1,2771) = 139.8, p<.001.

<sup>66</sup> X2 (1) = 32.3, p<.001.

<sup>67</sup> X2 (2) = 13.8, p=.001.

	Referred to PH (N=713)		Not Referred to PH (N=2,060)		Total (N=2,773)	
	N (711)	%	N (2,049)	%	N (2,760)	%
<b>Ethnicity<sup>68</sup></b>						
<i>Hispanic/Latino</i>	86	12.1	179	8.7	265	9.6
	N	%	N	%	N	%
<b>Household Type<sup>69</sup></b>						
<i>Adult Only</i>	349	48.9	1,483	72.0	1,832	66.1
<i>Adult with Child</i>	364	51.1	577	28.0	941	33.9
	N (713)	%	N (2,060)	%	N (2,773)	%
<b>Chronically Homeless at Entry<sup>70</sup></b>	265	37.2	453	22.0	718	25.9
	N (713)	%	N (2,060)	%	N (2,773)	%
<b>Disabling Condition<sup>71</sup></b>	562	78.8	1,529	74.2	2,091	75.4
	N (713)	%	N (2,060)	%	N (2,773)	%
<b>Domestic Violence<sup>72</sup></b>	446	62.6	850	41.3	1,296	46.7
	N (713)	%	N (2,060)	%	N (2,773)	%
<b>TAY<sup>73</sup></b>	188	26.4	217	10.5	405	14.6

Figure 14 illustrates the proportion of each demographic characteristic receiving a referral to permanent housing after enrolling in the priority pool. As the red bars indicate, those most likely to receive a permanent housing referral are female, black, Latinx, in family households, chronically homeless, disabled, TAY, or have experienced domestic violence.

<sup>68</sup> X2 (1) = 6.86, p<.01.

<sup>69</sup> X2 (1) = 125.4, p<.001.

<sup>70</sup> X2 (1) = 63.6, p<.001.

<sup>71</sup> X2 (1) = 5.50, p<.05. N = 735 (Referred to PH), 2,047 (Not Referred to PH), 2,782 (Total).

<sup>72</sup> X2 (1) = 96.3, p<.001. N = 733 (Referred to PH), 2,045 (Not Referred to PH), 2,778 (Total).

<sup>73</sup> X2 (1) = 106.7, p<.001.

Figure 14: Proportion of Households Receiving a Referral to Permanent Housing

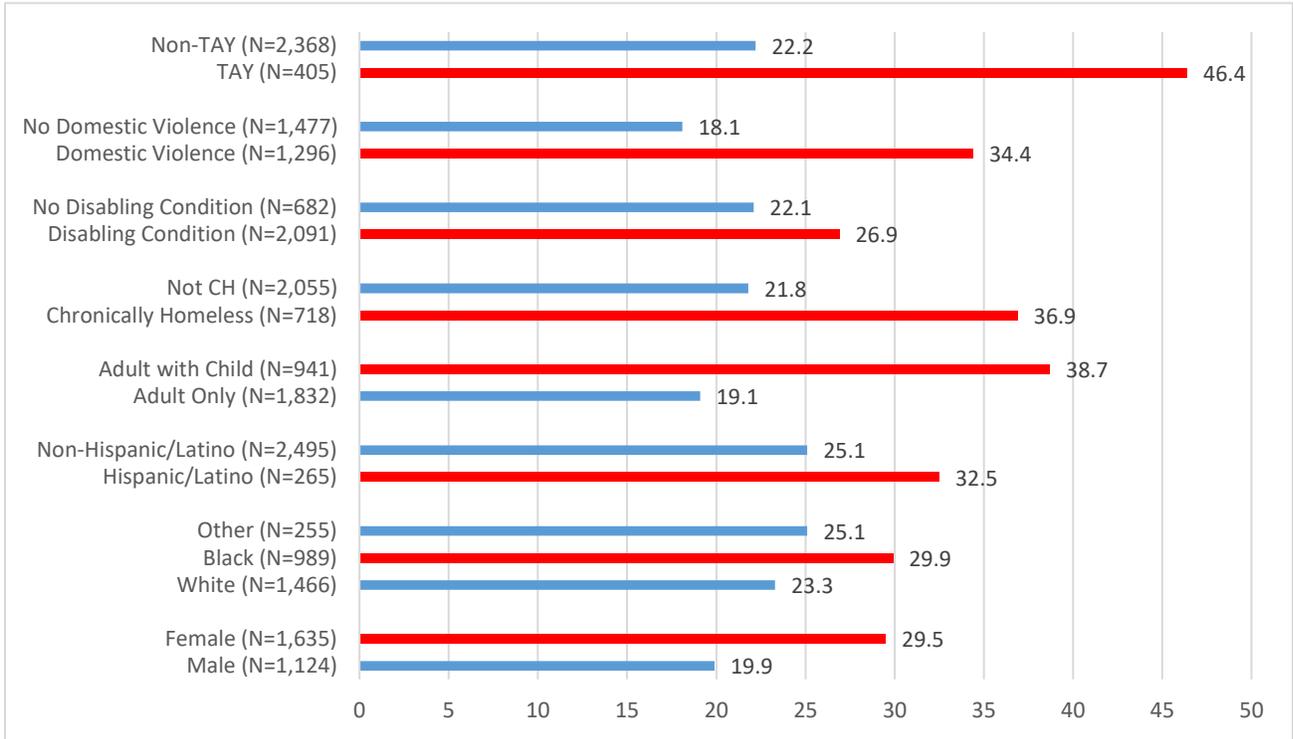


Table 20 details the demographic characteristics of those who have an accepted referral to permanent housing after enrolling in the priority pool.

Table 20: Demographic Characteristics with Greater Likelihood of Accepted Referral to Permanent Housing

	Accepted PH Referral (N=454)		No Accepted Referrals (N=2,319)		Total (N=2,773)	
	Average	Range	Average	Range	Average	Range
<b>Age at Entry<sup>74</sup></b>	33.9	18-82	41.5	18-90	40.3	18-90
	N (453)	%	N (2,306)	%	N (2,759)	%
<b>Gender<sup>75</sup></b>						
<b>Male</b>	127	28.0	997	43.2	1,124	40.7
<b>Female</b>	326	72.0	1,309	56.8	1,635	59.3
	N (445)	%	N (2,265)	%	N (2,710)	%
<b>Primary Race<sup>76</sup></b>						
<b>White</b>	214	48.1	1,252	55.3	1,466	54.1
<b>Black</b>	196	44.0	793	35.0	989	36.5
<b>Other</b>	35	7.9	220	9.7	255	9.4
	N (452)	%	N (2,308)	%	N (2,760)	%

<sup>74</sup> F (1,2771) = 119.1, p<.001.

<sup>75</sup> X<sup>2</sup> (1) = 36.2, p<.001.

<sup>76</sup> X<sup>2</sup> (2) = 13.2, p=.001.

	Accepted PH Referral (N=454)		No Accepted Referrals (N=2,319)		Total (N=2,773)	
<b>Ethnicity<sup>77</sup></b>						
<i>Hispanic/Latino</i>	55	12.2	210	9.1	265	9.6
	N (454)	%	N (2,319)	%	N (2,773)	%
<b>Household Type<sup>78</sup></b>						
<i>Adult Only</i>	191	42.1	1,641	70.8	1,832	66.1
<i>Adult with Child</i>	263	57.9	678	29.2	941	33.9
	N (454)	%	N (2,319)	%	N (2,773)	%
<b>Chronically Homeless at Entry<sup>79</sup></b>	146	32.2	572	24.7	718	25.9
	N (454)	%	N (2,319)	%	N (2,773)	%
<b>Disabling Condition<sup>80</sup></b>	341	75.1	1,750	75.5	2,091	75.4
	N (454)	%	N (2,319)	%	N (2,773)	%
<b>Domestic Violence<sup>81</sup></b>	289	63.7	1,007	43.4	1,296	46.7
	N (454)	%	N (2,319)	%	N (2,773)	%
<b>TAY<sup>82</sup></b>	117	25.8	288	12.4	405	14.6

Figure 15 illustrates the proportion of each demographic characteristic have an accepted referral to permanent housing after enrolling in the priority pool. As the red bars indicate, those most likely to be accepted into permanent housing are female, black, Latinx, in family households, chronically homeless, TAY, or have experienced domestic violence.

<sup>77</sup> X2 (1) = 4.1, p<.05.

<sup>78</sup> X2 (1) = 139.4, p<.001.

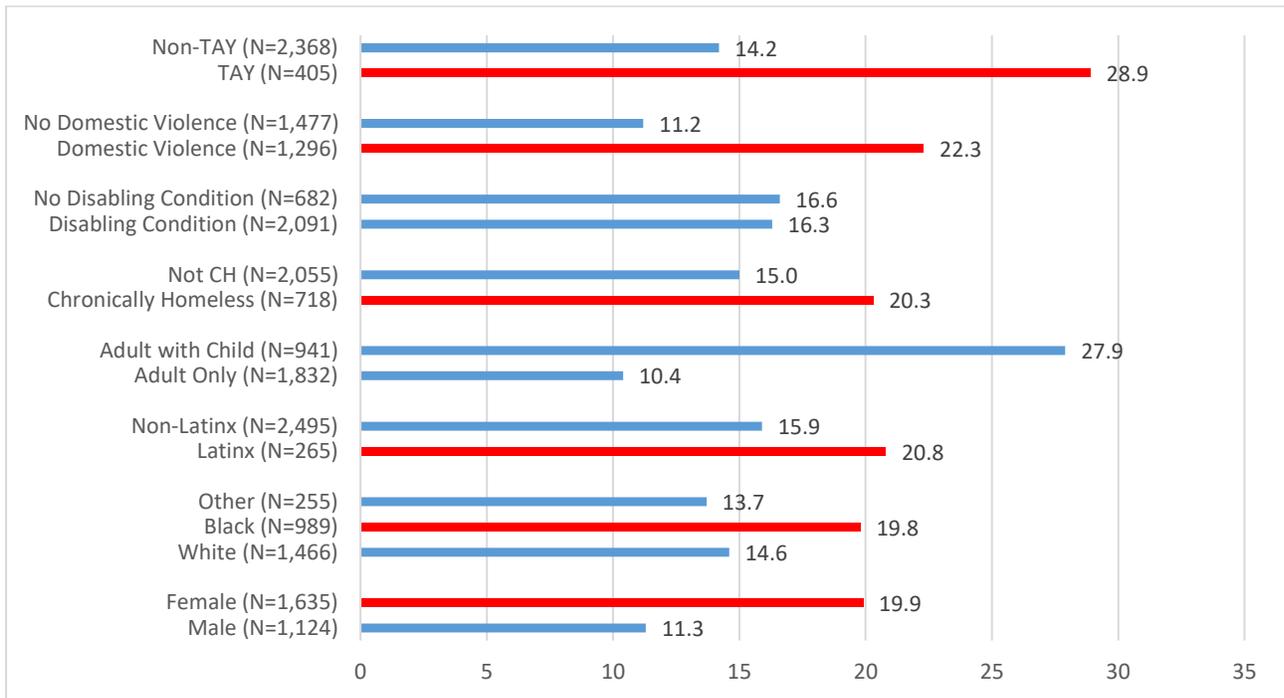
<sup>79</sup> X2 (1) = 11.1, p=.001.

<sup>80</sup> N = 476 (Accepted to PH), 2,306 (Not Accepted), 2,782 (Total).

<sup>81</sup> X2 (1) = 63.0, p<.001. N = 474 (Accepted to PH), 2,304 (Not Accepted), 2,778 (Total).

<sup>82</sup> X2 (1) = 54.3, p<.001.

Figure 15: Proportion of Households Receiving an Accepted Referral to Permanent Housing



12. Achievement of Successful Housing Referrals by Households with Declined Referrals

During the evaluation period 761 total households from the priority pool received a referral; 444 (58%) had an accepted referral to PH. On average, households received 1.4 referrals each with a median of 1 referral per household; the maximum number of referrals received by a single household was 12. Overall, 299 (39%) households who received a referral had one or more “declined referral”. Table 21 provides the breakdown of reasons for the 361 declined referrals generated for the 299 households who received them. More than 70% of declined referrals are related to not being able to find the household or the household not being interested in the housing option offered. Approximately 25% of referrals are declined by the provider because the household does not meet eligibility requirements for the project.

Table 21: Reasons for Declined Referrals

Reason Category	Declined Referral (N=361)	
	N	%
Household Related	254	70.4
<i>Client has not returned phone messages/emails</i>	67	18.6
<i>Client moved from PSH to RRH</i>	2	0.6
<i>Client moved from RRH to PSH</i>	1	0.3
<i>Client no showed to scheduled appointments</i>	38	10.5
<i>Client phone disconnected; no email or alternate number, lost contact</i>	38	10.5
<i>Client states they are not interested in this housing option at this time</i>	63	17.5
<i>Other</i>	3	0.8
<i>Missing</i>	42	11.6

Reason Category	Declined Referral (N=361)	
Eligibility Related	92	25.5
<i>Does not have children in the household</i>	5	1.4
<i>Does not meet eligibility criteria for health</i>	6	1.7
<i>Does not meet eligibility criteria for homelessness</i>	20	5.5
<i>Does not meet eligibility for income</i>	3	0.8
<i>Does not meet eligibility for legal</i>	20	5.5
<i>Does not meet eligibility criteria for residency</i>	27	7.5
<i>Other</i>	2	0.6
<i>Missing</i>	9	2.5
Other	15	4.2

Table 22 shows that although households who have declined referrals receive more referrals than those who don't, they are also less likely to eventually have an accepted referral<sup>83</sup>.

*Table 22: Referral Characteristics for Households with Declined Referrals*

	Declined Referral	
	Average	Range
<b><i>Number of Referrals<sup>84</sup></i></b>		
<i>Declined Referrals (N=299)</i>	1.7	1-12
<i>No Declined Referrals (N=462)</i>	1.2	1-4
	N	%
<b><i>Accepted PH Referrals<sup>85</sup></i></b>		
<i>Accepted PH Referral (N=444)</i>	67	15.1
<i>No Accepted PH Referral (N=317)</i>	232	73.2

Households with declined referrals have heads of households who are older than those with no declined referrals. Head of households who were male and had disabling conditions are also more likely to have declined referrals.

<sup>83</sup> Referrals are not analyzed separately for whether they are household vs. eligibility related due to the very small numbers resulting from further parsing the information.

<sup>84</sup>  $F(1, 759) = 73.3, p < .001$ .

<sup>85</sup>  $\chi^2(1) = 261.7, p < .001$ .

Table 23: Demographic Characteristics of Households Enrolled in Priority Pool by Declined Referrals

	Declined Referral		No Declined Referrals		Total	
	Average	Range	Average	Range	Average	Range
<b>Age at End of Evaluation Period<sup>86</sup></b>	37.0	18-76	35.1	18-82	35.8	18-82
	N (297)	%	N (459)	%	N (756)	%
<b>Gender<sup>87</sup></b>						
<b>Male</b>	112	37.7	117	25.5	229	30.3
<b>Female</b>	185	62.3	342	74.5	527	69.7
	N (293)	%	N (455)	%	N (748)	%
Primary Race						
White	143	48.8	227	49.9	370	49.5
Black	113	38.6	192	42.2	305	40.8
Other	37	12.6	36	7.9	73	9.8
	N (297)	%	N (461)	%	N (758)	%
Hispanic/Latino	38	12.8	48	10.4	86	11.3
	N (299)	%	N (462)	%	N (761)	%
<b>Disabling Condition<sup>88</sup></b>	259	86.6	344	74.5	603	79.2
	N (298)	%	N (461)	%	N (759)	%
Domestic Violence	180	60.4	295	64.0	475	62.6
	N (299)	%	N (462)	%	N (761)	%
TAY	68	22.7	101	21.9	169	22.2

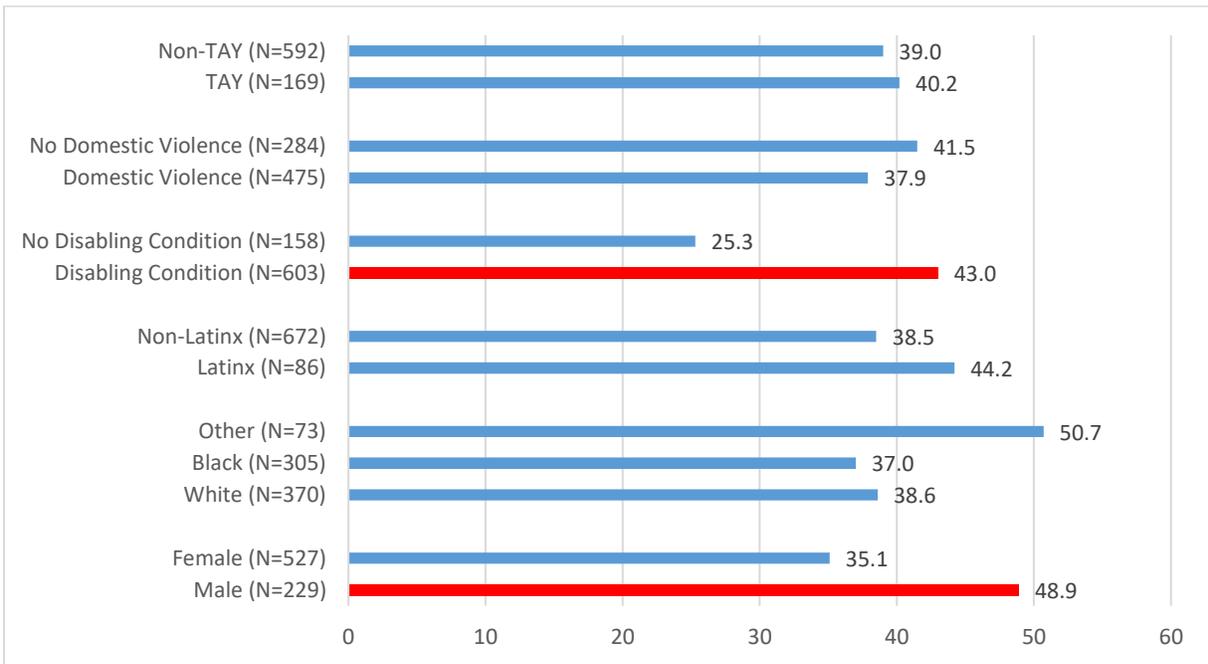
Figure 16 illustrates the proportion of each demographic characteristic having a declined referral to permanent housing after enrolling in the priority pool. As the red bars indicate, those most likely to have a declined referral are likely to be male and report a disabling condition.

<sup>86</sup> F (1,759) = 4.08, p<.05, N = 299 (Declined Referral), 462 (No Declined Referral), 761 (Total)

<sup>87</sup>  $\chi^2$  (1) = 12.8, p<.001.

<sup>88</sup>  $\chi^2$  (1) = 8.68, p<.01.

Figure 16: Proportion of Households Receiving a Declined Referral



13. Relationship of Prioritization Score to Referral Destination

One of the objectives of CES is to ensure that people who have high vulnerabilities and high barriers to becoming housed are identified and matched to the most appropriate housing resource. If the Prioritization Tool and process is working effectively, those referred to rapid re-housing and/or permanent supportive housing should have higher prioritization scores than those who are not.

Table 24 presents the prioritization scores for those groups of households who were referred to each of the destinations reflected. The average priority score for those referred to rapid rehousing (83.5) was lower than it was for those referred to permanent housing other than RRH (93.5; this is primarily permanent supportive housing, but also include “other” permanent housing). These data confirm that the Prioritization Tool and process appear to be working as intended and also confirm the results found in the six-month evaluation. Those who are referred for permanent supportive housing have higher needs and barriers (as reflected by their score) than those who are referred to rapid rehousing. It is interesting that those referred to emergency shelter have higher scores than those referred to permanent supportive housing and is in alignment with the goal of immediately providing shelter for those with the highest need.

Table 24: Priority Score by First Referral Destination

First Referral <sup>89</sup>	N (782)	Average Score	Median Score	Score Range
Permanent Supportive Housing	221	93.5	96	21-159
Rapid Rehousing	470	83.5	84	27-153
Transitional Housing	60	92.0	90	39-147
Emergency Shelter	31	95.7	96	66-153

<sup>89</sup> F (3,778) = 10.7, p<.001.

14. Summary of Racial Differences

Throughout this report, we have noted differences in outcomes occurring between households headed by those identifying as white and black. In this section, we summarize and comment on those findings.

Table 25 consolidates the racial differences found in each section of the report and illustrates that a disparity exists between the proportions of white and black clients who are represented in each part of the CES process.<sup>90</sup>

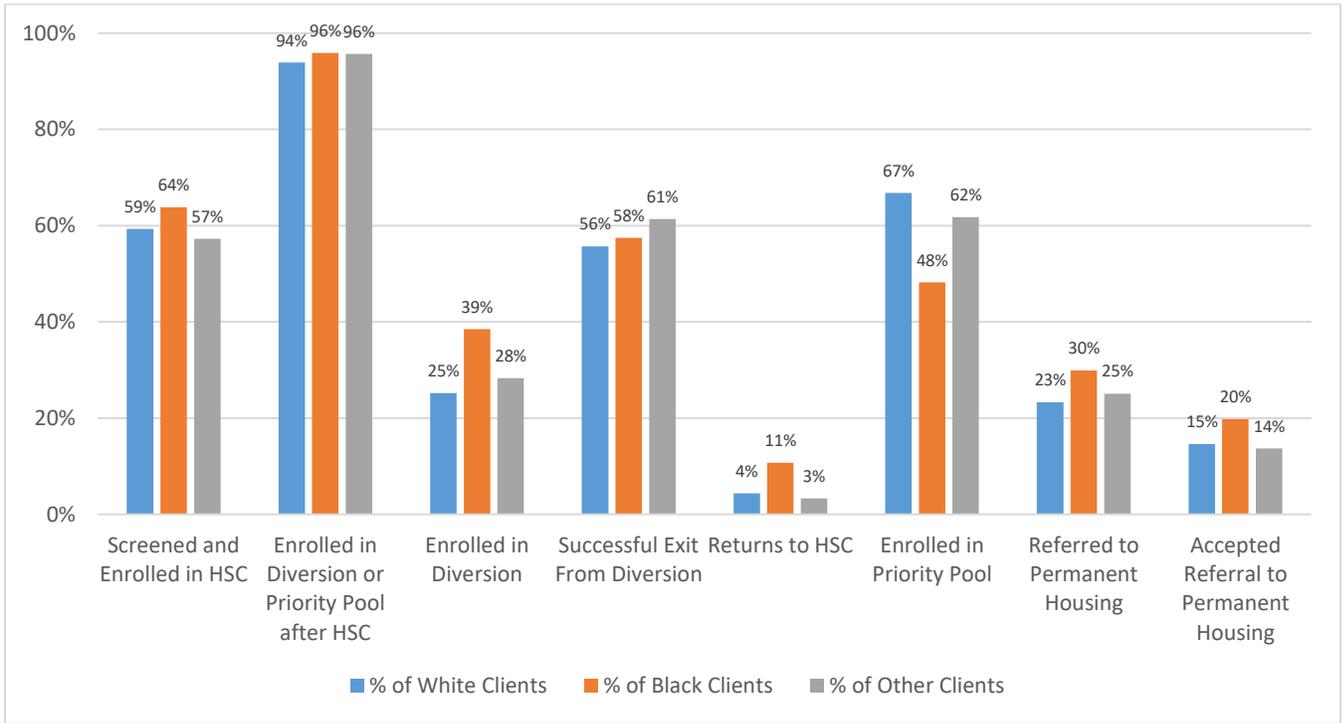
*Table 25: Summary of Racial Differences*

	% of White Clients	% of Black Clients	% of Other Clients
	%	%	%
Screened and Enrolled in HSC	59.3%	63.8%	57.3%
Enrolled in Diversion or Priority Pool after HSC	93.9%	95.9%	95.7%
Enrolled in Diversion	25.2%	38.5%	28.3%
Successful Exit from Diversion	55.7%	57.5%	61.4%
Returns to HSC After Successful Diversion Exit	4.4%	10.7%	3.3%
Enrolled in Priority Pool	66.8%	48.2%	61.8%
Referred to Permanent Housing	23.3%	29.9%	25.1%
Accepted Referral to Permanent Housing	14.6%	19.8%	13.7%

Figure 17 illustrates the values presented in Table 25. The data show white heads of households are less likely than their black counterparts to enroll in an HSC following screening or to enroll in diversion or the priority pool following an HSC; black heads of household appear somewhat more likely to engage in both of the early steps of the process. Figure 17 also illustrates that black heads of households are more likely to enroll in diversion than white heads of households, and once enrolled, race has little impact on whether the household is successfully diverted. Black heads of households, however, are more likely to return to an HSC following a successful diversion exit. Conversely, white heads of households are more likely to enroll in the priority pool than black heads of households. Interestingly, once in the priority pool, black heads of households experience more positive outcomes – they are more likely to be referred to permanent housing and are more likely to have an accepted PH referral.

<sup>90</sup> The percentages displayed in Table 25 are relative to the numbers of households indicated in previous sections. They are displayed here to compare proportions of each race and the magnitude in each row should not be compared to other rows.

Figure 17: Proportion of Racial Populations Represented in the CES Process



15. Efficiency of CES

PC is interested in an analysis of the efficiency of the CES process. For this analysis, we explored data from HMIS, staff timesheets, and contractual expectations. Table 26 illustrates the number of households captured in HMIS at each step of the CES process and relates them to PC expectations as indicated in contracts with Associated Ministries (AM) and Catholic Community Services (CCS). As the table indicates, CES is surpassing expectations regarding the number of households who are screened as well as the number who enroll in diversion and the priority pool; 1,438 households enrolled in diversion (24% more than expected) and 2,256 households enrolled in the priority pool (36% more than expected).

Of the 1,438 households who enrolled in diversion, 692 (48%) successfully exited, which is a relatively high rate of success. However, the contractual expectation is that 30% of households who participated in an HSC will be successfully diverted. Here, CES is averaging an approximate 23% success rate.

Although the number of referrals is just a little low, 776 is well within reach of the goal of 800 that was set. AM and CCS are both achieving a similar pattern of findings.

Table 26: Household Enrollments Compared to PC Contract Goals

CES Step	Contract Expectation <sup>91</sup>	# of Duplicated Households	% Difference
Total CES <sup>92</sup>			
Screening	10,500	11,400 <sup>93</sup>	+8.6%
Housing Solutions Conversation	Not specified	2,987	
Enrollment in Diversion	1,160	1,438	+24.0%
Successful Diversion Exit	30% of HSC = 896	692 (23.2%)	-22.7%
Enrollment in Priority Pool	1,660	2,256	+35.9%
Referral from Priority Pool	800	776	-3.0%
Associated Ministries			
Screening	10,500	2,676	
Housing Solutions Conversation	Not specified	1,635	
Enrollment in Diversion	500	775	+55.0%
Successful Diversion Exit	30% of HSC = 490	390 (23.9%)	-20.3%
Enrollment in Priority Pool	1,000	1,140	+14.0%
Referral from Priority Pool	800	776	-3.0%
Catholic Community Services			
Housing Solutions Conversation	Not specified	1,352	
Enrollment in Diversion	660	663	+0.5%
Successful Diversion Exit	30% of HSC = 405	302 (22.3%)	-25.7%
Enrollment in Priority Pool	660	1,116	+69.1%

Table 27 illustrates the PC financial investment in CES across the two primary CES agencies: a total of \$1.8 million dollars is budgeted annually to support 18.3 FTE, rental assistance, and other operating and administrative expenses. The AM budget is proportionally larger than the CCS budget in part because of the larger number of FTE engaged at AM with CES activities.

Table 27: CES Budget

Budget Category	Combined AM and CCS CES Budgets	AM CES Budget	CCS CES Budget
Staff Cost	\$1,143,999	\$796,803	\$311,396
Rental Assistance	\$399,576	\$225,006	\$174,570
Other Operating/Administrative	\$294,610	\$210,160	\$78,248
<b>Total Budget</b>	<b>\$1,838,185</b>	<b>\$1,231,971</b>	<b>\$564,214</b>
FTE			
	18.3	12.4	5.9

Table 28 illustrates average monthly hours spent by staff in each of four functions: screening, housing solutions conversations, case management, and referral (as reported by AM and CCS). Using the number of households enrolled in each part of CES, the data suggest that across both agencies, an average of

<sup>91</sup> Contract expectations are referenced in the Scopes of Work as well as the Budget Overviews for AM and CCS.

<sup>92</sup> The sum of AM and CCS is less than the total because the total also includes activity from Greater Lakes.

<sup>93</sup> 11,400 represents data from a non-HMIS source

about 19 minutes is spent screening each household<sup>94</sup>, just over two hours are spent engaged in a housing solutions conversation, three hours are spent doing case management, and one-half hour is spent completing a referral. The time spent on both housing solutions conversations and case management differ widely between AM and CCS, with the former spending more time doing case management and the latter spending more time in housing solutions conversations. Although these differences warrant further exploration; they do not appear to be differentially impacting outcomes.

Table 28: CES Staff Time

CES Step	Monthly Staff Hours	Annual Staff Hours	# of Duplicated Households	Time/Household
AM and CCS Combined				
Screening	300	3,600	11,400	.3 hours (19 min)
Housing Solutions Conversation	563	6,756	2,987	2.3 hours
Case Management <sup>95</sup>	946	11,352	3,694	3.1 hours
Referral	35	420	776	.5 hours
ALL	1,844	22,128		
AM Only				
Screening	300	3,600	2,676	1.3 hours
Housing Solutions Conversation	239	2,868	1,635	1.8 hours
Case Management	761	9,132	2,775	3.3 hours
Referral	35	420	776	.5 hours
ALL	1,335	16,020		
CCS Only				
Housing Solutions Conversation	324	3,888	1,352	2.9 hours
Case Management	225	2,700	1,779	1.5 hours
ALL	559	6,708		

Using the data from Tables 26 to 28, staff productivity was investigated. We used the following formula to calculate the percent of expected hours that were billed to CES:

$$\text{Productivity} = (\text{Total Number of Staff Hours} / \text{Number of FTE}) / \text{Total Number of Hours Expected}$$

Productivity rate was calculated separately for AM and CCS because the expectation of total hours worked per FTE differs between the organizations (AM annual hours/FTE are 2,080; CCS annual hours/FTE are 1,950). This formula resulted in an overall productivity rate of 62% for CES staff from AM, and 58% for CES staff from CCS. Based on Focus Strategies experience in working with publicly funded service systems, this rate of productivity seems low. We would expect it to be more in the 75% to 80% range.

<sup>94</sup> This estimate is based on the 2,676 screenings entered into HMIS. If one assumes that the actual total number of screenings approaches the contractually expected 10,500 number, the time/household would be just over 20 minutes.

<sup>95</sup> The number of households reflects the number who enrolled in Diversion and/or enrolled in the Priority Pool, assuming case management is associated with each program.

### **III. Summary and Recommendations**

#### **A. System Strengths and Successes**

Our last evaluation found that in general CES was working as intended and is helping PC meet its homeless system objectives. This one-year evaluation confirms this result. The system continues to operate as designed and is yielding strong results. Many of the operational challenges identified in the last evaluation have been addressed and areas of inefficiency are improving. Particular strengths and successes we identified in this one-year evaluation include:

- There is a broad perception among clients, providers, and County staff that CES overall is resulting in positive outcomes for clients and is continuing to improve.
- For most people, the time from initial contact with CES and when they have a housing solutions conversation is fairly quick (5 days on average and zero days for some people).
- While there is still some confusion among clients about what it means to enter diversion versus the priority pool, this appears to be less of an issue than before. Messaging to clients on this topic appears to be improving.
- The success rate for households who participate in an HSC is just over 23% and households who are successfully diverted have a very low rate of return to homelessness. Diversion overall is a very successful element of CES.
- Households with the greatest needs are being identified and prioritized for assistance and are being referred to available housing interventions. This is borne out both in our interviews and in the analysis of the priority scores of those who are being referred to housing.
- Referrals are made quickly for households who receive referrals, though many households in the priority pool do not receive a referral (see below under challenges).
- Analysis shows that people of color do not have disparate outcomes when compared to white households. While black households are generally over-represented in the population of people who interact with CES compared to the general population, they are somewhat more likely to receive a housing referral than are white households.

#### **B. Challenges & Recommendations**

The results of the evaluation suggest that Pierce County is on the right track with the design of CES and should continue evaluating and refining the system moving forward. Some specific areas where we identified challenges are described below, along with some recommendations for next steps.

##### **1. Screening and Housing Solutions Conversations (HSC)**

Our analysis found that the number of people who went through the screening step of the CES process was more than expected at the beginning of the contract year. However, qualitative feedback from providers and clients consistently reported that it is difficult to get through to the screening line. Further, some complained the line was shut down for two weeks at some point. Further, on the day we observed the CES, the phone lines were active, but the staff were not overwhelmed; the screener was courteous and tried calling people back. Staff reported that sometimes the phone lines are closed because they do not have HSC appointments available and they are contractually held to scheduling them within 5 business days. Thus, the unavailability of screening could be an unintended consequence of the contract expectations.

Pierce County is working on a process to “deputize” additional organizations to conduct diversion (HSC) with clients to expand the availability of this resource to more people and make it available more quickly. We heard feedback that this rollout has been somewhat bumpy, with agencies reporting that the process of learning to do HSC is cumbersome and not well defined. Nonetheless, our recommendation would be to continue to try to expand the availability of HSC rather than focusing on expanding hours for the phone screening process, particularly given that many people don’t even go through this step (if they are in shelter or unsheltered and in contact with outreach). HSC is a crucial and highly effective intervention, and for many people is the only assistance they will receive from the homeless system. Improving the speed with which people can access a housing solutions conversation will accelerate the process of ensuring that everyone has an opportunity to identify a pathway out of homelessness.

## 2. Diversion

Our analysis shows that for people who participate in an HSC, about 23% are able to secure housing. This is a lower than the contract expectations, which set 30% as a target. Qualitative feedback from providers and clients suggests that the amount of funding available to each client is too low and may impact the success of diversion activities. Some also noted that amounts and uses differ between AM and CCS. We would recommend equalizing the amount available per household across the two agencies, as well as ensuring that allowable uses are the same. diversion seems to be very effective even with the lower amounts of funding available. If higher amounts are available in the future, it will be important to track whether this leads to even better outcomes, or whether the funding amount is unrelated to the results. Preliminary research based on a diversion pilot program conducted with family households in Pierce County suggested that offering a greater amount of assistance per client does not correlate to increased outcomes (i.e. how many people enroll in diversion). Nevertheless, we suggest digging into this to determine if providing greater assistance amounts will boost outcomes of households who enter diversion with the goal of meeting the 30% performance target.

	Total	AM	CCS	Original Expectation
<b>Rental Assistance</b>	\$399,576 <sup>96</sup>	\$225,006	\$174,570	\$399,576
<b># Enrolled in Diversion</b>	1,438	775	663	1,160
<b>Assistance/HH Enrolled</b>	\$277.87	\$290.33	\$263.30	\$344.46
<b># Successfully Diverted</b>	739	390	302	348
<b>Assistance/Successful Diversion</b>	\$540.70	\$576.94	\$578.04	\$1,148.21

## 3. Referral to Housing Intervention

Our analysis shows the number of households that receive a housing referral are about as expected, and many of those who receive a referral either reject it or they are rejected by the provider. Qualitative feedback from providers and clients is that referrals take too long, but our data suggest that for those who are referred, the median time from priority pool entry to referral is 8 to 10 days. However, the proportion of clients going into the priority pool is higher than expected, making the chance of referral for most people very small; this leads to the perception that there are very long wait times to receive a referral. Qualitative feedback from providers and clients is that too many referrals are declined, and this is borne out by the data which suggests that about 1/3 of referrals are declined. As we noted in the last evaluation, it appears that there are still some significant barriers and inefficiencies in the referral

<sup>96</sup> These totals do not include flex funds or client transportation.

process: difficulty locating clients, clients not being “document ready,” and clients matched to programs for which they do not meet eligibility criteria. We recommend that PC continue to devote attention to fine tuning the documentation and referral process. In particular, it is not always clear who is responsible for helping clients secure needed paperwork. Some steps should be identified to make this process more centralized and clarify who is responsible. Additionally, it appears ongoing work is needed to ensure that CES understands program eligibility criteria and that programs are clearly communicating their criteria to CES and removing barriers as appropriate.

#### 4. Other Issues

Other issues we identified include:

- Non-same-day shelter bed referrals are an area of concern. It appears that beds in these shelters are going unfilled due to inefficiencies in the referral process, including the amount of time it takes to complete and process documentation. Providers report that referrals are held up if the client cannot be simultaneously matched to an RRH slot to help them exit from shelter, but this is not actually a policy of CES so some clarification issued to providers might be needed. Pierce County staff report that families often reject same-day beds, making them difficult to fill. If this is a policy or practice of CES, we would recommend revisiting this to see if there might be an alternative process for filling those beds through CES in the event RRH is not available.
- Our analysis of provider time sheets suggests that there are some significant differences between the two CES providers in terms of how long particular steps in the CES process take. Exploring these differences with each provider is recommended, to determine whether there are ways that each one could become more efficient. There also appears to be some overall lack of productivity of CES staff. We would recommend setting a 75% productivity standard and asking providers to report on this measure as part of their regular contract monitoring. If providers struggle to meet this standard, we would recommend that Pierce County and the two providers undertake a time study to better understand what parts of the CE workflow or work requirements are presenting barriers to productivity.

**Appendix A**  
**Extended Summary of Stakeholder Input**

**I. Stakeholder Focus Groups Background and Purpose**

In Spring 2018, as part of a one-year evaluation of Coordinated Entry, Focus Strategies conducted several focus groups over the course of two days with key stakeholders in Pierce County to understand community perceptions, strengths, and challenges of the Coordinated Entry system. Stakeholders who participated in these focus groups included Coordinated Entry staff, community homeless providers, and homeless system clients who sought assistance from CES. The overarching goal of the focus groups was to gain an understanding of Pierce County’s Coordinated Entry System (CES), as well as changes that have been made to CES since the six-month evaluation conducted in 2017 from the perspective of key stakeholders.

This Appendix provides a summary of the input collected from Stakeholders. Some of this information also appears in the main body of this report. This appendix includes additional detail documenting what we heard from stakeholders.

**II. Methodology**

To complete this work, Focus Strategies conducted nine focus groups on April 30 and May 1, 2018, which included participants from various provider agencies and regions of the County. The focus groups were broken out by stakeholder type; an overview of the nine focus groups and the date they occurred are shown in the following table.

<b>Date</b>	<b>Stakeholder Group</b>
April 30, 2018	Pierce County Human Services Staff
April 30, 2018	PATH Staff
April 30, 2018	Rapid Rehousing and Permanent Supportive Housing Providers
April 30, 2018	Same Day Shelter Providers
April 30, 2018	Emergency Shelter and Transitional Housing Providers
May 1, 2018	Catholic Community Services Staff
May 1, 2018	Associated Ministries Staff
May 1, 2018	Catholic Community Services Clients
May 1, 2018	Associated Ministries Clients

The nine focus groups were facilitated by two Focus Strategies staff and organized by Pierce County Human Services with assistance from the County’s partner agencies. Neither Pierce County nor provider agency staff were present during the focus groups with CES clients, to solicit the most forthright, objective feedback possible from clients. To further promote candid client responses, Focus Strategies staff began each group by ensuring them that their identity and feedback would remain anonymous.

Overall, Focus Strategies received thoughtful, detailed, and candid responses from focus groups participants of all stakeholder types. We were thoroughly impressed by and grateful for the valuable input received during each group, as well as the time stakeholders took to attend the groups.

### III. Key Findings of Client Focus Groups

Focus Strategies team conducted focus groups with a total of ten people who had been in contact with Coordinated Entry in Pierce County, WA. CES clients were from both Associated Ministries and Catholic Community Services and had a variety of housing outcomes following their entry into CES. Upon conclusion of each focus group, participants filled out a brief survey requesting basic demographic information and asking questions about where they were currently staying. All participants received a gift card to thank them for their participation.

The table below presents the demographic characteristics of the ten participants. Age ranged from 38 to 63 with an average age of 49 years old. Six (60%) participants were male; two (20%) participants identified as Black or African American, two (20%) as White or Caucasian, one (10%) as Latino or Hispanic, three (30%) as Mixed Race or Mixed Ethnicity, and two (20%) as other races. Six people (60%) were part of a family household.

N = 10		
	Average	Range
<b>Age</b>	49	38-63
<b>Gender</b>		
	<b>N</b>	<b>%</b>
Male	6	60%
Female	4	40%
<b>Race/Ethnicity</b>		
	<b>N</b>	<b>%</b>
Black/African American	2	20%
White/Caucasian	2	20%
Latino/Hispanic	1	10%
Mixed Race/Ethnicity	3	30%
Other	2	20%
<b>Household Type</b>		
	<b>N</b>	<b>%</b>
Family	6	60%
Single Adult	4	40%
<b>Housing Status</b>		
	<b>N</b>	<b>%</b>
Housed	5	50%
<i>Housed through Program</i>	5	100%
Homeless	5	50%
<i>Sheltered</i>	3	60%
<i>Unsheltered</i>	2	40%

When asked where they were currently staying, five people indicated they were currently homeless: two of whom reported being unsheltered. The other five participants were currently housed and had been assisted through the CES process in finding their housing.

Accessing CES: During our interviews with clients of the homeless response system who had gone through the Coordinated Entry process, Focus Strategies heard that clients generally learned about CES by way of referral from another community program (including emergency shelter and other homeless system programs, alcohol and drug treatment programs, etc.) and word of mouth. The amount of time between calling the CES phone line and the date of clients' first diversion/assessment appointment varied. Some clients said they were able to schedule an in-person appointment the same day, while others said they had to wait weeks. Similar to feedback heard during the six-month evaluation process and input from community providers during the current evaluation's input process, the CES phone line is known to be unpredictable, in terms of hours of operation and availability. Several clients said that it took them several attempts to successfully reach a CES phone operator, and many said that their voicemails were not returned. Similarly, several clients noted that during the winter months, CES was "closed" for around two weeks and no one was able to access assistance during this time.

Diversion and Housing Location Processes: Housing outcomes of clients who participated in the interviews varied – while all clients from CCS were housed through CES, AM clients were more diverse (i.e. housed, living outside, and staying shelter). Of those people who were housed through CES by CCS staff, a majority said that the housing process was seamless and efficient. All CCS clients said they were assessed and housed in one week or less, and that their experience looking for and obtaining housing was made easier with help from CCS staff. All clients who were successfully housed (from both AM and CCS) located housing on their own with guidance from CES staff. However, one client said that the housing process took more than six months because of document and paperwork requirements – many of which were duplicative.

For many who were given a referral to a housing program but not yet housed, the cost of housing and landlords' unwillingness to work with people experiencing homelessness were cited as the main obstacles. We heard from several clients that most landlords are unwilling to work with RRH and PSH programs and/or accept housing vouchers because of the housing inspections and standards imposed by law. Landlords are generally unwilling to pay for the work needed to ensure units meet housing quality standards, when they could easily rent their units to others in the community, clients said. Additionally, one individual who received a housing placement through a RRH provider said that the unit "was substandard and I'd rather go back to living in my car." Clients also said the cost of housing is too high compared to income. "Even low-income and subsidized housing can be more than people get on SSI [and other fixed incomes]," a client said.

Additionally, several who were housed said that it is crucial for clients to be motivated and "put in the work" (i.e. search for housing, contact landlords, apply for work, etc.) to be housed. "A lot of people aren't willing to do the work it takes to get into a unit," one participant said. "You have to be able to seek out resources for yourself to make it work."

Communication and Clarity of CES Process to Clients: As noted in the previous six-month evaluation, there is still some confusion amongst clients around the difference between diversion and the priority pool. Clients said that during the initial diversion conversation, there is not a lot of clarity around the two

options. Additionally, clients agreed there is “a lot of misleading information” provided to clients between the two CES agencies and their staff. This results in clients “jumping through hoops” to try to resolve their homelessness, rather than offering streamlined assistance. One client said there seems to be “a lack of communication internally – a lot of people are asking [CES staff] the same questions and all getting different answers. There’s no clarity around what’s available and what the different programs are.” Clients also said that CES staff often provide misinformation or inconsistent information around the types of assistance and amount of assistance dollars available through diversion.

*Client Experiences with CES Staff:* During our interviews with CES clients, we heard a mix of experiences clients had with CES staff from CCS and AM. Many clients said their experiences with CES staff was positive, noting that staff stayed in close contact with clients during the diversion or referral process. CES staff from CCS also provided clients connections to other supports, such as connection to Social Security, Veteran’s Affairs, employment programs, and other mainstream resources. One client described CCS staff as “upfront and frank” when discussing housing options and solutions, as well as skilled at motivating clients to keep looking for housing independently, given that there is a narrow chance of receiving a referral through the priority pool.

However, some clients were less pleased with their interactions with CES staff. Some people suspected that CES staff are less likely to provide assistance to some households based on race. Others noted a lack of cultural sensitivity from CES staff. “The staff’s treatment of people [seeking assistance] is not always good,” one client noted.

#### IV. Key Findings of Provider Focus Groups

This section provides a summary of our key findings about how providers of homeless system services and housing interventions perceive Coordinated Entry to be going since its launch in October 2016, how it has changed since our last evaluation of CES, as well as key strengths and challenges. The provider groups represented in this section include:

- Coordinated Entry Providers (Associated Ministries and Catholic Community Services);
- Emergency Shelter and Transitional Housing Providers;
- Same Day Shelter Providers;
- Rapid Rehousing and Permanent Supportive Housing Providers; and
- PATH Outreach Providers.

#### **Perceived Successes and Strengths of Coordinated Entry System (CES)**

During our focus groups with providers, participants were asked to identify what they perceive the key strengths and accomplishments of Coordinated Entry to be. Stakeholders were also asked to identify what has improved or changed since the six-month evaluation conducted in 2017. The following section reflects key strengths and successes addressed by providers.

*Client-focused and Driven Process:* Across most stakeholder groups, participants expressed feeling that the Coordinated Entry System (CES) was designed to be client-focused and driven. Many said that AM, CCS, and other CES providers are constantly trying to make the complexities and realities of the CES process clear to clients. Stakeholders expressed during the six-month evaluation, which spanned from

October 1<sup>st</sup> to March 31<sup>st</sup>, 2017, that the community had a good grasp on the purpose and processes of CES and, thus, are able to clearly communicate to clients what the process looks like for receiving housing assistance and other supports. One stakeholder explained that CES staff and system providers “try to ask a lot of questions to make sure there is clarity, always open[ing] up room for questions.” Stakeholders also commented that the HMIS system allows for clients to feel known throughout the CES process and system and prevents them from having to unnecessarily repeat their situation and story to multiple people throughout the housing process. One provider commented that the CES system is client-focused and takes into consideration client preference and concerns as best as they can, given limited resources. “In the end we want them to have an understanding and have client choice, it’s their life and it is a confusing housing world.”

*Streamlined Process:* During the one-year evaluation focus groups, stakeholders maintained that CES is a more streamlined and organized process than the previous Coordinated Intake (CI) system, a point also made during the six-month evaluation stakeholder input process. The system’s HMIS works well and allows for greater data sharing and consistency between provider agencies and various steps within the CES process. Improvements in the CES process and increased data sharing have also helped providers avoid duplication of clients and efforts between providers or steps in the process.

*Prioritization System:* Stakeholders who participated in the focus groups affirmed that CES’s prioritization of households is working as intended by ensuring housing resources are reserved for the most vulnerable or high need households. Providers also commented that the prioritization process takes into consideration a wider variety of characteristics and needs of the client. Because of this improvement in the prioritization process, many stakeholders are interacting with high need and vulnerable clients at a greater frequency, despite feeling that the community lacks the housing supply to help all high need households end their homelessness.

*Diversion and Problem-Solving Approach:* During the focus groups, stakeholders were asked to weigh in on how the diversion and housing solutions conversation has been going since the six-month evaluation. Overall, CES staff and providers alike agreed that improvements have been made to diversion, including bolstered efforts to educate clients on what “entering into diversion” entails and an increased focus on client choice. During the last evaluation, the issue of clients not knowing whether they were enrolled in diversion or the priority pool was frequently mentioned. CES providers said they have made some headway on this issue and feel CES staff are more intentionally explaining the difference between the two “program types,” as well as ensuring clients are aware of their responsibilities, should they choose diversion. Some CES provider staff utilize visuals and diagrams to help clients understand their possible pathways to achieving a housing solution. CES providers have also worked to ensure there is more dialogue with clients around what diversion may look like for them, including offering individualized housing possibilities and suggestions and specific action steps (i.e. shared housing, moving in with a friend or family member). CES staff said they ask for clients to provide feedback throughout the diversion conversation and allow “clients the opportunity to apply suggestions to their situation.” Once the conversation has ended and a client has opted to enroll in diversion, diversion specialists encourage clients to get back in touch with possible housing solutions, questions, or requests for further assistance, according to CES staff. Even if clients are entered into the priority pool, they are encouraged to continue exploring possible housing solutions while waiting for a referral and call back if they arrive at a solution. Due to issues with households who choose diversion being unable to access shelter, CES staff has also

tried to help clients “mitigate the consequences of living outside” by suggesting transportation resources, places to shower, and providing basic hygiene items.

### **Perceived Challenges of CES**

The following section reflects key challenges and gaps of the current CES identified by providers during the focus groups.

*Coordinated Entry Screening Phone Line:* Several stakeholders expressed frustration around the CES phone line operated by Associated Ministries used to screen households seeking housing assistance. Specifically, providers noted inconsistencies with the posted hours and when the phone lines were answered. Many providers expressed concerns around the fact that Associated Ministries does not call back clients at all after leaving voicemails, despite contractual obligations of the CES provider to do so, which may result in clients giving up on the CES process. Stakeholders shared that one point during the past year, when CES was at capacity, clients were told that CES was closed and to call back in 3 weeks. Overall, stakeholders noted that CES phones lines are too limited in comparison to the demand and availability of people seeking assistance; currently, the phone line is open Monday, Tuesday, Thursday, Friday from 11 a.m. to 3 p.m. These issues were also presented during last year’s six-month evaluation stakeholder input process.

*Inconsistencies in System Entries:* During the focus groups, some providers mentioned that the CES still has some inconsistencies in how people access the system. For instance, emergency shelter and transitional housing providers sometimes send people with behavioral health disabilities to PATH outreach staff to enter them directly into CES. However, it is Focus Strategies’ understanding based on conversations with Pierce County staff that this is an intentional function of CES to allow for flexibility in system entries from unsheltered situations (i.e. outreach).

*Referral System:* One of the most common concerns expressed throughout the focus groups was related to the referral process, specifically related to communication, transparency, and referral denials, an issue that was also expressed during the six-month evaluation. Providers expressed that because of this lack of communication and transparency, when clients receive a referral, providers must explain to the client that the referral does not guarantee them a housing placement. Often, it is unclear whether a housing provider in the CES will accept referrals for a variety of reasons, including inability to accommodate clients with physical disabilities or conviction of sexual offenses, and eligibility criteria is inconsistent across providers, according to stakeholders. For example, one stakeholder said that a referral was made for a client who was a one-time sex offender but was denied because of his criminal record. There was no previous communication to explain that one-time sex offenders would not be accommodated with this particular provider. Another provider stated that the referral process “does not have a human element, so referrals are not always appropriate. Clients have dogs, are sex offenders, or are not open to shared living,” however, referrals are made that do not take these factors into consideration and result in referral denials. Stakeholders further explained the disconnect between CES, housing providers, and private-market landlords, who are often unwilling to accept certain clients and have high or unexpressed barriers to housing. The issue of referral denials and difficulty housing clients in the private market was also expressed during the six-month evaluation. There is a general consensus that the referral process is slow and takes too long.

Stakeholders also noted community issues related to ensuring clients are “document ready” prior to referral. All stakeholder types noted a lack of clarity around whose responsibility getting clients document ready is within the system, whether that be outreach workers, housing providers, or other providers. “Everyone thinks someone else will do it,” one stakeholder said about document readiness. “Instead of being a community effort, responsibility is dropping in [housing] providers’ laps.”

Emergency shelter providers participating in CES in particular said that their programs were not receiving enough referrals through CES to fill all beds, resulting in “empty shelters.” Some explained that CES has only been referring people to shelter if they also have a RRH referral, however there have been very few RRH program openings and many ES beds have gone unfilled. “In the beginning, we were led to believe that there were so many RRH spots available that this would never be an issue,” one emergency shelter provider said about the severe lack of CES referrals to shelter. “There should be a rule in place that if there is a shelter bed opening for more than three days, we [shelter providers] should be able to fill it,” another provider said, also noting that when finding a solution to this problem has been presented in the community, “it has been an inconsistent conversation.”

*Prioritization System:* Although some stakeholders mentioned that the prioritization system was working as intended by giving priority to the highest need clients, other stakeholders said that the system was flawed. One provider also explained how some clients are “getting into housing immediately, while other highly vulnerable people are never getting referrals,” indicating that there are still some issues with the prioritization process. During the six-month evaluation, the prioritization tool and process was also a concern for stakeholders, particularly for clients with functional impairments or other challenges who might not be able to finish the assessment. During the one-year evaluation focus groups, one provider stated that the process “works best for people who are high-functioning.” Some stakeholders feel that clients with mental health issues are not scoring high enough on the prioritization tool, noticing that “people who are able bodied are getting referrals over people with severe problems.”

*Follow-up after referrals:* During the focus groups, stakeholders noted several times that CES providers lack effective processes for following up with clients or learning client outcomes after they have been referred to housing through CES. One stakeholder explained how they have “no idea how many people end up in housing,” and that they “would love to be able to pull a report and see who got a referral and ended up in housing.” Some providers feel like once they make a referral, they are no longer involved in the process and if the referral is denied or doesn’t work out, there is no mechanism for the provider to offer any wraparound or follow-up support for the client. Additionally, PATH staff said that “more often than not,” clients who receive referrals through CES and are housed end up back outside because of lack of support or inappropriateness of housing referral.

*Services for Single Adults vs. Families:* During the six-month evaluation, stakeholders shared that CI had a stronger focus on families, but that CES offered more housing opportunities for single adults. During this focus group, it came up several times that single adults (in particular, men) were the hardest to house and serve. One provider stated that “serving families is much easier than serving single adults – there are greater [community] resources and support services for children and families.”

*Persons with Disabilities:* There were some unique concerns that were mentioned by stakeholders related to serving persons with disabilities in PSH. One issue has been with disability certification – one provider

explained that it is difficult for clients to get documentation signed off by doctors, as doctors don't fully understand what they are signing off on. There is confusion for the doctors around whether they are signing the clients' documentation for lifelong disability income. One stakeholder suggested that they "need more licensed [professionals] to sign off on disability certifications." The other issue that was brought up by one stakeholder was that there are "so many clients with physical disabilities, but [they] don't look anymore disabled or vulnerable than anyone else." Stakeholders expressed that they don't feel like some of these disabilities are having enough impact on people's priority scores, which would increase their chances of receiving a housing referral. During the six-month evaluation stakeholders explained how some clients with serious behavioral disabilities or impaired functionalities could not even finish the assessments, which often led to lower prioritization scores for these households. This issue was said to be sorted out at the focus groups for the one-year evaluation.

*Landlord Liaison Program:* Providers explained that while a beneficial resource within the community, the Landlord Liaison Program (LLP) does not have access to enough landlords and housing units. In one instance, when a property owned by a landlord engaged in LLP was bought out by a large corporation, rent increased more than \$200 per month with only a two-week notice for tenants. Ultimately, this forced individuals out of units and back into homelessness.

*Client Understanding of CES Process and Managing Client Expectations:* Although stakeholders generally agreed that there is a wider understanding of the purpose and process of CES throughout the community since the six-month evaluation, homeless system clients' expectations and understanding of the CES process are often skewed. Stakeholders said that clients often are "not sure of whether they were placed in the priority pool or if they were diverted" at the end of their initial CES conversation. While many clients have become familiar with terms related to CES (i.e. diversion, priority pool, etc.), they are not always "sure about the particulars" and many leave the CES conversation "thinking they are going to get housed." "People are in a crisis and in survival mode – they are going to do whatever it takes [to get housed] and are not too involved with how this [CES] all works," one stakeholder noted. "We need to act more like a trauma-care center rather than long-term care. Even though trauma informed care is preached, it isn't practiced." Additionally, some clients don't understand the realities and repercussions of their choice of either diversion or the priority pool because they don't understand the ins-and-outs of the CES. For example, one stakeholder said, "If they're getting diversion assistance, they don't realize they will never get into shelter because they can't get referral." Another stakeholder said that CES and housing providers may need to be more transparent with clients and "need to be able to provide people an indicator of how likely it is for them to get a housing intervention" in real-time.

*Diversion:* Although diversion generally was said to have improved since the previous CES evaluation, stakeholders still suggested that diversion could be more specific in order to be most effective for people looking to resolve their housing crises. "Housing plans need to be more specific to be helpful," one person said. "More support from someone [from CES] during the diversion process would also be helpful." Other issues with the diversion process included that some clients who choose diversion are unable to get a shelter referral; AM and CCS have different caps on diversion assistance; and there are inconsistencies in what can and cannot be covered. Stakeholders also said it would be useful if diversion funds could be used more flexibly and in larger quantities (i.e. to help people pay down debts, to cover move-in costs).

*Systemwide Coordination and Collaboration:* Finally, despite stakeholders generally feeling that CES has improved since the six-month evaluation, further coordination and collaboration amongst all CES partners – including providers, CES, and the County – is needed. More coordination and teamwork between the two CES agencies, AM and CCS, was also said to be needed to improve how CES functions from the top-down. Overall, many expressed feeling that more transparency and honesty from all partners would benefit the system. “I wish we could all get together, say how we really feel, and set aside personal feelings, then we could really get something done,” one person said. “Right now, we [as a system] are unwilling to work together and brainstorm.”

**Appendix B**  
**Describing Characteristics of the Population Experiencing Homelessness in Pierce County**

A number of different approaches are available to determine the characteristics of individuals and families experiencing homelessness in a community. Each source provides a different perspective of the population, makes different assumptions, and therefore has different interpretations. Below we compare four sources available for this report including:

- Data collected during the annual Point-in-Time Count (PIT);
- Data from the Coordinated Entry System (CES), Screening step (see Table 4);
- Data from the CES, Housing Solutions step (see Table 5); and
- Data from the local Homeless Management Information System (HMIS) of clients with active enrollments between April 1, 2017 and March 31, 2018.

Characteristic	2018 PIT (N=1,628)	Screened (N=2,769)	HSC (N=3,638)	HMIS (N=12,493)
	%	%	%	
Gender				
Male	61%	29%	37%	52%
Female	39%	71%	63%	48%
Primary Race				
White	52%	47%	50%	43%
Black	24%	44%	41%	29%
Other	24% <sup>97</sup>	9%	9%	28%
Hispanic/Latino	14%	8%	9%	12%
Household Type				
Adult Only	89%	49%	61%	74%
Adult with Child	10%	51%	39%	26%
Chronically Homeless	22%	8%	21%	11%
Disabling Condition	--	63%	70%	48%
Domestic Violence	10%	44%	47%	32%
TAY	6%	13%	14%	9%

<sup>97</sup> 24% includes multi-race (14%), American Indian/Alaskan Native (4%), Asian (2%), and Native Hawaiian/Other Pacific Islander (2%).

This data suggest that the population of people who are finding their way to the first step of the CES process (screening) represent a somewhat different population than those who were captured in the 2018 PIT. Families with children and people experiencing domestic violence are accessing CES at rates higher than they appear in the PIT, while single adults and chronically homeless people are accessing CES at lower rates than they appear in the PIT.

Although it is difficult to pinpoint the reason for these differences, it may be either be a result of families more readily accessing CES, or the PIT results reflecting the difficulty of accurately counting unsheltered families.