COORDINATED ENTRY FOR ALL

SEATTLE/KING COUNTY CONTINUUM OF CARE

2019 ANNUAL EVALUATION PLAN

King County

Prepared for the Seattle/King County Continuum of Care:

      Seattle/King County Continuum of Care Coordinating Board

      System Performance Committee

      Coordinated Entry Policy Advisory Committee

      Coordinated Entry for All

Evaluation Lead:

      King County DCHS Performance Measurement and Evaluation Unit

         Victoria Ewing, MPA. Evaluator

         Christina McHugh, MPP, MA. Lead Evaluator

Evaluation Plan Initially Finalized On: December 11, 2019

Contents

Purpose of the Evaluation

The purpose of this evaluation is to encourage strategic learning and accountability while maintaining compliance with US Department of Housing and Urban Development's and the Washington State Department of Commerce's requirements for an annual evaluation of Coordinated Entry. Coordinated Entry for All (CEA) is operated by King County Department of Community and Human Services and is accountable to the Seattle/King County Continuum of Care's (CoC) CEA Policy Advisory Committee (PAC), System Performance Committee, and ultimately the CoC's Coordinating Board. Results of this evaluation will be shared with these bodies, along with CEA staff and groups representing consumer voice, such as the Lived Experience Coalition, to inform continuous quality improvement.

Coordinated Entry for All – Program Model

In 2018, the Seattle/King County community worked together to develop a collective theory of change for the homeless response system: "If we create a homelessness response system that *centers customer voice*, then we will be able to focus on *responding to needs* and *eliminating inequities*, in order to end homelessness for all."

Coordinated Entry for All is one piece in that system. According to HUD guidance:

> Coordinated entry changes a CoC from a project-focused system to a person-focused system by asking that 'communities prioritize people who are most in need of assistance' and 'strategically allocate their current resources and identify the need for additional resources.' […]

> Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless crisis response system. Through coordinated entry, a CoC ensures that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible (HUD, Coordinated Entry Core Elements, p. 8).

Per the HUD guidelines, a coordinated entry system consists of four core elements: Access, Assessment, Prioritization, and Referral. Figure 1 is a depiction from HUD of how these elements should be conceptualized. 'Access' refers to how those who are experiencing a housing crisis learn that coordinated entry exists and access crisis response services. 'Assessment' is the process of gathering information about a household's barriers to housing and characteristics that might make them more vulnerable while homeless. Ideally this information is collected in phases, collecting information essential to determining immediate needs and connecting to appropriate interventions. 'Prioritization' takes that information and determines to what sort of housing and services a household will be referred and who has the highest priority. 'Referral' is the process of offering appropriate housing and supportive services to those people with the highest priority, based on prioritization. These elements work together to achieve the goal of ensuring that the highest need, most vulnerable households in the community are prioritized for services and that the housing and supportive services in the system are used as efficiently and effectively as possible.
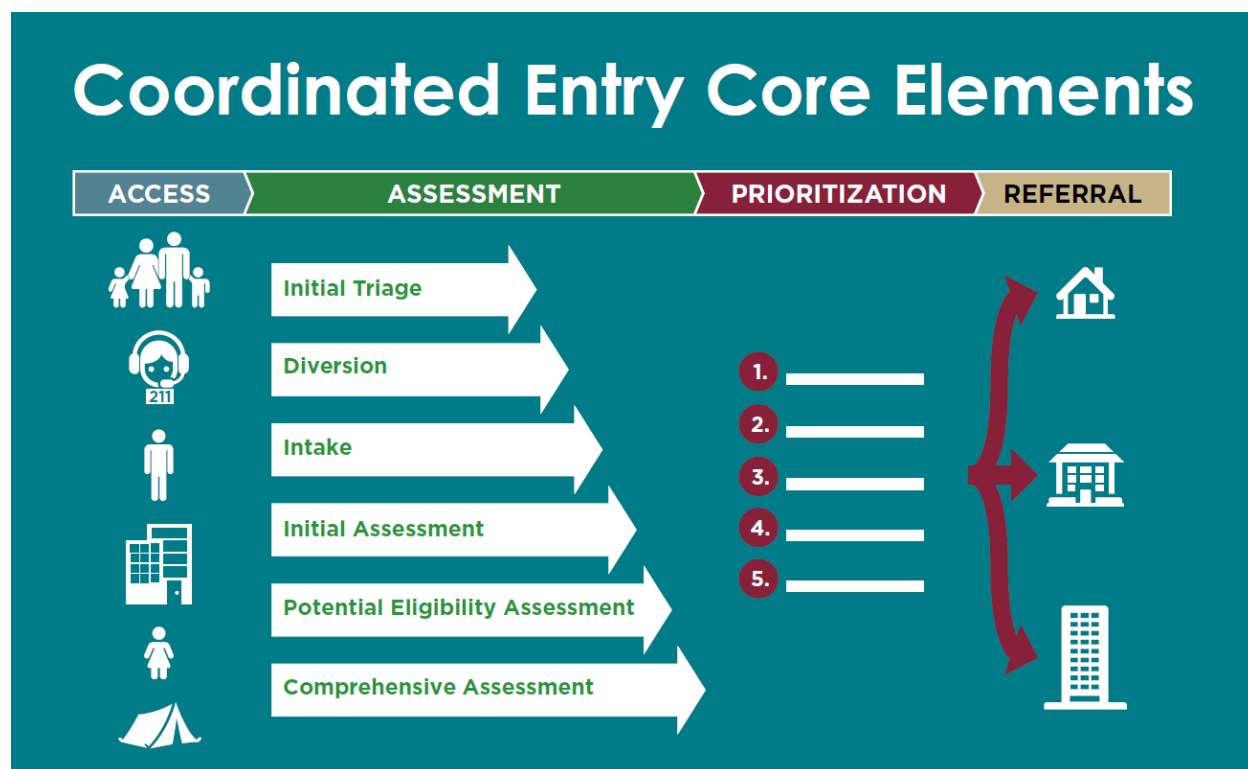
FIGURE 1: COORDINATED ENTRY CORE ELEMENTS, U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

We recognize that this is a more expansive vision of coordinated entry than what has traditionally been considered 'coordinated entry' in the Seattle/King County community. However, it aligns with both federal best practice and with the current state. A simple version of the logic model for the Seattle/King County Coordinated Entry for All (CEA) system is included in Figure 2. (The inputs, activities, and outputs are all only a very limited glimpse of the work that the members of the homeless response community do daily and are not intended to represent their full scope of work.)

CEA makes use of a 'no-wrong-door' model, in which assessors are spread throughout the community. Diversion services as well as Housing Triage Tool (HTT) assessments are offered by community-based providers and official Regional Access Point staff. Should a household complete an HTT, they become eligible to be prioritized for a referral to housing programs via CEA. Using Interim Prioritization formula, households are added to a priority pool whose size is based on the number of housing resources expected to be made available over the next 60 days. Prioritized households are connected to housing navigators, or are represented by case management staff with whom they have an existing relationship, who advocate for their housing needs and preferences at weekly case conferencing. Once nominated for housing, referral specialists manage the referrals and the priority pool.

Beyond the core access, assessment, prioritization, and referral elements, CEA and CEA staff support: special population case conferencing, the development and oversight of the Veterans By-Name List, the Acuity Review Team, assessor training, diversion training, community outreach, and more. In addition to the programmatic activities of CEA, there are policy oversight committees and work groups designed to manage the direction of CEA activities and determine policies for prioritization, performance targets, eligibility policies, and oversee continuous quality improvement. While all these functions are important components of CEA, this year's evaluation will focus primarily on the four core elements.

Inputs	Activities	Outputs	Outcomes
Assessors & Front Door Staff	Attempt Diversion Assess households with Housing Triage Tool	Households diverted Assessments completed	Highest need, most vulnerable households are prioritized and placed in housing
Housing Navigators & Providers	Locate and communicate with households Learn & share household housing preferences	Case conferences attended Clients nominated for resources	Supportive services are used as efficiently and effectively as possible
Referral Specialists & CEA Staff	Organize and facilitate case conferencing Manage referrals Manage priority pool	Housing referrals	Disparities and inequities in the experience of homelessness are eliminated
Housing Resources	Resource availability and eligibility requirements communicated	Program enrollments Housing move-ins	
Data Systems	Routine data entry	Households prioritized	

FIGURE 2: SIMPLIFIED LOGIC MODEL OF CEA

Key Evaluation Questions

Introduction

This evaluation will be a combination of a process/implementation evaluation and an effectiveness/outcome evaluation. Process evaluations determine whether activities have been implemented as intended. They show how well the program is working and whether it is accessible and acceptable to its participants. Effectiveness evaluations measure the program effects in a population by assessing progress towards the programs' outcomes. They help to determine whether the program is being effective in meeting its objectives. In this case, it means measuring how effective the CEA process is in connecting people experiencing homelessness to appropriate referrals. Both evaluation types can provide useful information to improve CEA's future activities.

The overall research approach is one of mixed methods – collecting, analyzing, and integrating both quantitative and qualitative research. By collecting and analyzing both types of data, the intent is to triangulate the results with each other. This allows us to gain a better understanding of CEA by looking at it from different perspectives and helps to tell the full story of CEA and its participants.

Questions

The evaluation questions for the Coordinated Entry for All evaluation were developed based on HUD evaluation guidance in the Coordinated Entry Management and Data Guide, the Washington State Coordinated Entry Guidelines, feedback from the CEA Policy Advisory Committee, and suggestions from the King County Auditors for tracking performance.

Ultimately, this evaluation seeks to answer the following: **Does Seattle/King County's implementation of coordinated entry effectively and efficiently assist persons to end their housing crisis?** This question will be explored by answering the following evaluation questions.

Note: We place a strong emphasis on examining the results through an equity lens. Whenever possible, results will be disaggregated by those communities which are disproportionately affected by homelessness. These include but are not limited to people of color, the LGBTQ community, and individuals with disabilities.

1. **How *effectively* does CEA assist households to end their housing crisis?**
    a. How many households had a successful diversion outcome? How many households were housed through coordinated entry? How does this compare to the population experiencing homelessness?
    b. From participants' perspectives, does the prioritization and case conferencing process do a good job of identifying vulnerable households for projects they are eligible for and services that they need? Are project eligibility criteria well documented and reasonable?
    c. What percent of available housing units are filled via an external fill? How do external fill households compare to CEA-placed households?
    d. What percent of households housed through coordinated entry return to homelessness?

2. **How *efficiently* does CEA assist households to end their housing crisis?**
    a. How long does it take from assessment to referral? Referral to move-in? Assessment to move-in? Has this changed over time?
    b. On average, how many referrals does a household receive before successfully moving into housing?
    c. What is the rate of denial and reasons for denial? Are there any patterns among agencies or client subpopulations?
    d. How do providers view the timeline? Clients? How could it be made faster?

3. **What is the experience of participating in CEA like for clients? For providers?**
    a. Do persons experiencing a housing crisis and participating providers believe the process is clear, fair, effective, efficient, and reasonable in terms of data collection and documentation requirements?
    b. Do clients feel that their needs and preferences were heard and met?
    c. Which of the stages are a relatively positive or negative experience for providers and clients?
    d. Do providers feel that CEA procedures and functions – such as case conferencing, workgroups, trainings, committees, and community gatherings – increase their collaboration and connection with other agencies? Do clients feel that working with CEA increased their connection to agencies and programs?

Evaluation Activities & Qualitative Data

Introduction

While some of the evaluation questions can be answered using routine HMIS data, others will require additional data collection. These activities are in part what differentiate this annual evaluation from ongoing program monitoring for continuous quality improvement (CQI). By expanding the evaluation to include participant feedback, a more robust picture of the CEA process can be obtained, creating an opportunity to improve the effectiveness of operations and outcomes. The planned evaluation activities are outlined below and include surveys, focus groups, and interviews in order to learn from the expertise of clients and providers participating in CEA. The data generated from these activities will be combined with analysis of HMIS data to answer the evaluation questions. Data will be managed in compliance with DCHS policies to ensure the security of Protected Personal Information.

An evaluation matrix, showing which data sources will answer which evaluation questions, can be found in **Appendix A**. In addition, detailed descriptions of the evaluation activities can be found in **Appendix B**.

Planned Evaluation Activities

ACTIVITY	PURPOSE/AIMS	TIMEFRAME	PARTICIPANTS AND BRIEF METHODS DESCRIPTION	REPORTING MECHANISM
CLIENT FOCUS GROUPS AND INTERVIEWS	To assess clients' experience and bring customer voice into the evaluation	Development: October 2019 Administration: Early 2020 Analysis: Early 2020	Focus group of clients with lived experience in the coordinated entry system – one focus group per population type, with the exception of Single Adults, who will be interviewed	In-person focus groups and interviews PME to provide report by April, 2020
CASE CONFERENCING PARTICIPANT SURVEYS	To solicit feedback on how to improve the case conferencing process	Development: October 2019 Administration: December 2019 Analysis: Early 2020	Paper survey administered at weekly case conferencing; digital option emailed to providers on the case conferencing email lists	Surveys to be collected and returned to PME by December 2019 PME to provide report by April 2020
AGENCY SURVEY	To solicit feedback on how to improve the referral process	Development: October 2019 Administration: January 2020 Analysis: Early 2020	Digital survey emailed to CEA participant agencies as identified by King County HMIS lead	Survey to be collected January 2020 PME to provide report by April 2020
KEY INFORMANT INTERVIEWS	To understand program operations and add context to findings	Development: January 2020 Administration:	Semi-structured interviews with King County Coordinated Entry for All staff and Regional Access Point staff	In-person interviews

		February 2020		PME to provide report by April 2020
CLIENT SURVEY	To incorporate customer feedback	Administration: Early 2020	Survey developed by CEA Efficiency coordinator, administered to CEA involved clients	PME to incorporate findings into April 2020 report

Performance Measurement & Quantitative Data

Introduction

The following performance measures are about individuals directly served by programs and the programs that serve them. In addition to being reported for the purpose of the annual evaluation, these performance measures will be monitored and reported regularly to the Policy Advisory Committee and System Performance Committee for CQI purposes. As mentioned above, results will be disaggregated whenever possible by client demographics such as age, race, LGBTQ identity, and disability status to monitor and address disparities.

Quantitative analysis will consist primarily of descriptive statistics calculated for the entire 2019 calendar year. Where they exist, these statistics will be compared to previous years' data and performance benchmarks.

Measures

PERFORMANCE MEASURE	CALCULATIONS	NEEDED DATA ELEMENTS	PURPOSE AND SO WHAT
NUMBER AND DEMOGRAPHICS OF HOUSEHOLDS RECEIVING DIVERSION SERVICES	Number of households	• Client ID, race, ethnicity, gender • Enrollment date • Service date • Project name & type	Track performance of key stage in CE process and detect potential disparities.
NUMBER AND DEMOGRAPHICS OF ASSESSED, PRIORITIZED, REFERRED, AND ENROLLED HOUSEHOLDS	Number of households	• Client ID, race, ethnicity, gender, disability • Assessment date, location, agency • Date added to priority pool • Date referred from priority pool • Date enrolled in housing program	Track performance of key stage in CE process and detect potential disparities.

HOW LONG ARE HOUSEHOLDS ON THE PRIORITIZED LIST BEFORE ENROLLING	Average of (Date enrolled in housing program – Date added to priority pool)	• Client ID, race, ethnicity, gender • Date added to priority pool • Date enrolled in housing program	Ensure that CE process efficiently connects clients to resources and eventually set performance targets.
PERCENT OF REFERRALS THAT ARE SUCCESSFUL	Number of enrollments / Number of referrals to housing programs	• Client ID, race, ethnicity, gender • Number of referrals • Number of enrollments	Ensure that CE process efficiently connects clients to resources and eventually set performance targets.
RATE OF RETURNS TO HOMELESSNESS FOR HOUSEHOLDS PLACED VIA CEA	Number of households who return to homelessness within 6 months of successful referral & move-in / Number of successful referrals with move-ins	• Client ID, race, ethnicity, gender • Number of enrollments • Number of households returning to homelessness within 6 months of program enrollment	Ensure that CE process efficiently connects clients to resources and eventually set performance targets.
REASONS FOR UNSUCCESSFUL REFERRALS	Number of denials	• Client ID, race, ethnicity, gender • Reasons for denial • Denial comments	Identify trends in denials that can be improved via interventions.
RATE OF EXTERNAL FILLS	Number of housing resources placed via external fill / Number of housing resources available through CEA	• Client ID, race, ethnicity, gender • Number and type of enrollments via external fill • Number of enrollments via CEA	Identify trends in type of housing and households enrolled via external fill to identify efficiency of referral system and areas for improvement.

Continuous Quality Improvement (CQI) Plan

Introduction

Continuous quality improvement (CQI) is the ongoing cycle of collecting data and using it to make decision to gradually improve program processes. This can take the form of a "Plan-Do-Study-Act" (PDSA) cycle, a structured, cyclical process of critical inquiry to identify desired areas of improvement and then devise and test the impact of small changes. In a CQI framework, monitoring and evaluating performance is not seen as a compliance function, but rather as an opportunity for learning and growth.

The following CQI plan acknowledges the importance of learning from the evaluation's findings and implementing changes in response to them. It identifies the responsible parties and states their existing roles and purposes in relation to this evaluation and CQI for CEA more generally.

CQI Plan

ACTIVITY	TIMEFRAME	CONVENER AND PARTICIPANTS	PURPOSE, CONTENT, AND EXPECTATIONS
POLICY ADVISORY COMMITTEE AND WORKGROUPS	Monthly	CEA PAC chairs, members, CEA staff, and interested parties.	Review evaluation data and provide recommendations on operational and policy changes. Plan and implement PDSA cycles.
SYSTEM PERFORMANCE COMMITTEE	Monthly	System Performance Committee members, CEA staff	Review evaluation data and provide recommendations on operational and policy changes. Plan and implement PDSA cycles.

Appendix A: Evaluation Data Source Matrix

	HMIS / CEA Records	Key Informant Interviews	Case Conferencing Survey	Agency Survey	Client Focus Groups	Client Survey
Q1: How effectively does CEA assist households to end their housing crisis?						
How many households had a successful diversion outcome? How many households were housed through coordinated entry? How does this compare to the population experiencing homelessness?	✔					
What percent of households housed through coordinated entry return to homelessness?	✔					
From participants' perspectives, does the prioritization and case conferencing process do a good job of identifying vulnerable households for projects they are eligible for and services that they need? Are project eligibility criteria well documented and reasonable?		✔	✔	✔	✔	✔
What percent of available housing units are filled via an external fill? How do external fill households compare to CEA-placed households?	✔			✔		
Q2: How efficiently does CEA assist households to end their housing crisis?						
How long does it take from assessment to referral? Referral to move-in? Assessment to move-in? Has this changed over time?	✔					
On average, how many referrals does a household receive before successfully moving into housing?	✔					

What is the rate of denial and reasons for denial? Are there any patterns among agencies or client subpopulations?	✔	✔					
How do providers view the timeline? Customers? How could it be made faster?		✔	✔	✔	✔	✔	
Q3: What is the experience of participating in CEA like for customers? For providers?							
Do persons experiencing a housing crisis and participating providers believe the process is clear, fair, effective, efficient, and reasonable in terms of data collection and documentation requirements?			✔	✔	✔	✔	
Do customers feel that their needs and preferences were heard and met?					✔	✔	
Which of the stages are a relatively positive or negative experience for providers and clients?		✔	✔	✔	✔		
Do providers feel that CEA procedures and functions – such as case conferencing, workgroups, trainings, committees, and community gatherings – increase their collaboration and connection with other agencies? Do customers feel that working with CEA increased their connection to agencies and programs?			✔	✔	✔		

Appendix B: Detailed Evaluation Activities

Client Focus Groups

Purpose/Aims

We will be holding Client Focus groups to better understand the CEA experience from the clients' perspective. The goal will be to evaluate whether clients who were housed through CEA felt that they were connected to the services that they needed in a timely manner and that their preferences were listened to and met. We will also evaluate whether the process was well understood and where information sharing can be improved. We're hoping to learn their overall impressions about the experience as well as ideas for how to improve the process.

Sample

We will hold 4 focus groups of individuals who have been recently (within the last 3 months) been referred into housing through CEA. There will be one group for each of the following case conferencing populations – Families, Youth and Young Adults, Veterans, and American Indian/Alaska Native.

Participants will be selected by contacting those households who meet the criteria and recruiting based on interest and availability. We will attempt to have between 4 to 10 participants in each focus group.

Methods

The focus groups will be facilitated by service providers who have experience working with people experiencing homelessness, ideally will be someone who works directly with the focus group's subpopulation, and who has experience facilitating group discussions. Two PME staff will be in attendance to take notes and to discuss their observations immediately following the focus group. There will not be any recordings of the focus groups.

A short survey will be administered to participants prior to the start of the focus group to introduce the topic of the discussion and get a sense of the distribution of general opinions about CEA.

Timing and Logistics

Focus groups will be held in early 2020. Focus groups will ideally be held at provider locations and facilitated by providers or CEA staff who have experience and rapport with this population. Evaluation staff will work with the providers to determine the best time of day for these focus groups – evenings might work best to accommodate the work schedules of participants.

Participants will be offered compensation for their participation. The form and amount will be in alignment with department policies for compensating community members for providing their lived expertise. Funding for this compensation will be identified by King County DCHS.

Single Adult Semi-Structured Interviews

Purpose/Aims

These interviews will be undertaken with the same goals of the Client Focus Groups: to better understand the CEA experience from the clients' perspective. Single Adult clients will participate via interview rather than focus group due to the generally higher level of behavioral health acuity of the single adult population. The goal will be to evaluate whether clients who were housed through CEA felt that they were connected to the services that they needed in a timely manner and that their preferences

were listened to and met. We will also evaluate whether the process was well understood and where information sharing can be improved. We're hoping to learn their overall impressions about the experience as well as ideas for how to improve the process.

Sample

Providers from the Single Adult Leadership Team will be given a list of clients at their organization who recently (within the last 6 months) were housed via a Coordinated Entry referral. They will then be tasked with recruiting those clients who would wish to participate. In order to learn about a diversity of experiences with CEA, providers will be asked to find one client who had a relatively smooth CEA experience, and one who had a tougher time getting connected to housing. For example, a smooth experience might be typified by an individual who was assessed soon after they began to experience homelessness, prioritized within a few months of being assessed, and then were successfully housed with only one referral. A tougher time would be someone who struggled to be assessed, who was prioritized long after being assessed and who had one or more unsuccessful referrals before ultimately being housed.

Methods

The list of interview questions will be shared with providers alongside recommendations for which topics are particularly valuable for the evaluation. Since these are semi-structured interviews, providers and clients are allowed and encouraged to deviate away from the exact script in order to better express their experience with CEA. The interviews will be audio-recorded and shared securely with PME staff.

Participants will also be asked to complete a brief survey about their CEA experience, with the help of the interviewer as necessary.

Timing and Logistics

Interviews will be conducted by community providers with clients with whom they are familiar in January and February 2020.

Case Conferencing Participant Survey

Purpose/Aims

Case conferencing participants will be surveyed to determine what is going well and what could be improved about the case conferencing process.

Sample

The survey will be made available to all providers who attend case conferencing in person on the day of the administration, as well all providers who are regularly emailed the details of case conferencing. The digital survey will be closed to responses one month after it is sent out.

Methods

The anonymous survey will be administered in both paper and digital formats. The survey will be pretested on CEA Referral Staff using a cognitive interviewing method.

Timing and Logistics

Surveys will be administered at the beginning of case conferencing to encourage participation and to mitigate the immediacy effects that participating in a case conferencing session just prior to filling out the survey might have. PME Staff will explain the purpose of the survey and hand out paper surveys to those

who are present in the room to fill out. A digital version of the same survey will be emailed at that time to all of those who are on the email for that case conferencing, including an explanation of the purpose of the survey as well as its intended audience.

Surveys will be administered in the second and third weeks of December to account for scheduling differences between the population types.[1]

Agency Survey

Purpose/Aims

They agency survey will help to what can be improved about the referral process to improve efficiency and effectiveness in the referral process.

Sample

Program managers and supervisors at CoC funded housing programs and shelter and homeless services programs as identified by DCHS staff via their contract management system. All identified individuals will be emailed with a link to the survey.

Methods

Surveys will be administered digitally via *SurveyMonkey* and emailed to agencies along with an explanation of the purpose of the survey and the intended audience. The survey tools will be pre-tested on PAC and SPC members who would otherwise be eligible to take the survey using cognitive interviewing methods.

Timing and Logistics

The surveys will be emailed out the first week in January, with a follow up email two weeks after the initial email. Surveys will be closed to responses after three weeks.

---

[1] The exception was AIAN case conferencing, which due to scheduling conflicts did not occur until early January 2020. The digital survey was made available to AIAN case conferencing participants in December.