



COORDINATED ENTRY FOR ALL

SEATTLE/KING COUNTY CONTINUUM OF CARE

2019 ANNUAL EVALUATION



King County

King County Department of Community and Human Services

Performance Measurement and Evaluation Unit

401 Fifth Avenue, Seattle, WA 98104

kingcounty.gov

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, King County Department of Community and Human Services

Evaluation Lead:

King County Department of Community and Human Services, Performance Measurement and Evaluation

Victoria Ewing, MPA. Housing and Homelessness Evaluator

Christina McHugh, MPP, MA. Housing and Homelessness Evaluation Manager

Evaluation Report Finalized On: September 23, 2020

Contents

Glossary	5
Executive Summary.....	6
Successes	6
Challenges.....	6
Recommendations	7
Coordinated Entry for All: Background	9
The CEA Process.....	9
Racial Disproportionality in the Experience of Homelessness	10
Evaluation Questions & Methodology	12
Purpose of the Evaluation	12
Overview	12
Changes to the Initial Evaluation Plan	12
Introduction to the Data	13
How effectively does CEA assist households to end their housing crisis?.....	14
CEA Process Throughput.....	14
Subpopulation trends in the CEA Process	15
Single Adults.....	16
Youth and Young Adults.....	18
Families	20
How efficiently does CEA assist households to end their housing crisis?	22
Length of Time in CEA.....	22
Enrollments by Project Type	23
Denials	23
External Fills	25
Non-Prioritized Case Conferencing	26
What is the experience of participating in CEA like?.....	28
CEA from a Provider’s Perspective.....	28
Conclusion	31
Housing Resources.....	31
Effectiveness.....	31
Efficiency.....	31
Looking Forward	32

Appendix A: CEA Process Map	33
Appendix B: CEA Prioritization History	34
CEA Prioritization History	34
Interim Prioritization Formulas	34
Appendix C: Evaluation Data Source Matrix.....	35
Appendix D: Detailed Evaluation Activities	37
Case Conferencing Participant Survey	37
Purpose/Aims.....	37
Sample	37
Methods.....	37
Timing and Logistics	37
Agency Survey.....	37
Purpose/Aims.....	37
Sample	37
Methods.....	37
Timing and Logistics.....	38
Appendix E: Agency and Case Conferencing Survey Results	39
Agency Survey Results (n=43)	39
Case Conferencing Participant Survey Results (n=78).....	40

Glossary

Case Conferencing: The mechanism for active management of the Priority Pool and for matching households to available housing resources. Hosted weekly by Coordinated Entry for All staff, homeless service providers from the community meet to match households on the Priority Pool to available resources. Households are nominated for resources based on their eligibility and interest, and then tie-breakers are administered as a group in the event that more than one household has been identified for a given resource.

Continuum of Care (CoC): A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Homeless Management Information System (HMIS): A requirement of the HEARTH Act of 2009, HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families as well as persons at risk of homelessness.

Housing Triage Tool (HTT): The coordinated entry assessment tool used in the Seattle/King County Continuum of Care. It consists of the VI-SPDAT plus supplemental questions about factors such as foster care involvement, unmet medical needs, and interest in identity-based resources.¹

Interim Prioritization (IP): Interim Prioritization refers to the process in Seattle/King County of using and assessing new prioritization formulas, in addition to a household's VI-SPDAT score, to address noted racial disparities in who is prioritized for CEA resources while a new assessment tool is found or developed. Interim Prioritization began at the end of 2018 and continues as of the time of this report.²

Mobility Transfer: With a mobility transfer request, households currently enrolled in a housing program are prioritized for transfer to another housing program if they experience an imminent safety issue, require a geographic change, have a change in service need, are aging out of their current program with no other housing options, or if their family size changes.

Priority Pool: The group of households in each population that are prioritized for matches to housing resources. Case conferencing groups will use this pool to match to housing resources. The Priority Pool is sized to match the average number of available resources for each subpopulation within a 60-day period.

Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT): Developed by OrgCode Consulting, an assessment tool administered to individuals and families experiencing homelessness to determine their vulnerability and need of services. Results of the survey can be used to prioritize households for homeless services. It includes questions about a household's history of homelessness, health and wellness, socialization, and daily functioning. There are separate assessments for Adults, Families, and Transition Age Youth.

¹ The Housing Triage Tool by subpopulation can be found at: <https://www.kingcounty.gov/depts/community-human-services/housing/services/homeless-housing/coordinated-entry/providers.aspx>

² For more information about the VI-SPDAT and the history of the prioritization process in Seattle/King County, please see Appendix B.

Executive Summary

Coordinated Entry for All (CEA) is the Seattle/King County Continuum of Care's approach to coordinated entry. Coordinated entry is a HUD-mandated process for ensuring that the highest need, most vulnerable households experiencing homelessness are prioritized and placed in housing and that supportive services are used as efficiently and effectively as possible. Maximizing access to essential federal funding for homelessness services requires the region to broadly adopt and utilize CEA. King County's CEA is also committed to ensuring that racial disparities and inequities in the experience of homelessness are eliminated. CEA does not fund, create, or provide housing units to homeless households. Instead it works with providers throughout the community by facilitating referrals and connections to housing services, convening workgroups to improve Seattle/King County's Coordinated Entry process as a foundation to the homeless response system, and providing trainings and guidance.³

Fulfilling HUD's requirement for an annual evaluation of CEA, this evaluation covers regional CEA activities undertaken throughout 2019. The time period being evaluated does not reflect the operational changes CEA made during the COVID-19 pandemic, nor can it foresee how CEA will continue to change in response. CEA is involved in numerous endeavors throughout the homeless response system; however, this evaluation focuses on three of the core CEA functions: Assessment, Prioritization, and Referral. The findings of this evaluation will be brought to CEA staff and the CEA governing bodies in order to continuously improve the services that they offer to the community.

Successes

- **While inequities remain, CEA staff and the provider community's commitment to racial equity helps to reduce the effects of racial disproportionality through the stages of CEA**
Since late 2017, CEA has been committed to eliminating the racial disparities in who is being prioritized for housing through the community's use of the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). While there remains disproportionality in who is prioritized for housing, this decreases in the later stages of referral and enrollment. While it is impossible to pinpoint an exact causal mechanism for this trend, it is likely indicative of CEA staff and the provider community's commitment to racial equity in their selection of who to refer to resources and how to equitably apply tie-breakers when necessary.
- **Case conferencing and other CEA convened spaces help to encourage relationships and collaboration across agencies throughout the community**
CEA-facilitated spaces such as case conferencing and workgroups create spaces for area providers to come together and work toward common goals. These relationships encourage collaboration between agencies, creating a more cohesive regional response system for households experiencing homelessness.

Challenges

- **There is an extreme gap between the number of households in need of housing in King County and the number of accessible, affordable, and appropriate units, especially for single adults**
An affordable housing crisis in which King County's stock of available housing falls short of need by thousands of units remains the primary obstacle to increasing placements into housing. In the context of this crisis, however, CEA must continue to improve its processes so that it is available to refer to housing as

³ For a visual overview of the CEA process, please Appendix A.

local efforts succeed in expanding the stock of affordable housing. Over the course of 2019, only 288 Single Adult households were enrolled in a housing program through CEA, compared to the 15,800 Single Adult households that entered the homeless response system in 2019—just 2%. By comparison, 150 YYA households were enrolled in a housing program through CEA, relative to the 2,500 YYA households who entered the homeless response system in 2019, or 6%. The population with the smallest housing resource gap was families. Among them, 344 family households were enrolled in a housing program through CEA, relative to the 2,900 family households who entered the homeless response system in 2019, the highest rate at 12%.

- **Prioritization remains a sticking point, in terms of racial equity and appropriate resource matching**

Both HMIS data and anecdotal evidence suggest that the assessment tools currently used for prioritization perpetuate racial inequity, a finding echoed by sentiments expressed by the community as well as a 2019 study by C4 Innovations.⁴ Furthermore, the cohort of households who are prioritized using this method are not always a strong service match for the resources available in the community.

- **A large number of referrals through CEA are ultimately denied, most often due to an inability to connect with the referred household.**

Out of the 1,194 of prioritized households who received a referral through CEA, 518 or 43% experienced at least one denial. Of those denied, the most common reason (41%) for a denial was an inability of the housing provider to connect with or contact the client.

- **Being housed through CEA is a very long process – the time between assessment and prioritization takes about 10 months on average**

From the time of being assessed to the time of moving into housing, the average household will have spent over a year homeless. The delay is due in part to CEA's prioritization of households with the highest need as well as the limited throughput caused by the scarcity of housing resources.

- **There is a conflict between our community's goal to house the most vulnerable among the homeless population, the availability of existing resources and capacity of providers to adequately support those households**

While CEA's goal is to serve the most vulnerable members of this community, many of these households have extremely high service needs that some of the resources available in the community cannot adequately meet. This discrepancy causes frustration for providers and poor outcomes for households experiencing homelessness.

Recommendations

- **Providers, Housing Developers, Advocates, and the funders of homeless services should use the housing gap data generated through CEA to advocate for additional housing resources that match the need in the community**

There are too few housing resources to serve all of those in need in the Seattle/King County community. The scarcity is both an issue of overall supply of housing – the number of units – and of the types of units.

⁴ C4 Innovations, "Coordinated Entry Systems – Racial Equity Analysis." October 2019.

CEA should continue to use their position as a coordinating arm of the homeless response system to inform policy choices and priorities about what types of additional housing resources would meet the unique needs of those currently unserved. Government and philanthropy have the authority and responsibility to increase housing stock. *Any changes to CEA without an increase in resources can have only a minimal impact on households experiencing homelessness.*

- **Focus staff time and financial resources on identifying or developing a new prioritization tool and method more effective at identifying vulnerability in a diverse population and more acceptable to the community**
Interim Prioritization was only meant to be a temporary solution. Regional players have made no significant investment to support the development, testing, and implementation of a new tool. Investment of this kind should be a priority for the CoC and the new King County Regional Homelessness Authority. In addition, the CoC should advocate to the U.S. Department of Housing and Urban Development, which requires assessment as part of coordinated entry, to conduct research and development to improve availability of equitable assessments nationwide.
- **Take actions to improve communication with clients to increase the number of successful referrals**
Providers, CEA staff, and funders should explore and implement system improvements to support each client through the CEA referral process, including maintaining contact and having discussions about their eligibility for programs and housing preferences. The existing “Case Conferencing” form could be used to this end. CEA staff, funders, and providers should explore new policies regarding denials due to non-contact and flexibility of eligibility requirements. Funders and providers should work together to increase flexibility in eligibility requirements. The King County Regional Homelessness Authority should consider expanding CEA staff capacity to support direct interaction with households who’ve been prioritized to prepare them for referrals.
- **Invest in technology solutions to improve real-time insights into housing availability, making referrals easier to make and track**
The HMIS system used by Seattle/King County was built into case management software, meaning that housing inventory and referral processing functionality is limited. For CEA to truly coordinate referrals to all resources in the community, they need real-time insight into what resources are available. Investment in technological solutions could improve visibility, accountability, and efficiency of the referral process.
- **Create structures of accountability for providers participating in CEA**
Participation in CEA is required of providers, but not all of them do so in a timely, committed fashion. Fragmented support for the CEA system reduces the CEA system’s effectiveness, risking a cycle of decreasing performance and decreasing use. CEA is federally required, and its broad use is essential to the region’s competitiveness for the federal funding necessary to continue increasing housing stock. The King County Regional Homelessness Authority should ensure that new contracts include enforcement mechanisms for this participation and that CEA staff have a clear way to flag concerns that leads to actionable changes.

Coordinated Entry for All: Background

Coordinated Entry for All (CEA) is the Seattle/King County Continuum of Care's approach to coordinated entry. Coordinated entry is a HUD mandated process for ensuring that the highest need, most vulnerable households experiencing homelessness are prioritized and placed in housing and that supportive services are used as efficiently and effectively as possible. Locally, CEA is also committed to ensuring that disparities and inequities in the experience of homelessness are eliminated. CEA does not fund, create, or provide housing units to homeless households. Instead it works with providers throughout the community by facilitating referrals and connections to housing services, convening workgroups to improve Seattle/King County's Coordinated Entry process as a foundation to the homeless response system, and providing trainings and guidance. Figure 1 is a simplified version of the logic model underpinning CEA's core components.

FIGURE 1: SIMPLIFIED CEA LOGIC MODEL

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 Supportive services are used as efficiently and effectively as possible Disparities and inequities in the experience of homelessness are eliminated
Housing Navigators & Providers	Locate and communicate with households Learn & share household housing preferences	Case conferences attended Clients nominated for resources	
Referral Specialists & CEA Staff	Organize and facilitate case conferencing Manage referrals Manage priority pool	Housing referrals	
Housing Resources	Resource availability and eligibility requirements communicated	Program enrollments Housing move-ins	
Data Systems	Routine data entry	Households prioritized	

The CEA Process

Per HUD guidelines, a coordinated entry system consists of four core elements: Access, Assessment, Prioritization, and Referral. '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 type 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.

CEA makes use of a 'no-wrong-door' coordinated entry model, in which assessors are spread throughout the community. Diversion services as well as assessments are offered by community-based providers and official

Regional Access Point⁵ staff. Seattle/King County’s assessment is called a *Housing Triage Tool (HTT)* and is based on the *Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)*⁶. When a household completes an assessment, they become eligible to be prioritized for a referral to housing programs via CEA. Based on the household’s score on the HTT and their answers to certain supplemental questions, the highest priority households are identified. These households are added to the *Priority Pool* whose size is based on the number of housing resources expected to be made available over the next 60 days.

There are three different Priority Pools, based on household type – Single Adults, Youth/Young Adults, and Families with Children. 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* sessions. In these case conferencing sessions, available housing resources – for example a unit in a permanent supportive housing project or a spot in a rapid re-housing program – are communicated to the gathered group of providers, who then attempt to match the prioritized households to the resources. Once a household has been nominated for a resource in case conferencing, CEA referral specialists communicate the referral to the housing provider, who then works with the household to enroll them in their program.

A visual map of this process can be found in Appendix A.

Racial Disproportionality in the Experience of Homelessness

Relative to King County’s population at large, **homelessness disproportionately affects people of color**. This is especially pronounced for the American Indian/Alaskan Native (AIAN) population and the Black/African American population. While being just less than 1% and 6% of the general population respectively⁷, they represent 5% and 28% of the homeless population. By contrast, while the White population represents 60% of King County’s population, they represent only 40% of the homeless population. The Asian population is also less likely to experience homelessness. However, both Native Hawaiian/Other Pacific Islander (NHOPI) and Hispanic/Latino populations are more likely to experience homelessness relative to their representation in the general population. These numbers are found below in Table 1.

TABLE 1: RACE & ETHNICITY OF KING COUNTY GENERAL POPULATION AND HMIS HOMELESS POPULATION

Race & Ethnicity	King County General Population (2018 ACS)	Households Active in HMIS (Feb 29, 2020)
American Indian/Alaska Native	1%	5%
Asian	17%	3%
Black/African American	6%	28%
Hispanic/Latino	10%	11%
Multiracial	5%	6%
Native Hawaiian/Other Pacific Islander	1%	2%
White	60%	40%
Unknown/Other	<1%	5%

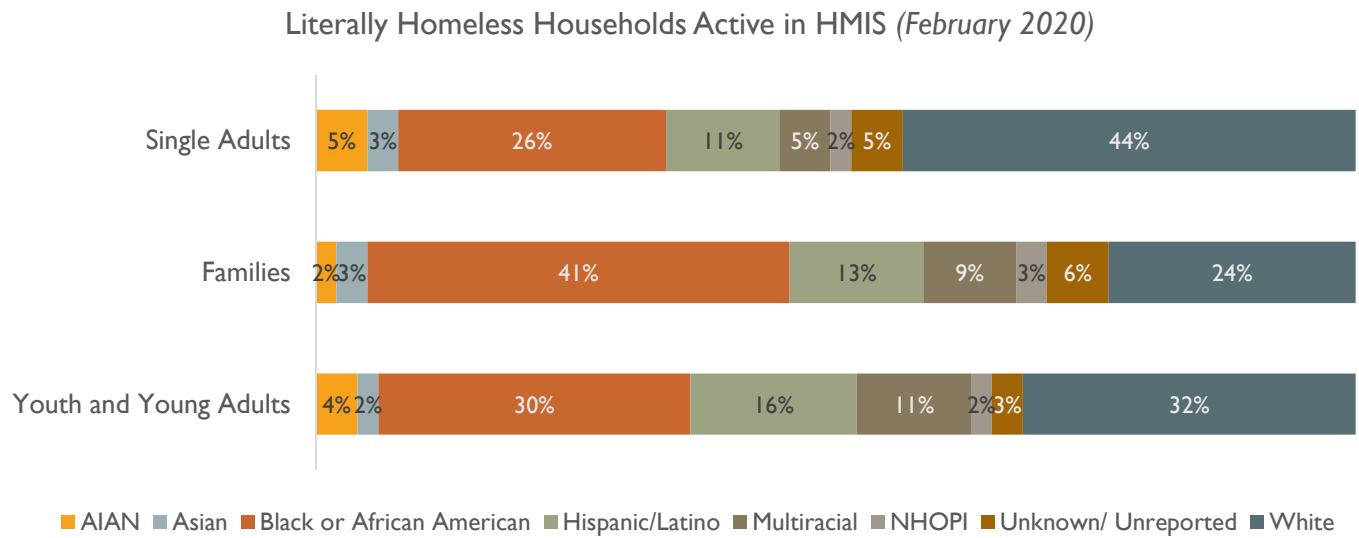
⁵ Regional Access Points (RAPs) are an entry point to CEA. These entry points are resource centers where households experiencing homelessness can get help finding housing and other resources. Learn more at <https://www.kingcounty.gov/depts/community-human-services/housing/services/homeless-housing/coordinated-entry/access-points.aspx>.

⁶ For more information about the VI-SPDAT and the history of the prioritization process in Seattle/King County, please see Appendix B.

⁷ 2014-2018 5-Year American Community Survey

Racial disproportionality of homelessness varies by the household composition of those experiencing homelessness. Figure 2 shows literally homeless households active in HMIS as of February 2020 by race and ethnicity. The racial and ethnic distribution of Single Adults, Families, and Youth and Young Adults differ significantly. Single Adults have the largest proportion of White households (44%), while Family households are predominantly Black/African American (41%). Youth and Young Adults have a greater proportion of Hispanic/Latino (16%) and Multiracial (11%) households than do the other populations.

FIGURE 2: LITERALLY HOMELESS HOUSEHOLDS ACTIVE IN HMIS BY RACE & ETHNICITY



Evaluation Questions & Methodology

Purpose of the Evaluation

The purpose of this evaluation is to improve Coordinated Entry for All's current activities and help plan for its future evolution 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. The lessons from this evaluation will be brought to CEA staff and the CEA governing bodies in order to continuously improve the services that they offer to the community.

Overview

Based on HUD guidance for evaluation of coordinated entry systems, this evaluation seeks to answer the following:

Does Seattle/King County's implementation of coordinated entry effectively and efficiently assist households to end their housing crisis? This question will be explored by answering the following evaluation questions.

1. **How *effectively* does CEA assist households to end their housing crisis?**
 - a. 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?
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?
 - b. What is the rate of denial and reasons for denial? Are there any patterns among agencies or client subpopulations?
 - c. What percent of available housing units are filled via an external fill? How do external fill households compare to CEA-placed households?
 - d. How do providers view the timeline? How could it be made faster?
3. **What is the experience of participating in CEA like?**
 - a. Do participating providers believe the process is clear, fair, effective, efficient, and reasonable in terms of data collection and documentation requirements?
 - b. 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?

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

Changes to the Initial Evaluation Plan

In the midst of evaluation activities, the COVID-19 pandemic hit the King County community, and as a result, data collection had to shift. Coordinated Entry staff and other DCHS personnel were redeployed from their typical work tasks to COVID-19 response activities. It was no longer possible to safely conduct focus groups with community members with lived experience. As a result, this evaluation became narrower in scope. Appendix C depicts all of

the originally planned activities and notes those that were not possible due to the pandemic response. Future annual CEA evaluations should incorporate additional activities to capture data on the client experience.

Introduction to the Data

Within the CEA System, assessment types, resources, and case conferencing are broken out by household type. The three main household types or populations are: Single Adults (adult-only households)⁸, Youth and Young Adults (youth-only households up to 25 years of age), and Families (households with both adults and minors). Additionally, CEA co-facilitates case conferencing for Veteran and American Indian/Alaska Native (AIAN) households of all ages and sizes with leaders from those provider communities. The separate case conferencing sessions are held because of the number of resources available specifically for the Veteran and AIAN populations. Because they make use of separate resources, referrals made to Veterans and AIAN households in those case conferencing spaces are separated out from the household-type breakouts below.

For this evaluation, and for ongoing analysis of the CEA System, the stages of CEA are defined as the following:

- **Assessed:** Head of household was newly assessed with a Housing Triage Tool during 2019. Households who had previously completed an assessment could remain eligible for prioritization during 2019, meaning that more people were eligible for CEA referrals than just those who were assessed during the calendar year.
- **Prioritized:** The household was added to the Priority Pool and became eligible for referrals to resources through CEA. The majority of prioritized households were identified using the Interim Prioritization methodology, but at the beginning of 2019, households who had already been prioritized using the previous prioritization method remained in the Priority Pool.
- **Referred:** The household received a referral to a housing resource through case conferencing in 2019. This does not include referrals made in Veterans or AIAN case conferencing, which do not require the household to be on the priority pool before a referral is made.
- **Enrolled:** The household was enrolled in the housing program to which they were referred by CEA in 2019 according to the referral data in HMIS. Note, unlike other CEA stages, the quality of this data point is dependent on providers updating the referral history in HMIS. Delayed or missing data may impact the data quality for enrollments.
- **Denied:** At least one referral to a housing program for a household ended in a denial. A denial may occur due to the household's preference not to accept that housing resource. Alternatively, denials can occur due to the provider's inability to contact the household or a household not meeting the eligibility requirements. A household with a denial can be referred to a different resource.

Reported demographic information is for the head of household. All administrative data is from the King County Homeless Management Information System (HMIS).

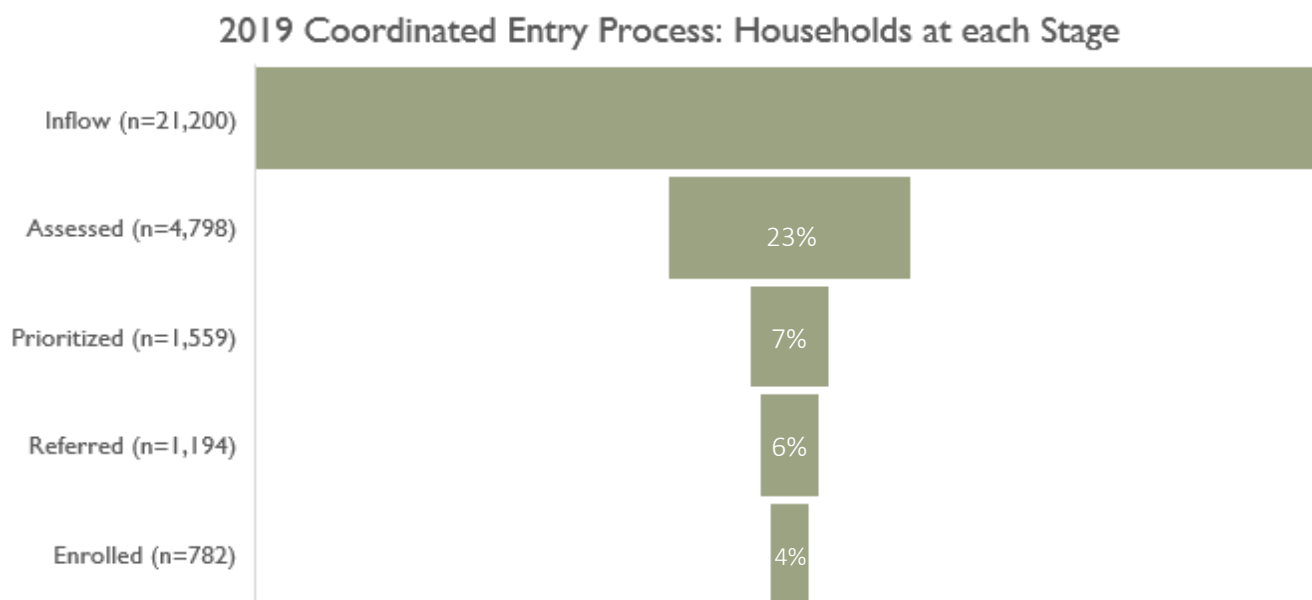
⁸ 'Single Adult' households overwhelmingly are composed of only one individual, and most resources are designated for only one individual. The group is referred to as "Single Adults" as a result, though some households have more than one member.

How effectively does CEA assist households to end their housing crisis?

CEA Process Throughput

CEA does not facilitate housing for the vast majority of people who enter the homeless response system each year. **CEA has been staffed and sized to fit the number of available housing resources in the community, rather than the level of need.** This caps the number of households prioritized at a given time to the average number of vacant housing units available for referral over the next 60 days. In 2019, this number was 260 households. Services such as diversion and case management can help many households resolve their housing crisis without a formal CEA referral, and some households can resolve their crises on their own. However, **there remains a far greater demand for affordable and supportive housing resources than a supply.** Relative to the 21,200 households entering the homeless response system in 2019 (not counting any households who entered and remained enrolled in the system from previous years), 782 or 4% were enrolled in housing through CEA (See Figure 3).

FIGURE 3: 2019 COORDINATED ENTRY PROCESS: HOUSEHOLDS AT EACH STAGE RELATIVE TO INFLOW

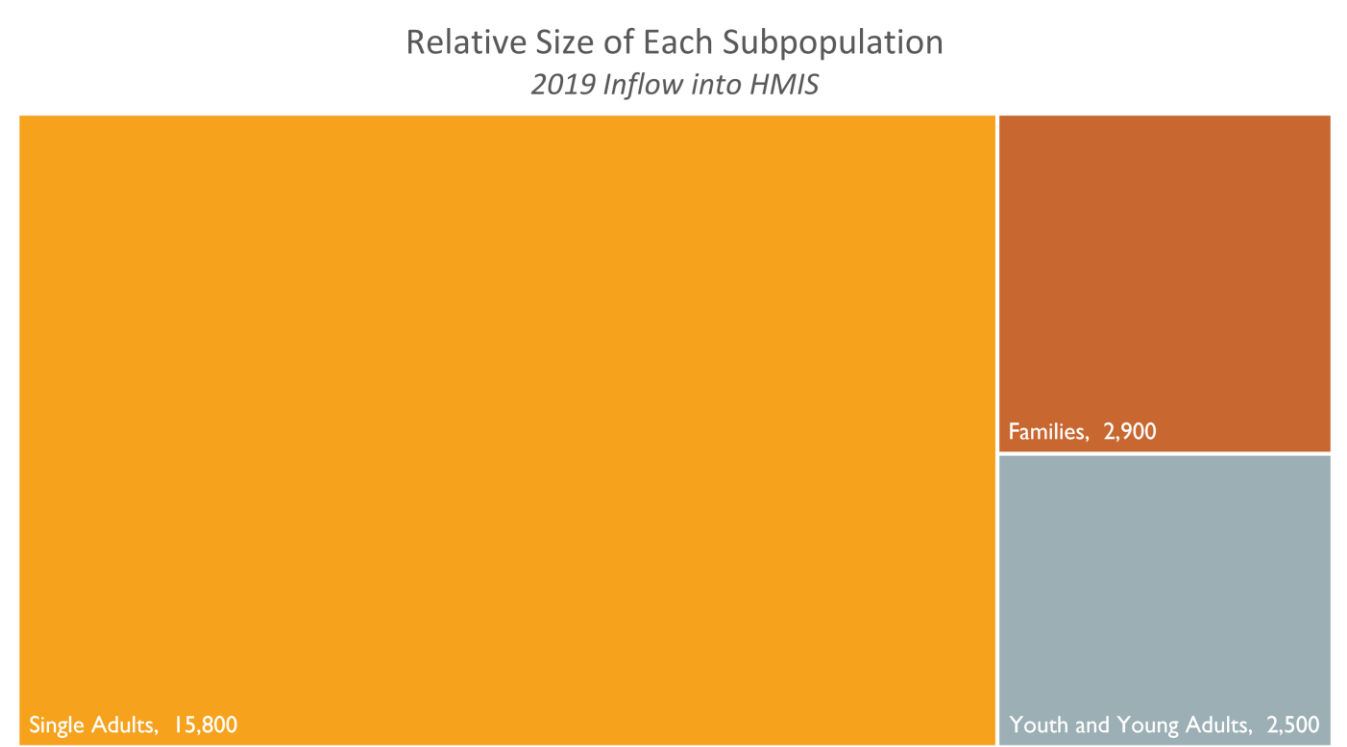


A household should only complete an assessment once less-intensive interventions like diversion have failed. Additionally, service providers are likely selective in who they assess based on their knowledge of which households are likely to be prioritized, as the assessment process can be an invasive experience. In this respect, all households that have been assessed likely require some sort of housing intervention. Furthermore, the number assessed in one calendar year does not represent all the households who needed assistance. A household may have been assessed in previous years and so long as their housing crisis has not resolved, they remain eligible for CEA.

Subpopulation trends in the CEA Process

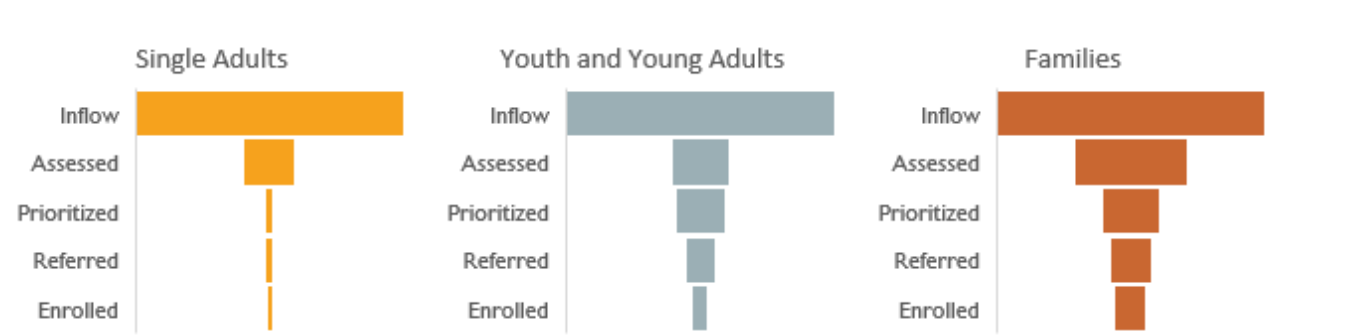
In addition to having different demographic characteristics (see information about racial disproportionality in the above Background section), the three main household subpopulations that CEA works with are of very different sizes (see Figure 4). Single Adults were the largest group accessing homelessness services in Seattle/King County, with over 15,800 households entering the system during 2019 and representing 75% of total entries. Families were the next largest group, followed by Youth and Young Adults.

FIGURE 4: 2019 ENTRIES INTO HMIS (INFLOW) BY HOUSEHOLD TYPE



As mentioned above, different housing resources are available to Single Adults, Families, and Youth and Young Adults, and the CEA process has been scaled to the number of resources available. These dynamics lead to wide variance in the percent of households housed via CEA in 2019 relative to the number entering the system by household subpopulation (see Figure 5).

FIGURE 5: 2019 COORDINATED ENTRY PROCESS THROUGHPUT BY STAGES: BY HOUSEHOLD TYPE



Relative to the size of the population, housing resources for Single Adults are particularly limited, and therefore the percentage housed via CEA is the lowest compared to other household types. Over the course of 2019, only 288 Single Adult households were enrolled in a housing program through CEA, compared to the 15,800 Single Adult households that entered the homeless response system in 2019—just 2%. By comparison, 150 YYA households were enrolled in a housing program through CEA, relative to the 2,500 YYA households who entered the homeless response system in 2019, or 6%. The population with the smallest housing resource gap was families. 344 family households were enrolled in a housing program through CEA, relative to the 2,900 family households who entered the homeless response system in 2019, the highest rate at 12%. While expanding housing resources for all groups is of grave importance, **community leaders should especially continue to strive to expand the pool of housing resources available to the Single Adult population.**

Single Adults

Women in the Single Adult population received disproportionately fewer referrals and enrollments relative to the number assessed and prioritized. It is possible that this is due to the housing resources available – potentially too few resources open to any gender or single-sex women-identified units. Further research and collaboration with planners, funders, and providers should attempt to address this issue.

While White households were more likely to be prioritized than their representation in the single adults' population, these disproportionalities are diminished in the later steps of the CEA process. The homelessness service provider community and CEA staff's commitment to combatting racial inequity through the application of tie breaking processes⁹ and the choices of who is referred to housing likely play a significant role in this process. Nonetheless, continued attention should be paid to the assessment and prioritization processes to prevent these disproportionalities from occurring at any stage. **Efforts to identify or create a new assessment tool should continue and be prioritized by leaders in the community.**

White households and AIAN households were disproportionately likely to have a referral be denied (either by the housing program or by the household themselves). Relative to those being referred, Black households were much less likely to have a denial. The **high level of disproportionality in the percent of AIAN households experiencing denials** is a flag for additional research and follow up. Denials overall occur very frequently – additional information about them can be found in the “Denials” section on page 23.

Data about the stages of the CEA process for Single Adults can be found in Figures 6A and 6B.

⁹ If more than one household is nominated for a resource during case conferencing, case conferencing attendees apply a tie breaking procedure, unique for each population. Factors considered include length of time homeless, barriers to housing, physical and behavioral health considerations, and others.

FIGURE 6A: CEA STAGES BY GENDER – SINGLE ADULTS

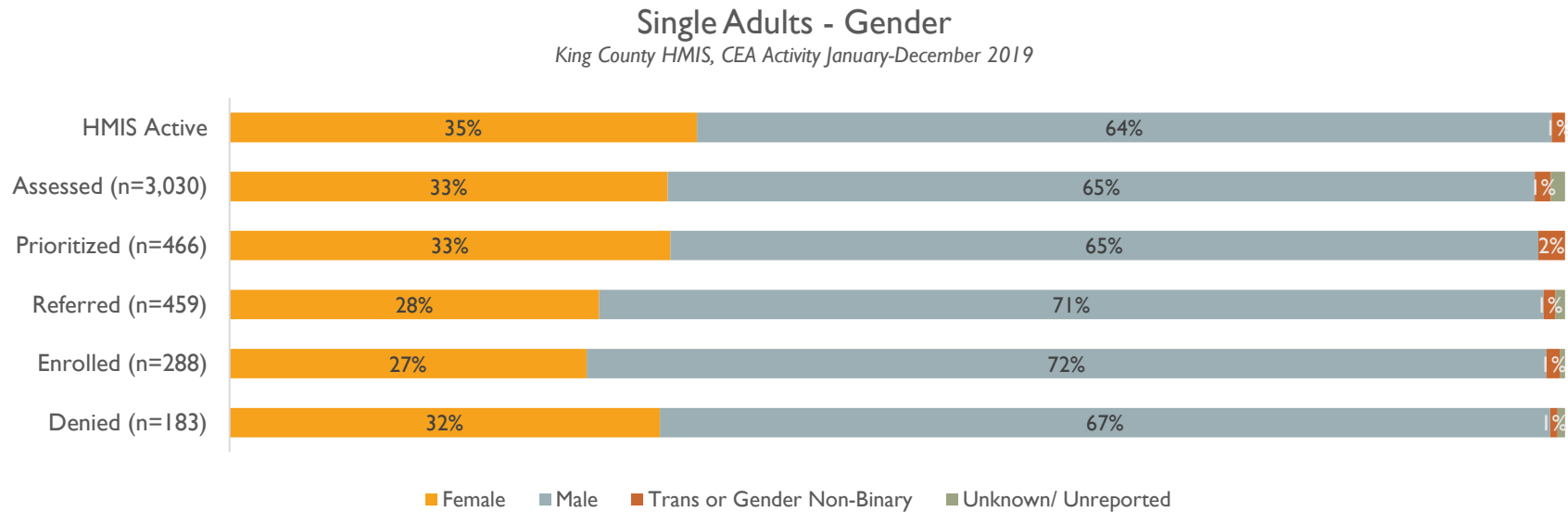
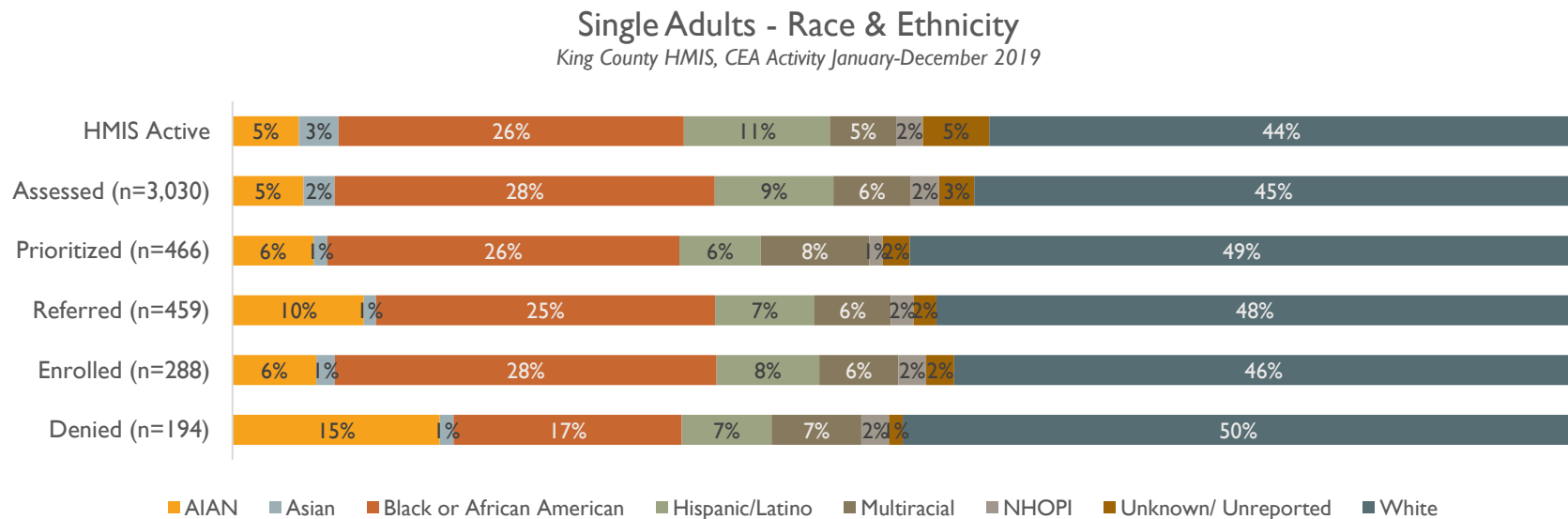


FIGURE 6B: CEA STAGES BY RACE & ETHNICITY – SINGLE ADULTS



Youth and Young Adults

While slightly more likely to be assessed, **young women were less likely to be prioritized, referred, and enrolled. Transgender and nonbinary youth and young adults were slightly more likely to be assessed, and then remained well represented through the next stages of CEA.** Given their disproportionate representation among youth who experience homelessness, this is a positive sign that the CEA system has been addressing that community's needs. However, a slightly greater proportion of transgender/nonbinary youth experience a denial than are referred. Providers and funders should examine whether they are doing all they can to create welcoming, gender-affirming resources for these youth.

A smaller proportion of Black/African American youth and young adults ultimately enrolled in a housing program compared to those assessed, but the proportion enrolled is comparable to the number active in HMIS. White youth and young adults are disproportionately more likely to be prioritized than assessed, though in both stages they are a smaller proportion than among the HMIS active population. Youth and young adults of color were more likely to be represented in the later stages of CEA, with Hispanic/Latino households having particularly strong enrollment numbers.

This may indicate that **service providers and CEA staff are being intentional in their efforts to diminish racial inequity in terms of who they assess, as well as the choices of who to refer and how to apply tie-breakers within the case conferencing setting.** Nonetheless, continued attention should be paid to the prioritization processes as it is where the most significant racial/ethnic disparities are introduced. Efforts to identify or create a **new assessment tool for youth** should continue and be prioritized by leaders in the community.

Data about the stages of the CEA Process for Youth and Young Adults is found in Figures 7A and 7B.

FIGURE 7A: CEA STAGES BY GENDER – YOUTH & YOUNG ADULTS

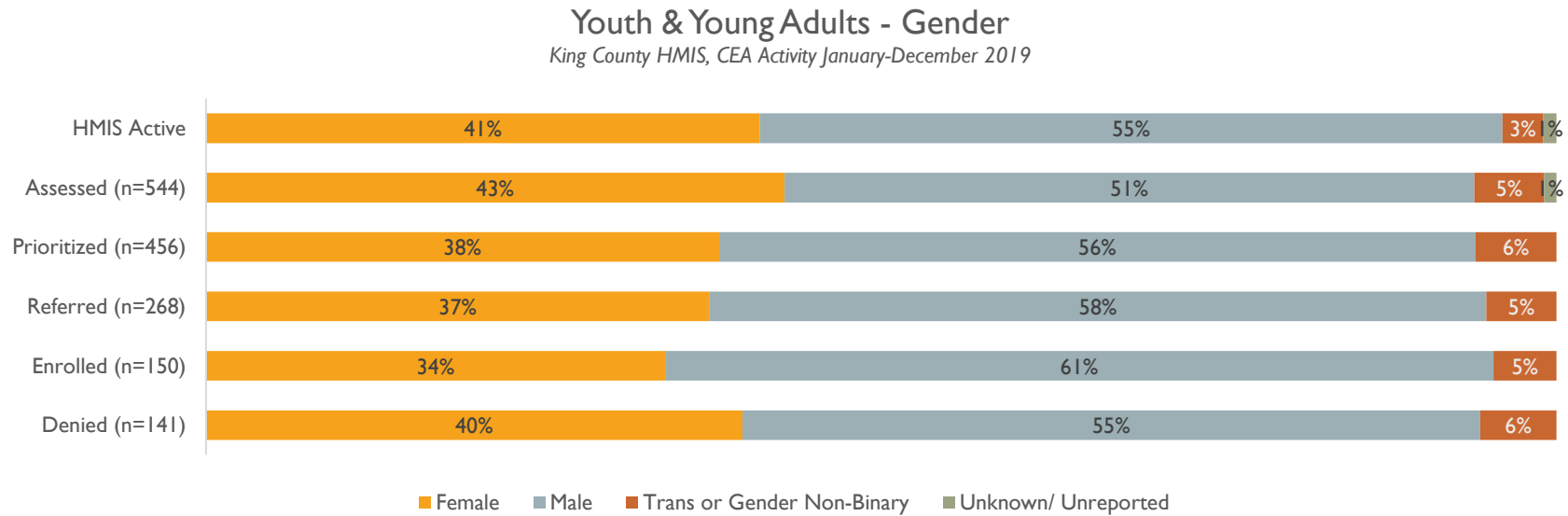
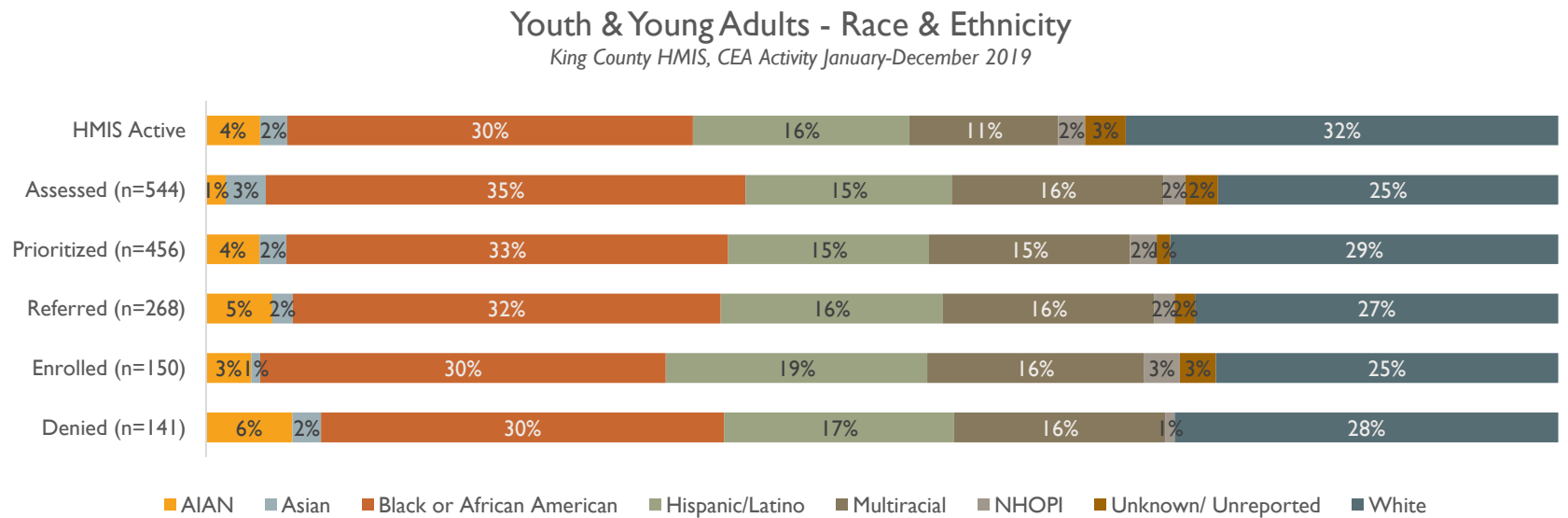


FIGURE 7B: CEA STAGES BY RACE & ETHNICITY – YOUTH & YOUNG ADULTS



Families

Families with a male head of household were more likely to be assessed, but less likely to be prioritized, referred, and enrolled relative to the number active in HMIS. It is possible that families with a male head of household are more likely to have two parents present, putting them in less vulnerable positions economically and socially. However, providers and CEA staff should further examine the way they are serving male headed households so as not to unintentionally overlook vulnerable families, regardless of whether they are single-parent households. **Additional analysis around prioritization of male-headed households should be completed to ensure that they are not being unfairly excluded from prioritization.**

Black/African American households were particularly underrepresented in those prioritized compared to those assessed. White and multiracial families were overrepresented relative to those active in HMIS and assessed. Disproportionality in favor of white families was strongest at the stage of prioritization and diminished at the later stages of CEA. Again, the homeless response provider community and CEA staff's commitment to combatting racial inequity through the application of tie breakers and the choices of who is referred to housing likely play a significant role in this process. Continued attention should be paid to the assessment and prioritization processes to prevent these disproportionalities from occurring. Efforts to identify or create a **new family assessment tool** should continue and be prioritized by leaders in the community.

Data about the stages of the CEA Process for Families is found in Figures 8A and 8B.

FIGURE 8A: CEA STAGES BY GENDER – FAMILIES

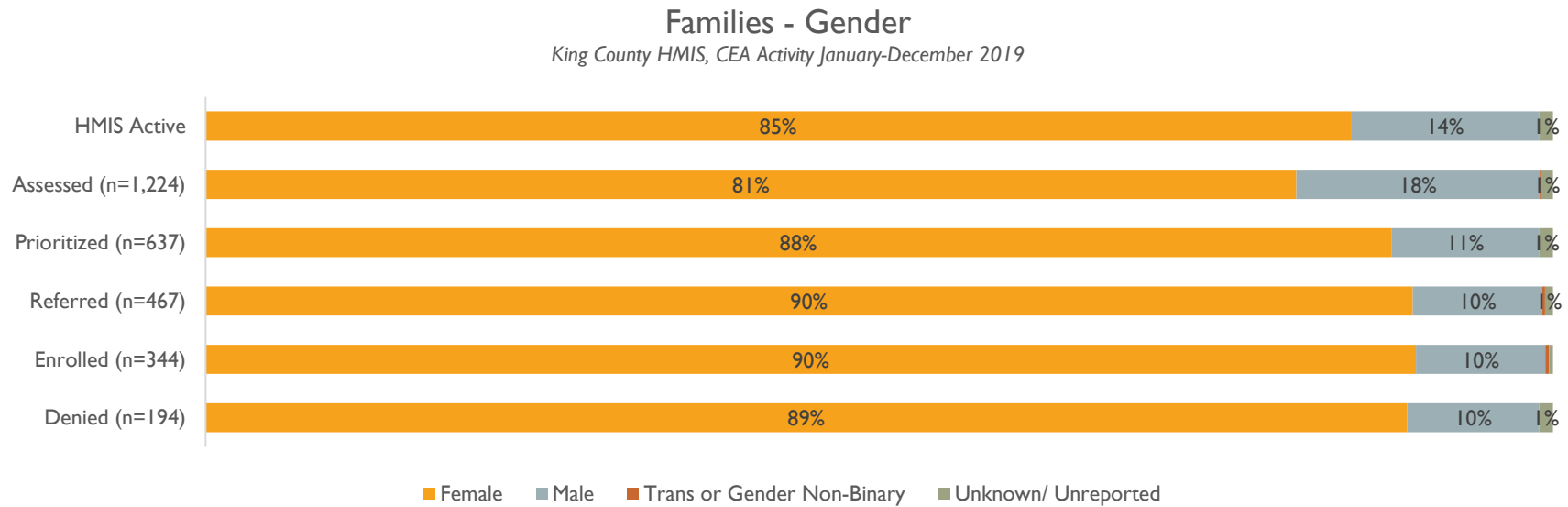
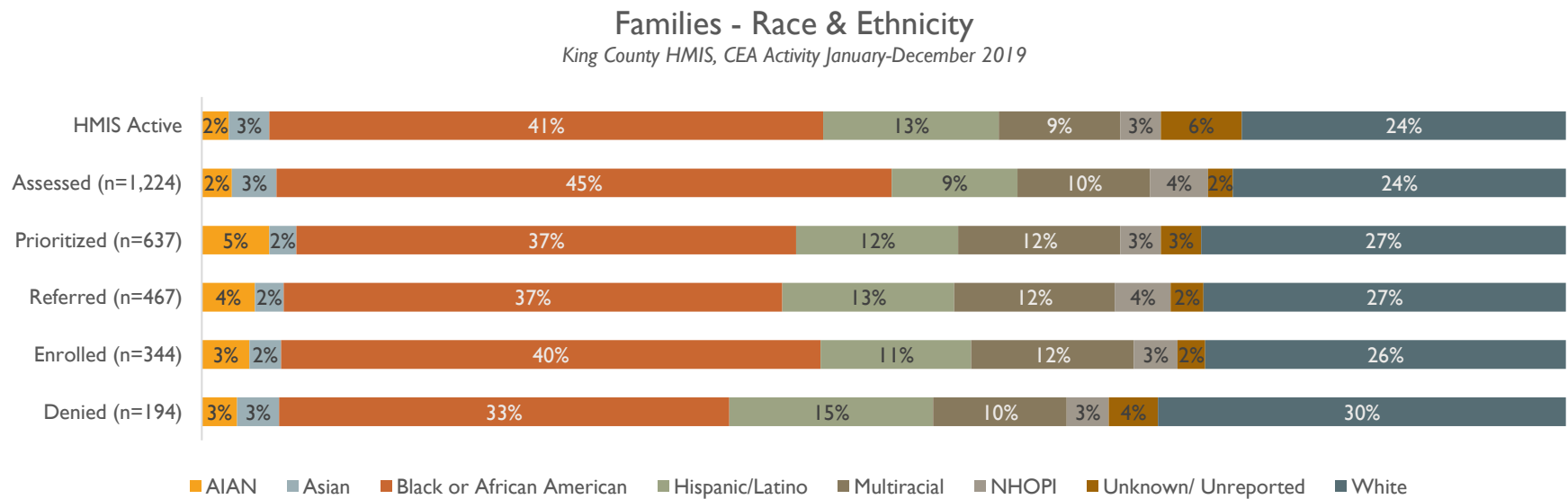


FIGURE 8B: CEA STAGES BY RACE & ETHNICITY – FAMILIES



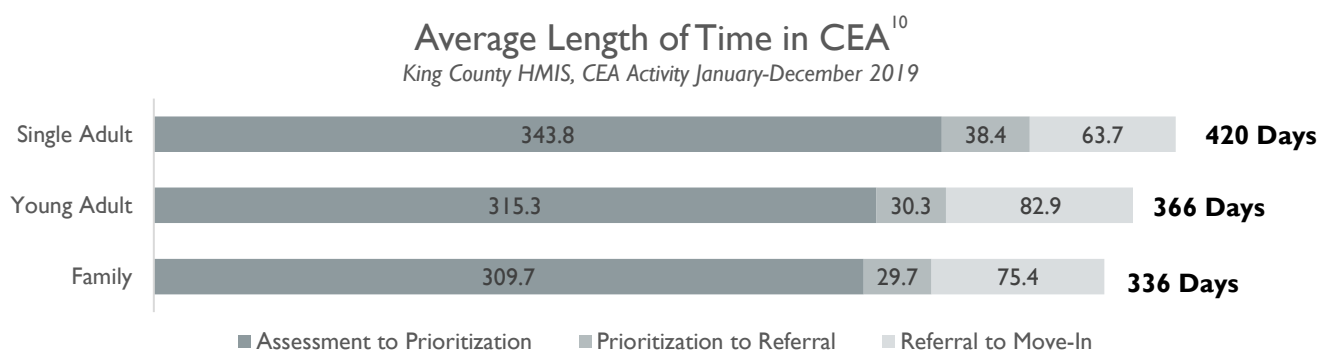
How efficiently does CEA assist households to end their housing crisis?

Length of Time in CEA

Being housed through CEA is a lengthy process. Figure 9 shows the average length of time a household spends in CEA. For the three populations combined, **the average time between being assessed to moving into housing was more than a year**. Most of this was driven by the time between being assessed to being prioritized – an average of 323 days. After that, the time until a household received a referral was relatively short, at 33 days. Another 71 days passed between being referred to a housing program to moving-in.

Two main factors contribute to the long length of time between assessment and prioritization. The first is that the prioritization method considers length of time homeless as one factor – all other things being equal, a household that has been homeless for longer will be prioritized over another household that’s been homeless for a shorter length of time. The other factor is the limited amount of housing resources that are available in the community. This significantly slows throughput in the priority pools. Without significant throughput, new households cannot be prioritized.

FIGURE 9: LENGTH OF TIME IN CEA BY SUBPOPULATION



Family households are housed the quickest, while Single Adults take the longest. There was no statistically significant difference between the race and ethnicity of the household and the length of time between the stages.

CEA should consider whether how they consider length of time homeless in prioritization aligns well with the goals of prioritization. **The trade-offs between quickly housing people who have just fallen into homelessness should be weighed against considerations of fairness for those who have been waiting the longest and might be more unlikely to find housing on their own.** It may be that the current prioritization of households with longer experiences of homelessness remains in line with the community’s values. In that case, the provider community will need to understand and communicate that households should expect a long amount of time after they have been assessed

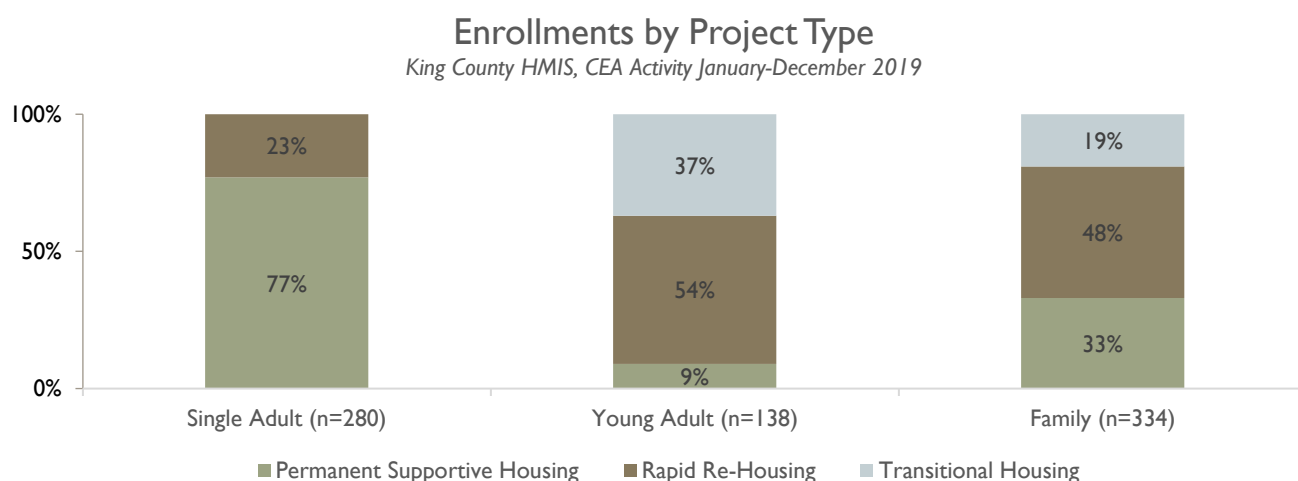
¹⁰ Averages of each stage do not add up to the overall average due to the fact that not all households that have been prioritized have a referral, and not all households that have a referral have a move-in.

to become eligible for referrals through CEA. Informational materials for households being assessed should make this point clear as well.

Enrollments by Project Type

The types of housing that households were referred to and enrolled in varies within each population. Figure 10 shows enrollments by project type for each population. Over three-quarters of Single Adult enrollments are in Permanent Supportive Housing or similar resources. By contrast, nearly all Youth and Young Adult enrollments are split between Rapid Re-Housing and Transitional Housing. Enrollments for Family households were more evenly split among the three housing types than in the other populations.

FIGURE 10: ENROLLMENTS BY PROJECT TYPE AND POPULATION



Enrollments are dependent upon the type of housing that is available. This evaluation cannot speak to whether the existing programs are well suited to the overall needs of the three CEA subpopulations, let alone individual households' needs and preferences. Funders should continue to support evidence-based programs and assess whether the resources are well-suited to support people experiencing homelessness based on their own strengths and needs.

Denials

Denials occurred very frequently within the CEA process. Out of the 1,194 of prioritized households who received a referral through CEA, 43% experienced at least one denial. When a referral from CEA is denied within the HMIS system, providers must list the reason for turning it down. Overwhelmingly, **the most common reason for a denial is an inability to connect with or contact the client**, comprising 41% of all denials (see Figure 11). CEA guidelines state that providers must, at a minimum, attempt to contact a household at least two times within 48 hours before denying a referral.¹¹ Given how common these denials are, **CEA should consider adjusting the denial guidelines¹², either increasing the number of required attempts or how long a household is given to respond.** Additional guidance around how much time households have to provide required documentation, when it's appropriate to deny a client due to missing documentation, and how to handle appointment 'no-shows' should be formalized as well.

¹¹ Coordinated Entry Policy and Procedures Manual v6.2, p. 36

¹² Coordinated Entry Policy and Procedures Manual v6.2, p. 43

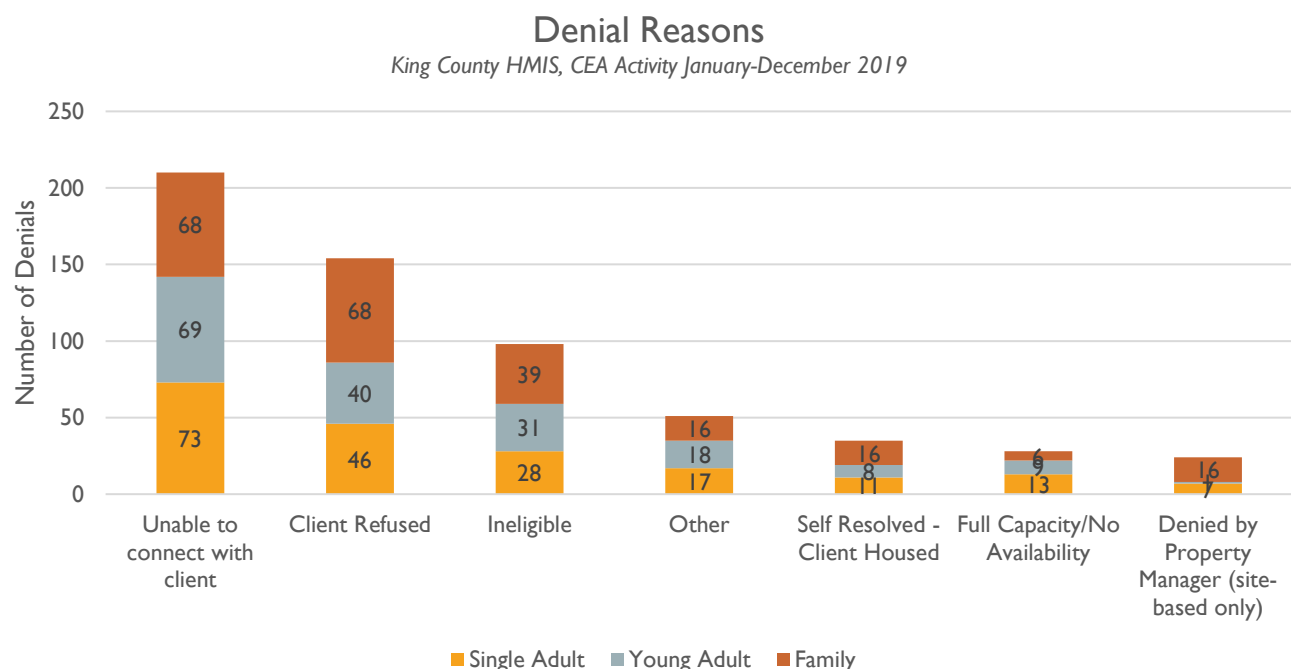
Beyond these guidelines, providers should do their best to take creative approaches and be flexible when contacting clients in an effort to decrease these denials. Collaboration with other agencies who have served the household and “warm handoffs” by those who have represented the client in the case conferencing space are some ideas to increase the efficiency of referrals within CEA.

The **second and third most common denial reasons are refusal by the client and the household’s ineligibility upon referral**. Both of these speak to poor communication, either about a client’s preferences for housing, program eligibility requirements, or household characteristics that would influence their eligibility for programs. Based on the comments in HMIS, ineligibility is often due to income level, documentation requirements, literal or chronic homeless status, or age. Clients refuse referrals for reasons such as the location of the housing (for example being far from work or family), the type of housing project (often preferring a higher level of service than provided by a project), requirements of the project such as curfews or employment, and needing housing better suited to the size of their family. A significant number of refusals do not have any additional information about the reasons why. Training for providers should stress the importance of entering this data to help match clients and resources.

Case workers should work to make sure their clients have reasonable expectations for the types of programs that they could be referred to, as well as taking time to understand their preferences. **Funders and housing providers should work together to maintain flexible eligibility requirements so as not to unduly limit the type of households who can be housed**. CEA staff should ensure that eligibility criteria from providers are up-to-date and are clearly understood by housing navigators. They should also provide guidance on communicating with clients about their preferences and expectations for housing. Part of this can consist of encouraging or creating incentives for providers to complete the existing “Case Conferencing” form in HMIS, a tool designed to facilitate the referral process and ensure a smooth hand-off between providers.

Timeliness of communication would also resolve two less prominent, but still significant, denial categories – “Self Resolved – Client Housed” and “Full Capacity/No Availability”.

FIGURE 11: CEA REFERRAL DENIALS



CEA staff report that denials by providers are an area of significant frustration in their work, and that the reported denial reasons do not always truthfully represent why a referral failed. Data analysis is also challenging because the selected denial reasons do not always align with the additional narrative provided in comments. In order to improve efficiency, **there should be structures of accountability to funders to encourage high data quality and minimize denials on the part of the providers.** CEA staff should have the authority to report non-compliance (when they suspect that denials happen for impermissible reasons) to funders in a way that promises the possibility of real consequences.

External Fills

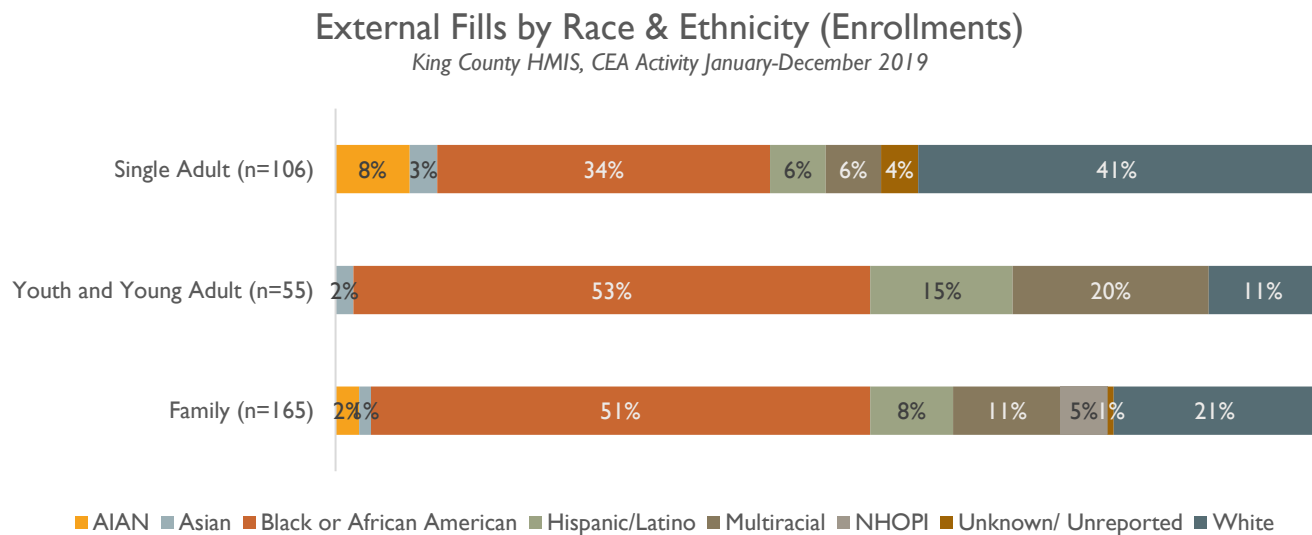
Not all resources that become available for placement through CEA are actually filled during the case conferencing process. For example, a resource may have a very particular eligibility requirement based on household composition (e.g. “single woman under 30 who is fleeing domestic violence”) that is not aligned with the households currently on the priority list. Or the resource may not be desirable to the households in the priority pool, due to its location, offered services, or rules for residents. In such a case when the resource does not receive any referrals during case conferencing, it becomes eligible for an External Fill. The housing provider then gets to make their own choice of who to put in the resource rather than have the decision be made via the communal case conferencing decision structure. In this way, **External Fills represent a misalignment between the composition of the priority pool (e.g. due to household composition, preferences, or service need) and the resources available in the community.**

While External Fills create a pathway to housing for households who would not otherwise be prioritized, agencies gain subjective decision-making power that may disadvantage case workers or providers with whom they do not have a strong relationship. Agencies also gain the power to choose a household that is “easier to work with” over one that is more vulnerable. Further research into how providers choose which households to place in External Fills could help to shine a light on these considerations. **Outreach and training for providers about External Fills should emphasize the community’s commitment to housing the most vulnerable and eliminating racial inequities, while encouraging them to consider referrals from sources with whom they might not have worked in the past.**

Due to a limitation in the technical capabilities of the current HMIS system, tracking of External Fills requires agencies to email CEA staff to inform them of who was ultimately enrolled in the housing opening, a time- and labor-intensive process. Additionally, many openings that become available for External Fill are never communicated back to CEA staff. **Better visibility into who is receiving External Fills would be best achieved by working with the HMIS vendor BitFocus to enhance the existing referral functionality and by putting incentives in place for providers to maintain high quality data.** Still, based on the limited visibility into External Fills that exists, in 2019 for every 7 enrollments, 5 were CEA facilitated enrollments while 2 were External Fills.

Families received the greatest number of External Fills (165) followed by Single Adults (106) and Youth/Young Adults (55) (see Figure 12). **One strength of External Fills is that households of color tended to receive a greater proportion of External Fill enrollments as compared to CEA enrollments.** Still, External Fills indicate a failure of the Coordinated Entry System. **CEA should focus on developing a prioritization method that is racially equitable and identifies households that are an appropriate service match for the resources in the community.**

FIGURE 12: EXTERNAL FILLS BY RACE & ETHNICITY

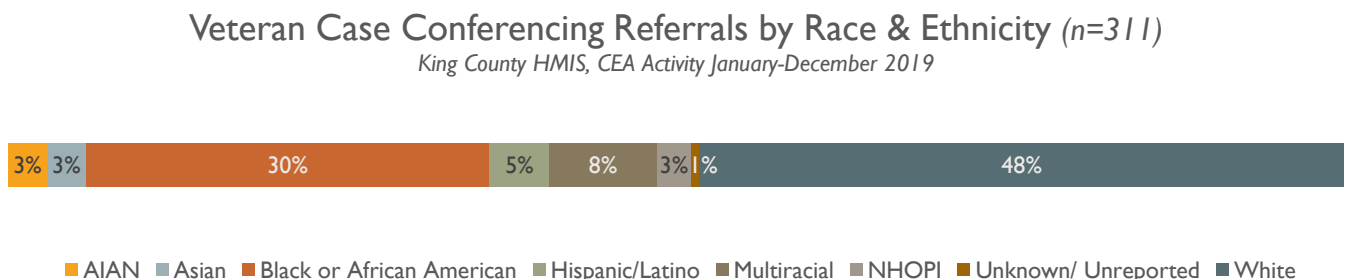


Non-Prioritized Case Conferencing

There are two other “non-prioritized” ways that CEA facilitates housing referrals – Veterans Case Conferencing and American Indian/Alaska Native Case Conferencing. These case conferencing meetings operate in much the same way as the Single Adult, Youth/Young Adult, and Family case conferencing meetings do. The main difference is that rather than only allowing referrals for households on the Priority Pool, any household that includes a United States military veteran or any household expressing interest in AIAN culturally specific resources may be nominated for a resource at their respective case conferencing spaces. Tie-breaking is then done within the case conferencing space, and those providers who are present decide as a group which household receives the referral.

In 2019, 311 households received referrals via Veterans Case Conferencing. They were overwhelmingly male (93%) and from Single Adult households (97%). About half (51%) were households of color, a slightly higher percentage than the number of Veteran households of color active in HMIS in a given month (47%). Figure 13 shows the racial and ethnic distribution of referrals received through Veterans Case Conferencing.

FIGURE 13: VETERAN CASE CONFERENCING REFERRALS BY RACE & ETHNICITY



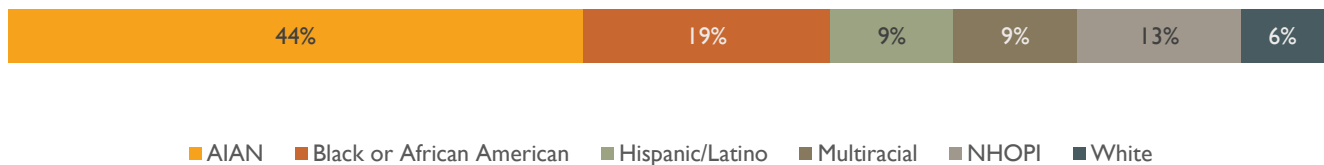
From American Indian/Alaska Native Case Conferencing, 32 households received referrals, and 17 were ultimately enrolled in a housing program. Slightly more than half of the referrals went to women (53%). Most households were Single Adult (47%), followed by Family (28%) and then Youth/Young Adults (25%). The households receiving

referrals through AIAN Case Conferencing were not all identified in HMIS data as being AIAN – only 44% did so (see Figure 14). Resources available in AIAN Case Conferencing often have a preference, not a strict eligibility requirement, that they be given to AIAN households. These data may indicate that individuals who culturally identify as AIAN are not being well identified in the HMIS system, and that HMIS data that is disaggregated by race may be undercounting the number of AIAN individuals and households served. As of Summer 2020, work is underway to include additional tribal affiliation data fields within King County’s HMIS, which alongside concerted data entry efforts could help mitigate these data limitations.

FIGURE 14: AMERICAN INDIAN/ALASKA NATIVE CASE CONFERENCING REFERRALS BY RACE & ETHNICITY

AIAN Case Conferencing Referrals by Race & Ethnicity (n=32)

King County HMIS, CEA Activity January-December 2019



What is the experience of participating in CEA like? CEA from a Provider's Perspective

Program managers and supervisors from homelessness agencies and case conferencing participants – both housing navigators or case managers representing their clients and agency staff receiving referrals to their programs – shared their experiences and thoughts on participating in CEA via survey. Their insights shed light on some of the positive aspects of CEA as well as areas for improvement. Forty-three program managers and 78 case conferencing participants completed the surveys. Results are found in Appendix E.

Overall, case conferencing participants tended to have a slightly more positive opinion of CEA than program managers. They were particularly more likely to report that **participating in CEA has helped them to communicate and collaborate with other providers** and find case conferencing attendance meaningful in that regard. One of them noted, “I appreciate the opportunity to directly communicate and collaborate with other service providers to learn about their programs.” Despite general trust in other providers’ good intentions, the scarcity of resources can cause tension. One participant commented, “It is clear that the scarcity creates a pressure for service providers to want to compete against each other. I believe the tiebreakers are implemented to the best of its ability given our constraints, but the process itself is overall dehumanizing.”

Another trend in the findings was that both groups tend to think that the CEA Staff do a good job, especially around promoting equity and social justice, even though they feel that the overall CEA process does not. A case conferencing participant noted that “CEA is great at understanding feedback that is given from the communities of color and vulnerable populations to be change makers in the system.”

Lowest opinions for both surveyed groups were around prioritization and connecting households to services that they need. A significant number of respondents voiced the **desire to find a new prioritization tool**, given the documented disproportionality in scores received by people of color and the tool’s limited ability to fully account for the variety of individual experiences. As one service provider commented, “Stop relying upon the VI-SPDAT as a prioritization mechanism sooner rather than later. We know this tool causes disparate outcomes and should begin to pilot a multiple pathways system to attempt to counteract the harm it is doing in leaving out community [*sic*] disproportionately experiencing homelessness as well as those with complex disabilities that are not properly captured in a yes/no assessment.”

Many respondents also noted a disconnect between the households being prioritized and referred to housing, and the type of services that those housing programs provide. **Rapid Re-Housing providers in particular felt that referrals that they receive via case conferencing are not a “good fit” for their programs** because households referred to them have **too high a service need to be adequately served by their programs**. They were frustrated by these challenges as well as their perception that these inappropriate matches, and the reluctance of navigators to refer people from the priority pool to their programs, lead to delays in people being housed. Case conferencing participants also **expressed frustration that existing resources are not in line with their clients’ level of service need, especially around mental illness and addiction issues**. They worry that referring their clients to these programs is only setting them up for failure. A selection of related quotes is included below.

“Families that aren't as vulnerable are getting completely left behind - there needs to be a balance of serving most vulnerable and those not so much - not just to give a variety of families access, but also to balance caseload for staff. Having such a high level of vulnerable folks in their caseload without balance is

leading to burnout and frustration, not to mention messes with our outcomes/performance - which makes it look like they aren't doing a good job when they are working extremely hard.” (Program Manager)

“Housing providers are shifting to high functioning people which leaves our most vulnerable folks on the streets. The way the system is set up there are no real PSH resources. Many clients who struggle intensely with drug addiction and mental health issues and can't maintain the housing. [...] We can't hold clients to such a high standard when there are no resources willing to support the clients who don't meet the expectation.” (Case Conferencing participant)

“The assessment process has to be totally revised. We should NOT be housing the most vulnerable young people into demanding housing programs. I strongly believe in housing first/harm reduction, and I strongly believe that we should be helping the most vulnerable youth, but we are currently doing EVERYONE a disservice - the most vulnerable youth AND medium/low vulnerable youth. We could be helping SO MANY MORE young people. If you want to prioritize the most vulnerable young people, BUILD EVIDENCE BASED PROGRAMS THAT WILL WORK FOR THEM i.e. Housing First/Harm Reduction models. Since there are ZERO harm reduction models, we should be focusing on youth who will benefit from the current programs so that we can get them off these god-forsaken streets. [...] We work with a lot of schizophrenic clients, and we don't know how to help them because they won't be able to live in any CEA housing.” (Case Conferencing participant)

These quotes and discussions about the results with the CEA Policy Advisory Committee point to **a conflict between our community's goal to house the most vulnerable among the homeless population and the availability of existing resources and providers to adequately support those households**. “No surprise that scarcity greatly contributes to the pressure to pick the clients who are most likely to succeed vs the clients who are most vulnerable (whatever vulnerability looks like).”

One suggestion from the Policy Advisory Committee was to **expand to multiple prioritization pathways for resources**. It was noted that given the diversity of service and housing resources and needs among people experiencing homelessness within our community, one single prioritization approach would struggle. Likewise, the **number and variety of available resources must be expanded to be in scale with the population that requires them**.

Improvements could be further be made around communicating the factors that influence prioritization and increasing the timeliness of the process. Case conferencing participants also noted that **the number of CEA staff seems insufficient to truly support the CEA process** given the number of households, housing resources, and labor required to facilitate the process among so many providers.

Respondents also shared a wide range of suggestions on how from their perspective CEA could be improved. Many speak to the prioritization and referral processes, but some also speak to increased or additional roles that CEA staff could play, in terms of facilitating communication with clients and between providers. A selection of these suggestions is included on the next page.

HOW COULD THE CEA PROCESS BE IMPROVED?

“Streamline to process and **assign an actual individual staff person as point of contact once a homeless individual has been assessed and entered into Clarity. Stop allowing housing providers deny individuals for no reason being fear that they are too challenging to serve.**”

“CEA staff should have **more authority to hold providers accountable** to taking the next eligible person. External Fills should be discontinued, and providers should be accountable to filling their units in coordination with CEA team”

“It might be helpful to have a **'stand-by' priority pool** of individuals who will soon be released onto the pool, and to **assign them to case managers or staff** who can engage them and collect additional information. Also, it would be beneficial to collect more information on clients up front (e.g., housing preferences).”

“I would like the opportunity to **externally fill during case conference**. Also, we absolutely **NEED a master list of contact information for all of the housing providers.**”

“Individuals experiencing homelessness need to have a **place (person) to call** or go to find out the status of **where they are on the list.**”

“Remove rule that external fills can’t get mobility requests, **develop pathways from YYA services to single adult services through CEA**, reduce days needed for external fills, **collect and provide homeless verifications and income verification** to providers as part of referrals.”

“Resources should be more culturally appropriate with a variety of levels of support—**all resources should not be seen clinical, some should be more about community and housing stability** that the market-oriented landlord won't provide. Need resources for medically frail.”

“Better training and expectations of housing navigators/case managers. **Housing Navigators need to be tied to housing providers in order to understand and be accountable to their clients AND the housing providers.**”

“Reconsider **priority pool process** and include **more navigator input** in the process. Allow **multiple referral for a single bed**. Make time for an **external fill session during case conference.**”

“Opening up the Priority Pool to **serve other households that RRH might work well for** (possibly through external fills) and reserve limited PH resources for the most vulnerable on the PP list. This might help the PP list turn over more frequently. For equity consider **bringing the approved Mobility Transfers to case conferencing** so that these households who in good faith have tried RRH will be considered for a PH unit. Tie breaking would still occur to determine referral to the resource. It would be **great if somehow the Housing Authorities could become involved and be able to offer Section 8 vouchers to those families who have tried RRH and will struggle and/or lose housing when program subsidy ends**, potentially with an eviction and/or housing debt added on. These vouchers could be part of the Mobility Request Transfer offerings.”

Conclusion

Coordinated Entry for All is an incredibly complex system that works to facilitate collaboration across dozens of agencies for thousands of households. Through its workgroups, case conferencing sessions, and trainings, CEA is tasked with forming connections across the Seattle/King County Homeless Response System. At the same time, CEA has limited authority and agency when it comes to how much housing there is, who is ultimately enrolled in housing programs, and what households' ultimate housing outcomes are. Funders and providers are ultimately responsible for the structure and resource environment in which CEA operates and have a major impact on the outcomes that it can achieve. For those areas that it does influence, it is important that CEA operate as well as possible.

Housing Resources

Many of the challenges of CEA are a byproduct of the mismatch between housing needs – both in terms of scale and type – and available housing resources within the Seattle/King County region. Because of housing resource gaps, CEA's priority pool has been rightsized to the average number of vacant housing units available for referral over the next 60 days. This limits the number of prioritized households being actively matched to resources to roughly 260 households, which is only a fraction of the number of literally homeless households being served by our homeless crisis response system at any given moment. **Any refinements to the CEA process will have a minimal impact on the scale of homelessness in King County until the issue of accessible, affordable, and appropriate housing is addressed.**

In an ideal situation, the supply of housing would be rightsized to the need within our community. Years of process and data quality improvements have positioned CEA well to be scaled with attainable staffing expansions. **The real, urgent need is to use insights from the evaluation about housing resource gaps to work as a community to rapidly and sustainably close these gaps,** particularly for the large number of single adults experiencing chronic homelessness.

Effectiveness

CEA does a strong job in its commitment to racial equity, as demonstrated by the fact that the levels of racial disproportionality decrease through the stages of CEA. Additionally, through case conferencing and other CEA convened spaces, CEA helps to encourage connections and collaboration across agencies throughout the community.

The greatest opportunity for improvement within CEA is in the prioritization process. The existing prioritization process, which relies heavily on scores from the VI-SPDAT assessment, is a frequently cited pain point in the CEA process. It is the stage of CEA in which there is the highest level of racial disparity. It is also the most common complaint from stakeholders in the community. Given the already extensive body of work that CEA is responsible for, it is unreasonable to expect a new tool and prioritization method to be developed effectively without additional investment in the system. **The Seattle/King County CoC should commit significant resources, both financially and in terms of staff time and capacity, to finding or developing a new assessment tool and prioritization method.** Alternatively, given that this problem expands to communities beyond Seattle/King County and that assessment is a HUD mandated stage of coordinated entry systems, the CoC could encourage federal partners to develop or endorse validated assessment tool options.

Efficiency

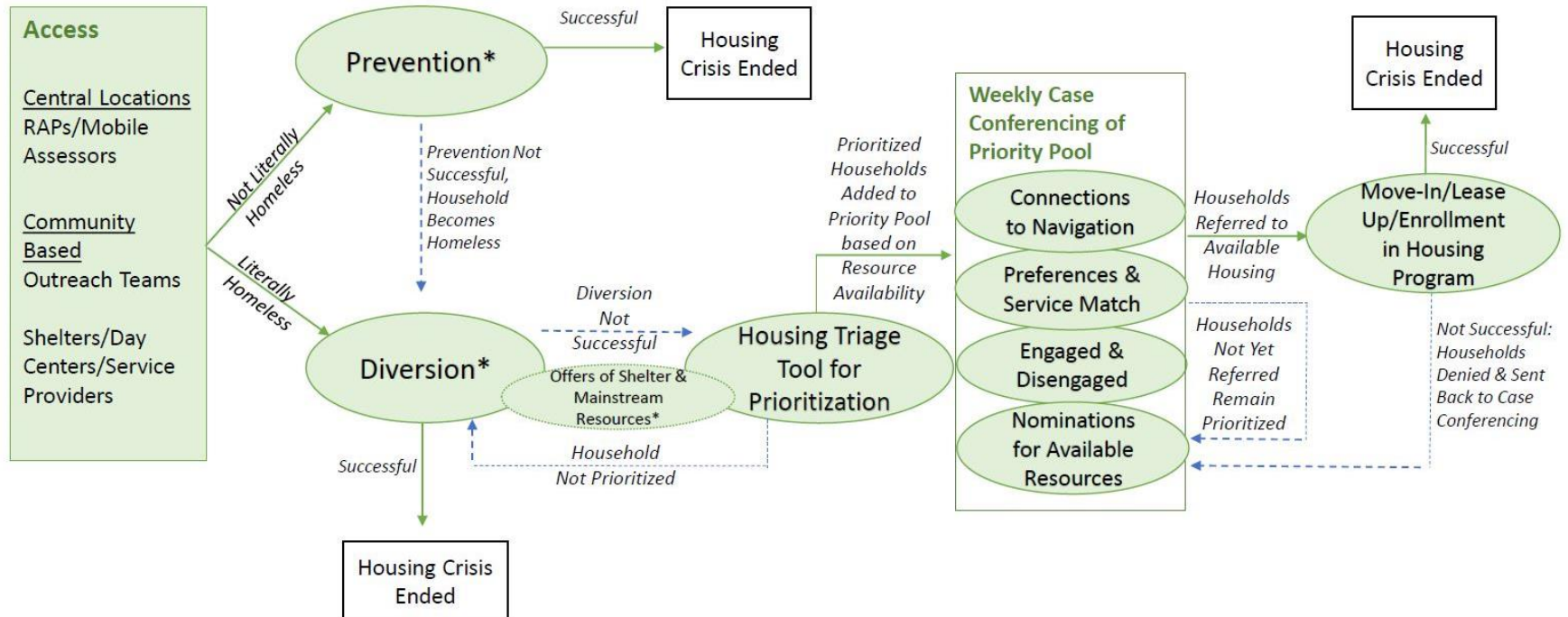
The frequency of denials, large number of external fills, and length of the CEA process are challenges in terms of efficiency. Progress in these areas is significantly constrained by the availability of housing resources and the

activities of funders and providers. Still, **CEA should consider new policies and guidance for when an agency may deny a referral for no contact, and they should explore new prioritization pathways to ensure that the priority pool has enough diversity of households to be a strong fit for the diverse types of resources in the community.** At the same time, providers should be held accountable to working in partnership with CEA, which includes timely posting of units in HMIS so that they can be made available during case conferencing and only denying referrals in alignment with funder-defined eligibility rather than other considerations.

Looking Forward

As the community and CEA continue to adapt to COVID-19, CEA will have to remain operationally nimble while keeping an eye toward its future as a part of the King County Regional Homelessness Authority. CEA of 2020 and 2021 will look very different from the one of 2019. **Through all the changes CEA is facing, its goals of helping the most vulnerable members of the community obtain housing while eliminating disparities in the experience of homelessness should hold steady.**

Appendix A: CEA Process Map



* Not overseen by CEA, but supported by and for the CEA process.

Appendix B: CEA Prioritization History

CEA Prioritization History

SUMMER 2016	Coordinated Entry for All launches.
SUMMER 2017 – FALL 2017	Homeless service providers raise concerns regarding racial equity of the VI-SPDAT. Providers noted that clients being referred to them skewed white, male, and young.
WINTER 2017	Race & ethnicity data analysis for Single Adult VI-SPDAT scores performed by King County DCHS demonstrates disparities for Black/African American individuals.
SPRING 2018	CEA Policy Advisory Committee establishes CEA Racial benchmarks – goals for who should be prioritized and referred to housing – based on the demographics of those experiencing homelessness in the community.
SUMMER 2018	CEA Team begins development meetings for new prioritization tool. It becomes evident that additional resources are required, in particular subject matter experts on tool development who could validate its use as a prioritization tool.
FALL 2018	In lieu of new prioritization tool, Interim Prioritization (IP) is developed, approved, and launched. IP refers to the process of using and assessing new prioritization formulas based off of existing data, in addition to a household's VI-SPDAT score, to address noted racial disparities in who is prioritized for CEA resources while a new assessment tool is found or developed.
	IP Single Adult formula proposed.
WINTER 2018	IP Single Adult formula implemented.
	IP Young Adult and Family formulas proposed and implemented.
SUMMER 2019	Analysis showed that IP Single Adult formula was not achieving progress toward racial benchmarks. Reverted to original formula.
WINTER 2019	Seattle Foundation Communities of Opportunity grant application submitted to fund assessment tool development, but application was not selected for award.

Interim Prioritization Formulas

POPULATION	PRIORITIZATION FACTORS	WEIGHT
SINGLE ADULT	VI-SPDAT Score	50%
	Homeless 2+ years	25%
	Homeless 5+ times	25%
YOUTH/YOUNG ADULT	VI-Y-SPDAT Score	50%
	Homeless 1+ year(s)	33.33%
	History of Foster Care	16.67%
FAMILY	VI-F-SPDAT Score	50%
	Older child helps with childcare	12.5%
	Unsupervised children aged 12 or under	12.5%
	History of foster care	12.5%
	Pregnant household member	12.5%

Additional information about Interim Prioritization can be found at: <https://www.kingcounty.gov/depts/community-human-services/housing/services/homeless-housing/coordinated-entry/Interim%20Prioritization%20FAQ%20For%20Providers.aspx>

Appendix C: Evaluation Data Source Matrix

Key Informant Interviews, Client Focus Groups, and Client Survey were all canceled due to the COVID-19 pandemic. Research questions that relied on these data resources were modified or removed from the evaluation and are shaded in gray below.

	HMIS / CEA Records	Key Informant Interviews (Modified due to COVID-19)	Case Conferencing Survey	Agency Survey	Client Focus Groups (Modified due to COVID-19)	Client Survey (Modified due to COVID-19)
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 D: Detailed Evaluation Activities

Case Conferencing Participant Survey

Purpose/Aims

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

Sample

The survey was 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 was closed to responses one month after it was sent out.

Methods

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

Timing and Logistics

Surveys were 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 explained the purpose of the survey and handed out paper surveys to those who were present in the room to fill out. A digital version of the same survey was emailed at that time to all of those who were on the email for that case conferencing, including an explanation of the purpose of the survey as well as its intended audience.

Surveys were administered in the second and third weeks of December to account for scheduling differences between the population types.¹³

Agency Survey

Purpose/Aims

The agency survey helped determine what can be improved about the referral process to improve efficiency and effectiveness.

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 were emailed a link to the survey.

Methods

Surveys were 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 were pre-tested on PAC and SPC members who would otherwise be eligible to take the survey using cognitive interviewing methods.

¹³ 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.

Timing and Logistics

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

Appendix E: Agency and Case Conferencing Survey Results

Agency Survey Results (n=43)

Average Responses 4=Strongly Agree, 1=Strongly Disagree

Collaboration & Equity	
CEA Staff do a good job of promoting equity and social justice in their work.	3.0
Participating in CEA has helped my agency to collaborate with other providers in the area.	2.5
The CEA process does a good job of promoting equity and social justice in the homeless response system.	2.1
Knowledge/Transparency of CEA	
It's easy to communicate my agency's program availability to the CEA staff.	3.2
My staff have the information and tools needed to help clients get assessed for CEA	3.2
It's easy to communicate my agency's program eligibility requirements to the CEA staff.	3.1
My staff and I understand what factors influence prioritization for housing through CEA.	2.9
My staff have the information and tools needed to explain CEA to clients.	2.9
Prioritization	
Prioritized household are too vulnerable to be successful in our services.	3.1
Households placed through external fill are a better match for our resources than households placed through CEA.	3.1
The CEA referral process does a good job of connecting prioritized household to projects and services that they are eligible for.	2.4
The CEA referral process does a good job of connecting prioritized households to projects and services that they need.	2.1
Prioritized households aren't vulnerable enough to make efficient use of our services.	1.6
Timing & Workload	
It takes too long to fill an opening through CEA.	3.3
The amount of data entry required to participate in CEA is reasonable.	2.9
Attending case conferencing is a good use of my staff's time.	2.4

Case Conferencing Participant Survey Results (n=78)

Average Responses 4=Strongly Agree, 1=Strongly Disagree

Collaboration & Equity	
My knowledge of my client is well respected by other case conferencing participants.	3.4
Participating in CEA has helped me to collaborate and communicate with other providers in the area.	3.4
There are ways for me to express my concerns about CEA when I feel that things aren't going well.	3.3
CEA staff do a good job of promoting equity and social justice in their work.	3.2
At case conferencing, I feel like I am competing against the other providers for resources.	2.9
Knowledge/Transparency of CEA	
When I am working with a new client, I know how to get them assessed for CEA.	3.6
I can easily tell if CEA has prioritized one of my clients for housing.	3.0
I understand what factors influence prioritization for housing through CEA.	3.0
I can easily find and understand the eligibility requirements for the resources that are available at case conferencing.	2.7
Prioritization	
Prioritized households are too vulnerable to be successful in the services that are regularly available.	2.9
The tie breakers that we use in case conferencing are fair.	2.8
Case conferencing does a good job of connecting households to programs and services that they need.	2.7
Prioritized households aren't vulnerable enough to make efficient use of the services that are regularly available.	2.2
Timing & Workload	
The amount of data entry required to participate in CEA is reasonable.	3.0
Case conferencing takes a reasonable amount of time relative to my other work responsibilities.	3.0
My client and I quickly find out about the outcome of referrals made through case conferencing.	2.8
Agencies do a good job letting CEA know about newly available resources in a timely manner.	2.6