Homelessness and Shelter in Milwaukee County:
An Evaluation of the IMPACT 2-1-1 Hotline

“Make your shelter the best that it can be for the people you serve.”

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Families comprise of nearly 40% of those in emergency shelters across the United States. Homelessness is an issue with a large public health impact. Chronic illness is reported more often among this population than in housed populations and homeless are at risk for premature mortality. In addition, children suffer from poor development, low academic achievement and are often victim to abuse. In order to serve the most vulnerable homeless populations, the United States Department of Housing and Urban Development (HUD) along with the State of Wisconsin, have mandated all Continuum of Care (CoC) shelters implemented a coordinated entry intake system. This system requires the use of a vulnerability scale in which families are screened based on a series of questions and assigned a score to determine their eligibility for services. IMPACT 2-1-1, a resource hotline is the central access point for all calls regarding homeless shelter requests for three emergency shelters in Milwaukee County. This evaluation attempts to assess the impact of coordinated entry for homeless families since October 2013, on emergency shelters and IMPACT 2-1-1. In addition, the evaluation provides conclusions and recommendations for programmatic and system improvement.
INTRODUCTION

In order to receive federal funding, Continuum of Care (CoC) emergency shelters have implemented a new system of service provision to homeless families under the United States Department of Housing and Urban Development (HUD) 2012 ESG/CoC Regulations and the State of Wisconsin’s 2013-14 Standards. There are currently five emergency shelters in Milwaukee County that provide shelter services to homeless families, yet only three have begun the transition to coordinated entry. The move to coordinated entry was only implemented by three shelters as they currently receive federal funding. The three shelters that currently serve under HUD regulations include Cathedral Center, the Milwaukee Women’s Center and the Salvation Army Emergency Lodge. While Joy House and Casa Maria, the other two shelters that provide services to families, are not under these mandates, they may later implement coordinated entry, but may not be under the same systematic guidelines as they are not under the supervision of HUD.

Program Evaluation Purpose

IMPACT’s 2-1-1 hotline became the central access point for all calls regarding emergency shelter access for homeless families for three emergency shelters in Milwaukee County in October 2013. This newly implemented system of service is called coordinated entry. Coordinated entry is a systematic method employed by service providers to ensure that the most vulnerable homeless populations are served in a streamlined fashion. Rather than serving on a first come first served basis, IMPACT 2-1-1 and local emergency shelters work in coordination to ensure that shelter beds are first filled by the most vulnerable of the homeless, including those who are most vulnerable to the elements, crime and street violence and those suffering from chronic illness.
Homeless families were the first population in which coordinated entry was implemented and has since been followed by single women. Single men are among the subpopulations to follow in subsequent months. This program evaluation was conducted to determine if an impact had been made on the systems that serve homeless families (e.g. emergency shelter personnel, funding, shelter space) since coordinated entry has been put in place. The goals of the program evaluation were to determine if coordinated entry was effective in Milwaukee County, especially looking forward as coordinated entry is implemented for other homeless subpopulations. Primary questions the evaluation set out to answer include:

1. Why did Milwaukee County implement coordinated entry?
2. What is the purpose of a coordinated entry system?
3. What have been the intended and unintended outcomes of implementing coordinated entry?
4. How will service providers know that a positive impact has been made in the community, or that coordinated entry has been effective?

Recommendations will be made based on the key findings of the evaluation as well as suggestions made by key informants.

**Defining Homelessness**

There are several definitions of homelessness, but for the purpose of this paper, we will use the definition provided by the United States Department of Housing and Urban Development (HUD). According to HUD, homelessness is defined in the following ways: (National Alliance to End Homelessness, 2012):

- People who are living in a place not meant for human habitation, in emergency shelter, in transitional housing, or are exiting an institution where they temporarily resided.
- People who are …being displaced within 7 days to be considered homeless.
- Families with children or unaccompanied youth who are unstably housed and likely to continue in that state.
- People who are fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing.

The above definition is what Continuum of Care shelters must follow in order to receive funding from HUD. Each of the shelters discussed in this paper are mandated under HUD guidelines.

Homelessness and Health

Rates of homelessness have been steadily inclining in Wisconsin since 2008. In recent years, there has been a more gradual rise in homeless families throughout Wisconsin. While the majority of homeless are white, homelessness disproportionately affects African Americans (Division of Housing, 2012). Nearly 40% of people in emergency shelters are families throughout the United States (Division of Housing, 2012). According to the 2011 Point in Time Report, approximately 1,400 homeless men, women and children were counted in one day in Milwaukee (Milwaukee Continuum of Care, 2011). The issue of homelessness is one which affects the entire community and is important to study as it affects such a large portion of the population both nationally and locally.

Homelessness is linked to many poor health outcomes. There are many individuals who are homeless as a result of having poor health. Living with chronic illness that is difficult to manage may result in loss of employment and housing and ultimately result in homelessness. Others become very ill as a result of homelessness (National Coalition for the Homeless, 2009). Living on the streets leaves people vulnerable to extreme temperatures, violence and assault that often result in poor health outcomes. According to the National Health Care for Homeless
Council, “Homeless people are three to six times more likely to become ill than housed people” (National Health Care for Homeless Council, 2008; National Coalition for the Homeless, 2009). Schanzer et al. report that, “Homeless patients are admitted to inpatient units 5 times more often and have average lengths of stay that are longer than those of nonhomeless persons.” (Schanzer et al., 2007). In addition to greater risk of illness, most homeless are uninsured and unable to seek health care and never seek the medical treatment needed. Furthermore, the homeless are at a higher likelihood of premature mortality (Henwood et al., 2013).

There are many common health problems that affect homeless populations. Those problems include: mental health problems, substance use problems, respiratory issues such as bronchitis, pneumonia and obstructive lung disease, wound and skin infections (MedlinePlus, 2013; Schanzer et al, 2007). According to Schanzer et al., “Nearly 40% of homeless individuals are reported to have some type of chronic health problem” (Schanzer et al., 2007). Families are especially vulnerable to certain health outcomes, including mental health problems and substance use. According to The National Center on Family Homelessness, “They [homeless mothers] have three times the rate of PTSD (Post Traumatic Stress Disorder) (36%) and twice the rate of drug and alcohol dependence (41%)” (The National Center on Family Homelessness, 2013). This is important, as over half of homeless families in the United States are female-headed and many are homeless due to intimate partner violence (The National Center on Family Homelessness, 2013).

Studies have also found that homeless children are “3 times more likely to have severe health problems than children with homes” (Council of Community Pediatrics, 2013). Specific health problems experienced by homeless children include asthma, diarrhea, lice, gastrointestinal diseases, emotional distress, developmental delays and malnutrition. Homeless children are especially vulnerable to exposure to violence and abuse (Council of Community Pediatrics,
Additionally, homeless children have been found to exhibit poor academic performance, problems with speech development and decreased literacy due to absenteeism (Fantuzzo et al, 2012; Council of Community Pediatrics, 2013). This in turn, may affect future socioeconomic status of the child and lead to homelessness in adulthood.

Introduction to the IMPACT 2-1-1 Hotline

IMPACT is a 501(c) 3 organization that provides services to the residents of Milwaukee County. One of IMPACT’s services is the 2-1-1 helpline/online resource directory which is free and confidential and provides support for Milwaukee County residents 24 hours a day (Planning Council, 2012). Anyone may call to inquire about resources such as food pantries, rental assistance, childcare and emergency shelter.

Since 2003, IMPACT 2-1-1 has taken more than one million calls and responds to over 100,000 calls each year (Planning Council, 2012). IMPACT found that one of their most frequent requests annually, is for basic needs, including emergency shelter. Homelessness continues to be a growing problem in Milwaukee County and IMPACT 2-1-1, in addition to several other community partners, recognized a need to implement new strategies to address the issue. Under the auspices of HUD and the State of Wisconsin, IMPACT 2-1-1 worked collectively with several community partners to implement a coordinated entry system, in which IMPACT’s 2-1-1 hotline became the central access point for all calls regarding emergency shelter access for homeless families for three emergency shelters in Milwaukee County beginning in October 2013. Implementing the coordinated entry system was meant to help safeguard that Continuum of Care (CoC) shelters keep their doors open to the homeless by securing federal funding from HUD. Further, the coordinated entry system is meant to allow services providers to more respectfully serve the most vulnerable people in the quickest and most
efficient manner. Rather than serving on a first come, first served basis, IMPACT 2-1-1 and shelters work in coordination to ensure those most vulnerable to the elements, street violence and those suffering from chronic illness fill shelter beds first.

**Coordinated Entry**

In Milwaukee County, stakeholders recognized that highly vulnerable populations were not receiving timely access to the services they most needed and began to develop a plan of action by bringing together the Prevention and Emergency services work group. Throughout the following months, the group was commissioned with the task to conduct rigorous research and data analysis in order to find the best way to serve those most vulnerable. Others involved throughout this process include: the Mental Health, Substance Abuse and Support Services work group, Economic Support and Employment work group, and the Permanent Housing work group. Lastly, the Milwaukee Continuum of Care was named as the lead sponsoring entity. In 2010, the Milwaukee Continuum of Care released the *10-Year Plan to End Homelessness*; written documentation of the research, data analysis and models that various working groups and other community affiliates had developed to address the growing problem of homelessness.

Coordinated entry in Milwaukee first emerged from this plan.

Coordinated entry is a process meant to provide service more quickly and efficiently. It is a centralized intake system that uses a vulnerability index or scale, also referred to as an “assessment tool” in order to determine the next steps on where to refer someone looking for emergency shelter. The assessment tool ensures that the most vulnerable homeless receive access to shelter first. According to the National Alliance to End Homelessness, “By centralizing intake and program admissions decisions, a coordinated entry process makes it more likely that families will be served by the right intervention more quickly. In a coordinated system, each system entry
point ("front door") uses the same assessment tool and makes decisions on which programs families are referred to based on a comprehensive understanding of each program’s specific requirements, target population, and available beds and services” (United States Interagency Council on Homelessness, 2011). Implementing a coordinated intake system helps to ensure that families receive direct service sooner rather than later without having to search for shelters that may not be able to serve them. Coordinated entry systems that help streamline the process may help shelter services operate more smoothly while also providing a better quality of service to those in need.

The vulnerability index is one of the most significant components of the coordinated entry process. Coordinated entry using a vulnerability index is identified as an evidence-based model to address homelessness. IMPACT 2-1-1 has implemented a vulnerability index (see Appendix A) based on the scale created by Dr. Jim O’Connell (United States Interagency Council on Homelessness, 2014). According to the 100,000 Homes Campaign, “The Vulnerability Index is a tool to identify and prioritize the street homeless population for housing according to the fragility of their health. It is a practical application of research into the causes of death of homeless individuals living on the street conducted by Boston’s Healthcare for the Homeless organization, led by Dr. Jim O’Connell and Dr. Stephen Hwang” (100,000 Homes Campaign, 2014). Using a vulnerability index allows communities to better identify those most in need of shelter services in addition to identifying other existing needs such as mental health services and access to medical care. In order to gauge the effectiveness of the vulnerability index, shelters should see an increase in the number of most vulnerable homeless within their shelters.
METHODS

ReferNET Database

IMPACT’s 2-1-1 hotline keeps records of all incoming calls in the ReferNET database. This database is used by all 2-1-1 hotlines in Wisconsin and several throughout the United States and is standardized. For the purposes of this evaluation, reports were run to capture data including the most common vulnerability score assigned to families after the implementation of coordinated entry. Additional reports of average reported family income were run in addition to a comparison of total met versus unmet shelter need requests for families between two different time periods. For the purposes of this evaluation, total calls for family shelter and met versus unmet needs were looked at for October 2012 – March 2013 and October 2013 – March 2014. The first time period was exactly one year before coordinated entry was implemented.

The data collected from the ReferNET database was put into Excel for the purposes of data clean up and to create tables. Additional descriptive statistics were pulled from the data. In addition to acquiring this data, an analysis of the utility and integrity of the database was also assessed, based on how data was captured and coded overall.

Key Informant Interviews

Interviews were conducted with four emergency shelter workers from The Milwaukee Women’s Center, the Cathedral Center and the Salvation Army Emergency Lodge. Three additional interviews were conducted with a United Way of Greater Milwaukee employee and an employee of IMPACT 2-1-1 from March 13, 2014 – April 17, 2014. The interviews were used to provide internal perspectives of the impact of coordinated entry on the shelter system. Shelter workers were asked about the potential effects that coordinated entry has had on their day-to-day shelter activities and provision of services to homeless families since IMPACT 2-1-1 shifted to
coordinated entry in October 2013. A comprehensive list of interview questions may be found in appendices B and C.

All interviews were conducted by the PI at locations designated by the interviewees. Each participant was asked to sign an informed consent form and given a copy for their records. All interviews were confidential and notes were recorded by hand. Coding of all qualitative data collected was done manually.

**FINDINGS**

*ReferNET Database*

**Figure 1. Total Vulnerability Index Score from October 1, 2013 – March 31, 2014 (n=1,029)**

The above data includes families served in Milwaukee County from October 1, 2013 – March 31, 2014. Two families were excluded due to missing data. Source: ReferNET Database, licensed by IMPACT 2-1-1, 2014

According to the chart above, the majority of families who requested shelter services from October 1, 2013 – March 31, 2014 scored a 6 or higher on the vulnerability index. This
means those families are eligible for shelter services. According to the vulnerability index, IMPACT 2-1-1 automatically adds families with a score of 6 or higher to the Coordinated Entry waiting list. There is no cut-off maximum score and scores as high as 25 have been reported. An analysis of reported income during this same time period also found that the majority of families who called for shelter services reported having no income or an income of $600-$700 per month. A common source of income reported was state assisted income or W2 and social security.

Another significant finding within the ReferNET data was the change in met versus unmet shelter needs for families between October 2012 – March 2013 and October 2013 – March 2014. According to the data, overall calls requesting family shelter increased since the implementation of coordinated entry for families. More notably though, total unmet shelter needs increased by more than 1,500. Unmet shelter needs suggests that a family called to inquire about placement in a shelter and IMPACT 2-1-1 was unable to make a match.

Overall the number of total calls between the two time periods used in this comparison was fewer than 600. According to one IMPACT 2-1-1 employee, the significant increase in unmet shelter needs after the implementation of coordinated entry may be explained by the ability of IMPACT 2-1-1 to engage in better tracking. Previously, IMPACT had no way to track available shelter beds and further, if...
their referrals to shelters had been filled. Since the implementation of coordinated entry, IMPACT 2-1-1 is now able to track open bed availability between the three CoC shelters. In addition, they are better able to track whether a family makes it to the referred shelter and record if that referral has been “met.” The ability to keep better records of these needs is important for several reasons as noted by IMPACT 2-1-1 staff and other key informants. For instance, prior to coordinated entry, shelters struggled in tracking their own outcomes. Each had their own system of monitoring, but since the data is in a central location and is collected for all three shelters, it is better representative of the needs of homeless families across the county. In addition to the strength of centralized data collection, the ability to track total met and unmet needs is important for the future of shelter longevity and their ability to provide services. An increase in total unmet needs is an important implication for future funding opportunities and for opportunities for shelters to expand their services. If unmet shelter needs have decreased, HUD may be inclined to decrease federal funding for CoC shelters. The data found here suggests there may be a need for more shelter services, which may simply mean an 18-hour shelter expands their services to 24-hours.

While the strength of the data which IMPACT 2-1-1 is collecting will be of great value to service providers and to HUD, there are some observations that were made through the analysis of the ReferNET database. The database is a widely used standardized data collection site, but some problematic areas were identified. Disjointed coding was the largest issue presented in the database. In many cases there was a lack of unified coding which allowed for human error. This made pulling data particularly difficult in some instances, unless the person running reports had a great deal of background knowledge and was familiar with navigating the database. Important to also note was the transparency with which IMPACT 2-1-1 employees spoke about this problem.
IMPACT 2-1-1 staff was particularly helpful in explaining data outputs and the reasons for which coding was lacking consistency, all of which are areas in which IMPACT 2-1-1 will work to address in the future.

**Key Informant Interviews**

Key informant interviews provided a unique perspective into the interworking’s and dynamics of the coordinated entry system in Milwaukee County. Among those interviewed, the number of years of experience working with the homeless population in Milwaukee ranged from 2 to 30 years. All of the informants had at least one year of involvement working in coordinated entry.

While there are numerous reasons families find themselves homeless, the key informants most notably pointed to lack of secure income as one of the main contributors of family homelessness. Further, more than one informant noted that lack of permanent safe housing was a major contributing factor, especially when it comes to rates of recidivism. Emergency shelter is meant to sustain a family for a short time, but they tend to stay longer than the average single homeless person as shelter staff work to aid in rehousing those families. Often times, a history of evictions restrict families from finding permanent housing which further delays the process. Permanent housing is a long-term goal for many of those providing shelter services, but staff has been unable to do so without a well-established housing program for families. Often times there are many additional barriers that keep families from entering into permanent housing including their history of evictions and lack of secure income. Other contributing factors to homelessness for families include lack of education, stability of the nuclear family, substance use, poor mental health and history of trauma including sexual abuse within families.
While opinions may have varied in regard to each person’s respective roles, each informant provided insight into the purposes of implementing coordinated entry. One informant noted, “Coordinated entry gives us pathways to understand why these individuals are homeless. Gives us a chance to ask why; why have families been through the system so many times? It also allows us to sharpen how we see those who are homeless.” This informant spoke about families lacking capacity and tools to maintain safe affordable housing. Coordinated entry should help inform service providers and identify barriers that homeless families encounter. It should also help provide a picture of understanding why families become homeless and why service providers may see families more than once.

As service providers, it was important to for key informants to address the issue of homeless families “falling through the cracks.” One informant stated the following as the purpose of implementing coordinated entry, “Serve people more respectfully; not first come first serve, but most in need. It was so disjointed. Every shelter is just trying their best. We need to make sure folks are getting support and not just dropping off.” Serving people with respect and dignity was a theme that came up for many of the key informants. Despite coordinated entry being a mandatory regulation of HUD and the State of Wisconsin, there was a sense of cultural humility that shaped the ways in which each service provider talked about implementing coordinated entry. Rather than just streamlining services for homeless, it was important that the homeless populations served were seen as worthy individuals that deserved the services they received and they weren’t simply “falling through the cracks.”

Key informants were asked to speak about both the intended and unintended consequences of coordinated entry. A resounding theme among informants regarding a challenging outcome or unintended consequence of coordinated entry was the increased number
of no shows and no calls each shelter was receiving. This often meant that a bed would go unfilled. Under coordinated entry, a family may call into 2-1-1 at which point they are asked questions via the vulnerability scale. IMPACT 2-1-1 staff will place that family in one of the three shelters based on the family’s vulnerability and as well as the shelter’s vacancy and ability to best serve the family based on size and possible existing medical conditions. It was revealed that, in the time it takes IMPACT 2-1-1 staff to make a referral to a shelter, contact with a family may be lost. Within that time, a family may secure shelter elsewhere and essentially “fall through the cracks” as staff is unable to reach them later to place them in shelter. At that point, a shelter has been designated and saved a bed or beds for the family they are expecting and are not able to give it to another family without a referral from 2-1-1. In addition to this, shelters have found that families may decide not to come into shelter if they do not provide 24-hour services. For example, a young mother with an infant may not accept an available room in the middle of winter if she is required to leave shelter the following morning and will not be allowed to return until evening. This is particularly problematic during harsh winters and for those who are immobile and/or elderly or have very young children who are especially vulnerable.

Overall, consensus among informants was that coordinated entry is good for the community when the most vulnerable homeless are being served. When asked about the impact of coordinated entry and how it could be measured or what was defined as “effective,” the key informants gave different answers, but all had an overarching theme. In order to gauge if coordinated entry is effective in Milwaukee County, “we should see the most vulnerable populations in emergency shelters,” stated one informant. In addition, “There should be a fewer number of homeless people total sleeping on the streets.” Further, IMPACT’s 2-1-1 data should begin to indicate service gaps such as met vs. unmet needs, no calls/no shows, potential lack of
permanent housing resources or rental assistance. In turn, service providers may be able to take steps to begin addressing these service gaps.

**DISCUSSION & RECOMMENDATIONS**

Homelessness is a challenging issue to address across communities. There are many unique facets to homelessness that impacts health, academic achievement and overall mortality. This evaluation set out to assess the impact of coordinated entry, a system-wide approach to addressing homelessness in Milwaukee County mandated by the Department of Housing and Urban Development and the State of Wisconsin. While it is difficult to say whether coordinated entry has been “effective” in making a large positive impact on the community in its early stages, much can be learned from talking to service providers and looking at the data collected by IMPACT’s 2-1-1 hotline. The results of the evaluation suggest that coordinated entry is promising and has great potential but its overall impact may better be assessed a year from now, rather than a few short months after its initial implementation.

Key informants seemed particularly interested in talking about the potential of coordinated entry and its purpose for serving the homeless community with respect and dignity. What they also recognized was the value of the vulnerability index in identifying the most at-risk or vulnerable homeless in Milwaukee. Rather than providing services on a first come, first served basis, the vulnerability index allows the system to recognize those most in need and ensure they receive access to services as quickly as possible.

The ReferNET database, operated and maintained by IMPACT 2-1-1, was widely praised by those interviewed. Never before has there been a central database that uses a vulnerability index to track and serve the most in-need homeless in Milwaukee. Previously, each shelter had used its own tracking systems making it difficult to look across trends and services provided by the

American Evaluation Association, Graduate Education Diversity Internship 2013-2014 Cohort
system as a whole. Since the implementation of coordinated entry, ReferNET now tracks all intake calls for the three shelters that have implemented the intake system. Data collected by 2-1-1 may be used in the future to show the great need for resources and the impact of homelessness on the community. This is especially important for shelters looking to expand their services. If one shelter could expand its services from 18 hours to 24 hours, this could greatly impact the likelihood of someone taking a shelter bed versus rejecting that bed.

The evaluation did show that collaboration among community stakeholder is essential to the success of a coordinated entry system. Open dialogue, transparency and support for one another are necessary to move forward and continue to provide services to the most vulnerable homeless in Milwaukee County. While systematic partnership and cooperation will be key indicators for moving forward, there are several recommendations for service providers to consider.

Continuous review of the coordinated entry system is important in order to identify problematic areas. The implementation of coordinated entry has occurred in steps, families first while single women and other subpopulations will follow. In order to guarantee a smooth transition, service providers should identify areas in which there could be improvement as to not delay the process for other homeless populations. It is imperative to address problem areas before moving ahead. In addition to recognizing problematic areas, service providers should also be aware of their successes and work to replicate those throughout the execution of coordinated entry in subsequent populations. As this evaluation is the first of any conducted to assess the impact of coordinated entry and IMPACT’s role, review of the coordinated entry system may easily be done so by continuing to engage in program evaluation and quality assurance. It has been recommended that an evaluator revisit this evaluation a year from now to reexamine the
impact of coordinated entry once it has been implemented with all targeted subpopulations. This is an important consideration due to coordinated entry being in a stage of mere infancy.

While highly valued by service providers, IMPACT’s 2-1-1 ReferNET database should go through a sequence of restoring. There is a need to create a more unified coding system to ensure the data collected is the most valid and reliable data. This is especially important as IMPACT 2-1-1 is now the holder of all data for three CoC shelters and that data will be essential for attaining HUD funding and support in the future. The data is also significant as it provides a snapshot of homelessness in regard to housing needs and services and identifying services gaps.

Lastly, coordinated entry opens up dialogue for many other topics of homelessness in any community. Although this evaluation did not delve into every essential facet of service provision for homeless populations, it would be a disservice to not mention some of the issues that were entangled in the discussions with key informants regarding coordinated entry. As public servants and service providers to some of the most disenfranchised people in the Milwaukee County it was not unnatural that the issues of services for undocumented citizens was mentioned by one key informant and as well as those for registered sex offenders. While coordinated entry is in its most basic level of implementation in Milwaukee County, service providers have not forgotten about these other vulnerable populations for which there are practically no services, which shows there is a desire to serve the most vulnerable and difficult to serve with dignity and respect.
### Appendix A: IMPACT 2-1-1 Vulnerability Index

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**Notes:**
- The IMPACT 2-1-1 Vulnerability Index is a tool used to assess the vulnerability of homeless individuals.
- Each question in the index is assigned a point value, with higher point values indicating greater vulnerability.
- The total score is calculated by summing the points from each question.

**Source:** American Evaluation Association, Graduate Education Diversity Internship 2013-2014 Cohort
Appendix B: Emergency Shelter Interview Questions Version 2

Homelessness and Shelter in Milwaukee County: An Evaluation of the IMPACT 2-1-1 Hotline

Key Informant Interview Questions

Emergency Shelter (Version 2)

Thank you for your willingness to participate in the program evaluation study, Homelessness and Shelter in Milwaukee County: An Evaluation of the IMPACT 2-1-1 Hotline. The purpose of this program evaluation is to measure the impact that coordinated entry has had at the systematic level. We are interested in knowing how agencies at the local level have been changed since the implementation of coordinated entry. Your input is important. Please remember that your participation is completely voluntary. The interview should take no longer than 45 minutes.

We will now begin the interview. Please feel free to stop me at any time if you need clarification.

1. How long have you been working as a shelter worker for [Insert shelter name]?
2. In what year did you begin working with the homeless population of Milwaukee?
3. What would you say is the most common reason (i.e. eviction, loss of income) families become homeless in Milwaukee?
4. What is the average length of stay for a family in your shelter?
5. How many beds does your shelter provide?

In October 2013, IMPACT’s 2-1-1 hotline became the central access point for all calls regarding emergency access for homeless families for three shelters in Milwaukee County.

6. Why did your shelter decide to participate in the coordinated entry system?
7. Who were the stakeholders involved in the decision to implement coordinated entry in Milwaukee County? What has been your agency’s specific role?
8. What was the overall purpose for implementing coordinated entry in Milwaukee Country? Further, what are the perceived benefits?
9. In what ways, if any, has your shelter been impacted by this shift (probe: shelters, utilization of shelter personnel, open beds, financial sustainability)?
   a. Pros?
   b. Cons?
   c. Suggestions for change?
10. Have there been any unintended consequences? If so, what are they?

11. What type of reporting or tracking measures is in place for emergency shelters working with 2-1-1 who have implemented coordinated entry systems for homeless families?

12. At what point would you say that the implementation of a coordinated entry system has been effective or made an impact? Is there a way to measure this?

13. Do you have anything you would like to add that we have not addressed today?

Thank you so much for your time. Please feel free to contact me with any further questions or concerns you may have regarding your participation in this program evaluation study.
Appendix C: United Way of Greater Milwaukee & IMPACT Interview Questions

Thank you for your willingness to participate in the program evaluation study, *Homelessness and Shelter in Milwaukee County: An Evaluation of the IMPACT 2-1-1 Hotline*. The purpose of this program evaluation is to measure the impact that coordinated entry has had at the systematic level. We are interested in knowing how agencies at the local level have been changed since the implementation of coordinated entry. Your input is important. Please remember that your participation is completely voluntary. The interview should take no longer than 45 minutes.

We will now begin the interview. Please feel free to stop me at any time if you need clarification.

1. In what year did you begin working with the homeless population of Milwaukee?
2. What would you say is the most common reason (i.e. eviction, loss of income) families become homeless in Milwaukee?

*In October 2013, IMPACT’s 2-1-1 hotline became the central access point for all calls regarding emergency access for homeless families for three shelters in Milwaukee County.*

3. Who were the stakeholders involved in the decision to implement coordinated entry in Milwaukee County? What has been your agency’s specific role?
4. What was the overall purpose for implementing coordinated entry in Milwaukee Country? Further, what are the perceived benefits?
5. In what ways, if any, have you observed changes at the systematic level (probe: shelters, utilization of shelter personnel, open beds, financial sustainability)?
   a. Pros?
   b. Cons?
   c. Suggestions for change?
6. Have there been any unintended consequences? If so, what are they?
7. What type of reporting or tracking measures is in place for emergency shelters working with 2-1-1 who have implemented coordinated entry systems for homeless families?
8. Why are there currently only 3 shelters that have agreed to adopt this new system?
9. Do emergency shelters receive any financial incentives for adopting coordinated entry?

10. At what point would you say that the implementation of a coordinated entry system has been effective or made an impact (probe: what is the intended outcome)? Is there a way to measure this?

11. Do you have anything you would like to add that we have not addressed today?

Thank you so much for your time. Please feel free to contact me with any further questions or concerns you may have regarding your participation in this program evaluation study.
References


