CaseWorthy™

Success Story

Cutting Coordinated Entry Time in Half and Securing New Funding: Homeless Coalition of Polk County

INDUSTRIES SERVED:
Homeless Services & HMIS

Introduction

The Homeless Coalition of Polk County is the lead agency for Florida's FL-503 Continuum of Care and the lead HMIS administrator for the county. Its ClientTrack instance handles federal HMIS reporting for the CoC and also serves as the day-to-day database for end users and providers across the county, who log services, service projects, and housing-only projects for every client they work with.

The Challenge

Before 2023, Polk County ran on a legacy HMIS. The pain was concentrated in four places:

Intakes were slow. A single coordinated entry intake could run 45 minutes, capping representatives at roughly 8 intakes per day. When 30 inquiries came in on one day, people waited.

Reporting was manual. Pulling the By-Name List took about an hour of exporting to Excel, filtering, and cleaning before anything was usable, and reports outside the built-in HUD set often required custom build work.

Data quality was hard to enforce. Required HMIS elements like gender or Social Security number were easy to skip, and end users on the ground did not always see why those fields mattered for federal compliance.

Clients had to repeat their story. Notes and history did not travel cleanly between providers, so people re-told the same trauma at every door they walked into.

> *"ClientTrack has just been a major improvement, and that's going to be my highlight pretty much of all my case study today. Honestly, I can't express how ClientTrack has really improved our data collection and reporting capabilities.*

— Katrina Panzica
Coordinated Entry Manager and HMIS Manager

The Solution

The Coalition migrated to ClientTrack by CaseWorthy in 2023, with three ClientTrack capabilities in particular doing the heavy lifting:

1. **Workflow-enforced data capture.** Required HMIS fields are built into the workflow, so users cannot skip past them. "Even those little elements that the end user entering may not understand the impact of, in the long run, it's all required information to stay compliant."
2. **Baseline reports out of the box.** Enrollment, services, referrals, and the By-Name List are all pre-built. "I can't even imagine the immense amount of time with me having to build that custom report. I no longer have to. That's already just set in baseline and all providers can utilize those reports."
3. **A single shared database across the CoC.** Providers can see the client's full history rather than starting from zero at every intake.

Results

20 min
coordinated entry intake, from 45

10–15
daily intakes per rep, from 6

15 min
By-Name List pull, from 1 hour

$10k
new diversion grant / year

- ✓ Coordinated Entry Intakes Cut from 45 Minutes to 20
- ✓ Daily Intake Capacity Nearly Doubled
- ✓ By-Name List Reporting Dropped from an Hour to 15 Minutes
- ✓ A New $10,000-per-Year Diversion Grant
- ✓ Exit Workflows That Close the Loop on Outcomes
- ✓ An 18-Month Encampment Response, Documented End-to-End
- ✓ One Story, One Database, Less Retraumatization
- ✓ Auditability Without Finger-Pointing
- ✓ Better Confidence for Case Managers, Faster Case Notes
- ✓ A Bigger, Broader Continuum of Care

IN HER OWN WORDS

Now it takes me probably about 15 minutes to pull the BNL. The answers are already there. Drastic, drastic improvement, honestly, with that process. […] We transformed our database from an outdated system into a streamlined, efficient platform that improves data accuracy and supports better decision making.

— **Katrina Panzica,** Coordinated Entry and HMIS Manager

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