Coordinated Entry: Ensuring access for medically and socially complex patients

The Source for Housing Solutions

CSH

Our Mission

Advancing housing solutions that:

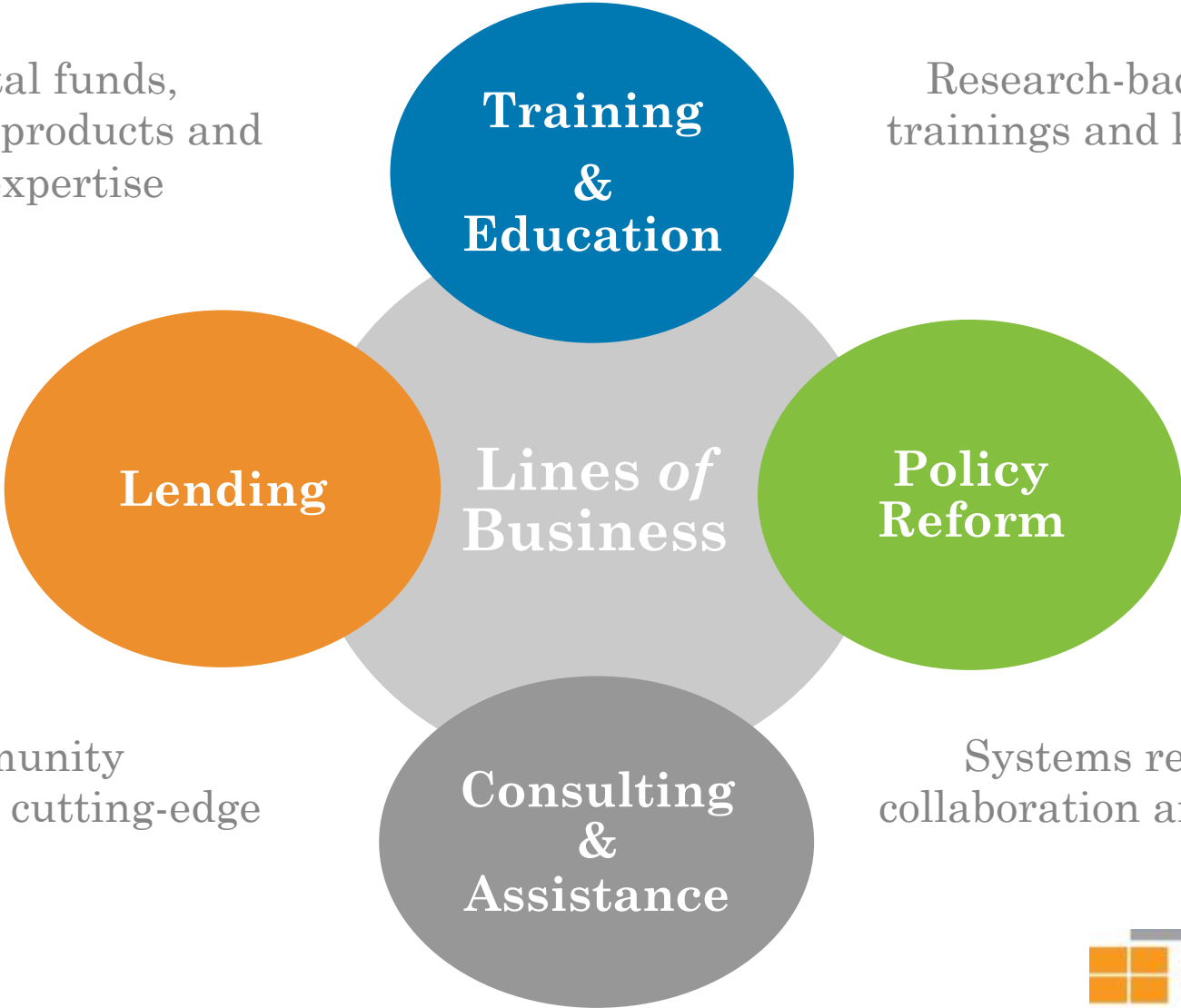| Improve lives of vulnerable people | Maximize public & private resources | Build strong, healthy communities |

What We Do

Training & Education

Lending

Lines *of* Business

Policy Reform

Consulting & Assistance

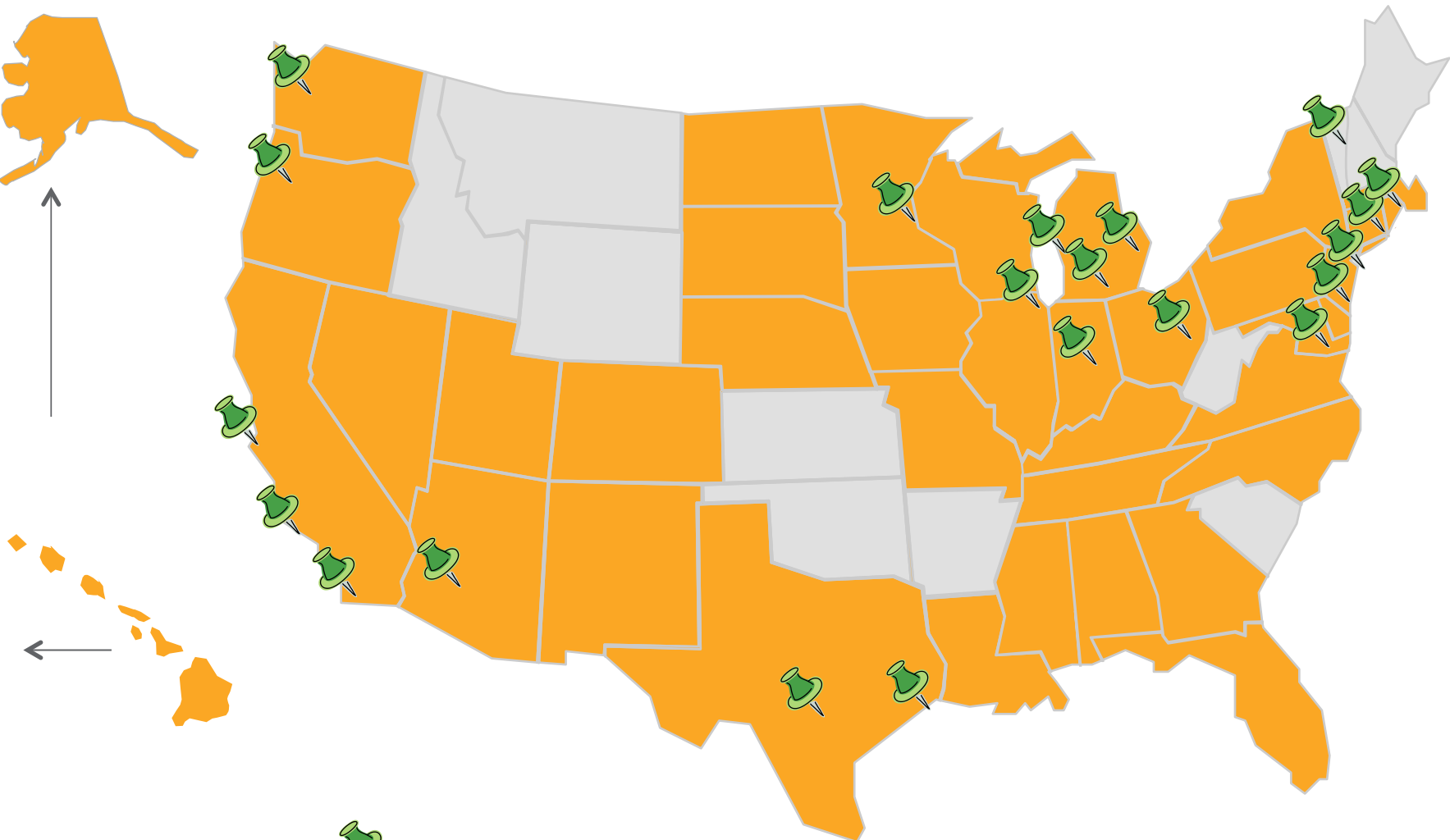Powerful capital funds, specialty loan products and development expertise

Research-backed tools, trainings and knowledge sharing

Custom community planning and cutting-edge innovations

Systems reform, policy collaboration and advocacy

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Building Strong, Healthy Communities

Locations where CSH has staff stationed

Locations where CSH has helped build strong communities

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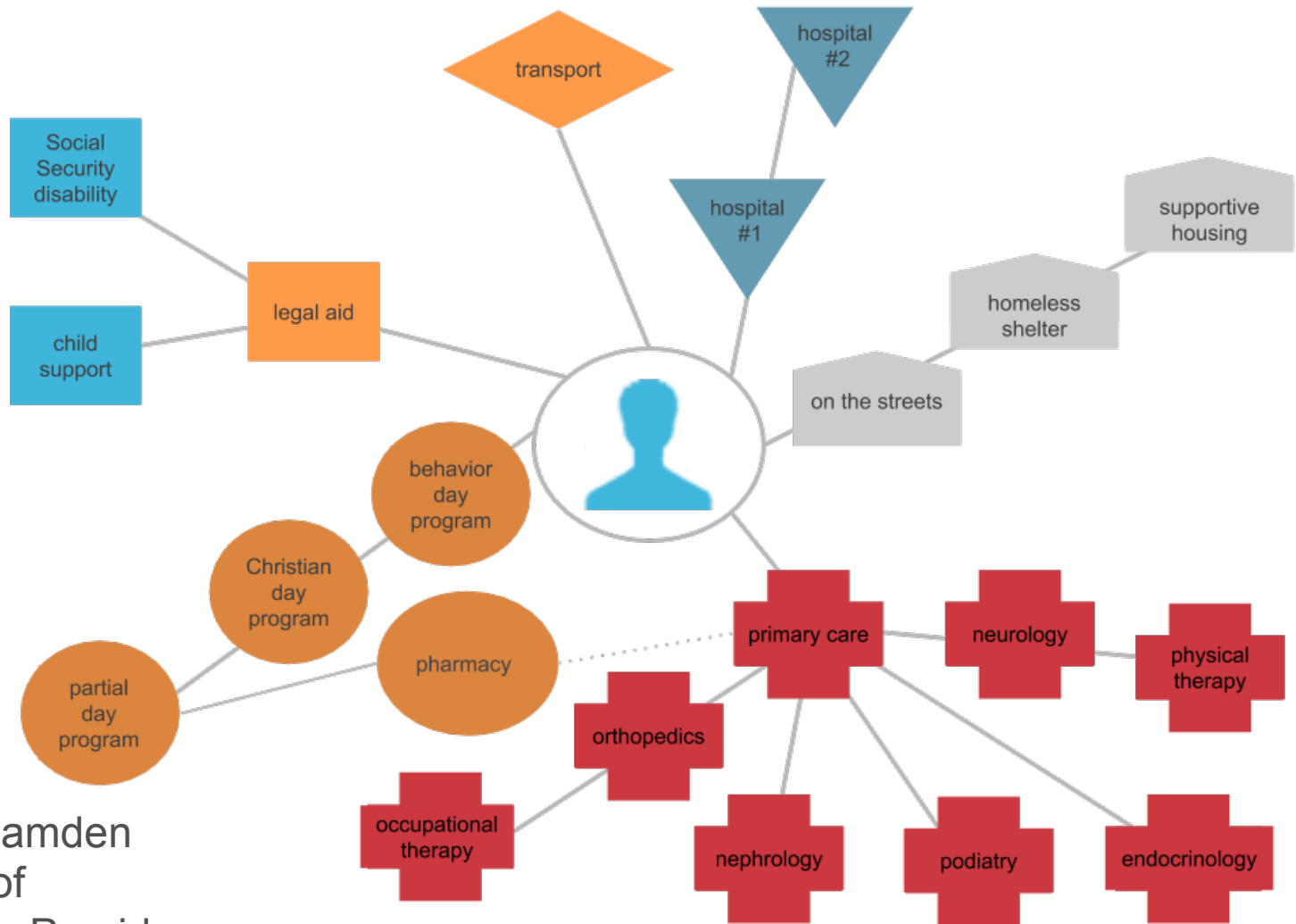
Agenda

Importance of Coordination

New Health priorities (HHS)

New Housing priorities: coordinated entry (HUD)

Case Studies

Taking this Home

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Uncoordinated Patient Care

Source: Camden Coalition of Healthcare Providers

Supportive Housing is for People Who:

- **Are chronically homeless**

- **Cycle through institutional and emergency systems and are at risk of long-term homelessness**

- **Are being discharged from institutions and systems of care**

- **Without housing, cannot access and make effective use of treatment and supportive services**

# Evidence of Supportive Housing as a Platform for Improved Health

Studies from Denver, Seattle, Connecticut and Maine documenting SH ability to impact the highest costs:

- **15% reduced substance use**

- **24% - 34% fewer emergency room visits**

- **27% to 29% fewer inpatient admissions and hospital days**

- **Decreases up to 87% in use of detox services missions**

- **41% to 67% decrease in Medicaid costs**

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The Medicalization of Social Policy

Figure 1 Total health-service and social-services expenditures for Organization for Economic Co-operation and Development (OECD) countries, 2005. *Expenditures for Portugal are from 2004, owing to missing data for 2005. Source: *OECD Health Data 2009* (accessed June 2009); *OECD Social Expenditure Dataset* (accessed December 2009); authors' calculations. GDP, gross domestic product.
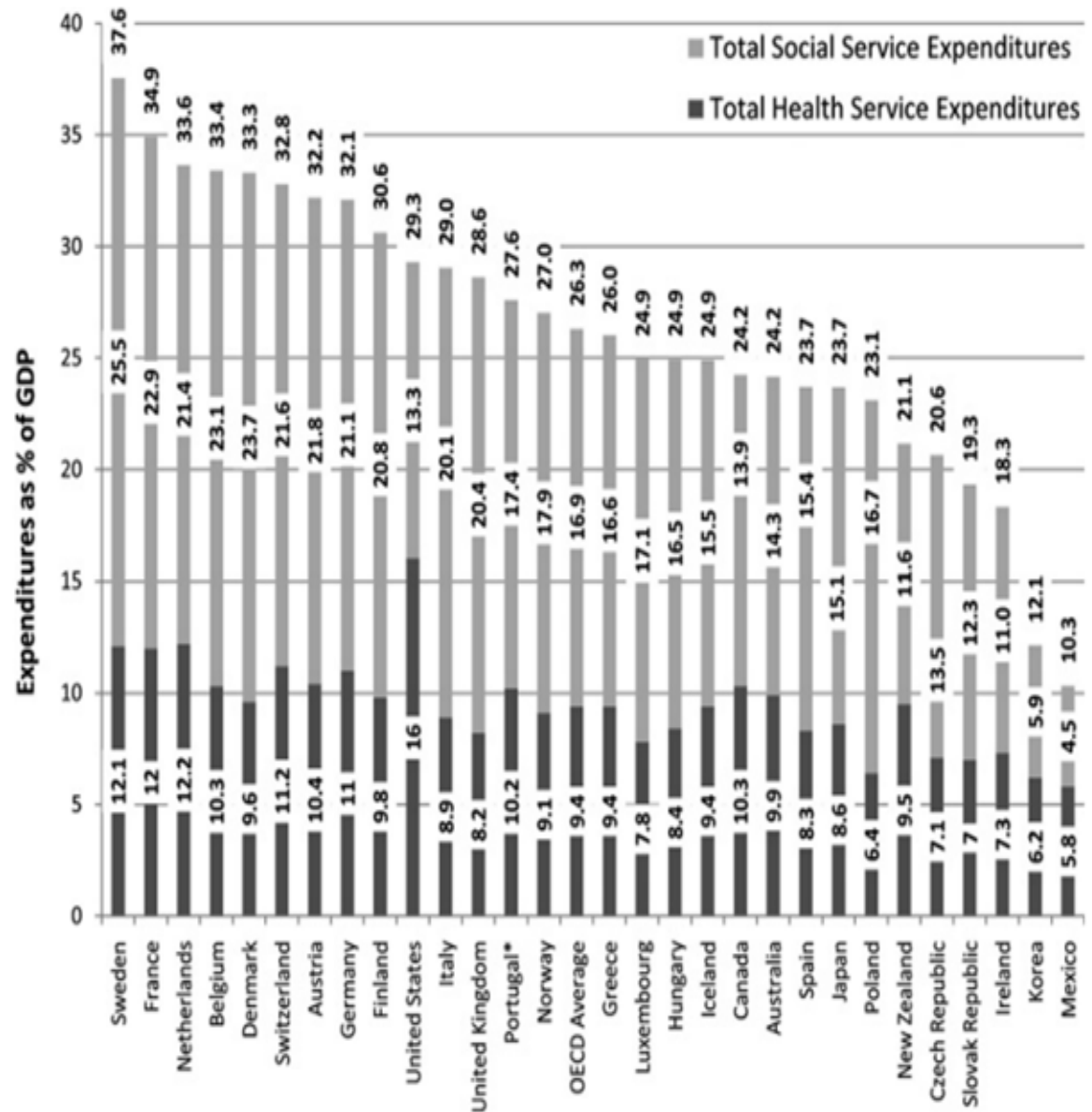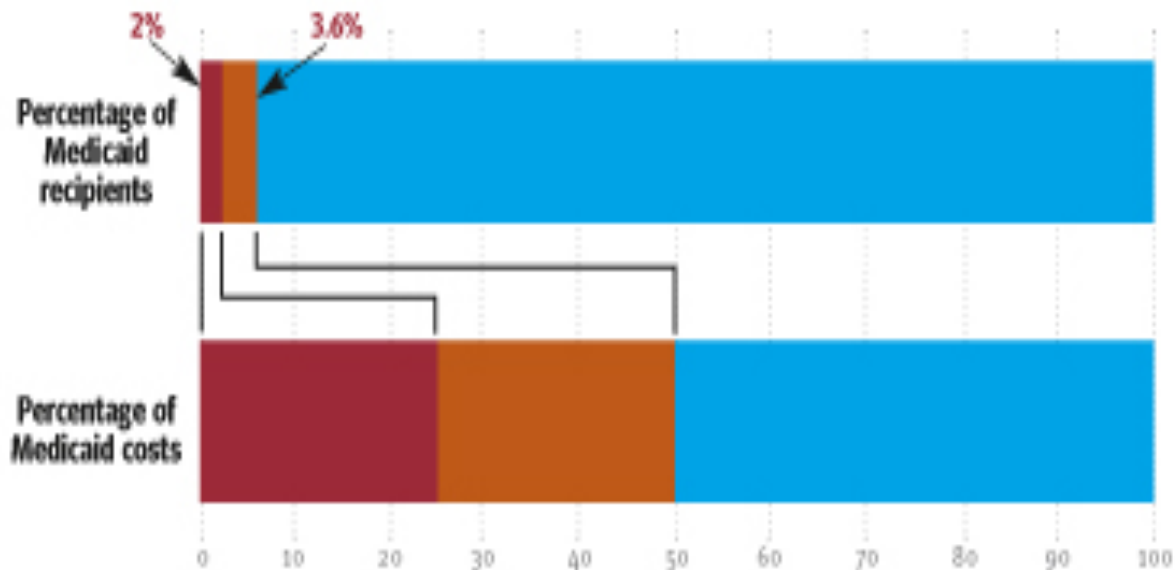
Source: *The Healthcare Paradox*

Medicaid: proportion vs. cost

Only 2 percent of Medicaid recipients account for a quarter of the program's spending.

Source: Rowland D.; "Overview of Medicaid's High-Cost Populations," Kaiser Commission for Medicaid and the Uninsured for Center for Health Care Strategies' "Medicaid Best Buys" Call, 2007; Deloitte Center for Health Solutions, 2012

Source: JAMA, Dartmouth Atlas Study (2012)

- **Opening Doors-USICH Strategic Plan**
  - End Veteran Homelessness (December 2015)
  - End Chronic Homelessness (December 2017)

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Ending Homelessness requires:

1. **Match of resources to need**
2. **Housing First system**
3. **Coordinated systemwide approach**

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Why again?

- **HUD is requiring all CoCs to develop and implement a coordinated access and assessment system**
  - Language is included in the Emergency Solutions Grant (ESG) Interim Rule and the HEARTH CoC Interim Rule.
  - Applies to all Shelter, Rapid Rehousing, Prevention, Transitional Housing, Permanent Supportive Housing funded by ESG or CoC

Old System:

Should we accept this household into our program?"

- Program-Centric
- Unique forms and assessment processes to each organization or small subgroup of programs
- Uneven knowledge about available housing and service interventions in the CoC

New System:

What housing /service assistance quickly ends this household's homelessness permanently?

- Client-Centric
- Standard forms and assessment processes used by every program for every client
- Coordinated referral process across the CoC
- Accessible information about available housing and service interventions in the CoC

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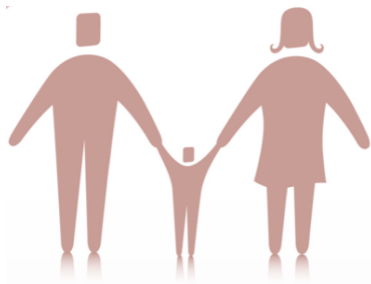Housing Solutions

Guiding Question

Guiding Question:

"*What housing and service assistance strategy is best for each household of the several services available?*"

Core Principles:

Standardized Access and Assessment
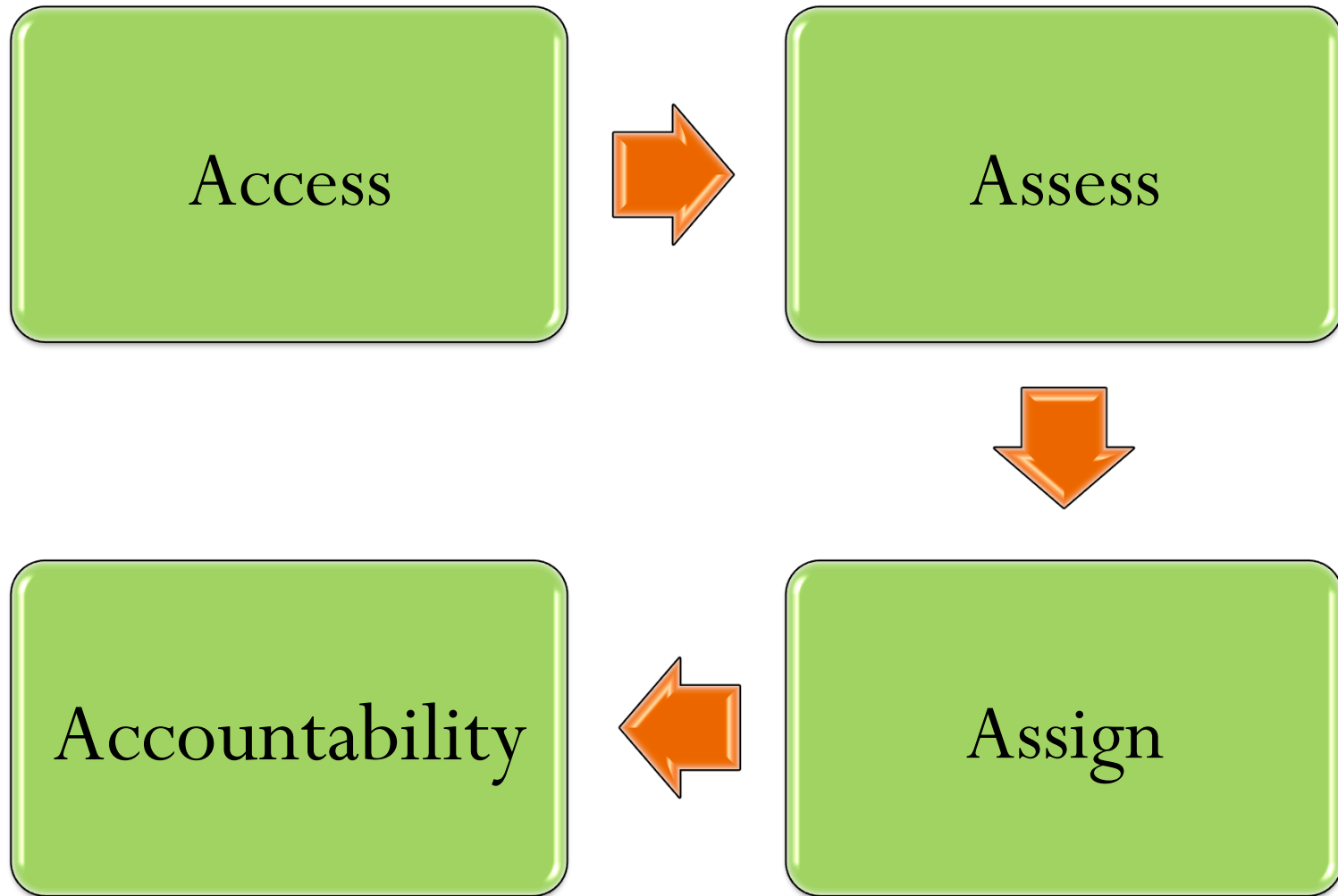
Coordinated Referral

Access → Assess → Assign

Components

Access → Assess → Assign → Accountability

System components: Access

- The entry point for individuals and families facing a housing crisis to determine whether the homeless assistance system is the right place to serve them.
- Access models vary by site location, number of access points, services offered at each access point, and type of organization overseeing each access point.

System components: Assess
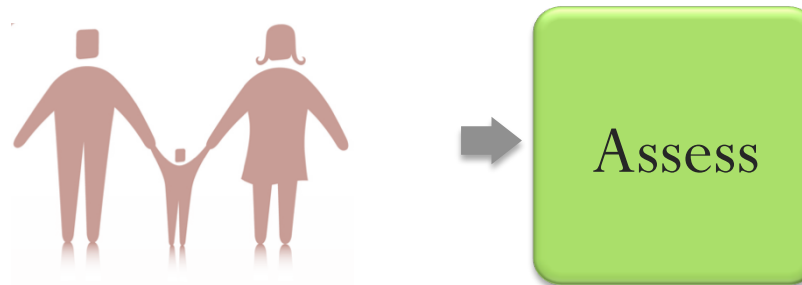
- Document homeless and housing history and related barriers
- Identify appropriate services using consistently-used assessment tool
- Capture data to meet program needs and funder requirements
- Obtain consent for sharing with providers
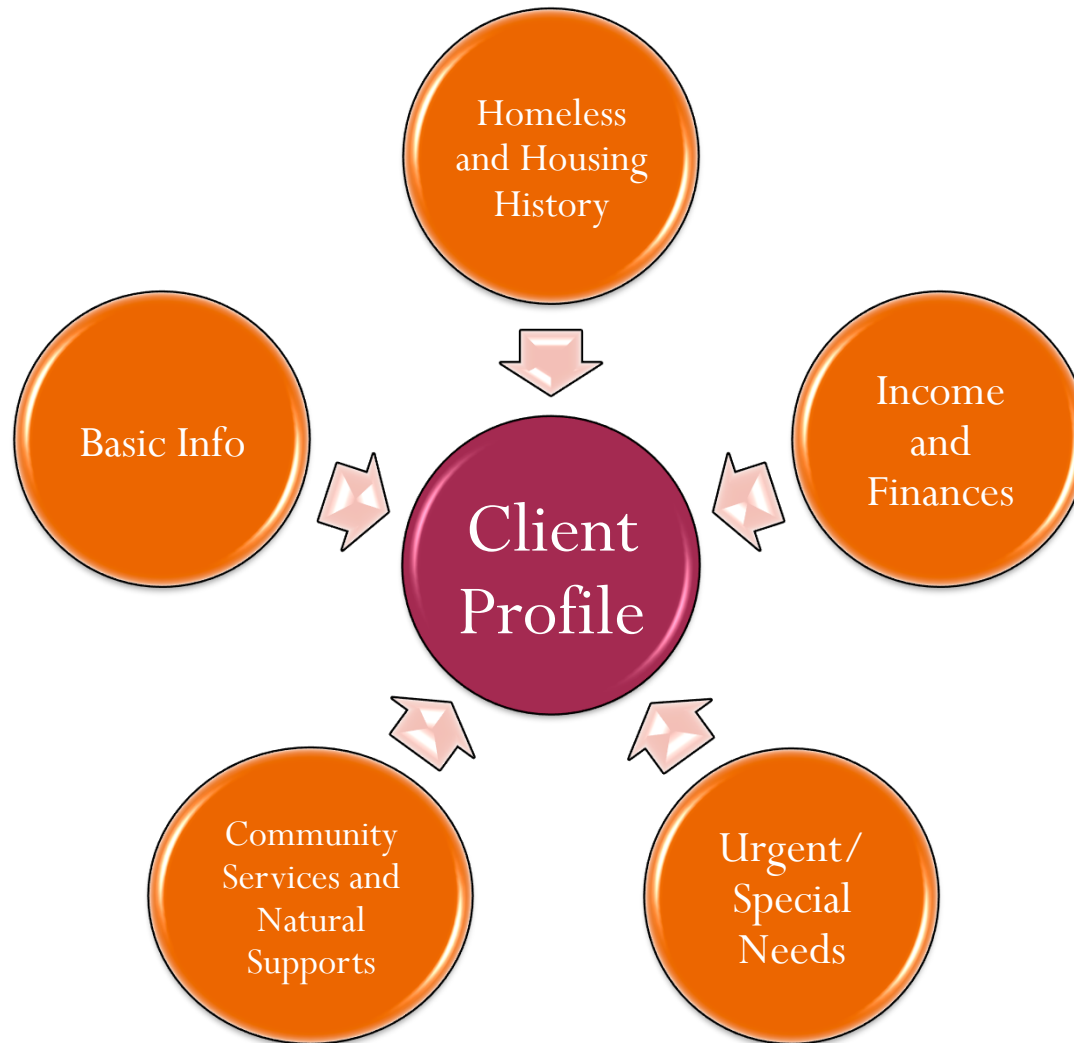- Draft a housing plan

Assessment
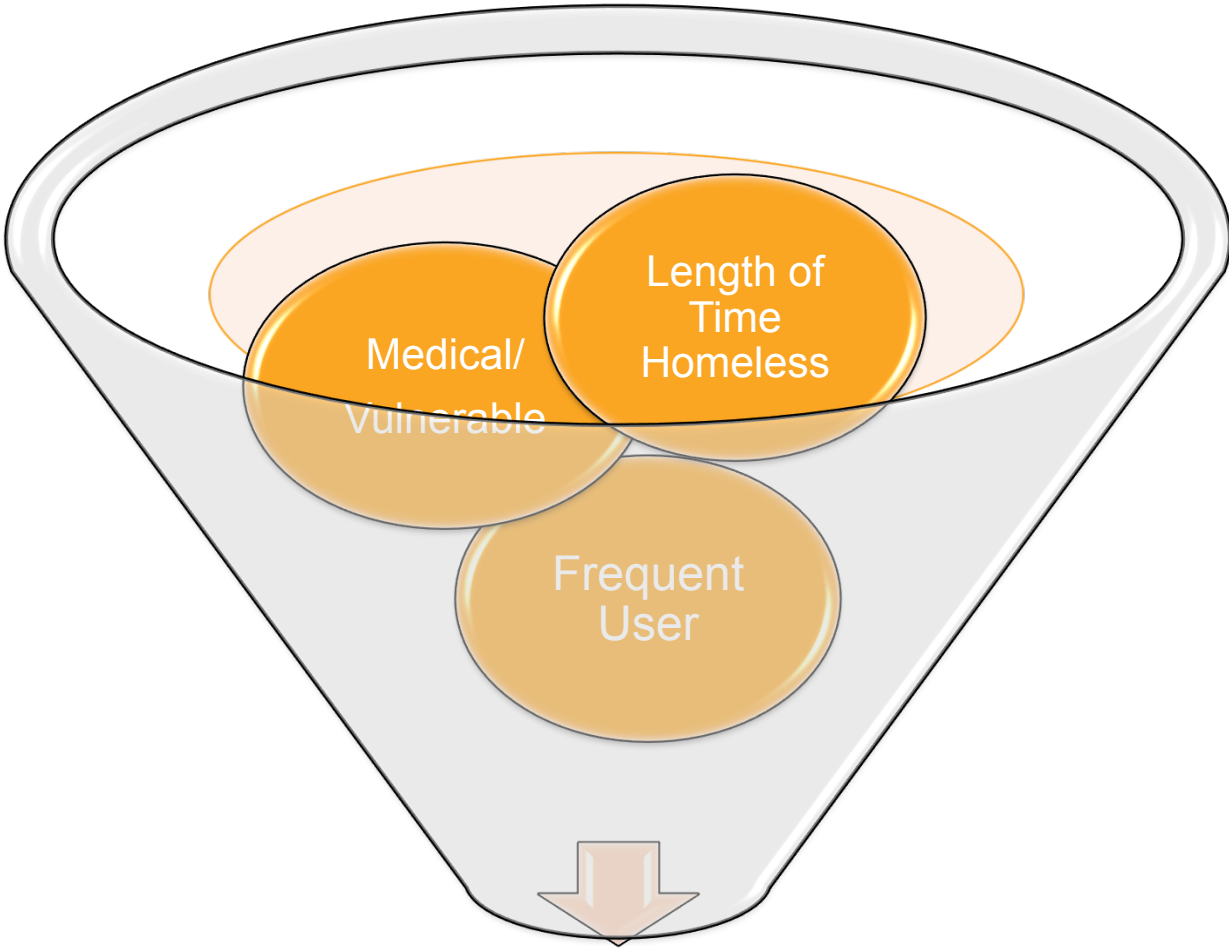
SPDAT

National Alliance to End Homelessness tool

VI SPDAT

Community-created assessment
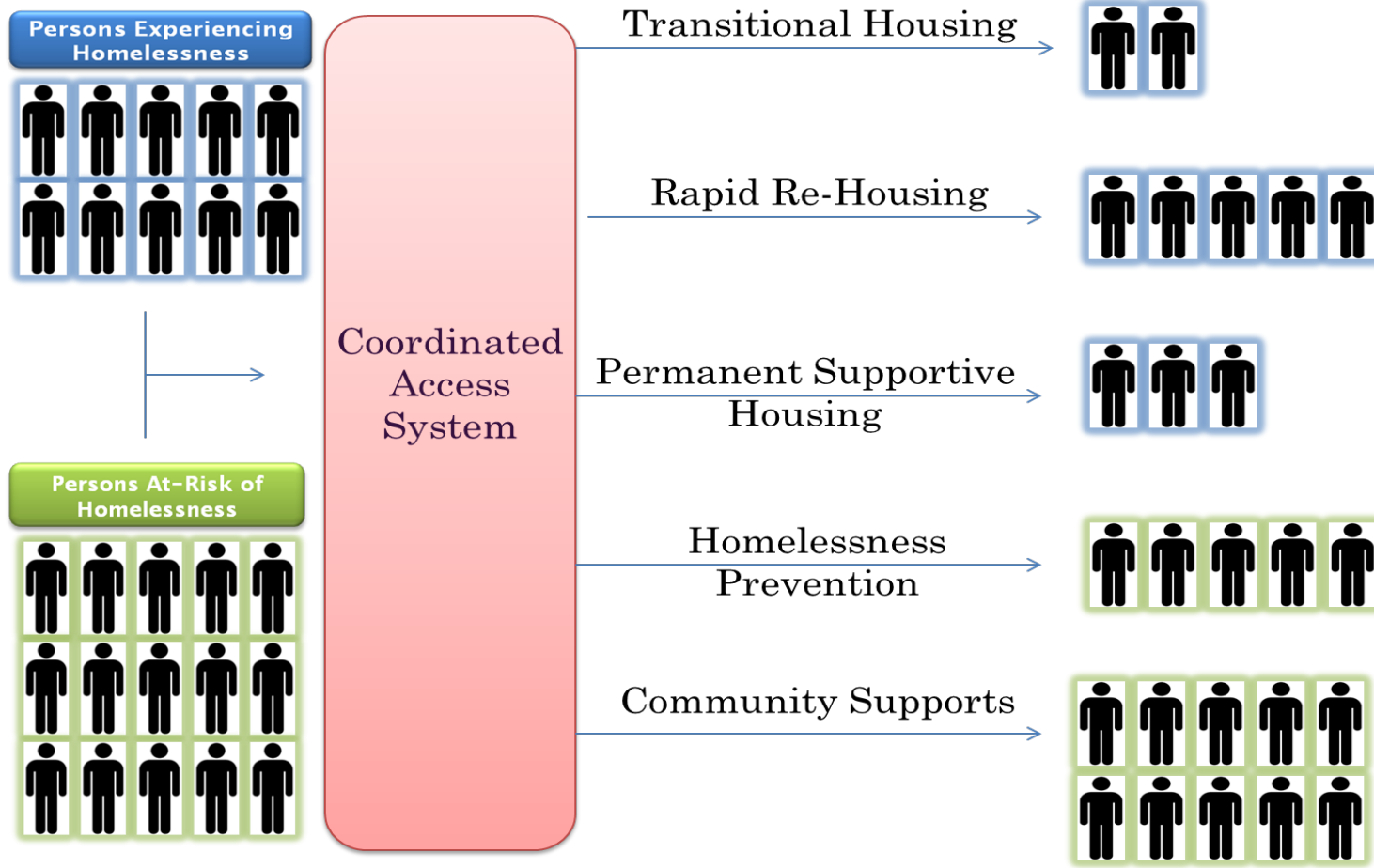
Assess

Assess - prioritize

HUD Goals

- Establish an order of priority for dedicated and prioritized PSH beds which CoCs are encouraged to adopt in order to ensure that those persons with the most severe service needs are given first priority.

- Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.

Coordinated Entry

Persons Experiencing Homelessness

Persons At-Risk of Homelessness

Coordinated Access System

Transitional Housing

Rapid Re-Housing

Permanent Supportive Housing

Homelessness Prevention

Community Supports

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Community Examples

Community Match-Ups

- **How are your housing and health partnerships in your community?**
- **Are you involved in the coordinated entry system?**
- **What are lessons you've learned today that you can take back home?**

CSH HRSA Frequent User T/TA

GOAL:
To foster and expand Health Center coordination and collaboration with hospitals, other health system stakeholders, and supportive housing to improve healthcare outcomes for extremely low-income individuals who frequently use emergency rooms, hospitals, and nursing homes, have housing instability, and lack a connection to primary and preventive care services.

- Webinar Series
- Direct Technical Assistance
- Online & In-Person Trainings
- Peer to Peer networks
- Resources

PARTNERS:
Deep collaboration with

NATIONAL HEALTH CARE for the HOMELESS COUNCIL

Also partnering with:
NACHC
CHPS
HRSA BPHC

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Thank you!

Questions?

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