How Health Care Providers Can Participate Meaningfully in Homeless Response Coordinated Entry Systems

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Who We Are

Nora Lally and Gillian Morshedi serve as technical assistance providers for HomeBase, a San Francisco-based nonprofit public interest law firm dedicated to the social problem of homelessness.

We work at the federal, state, and local levels to support communities in implementing responses to homelessness while fostering collaboration in addressing the socioeconomic causes of homelessness.
Plan for Today

1. Housing and Health Care Systems Coordination
   Overview of the needs and opportunities for improved systems-level collaboration and coordination.
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2. Coordinated Entry Systems
   Opportunities for HCH Programs and other health care providers to meaningful participate in their community’s homeless response system.
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2. Coordinated Entry Systems
   Opportunities for HCH Programs and other health care providers to meaningful participate in their community’s homeless response system.

3. Facilitated Discussion & Action Planning
   Individual and group planning for action in your community, with opportunities for feedback and discussion.
Housing and Health Care Systems Coordination
Connection Between Housing & Health Care Needs

- Housing is a Key Determinant of Health
- Homelessness is Correlated with High Health Costs
- Housing Linked with Health Care and Support Services Improves Health Outcomes and Reduces Health Care Costs
  - reductions in costs for hospitalization, emergency room visits, crisis services, shelter, jail, and detox
  - higher rates of housing stability and retention; and
  - improved health and recovery
Disconnect Between Need and Access

- People experiencing homelessness do not effectively access health care, even when enrolled in Medicaid or other insurance.
  - Lack of knowledge of health care resources available
  - Lack of knowledge of how to access resources, ensure client engagement
  - Lack of accessible behavioral health services (including due to long wait times for appointments, lack of walk-in options).
  - Lack of transportation/ability to get to health appointments from streets, shelters, or housing
Disconnect Between Systems

• Lack of data-sharing (especially across systems) with respect to shared clients

• Lack of cross-system coordination (or even awareness) regarding shared clients, resulting in missing knowledge about client history and needs and/or duplication of efforts

• Lack of partnerships between homeless response system providers with hospitals and/or managed care organizations
Opportunities for Health Care Providers

• Build relationships with homeless response system
  • Learn about housing needs of your community generally and how to better identify needs of individual patients
  • Learn about resources available to your patients
  • Work together to make decisions about new clinics (including locations, services needed)
• Form strategic partnerships with individual housing providers/agencies.
  • Request funding for transportation; implement loan repayment/scholarship programs for medically underserved communities.
  • Consider opening clinics and/or recuperative care facilities at shelters or permanent housing sites or even operating a housing program.
• Participate in your community’s Coordinated Entry System.
A Key Role for HCH Programs

• **Goal**: A truly coordinated continuum of housing, health, and supportive services to improve housing and health outcomes for people experiencing homelessness and lower costs/burdens on all systems

• **Need**: Education and coordination with other providers to ensure effective access to health care that ultimately reduces avoidable system costs

• **Opportunity**: HCH programs are uniquely positioned to help bridge the gap between the mostly siloed housing and health care systems by serving as intermediary partners and advocates to educate and encourage hesitant mainstream health care providers.
Coordinated Entry Systems

- Purpose
- Key Components
- Opportunities for HCH Programs and Other Health Care Providers
Purpose of Coordinated Entry (CE)

- Provides an opportunity to **re-think and re-** organize how and to whom housing and services are delivered

- **Streamline**: Streamline access and referral

- **Fair and Equal**: Ensure fair and equal access

- **Standardization**: Standardize tools and practices

- **Housing First**: Incorporate a Housing First approach

- **Prioritization**: Prioritize those most in need of assistance
Before & After

- Multiple programs with ad hoc processes
- Dozens of intake and assessment protocols
- Different eligibility rules resulting in duplication of services
- Lack of access to programs
- Inefficient uses of resources

- Easier, faster access
- Increased focus on shared goals
- Increased exits to permanent housing, creating system outflow and reducing waiting lists
- Equitable access the services that best fit needs
- Maximized resources
Key Components

- System Entry
- Assessment
- Prioritization
- Matching
- Referral
- Placement
Key Components

System Entry

Clients seeking housing or services first make contact with the community’s homeless response system, such as interacting with an outreach worker, calling 211, or showing up at a service provider site.
Key Components

Clients’ needs and vulnerability are assessed in a uniform manner within the entire community. Assessment should include a uniform decision-making process and use standardized assessment tools.

Relevant assessment factors include: length and duration of past and current episodes of homelessness; risk of illness, death, and/or victimization; relative severity of the client’s need, including system utilization, access to shelter, and physical or mental health impairments.
Key Components

Clients are prioritized for housing/services within the community, based on factors agreed upon by the community, ensuring that the limited resources are used in the most effective manner and that households that are most in need of assistance are prioritized for housing and services.

Prioritization schemes are decided by each community and usually take into account the severity of the service needs, considering factors such as history of high utilization of crisis services and significant physical health or mental health challenges, substance abuse disorders, or functional impairments.
Key Components

Clients at the top of the community’s priority list are given a choice of housing, as it becomes available, for which they are eligible and which appear to meet their needs.

Matching
Key Components

Clients matched with an appropriate program are referred to that program, requiring communication between the entity in charge of matching, the client, and the program providing the housing/services.
Key Components

Clients are placed into the program (which can entail ensuring that the client is “document-ready” and has necessary transportation).
Questions about Coordinated Entry?
Key Opportunities

- System Entry
- Assessment
- Prioritization
- Matching
- Referral
- Placement
Key Opportunities

System Entry

Opportunities for HCH Programs

• Learn basic eligibility requirements to identify patients who should connect to CE system
  • Learn the entry points for your community’s system and how to help your patients access them
  • Develop protocol for notifying outreach or other “roving” entry points of potentially eligible clients
  • Serve as an entry point
Key Opportunities

Assessment

Opportunities for HCH Programs

• Work with homeless response system to review/develop assessment tool(s) to more accurately capture health-related vulnerability
  • Notify CE system of patients needing assessments
  • Provide space for assessments to take place
  • Administer assessments
Key Opportunities

Opportunities for HCH Programs

• Work with CE system to review/design prioritization scheme
• Participate in case conferencing or other prioritization discussions

Prioritization
Key Opportunities

Opportunities for HCH Programs

• Participate in case conferencing or other discussions about health-related needs of clients at the top of priority list to inform match decisions

• Help clients understand options and how each might impact health care access and outcomes
Key Opportunities

Opportunities for HCH Programs

• Help facilitate communications between providers and client (including help locating clients)

• Offer support (providing health care and other supportive services to client) to provider to increase likelihood of referral acceptance and success

• Assist with procuring necessary eligibility documentation (e.g., disability verification)
Key Opportunities

Opportunities for HCH Programs

- Assist with documentation collection
- Provide transportation assistance
- Follow up with clients to ensure continued connections to health care and other supportive services
- Support landlord engagement efforts

Placement
Additional Opportunity: Data Analysis

Health system data analysts are a vital partner!

- Coordinated Entry System operations generate a lot of data, much of which could be used to evaluate system performance and identify needs.

- Homeless responses systems often don’t have the staff or expertise to identify and address data quality issues, perform meaningful data analysis, or determine the most efficient use of data.
Questions about Coordinated Entry Opportunities?
Show and Tell

• What do you know about your community’s CE system?

• How are you involved?
  • Patient/client education or referrals?
  • Active participant?
  • Participation in CoC/homeless response system but not specifically CE system?

• What’s working? What’s not?

• Have you heard about other HCH Programs that participate in CE in an interesting or meaningful way?
Discussion & Action Planning
Process

• Brainstorming & Action Planning in Small Groups
  • 1-2-All
  • Utilize action planning worksheets
  • Facilitators will circulate
• Group Report Outs
  • Share Highlights
  • Ask Questions
  • Provide Feedback
Small Group: Discussion & Planning

1-2-All

• What opportunity(ies) makes the most sense in your community?
• What key goals and milestones do you want to set for yourself/your community?
• What actions are most needed to meet those milestones/achieve those goals?
• Who needs to be involved?
• What more do you need to know? How can you find out?
Report Outs and Feedback

• Each Group: Highlights from Your Action Plan(s)
  • Overall Goal + Milestones
  • Immediate Action Steps
  • Holding Yourself Accountable
  • Advice you’d like from other groups
• Questions/Comments/Feedback from others in the room?
• Popcorn-style sharing: What are you most excited to take back home and try after this session?
Final Thoughts?
Thank You!

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