Philadelphia’s Coordinated Entry & Assessment-Based Housing Referral System (CEA-BHRS)

*Increasing Access, Decreasing Barriers*

Provider Orientation
October 4, 2017
Opening Activity
Housing Chutes and Ladders
The Winds of Change
Vision

Philadelphia’s Coordinated Entry and Assessment-Based Housing Referral System (CEA-BHRS) will ensure individuals and families at-risk of or experiencing homelessness have access to a streamlined and standardized process that links households to appropriate resources to end their housing crisis.
Guiding Principles

• Housing First
• Housing Focused
• Prioritization
• Person Centered

Housing First – households at-risk of or experiencing homelessness are housed quickly without preconditions or service participation requirements

Housing Focused – assistance provided to households at-risk of or experiencing homelessness is focused on moving to and maintaining permanent housing

Prioritization – assistance is prioritized based on vulnerability and severity of service needs to ensure households needing help the most receive it in a timely manner

Person-Centered – a trauma-informed approach that is dignified, safe, and incorporates participant choice is utilized
Coordinated entry is a consistent, streamlined process for accessing the resources available in the homeless assistance system. Through coordinated entry, a community ensures that the highest need, most vulnerable households are prioritized for housing and that the housing and supportive services in the system are used as efficiently and effectively as possible.

Ultimately CEA-BHRS is intended to benefit households experiencing homelessness.
This diagram shows how people currently enter and flow through the homeless assistance system. As you can see it’s a big maze and where someone starts often determines what permanent housing options they have access to, whether that’s the appropriate intervention for them or not. As a result, some program participants received assistance that was more extensive than they needed, some participants received less assistance than they needed, and many people, often those with the highest needs, receive no assistance at all.
With CEA-BHRS, everyone has fair and equal access to a standardized and streamlined process.
CEA-BHRS makes the shift from a project-focused system to a person-focused system which asks “what housing/service assistance is best for each household & quickly ends their housing crisis permanently?”

**Before CEA-BHRS:**
- Project-centric
- Unique forms and assessment processes to each organization or small subgroup of projects
- Project-specific decision making
- Multiple referral processes
- Need and service received not necessarily matches

**After CEA-BHRS:**
- Person-centric
- Standard forms and assessment process is used for every participant
- Coordinated referral process across the system
Stretch Break
With coordinated entry, established access points use a standardized assessment process to gather information on people’s needs, preferences, and the barriers they face to regaining housing. Once the assessment has identified the most vulnerable people with the highest needs, established policies and procedures are followed to prioritize households for referral to appropriate and available housing and supportive services resources ("projects").
Access refers to how people experiencing a housing crisis learn that CEA-BHRS exists and how they will access homeless assistance services. The first contact that most people experiencing a housing crisis will have with the homeless assistance system is through a CEA-BHRS access point. Access points play a critical role in engaging people in order to address their most immediate needs through referral to emergency services.

The purpose of designating access points is to ensure that all people in a community have equal access to all homeless assistance resources in the community. Equal access is an important part of the overall strategy of coordinated entry.

Under CEA-BHRS, Philadelphians experiencing housing crisis will go to “Housing Crisis Access Points” to seek support. At Housing Crisis Access Points, all Philadelphians will be able to access the range of housing options available through Philadelphia’s Continuum of Care.
Because Philadelphia already has central intake centers, at least initially, access may not look much different from the outside. Our current intake sites at Appletree and Roosevelt Darby will be transitioned to Access Points, and they will be open to all households, with or without children. In order to cater to the unique needs of youth, an additional access point will also be established for persons under the age of 24. As CEA-BHRS evolves, additional access points will be added to meet the needs of the community.

Also, staff from the Emergency Assistance Response Unit (EARU) will be located at Appletree to provide more resources at the front door to prevent households from entering shelter.
To give you a sense of how an example like this might play out under the new Coordinated Entry Process, the staff here at OHS have put together a series of role plays to give you a somewhat silly, dramatic depiction of the changes... Let’s check out what happens with Julian when he goes to an access point.

“Access points now, before CEABHRS”
Bruce, Michelle, and Emily walk out and stop- Bruce holds AFC sign; Michelle holds RDC sign
Fred walks up with family and says “My name is Julian, and I’m a single dad with 2 kids. I need shelter.”
Goes to RDC - buzzer, then to AFC sign, “ding”
Roberta says “Access points after CEABHRS – a person or family can come to Roosevelt Darby Center or Appletree Family Center and be served.”
Fred walks up with family picture to RDC, “bing”; then to AFC, “bing”.
Bruce: “how can I help you?”
Fred: “Me and my kids are at my sister’s house but we can’t stay any more. I want my own place. I’m working part time.”
Bruce: “We can help you and your kids stay out of shelter. If you can stay where you are for a few more weeks, we can may be able to help you find a place of your own where you and your family can live. We may be able to help you with some of the costs to move.”
Fred: “That would be great.”
Skilled staff at Access Points will work with households to prevent homelessness, only referring to shelter as a last resort. Staff meeting with Philadelphians in need will focus on prevention and diversion, or as a last resort, referral to shelter.
Assessment is the standardized process of gathering information about a person presenting to the homeless assistance system. Assessment includes documenting information about the barriers the person faces and any characteristics that might make him or her more vulnerable while experiencing homelessness. The assessment component is critical to the overall CEA-BHRS process because assessments determine how people are prioritized for and referred to housing and supportive services projects.

Historically, assessment included very long and intrusive interviews, even if someone was only seeking temporary emergency assistance. People often had to undergo the assessment process multiple times. With CEA-BHRS, assessment will collect information in phases—initially collecting only the information essential to determine the person’s immediate needs and to connecting that person to appropriate interventions. The purpose of assessment in CEA-BHRS is to gather only the information necessary for prioritization and referral to housing the household is likely to qualify for.
At the access point, we saw a scenario with Julian and Emily, his access point worker, who was working with he and his family to help them stay housed in the community. After talking to the head of household about immediate housing needs, it looked like there was the potential to prevent the family from entering shelter. With CEA-BHRS, staff at AFC would have a more in-depth conversation about:

1. Immediate housing needs
2. Safety
3. Available supports & resources
4. Accessibility needs (if shelter is needed)

The access point worker might then refer to a non profit organization providing prevention services to help with housing search and short term financial assistance.
Phase II Assessment

1. Severity of Service Needs (VI-SPDAT)
2. Housing Needs/Barriers
3. Eligibility and Preferences

Sometimes a family or individual has no other option but shelter. Once a household is stabilized in emergency housing or safe haven, the Phase 2 assessment will be completed.
While there are a few parts to the Phase II assessment, the VI-SPDAT is the biggest change for our system, so we’re going to focus on that for this next performance. The VI-SPDAT is:

- An evidence-based tool created through extensive research and national testing
- A pre-screening, or triage tool used to quickly assess the health and social needs of people experiencing homelessness
- Examines current vulnerability and future housing stability factors
- Helps inform the type of support and housing intervention that may be most beneficial for a household experiencing homelessness
- It is not intended to provide a comprehensive assessment of each person’s needs

It’s a little like the sorting hat in Harry Potter...
To set the scene, let me introduce you to Joe who will be meeting with Emily to do his VI-SPDAT. Let’s watch as Emily conducts a little bit of the VISDPAT with Joe, a single person who has been in shelter for 14 days.

Emily: “Hi, Joe, good to see you again today. I’m glad we have the chance to talk a little more about your housing and service needs. I am here today to talk to you about your housing and service needs. Participation in this survey is completely voluntary. No one will be upset or angry if you decide not to be interviewed today. If you give me permission, I will ask you questions for about 10 minutes. Your answers may help match you with housing and/or services available. Participation in this screening does not guarantee that you will be eligible for or admitted into a housing program. Some of the survey questions are personal in nature, but they only require a Yes/No or one word answer. I really only need that one word answer. You don’t need to give more detail. You can also skip or refuse to answer any question. Skipping multiple questions may make it harder for us to identify services for you, but it is your right to refuse to answer questions you don’t feel comfortable with. If you do not understand a question I can give you clarification, feel free to stop me and ask a question at any time. There are no ‘right’ or ‘wrong’ answers, so please be as honest as you can. Honest, accurate answers are important to help us identify the right services for you. In addition, if we are able to refer you to any services based on the information in this survey, that program will still need to verify all eligibility information.

I will also ask you a few more questions that will help see what programs or services you might be eligible for and interested in as it relates to housing.”

Roberta after the role play: People who complete the VISPDAT, regardless of their score, will be automatically added to the housing referral list in HMIS.
A person’s score on the VI-SPDAT will point to what housing intervention to connect a person to in a more standardized way, and will keep us focused on people who are the most vulnerable first. On this slide is the scale of VI-SPDAT scores and the housing intervention recommended.
What happens when no intervention is recommended?

When a VI-SPDAT review indicates that no housing intervention is needed, what is a case manager supposed to do? This may be one of the most difficult tasks that a case manager has to deal with, and we know that it’s something that many of you have to deal with on a daily basis.
You may remember that his case manager Emily mentioned that he scored a 2 on the VI-SPDAT, which means that there is no recommended housing intervention in the homeless system. All case managers work on connecting people to a variety of housing options, including those outside of the homeless assistance system. But in this case it’s even more important and Emily will discuss this with Joe in this next vignette...

Emily: “Joe, I wanted to check back in with you on how we can help you find housing as quickly as possible. Let’s talk about what options you have with your existing income and social supports.”

Fred: “I put in an application for that new housing on Broad Street that’s almost done being built.”

Emily: “Great! but that’s going to take some time and there are hundreds of applicants. Let’s think through additional options. With your income from work, would you be interested in renting a single room?”

Fred: “I don’t want to share a bathroom with people I don’t know. My cousin just got an apartment. Maybe I could stay there for awhile.”

Emily: “Great. I like how you were able to get more hours and to find a solution within your family network.”
You are the charge nurse in a busy city Emergency Department, and you have a full waiting room of patients. Your task today is to triage each of the patients described below and determine the order you should treat them. Please fill in a number from 1-5 to indicate the order you would treat each of these patients.

• Kalpesh is a 25-year old man who was recently in a serious car accident. He was brought in by ambulance and is reporting back pain and numbness on his left side. He is responsive but has reported some memory loss.

• Juliet (7-year-old girl) was playing soccer, and she fell. She is struggling to put weight on her right ankle, and dad thinks it may be broken. She seems to be in a lot of pain, and her father believes she needs pain meds.

• Walt is a regular in the Emergency Department. He often comes in looking for his next “fix.” He has been revived by Narcan on numerous occasions, and he was brought in by a friend.

• Rose is an 80-year-old woman with a history of heart disease. She is having chest pains and is having issues breathing. Despite these issues, she continues to assure the intake staff that “she is fine.”

• Jackie is 2-years-old, and she has a sore throat. Her mom says that she has a fever of 103 and has been unable to sleep or eat.
Once a person experiencing a housing crisis has been assessed, the CEA-BHRS process moves on to determining his or her priority for housing and supportive services. It is the person’s prioritization status (and other information from the assessment) that determines where the person will be referred in the next coordinated entry step. When a community does not have enough housing and services resources, it is especially important to use the coordinated entry process to prioritize people for assistance.
Unlike the triage activity you just completed, CEA-BHRS does have prioritization factors.

- Meets chronic homeless definition
- Severity of service needs (VI-SPDAT score)
- Length of time homeless
- Currently unsheltered
Case managers Michelle and Emily recently completed VI-SPDATs with a few of the participants in the shelter. Let’s listen in on their conversation about the outcomes.

Michelle: “How’s it going with the VISPDATs?”
Emily: “I just did a VISPDAT with Joe and he scored a 2. I’m going to have to help him find other options with his own resources. Reggie and Ray both scored a 7.”
Michelle: “A tie! What happens then?”
Emily: “There are other factors to consider as tie breakers.”
Michelle: “Sandra scored a 17! I’ve known her since the last time she was in shelter, so I know she’s been through a lot and her answers showed it. But Lakeisha refused to answer any questions and I’ve been trying to talk with her for 2 months. I’m feeling discouraged about what to do next to help her.

What do we do when a person refuses?...Flag review
## Calling a Flag Review

<table>
<thead>
<tr>
<th>Who?</th>
<th>Case Managers</th>
</tr>
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<tbody>
<tr>
<td>When?</td>
<td>After multiple attempts of trying to complete the VI-SPDAT</td>
</tr>
</tbody>
</table>
| Why?      | • Person refuses to answer  
|           | • Person is unable to answer  
|           | • Person answered but case manager believes that the score does not represent the person/families' vulnerability and service needs |
Here’s how we’re thinking the Flag Review Process might work. This hasn’t been finalized and we’ll be looking for your feedback before this is implemented.
You may remember that we discussed how VI-SPDATs aren’t the only thing that will be used in CEABHRS to prioritize people for housing vacancies. Let’s go back to the 4 participants Emily and Michelle were talking about at the beginning of this topic. They were Reggie, Ray, Sandra, and Lakeisha. Let me introduce you to each of them and then I will show you how they’re ordered on the by-name list.
For example…

Reggie is a single 23 year old who lost his job about a year ago. He was evicted 10 months ago and is experiencing homelessness for the first time. He is currently staying in an emergency shelter, and he got a VI-SPDAT score of 7.

Ray has been in and out of emergency shelter for the last few years. His brother kicked him out a year ago and he is currently living in an emergency shelter. He scored 7 on the VI-SPDAT.
For example…

Sandra struggles with depression and addiction, and she and her two sons have experienced homelessness for the last 15 months. She scored a 17 on the VI-SPDAT.

Lakeisha has been experiencing homelessness for 10 months. She is currently staying in an emergency shelter, but she does not trust the staff and hasn’t completed to the VI-SPDAT. The shelter case manager requested reconsideration through the Flag Review process, and she was given a vulnerability score of 4.
This is the order in which each person would appear on the prioritized by-name list

<table>
<thead>
<tr>
<th>Name</th>
<th>Chronic</th>
<th>VI-SPDAT Score</th>
<th>Length of time</th>
<th>Living situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra</td>
<td>Chronic</td>
<td>17</td>
<td>15 months</td>
<td>Shelter</td>
</tr>
<tr>
<td>Ray</td>
<td>No</td>
<td>7</td>
<td>12 months</td>
<td>Shelter</td>
</tr>
<tr>
<td>Reggie</td>
<td>No</td>
<td>7</td>
<td>10 months</td>
<td>Shelter</td>
</tr>
<tr>
<td>Lakeisha</td>
<td>No</td>
<td>4</td>
<td>10 months</td>
<td>Shelter</td>
</tr>
<tr>
<td>Joe</td>
<td>No</td>
<td>2</td>
<td>3 months</td>
<td>Shelter</td>
</tr>
</tbody>
</table>
The group of persons with the highest priority is offered housing and supportive services projects first. The CEA-BHRS process ensures that potential program participants are referred to all of the available resources for which they are prioritized and eligible, and for which a vacancy exists.

The CEA-BHRS process and participating projects must continually strive to identify and lower barriers to project entry. Such barriers could include, but are not limited to,

- too little or no income
- active or a history of substance use disorders
- domestic violence history
- resistance to receiving services
- the type or extent of disability-related services or supports needed
- history of evictions or poor credit
- lease violations or history of not being a leaseholder
- a criminal record

Exceptions are state or local restrictions that prohibit projects from serving people with certain criminal convictions or other specified attributes.
The centralized referral management process will be managed through HMIS. All vacancies and referrals will happen electronically through HMIS. Programs participating in CEA-BHRS will only take referrals through this process.
HMIS uses the information about a person’s VISPDAT score and homeless history to sort the Prioritized By Name List. When a vacancy comes up, the system searches for matches. Matches will be made even if there is no documentation. Under CEABHRS, a person can move in and then provide documentation of homelessness and disability, though we expect case managers to continue working on it throughout the process. We do not want a the absence of a piece of paper to prevent someone from moving into permanent housing quickly.

Now back to our story. Now that VISPDAT and eligibility have been done, it’s time to match a person to a housing vacancy. Reggie, a 23 year old, scored a 7 and has come up for the next vacancy in a youth program.

Michelle walks up with Housing Program Vacancy sign; Emily with Clearinghouse; Bruce with Case Manager sign; Fred with Reggie sign.

Michelle: “We have a vacancy!”
Emily: “Great! I am referring Reggie.”
Michelle: “I got the referral and will schedule the interview as quickly as possible.”
Bruce, standing with Fred. Bruce: “Reggie, the program we’ve been talking about has a vacancy and would like to have you come over to see the program and have an interview. Do you need tokens to get there?”
Fred: “Yeah, man.”
Fred goes over to Michelle.
Michelle: “Hi Reggie, let me tell you about our program, and you can tell me a little about you. If you have any concerns about the interview or the program, please tell your case manager. I will be back in touch with you and your case manager about next steps soon.”
Fred: “Cool.”
Bruce: “Reggie, great news! You’ve been offered an apartment in the program where you went for an interview.”
Fred: “Sweet. Thanks for your help.”
Although the expectation is that projects accept all referrals that are sent to them, we understand that some referrals don’t work out. We’re still thinking through the process for the rare occasions that happens; and we’ll be looking for your feedback before this is implemented.

But in this case, Reggie becomes stably housed and goes on to continue to strengthen his self confidence and increase his self sufficiency. That’s our show for today! I want to ask our actors to take a bow.
Break
Core Elements Activity

As a group, discuss the following questions for each scenario:

- What aspect(s) of this scenario will be different under CEA-BHRS (access, assessment, prioritization, or referral)?
- How will the scenario be different under CEA-BHRS?

**Scenario A:** Rachel is a 23 year old female parent of 1 child. She presents at Roosevelt Darby Center seeking housing assistance because she has walked by the building before and saw the “Office of Homeless Services” sign. She was kicked out of her grandmother’s house and has nowhere to go. The front desk staff redirects her to Appletree Family Center for assistance as this is the intake site for men.

**Scenario B:** Ty presents as Roosevelt Darby Center in need of housing assistance. The social worker that he meets with completes the required assessment in order to place him into emergency shelter.

**Scenario C:** Janice is a 30 year old single woman with a chronic mental health condition. Janice has been in shelter for about a month. Her shelter case manager has not submitted any housing applications/assessments for her because of challenges with getting Janice to complete the housing applications/assessments. The case manager has tried to sit down with Janice 3 times to complete the assessment, but each time Janice seems overwhelmed and is unable to answer the questions in a clear way.

**Scenario D:** Paul was referred to housing in October 2016. Sam was referred to housing in March 2017. Sam’s level of need is higher than Paul’s due to experiencing chronic homelessness, length of time homeless, and vulnerability score on a standardized assessment (both Paul and Sam were assessed for vulnerability during the VI-SPDAT pilot). However, Paul was on “the list” for housing first, so he is matched with a housing program first.

**Scenario E:** “Park Place Program” has an opening in their Rapid Rehousing program. They receive a referral for participant Arnold. They interview Arnold for the program and, though he is technically eligible, they decline him for their opening as he does not have a source of income. When declining the referral they state that it seems like he may have barriers to employment which could make him difficult to work with and for him to retain housing.
Continuous Improvement

CEA-BHRS is an evolving practice. New research, models, and assessment tools are continually being created. The CEA-BHRS process will be flexible and responsive to new information about more effective approaches. It will incorporate the changes and improvements recommended through evaluation and feedback from providers and program participants.
Feedback and Evaluation

- Does CEA-BHRS work for persons experiencing a housing crisis?

- Does CEA-BHRS work for homeless assistance providers?

- Is CEA-BHRS functioning according to its design principles?

- Is the homeless assistance system more efficient and effective as a result of CEA-BHRS?

At a high level, these are the questions we’ll be looking at to evaluate CEA-BHRS. We’ll be looking to you to provide guidance on the best way to gather this information, such as a CoC subcommittee, focus groups, etc.
OHS as a partner

- Provider feedback sessions
- Ongoing training and support
- Resources to communicate changes to staff and participants
- Support for HMIS
# Timeline

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<th>Month</th>
<th>Activities</th>
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| October | • Select Youth Designated Access Point(s)  
• Finalize prevention/diversion assessment  
• Complete draft Policies & Procedures Manual |
| November| • Providers give feedback on Policies & Procedures Manual  
• CoC Board Approves Policies & Procedures  
• HMIS Housing Assessment Workflow configuration complete |
| December| • Assessor Training for all Access Points and Emergency Shelter providers  
• Access Points and Emergency Shelter providers begin entering housing assessments into HMIS  
• TH, RRH, and PSH project eligibility is confirmed/verified |
## Timeline

<table>
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<th>Events</th>
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| January | • HMIS By-Name List & Referral Process configuration complete  
• Training for projects receiving referrals from CEA-BHRS (TH, RRH, and PSH providers)  
• TH, RRH, and PSH start reporting vacancies in HMIS |
| February | • All ESG, CoC, and OHS funded TH, RRH, and PSH projects only receive referrals from CEA-BHRS process |
Questions?

Sara Pagni  
City of Philadelphia Office of Homeless Services  
Sara.Pagni@phila.gov