HOMELESS & HOUSING RESOURCE CENTER

Trauma Informed Outreach and Engagement Learning Community

Session #3

Making the Connection to the Homelessness Response System

July 12, 2022

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Disclaimer

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Webinar Instructions

- All participant lines will be muted and the chat feature is disabled
- **Questions**: Please submit your questions using the Q&A feature
- **Slides**: Available now on HHRC website: https://hhrctraining.org/events-webinars
- **Recording**: Will be available on the HHRC website in 1 week
- **Evaluation**: Browser will redirect following the webinar
- **Certificate of Participation** (no CEUs are offered): Provided after evaluation is completed

Today's Presenters

- **Gillian Morshedi,** Homebase
- **Alicia Lehmer,** Homebase
- **Shelby Ferguson,** Contra Costa Health, Housing and Homeless Services

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Introduction to the Learning Community

- This learning community will focus on trauma-informed outreach and engagement practices to serve individuals with serious mental illness, serious emotional disturbances, substance use disorders, or co-occurring disorders.
- In this four-part series, you will learn best practices in trauma-informed care and person-centered outreach, how to connect people with services and housing, and how to provide behavioral health care assessments in unsheltered environments.

Learning Community Series

☑ Session 1	Trauma-Informed Care: Responding to the Trauma of Homelessness
☑ Session 2	Best Practices for Person-Centered Outreach
☆ Session 3	Making the Connection to the Homeless Response System
Session 4	Providing Behavioral Health Care in Unsheltered Environments

Recap of Sessions 1 and 2: Trauma-Informed Care and Person-Centered Outreach

Trauma and Homelessness

Trauma Informed Care

Role of Person-Centered Outreach

Outreach and Engagement Practices

Key Concepts: Time and Trust

Today's Learning Objectives

- Build foundational knowledge around local homelessness response, including Continuums of Care and Coordinated Entry
- Understand how to connect people with behavioral health and housing needs to housing and housing-related resources through Coordinated Entry Systems
- Identify opportunities for behavioral and other health providers to partner with homeless assistance systems to better serve people with behavioral health and housing needs

Poll #1: Tell Us About Yourself!

- Which would best describe the focus of your work?
  - Behavioral health care
  - Physical health care
  - Homeless services
  - Housing
  - Social services
  - Outreach

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Poll #2: Working with People Experiencing Homelessness

How much of your work is with people experiencing homelessness?

- **100%** dedicated to serving people experiencing homelessness
- **Most** of our program participants are experiencing homelessness
- **Some** of our program participants are experiencing homelessness
- **A few** of our program participants are experiencing homelessness

Core Concepts in Homelessness Response

Fundamentals of Homeless Assistance

Happens at the local, community level
Diverse funding, including from federal, state, county, and/or city governments
No single entity administers all resources
Variety of types of assistance
Majority of housing assistance is prioritized for unsheltered people or those in emergency shelters

Assistance and Services Provided

- Emergency shelter
- Temporary or permanent housing
- Transportation assistance
- Necessities like food
- Financial support (one-time or ongoing)
- Supportive services

What is a Continuum of Care?

Umbrella term for the group of organizations and agencies that collectively coordinates homeless assistance activities and resources in a community

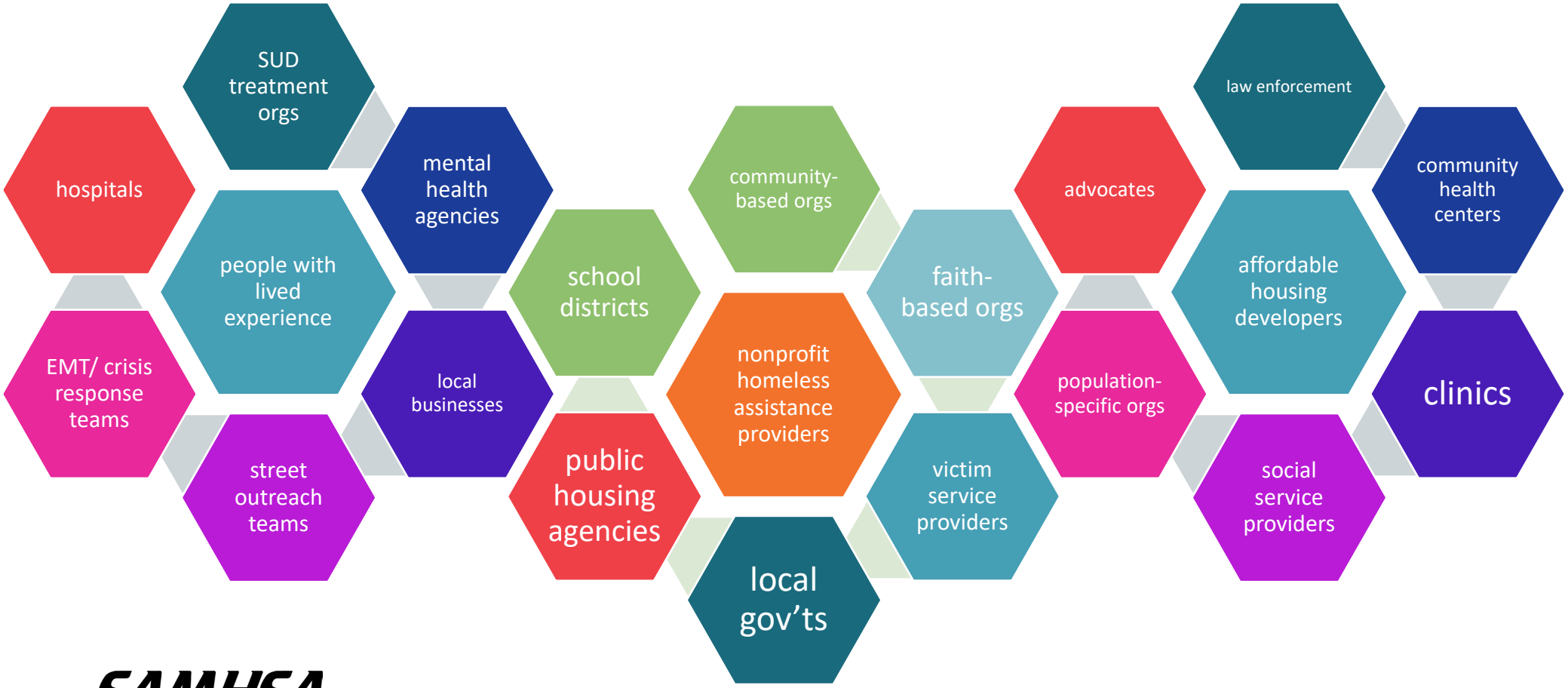
A CoC is not a legal entity, but a group or coalition of agencies and other stakeholders.

Each designates an entity to apply for federal funds, which HUD awards through an annual competitive process.

The primary purposes of a CoC is to promote community-wide commitment to end homelessness.

HUD requires CoCs to develop certain processes, including Coordinated Entry.

Types of Stakeholders in a CoC



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Coordinated Entry 101

What is Coordinated Entry (CE)?

- Process each CoC sets up to ensure that people experiencing or at risk of homelessness are prioritized for resources based on severity of need, and that people are matched to available resources most suitable to meet their needs.
- CE's primary purpose is to allocate housing resources fairly and appropriately.

5 Key Things to Know about CE

1. Required for HUD funding
2. Six key components
3. Participation is open to non-HUD funded orgs
4. CoCs have flexibility in design
5. Annual evaluation and refinement process

Purposes of Coordinated Entry

Re-structure: Provides an opportunity to re-think and re-organize how and to whom housing and services are delivered
Efficiency: Streamline access and referral
Equity: Ensure equitable access to limited resources
Standardization: Standardize tools and practices
Housing First: Incorporate a Housing First approach
Prioritization: Prioritize those most in need of assistance

Benefits of Coordinated Entry

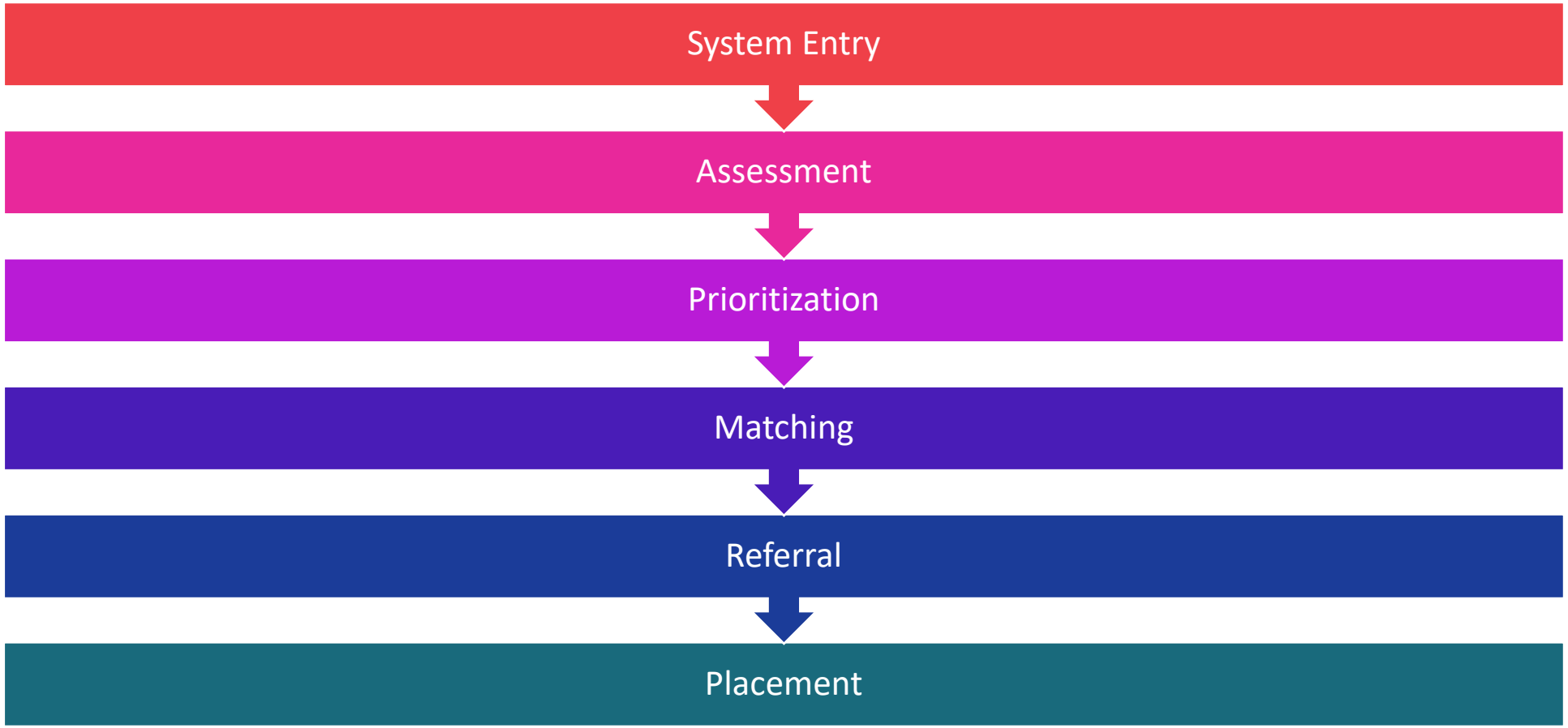
Without CE

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

With CE

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

Key Components of CE



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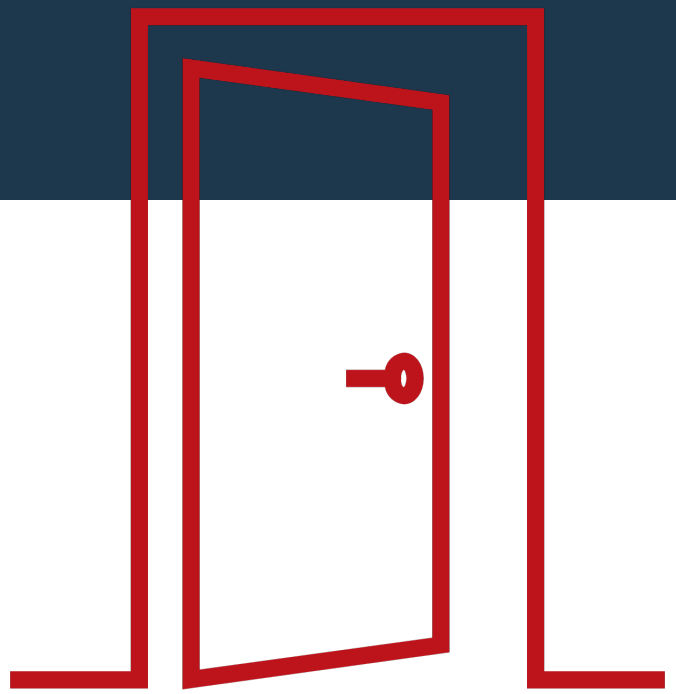
Entry, Assessment, Prioritization

System entry	Assessment	Prioritization
People seeking housing or services make contact with the community's homeless response system, usually by interacting with an outreach worker, calling 211, or showing up at a service provider's site.	All individuals and families who enter the system are assessed in a consistent manner, using a uniform decision-making process and standardized assessment tools.	People are prioritized for housing and community resources based on factors agreed upon by the CoC, ensuring that limited resources are used in the most effective manner and that households most in need of assistance are prioritized for housing and services

Matching, Referral, Placement

Matching	Referral	Placement
As housing resources become available, people at the top of the community's priority list are given a choice to accept those resources for which they are eligible and which appear to meet their needs.	People matched with a resource are referred to the program holding that resource, which requires communication between those who made the match decision, the person being housed, and the program providing the resource.	People are placed into the program and ultimately into housing. This usually entails ensuring that the person is "document ready" and often requires the program participant, program, and other partners to work together to address various barriers to housing placement and stability.

Key Opportunities to Partner: System Entry



- Learn basic eligibility requirements
- Know the entry points for your community's system
- Develop protocols for connecting people to CE system
- Serve as an entry point

Key Opportunities to Partner: Assessment and Prioritization

- Help review, select, and/or develop assessment tool(s)
- Notify CE system of people who should be assessed
- Administer assessments
- Work with CE system on prioritization schemes
- Participate in prioritization discussions

Key Opportunities to Partner: Matching, Referral, Placement

- Participate in matching case conferences
- Help program participants understand their options
- Offer support to housing providers
- Help people procure necessary documentation
- Provide transportation
- Follow up with newly-housed program participants

Community Presentation & Conversation

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Shelby Ferguson, she/her, MSW

Continuum of Care Administrator and former Coordinated Entry System Manager

Contra Costa County Health, Housing and Homeless Services (H3)

Health, Housing and Homeless Services (H3) is committed to making homelessness an uncommon occurrence in Contra Costa County.

The division integrates supportive housing and homeless services across our health system; coordinates the homeless crisis response system across the county; and works with community partners to develop innovative strategies to address housing as a key determinant of health.

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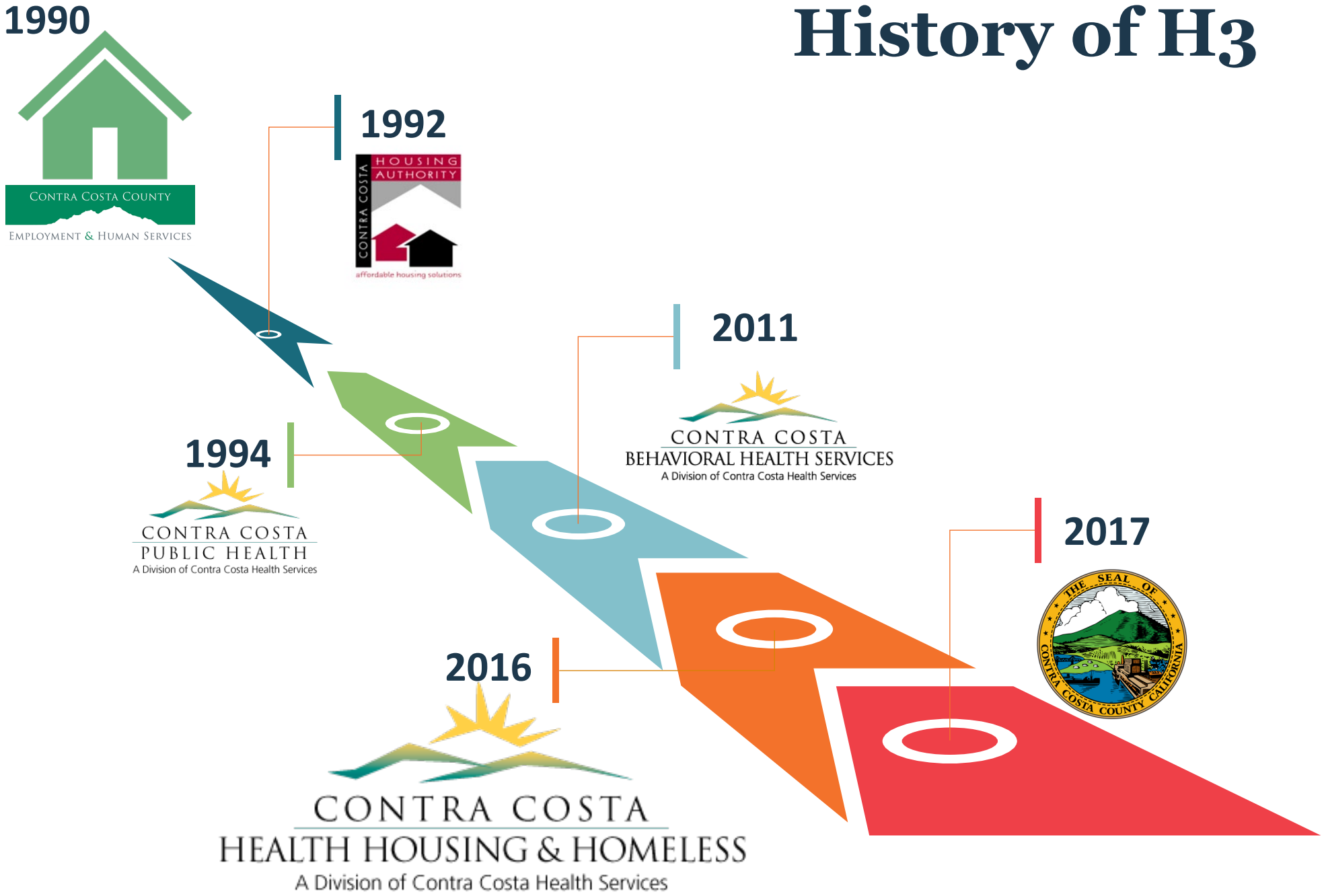
History of H3



Collaboration with Behavioral Health- Housing

- **No Place Like Home (NPLH)**
  - Partnership between Behavioral Health, Health, Housing and Homeless Services (H3) and affordable housing developers to provide permanent supportive housing (PSH)
  - Behavioral Health role: provide behavioral health services on-site to residents
  - H3's role: provide referrals through Coordinated Entry (CE)
- **Mental Health Services Act (MHSA)**
  - Partnership between Behavioral Health, H3, and non-profits in our community to provide PSH
  - Behavioral Health role: Manage the overall program and verify eligibility of referrals
  - H3's role: providing mental health focused case management through a licensed clinician, CE referrals

Collaboration with Behavioral Health- Services

- Homeless Mentally Ill Outreach and Treatment team (HMIOT)
  - Pilot between behavioral health and H3 that added clinical support to an outreach team
  - Informed future models of outreach
- Healthcare for the Homeless
  - Partnership between public health team and H3 homeless outreach teams to provide behavioral healthcare in the field

Collaboration with Behavioral Health

- Data warehouse
  - Data sharing between behavioral health and homeless system of care
  - Goal to ensure continuity of care
  - Housing placement meetings
- Governing Board
  - Behavioral Health seat on our Council on Homelessness (COH)

Connecting Behavioral Health and Coordinated Entry

- Behavioral Health connects to Coordinated Entry using our three access points

- Coordinated Entry connects to Behavioral Health using the county-run access line

Serving people with Behavioral Health Needs

Challenges

- Number of people with Behavioral Health needs
- Funding doesn't support mental health focused case management
- Lack of mobile teams
- Programs not specific to those with behavioral health challenges
- Stigma

Strategies

- Licensed behavioral health case management
  - Behavioral health interns
- Adding clinical capacity to outreach teams
- Partnering with behavioral health to co-locate in shelters
- Medical Respite

Incorporating People with Lived Experience

- Peer Support & Lived Experience Advisors
  - Service Provider Individualized Recovery Intensive Training (SPIRIT) Program
  - Homeless outreach model
  - 3 seats on our governing board for Lived Experience Advisors
  - Youth Advisory Council (YAC)
  - Shelter Resident Council
  - Resident Empowerment Program (REP)
  - Equity work & TA

Compensation for People with Lived Experience

- Hourly stipend for Lived Experience Advisor seats on governing board
- Gift cards for community input forums
- Consider income impact on benefits
- Provide food when in person
- Transportation vouchers

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Shelby Ferguson

Shelby.Ferguson@cchealth.org

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Question?

Closing Poll

What is one thing you will take into your work based on what was shared today?

Series Overview & Future Sessions

- [x] Session 1 — Trauma-Informed Care: Responding to the Trauma of Homelessness
- [x] Session 2 — Best Practices for Person-Centered Outreach
- [x] Session 3 — Making the Connection to the Homeless Response System
- [ ] Session 4 — Providing Behavioral Health Care in Unsheltered Environments

Next Session

Providing Behavioral Health Care in Unsheltered Environments

August 2, 2022
2:30 - 4pm (EST)

Evaluation and Certificate of Participation

https://lanitek.com/P?s=768847

Thank You!

SAMHSA's Homeless and Housing Resource Center provides high-quality, no-cost training for health and housing professionals in evidence-based practices that contributes to housing stability, recovery, and an end to homelessness.

Contact Us:

http://hhrctraining.org/ | info@hhrctraining.org | 518-439-7415x4

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