Homebase

ADVANCING SOLUTIONS TO HOMELESSNESS

In Partnership with DHCS and CalMHSA

July 30, 2025

Diving Deeper: Emerging Strategies for Behavioral Health Housing Engagement

Our Presenters

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Webinar Housekeeping

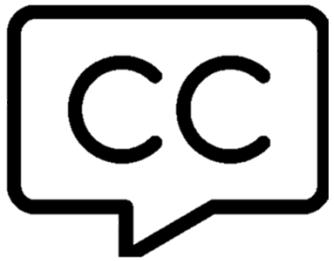
Tips to enhance the experience for you and other attendees

Mute

We ask that attendees raise their hand to indicate they'd like to ask a question + come off mute

Captions

Captions are available (Click "Show Captions")



Questions

Please type your questions in the Q+A Box.

Tech Issues

Email info@calmhsa.org for additional tech support during the webinar.

Housing systems can present complex challenges, but in some communities, behavioral health and housing partners have found ways to integrate their systems in ways that benefit everyone who accesses their services. **By working together to build collaborative partnerships and design innovative program models**, these systems create more effective pathways to permanent housing.

Today’s Agenda

Foundation Review: Understanding the Housing Continuum

Overview of Homeless Housing Program Terminology

Housing Pathways “Up Close”

- Coordinated Entry System
- Housing Authority

Community Examples

Resources & Next Steps

Webinar Goals

1. **Deepen understanding of housing pathways**, including Coordinated Entry, and how behavioral health agencies can support client navigation.
2. Increase knowledge of **different homeless housing terminology** and applications across various programs.
3. **Strengthen capacity for coordination** between behavioral health and housing sectors, including strategies for **information sharing.**
4. Support learning from **real-world examples** of successful behavioral health-housing partnerships across different communities.
5. **Foster reflection** on approaches for forming and maintaining strategic partnerships based on participants' own community needs.

Foundation Review: Understanding the Housing Continuum

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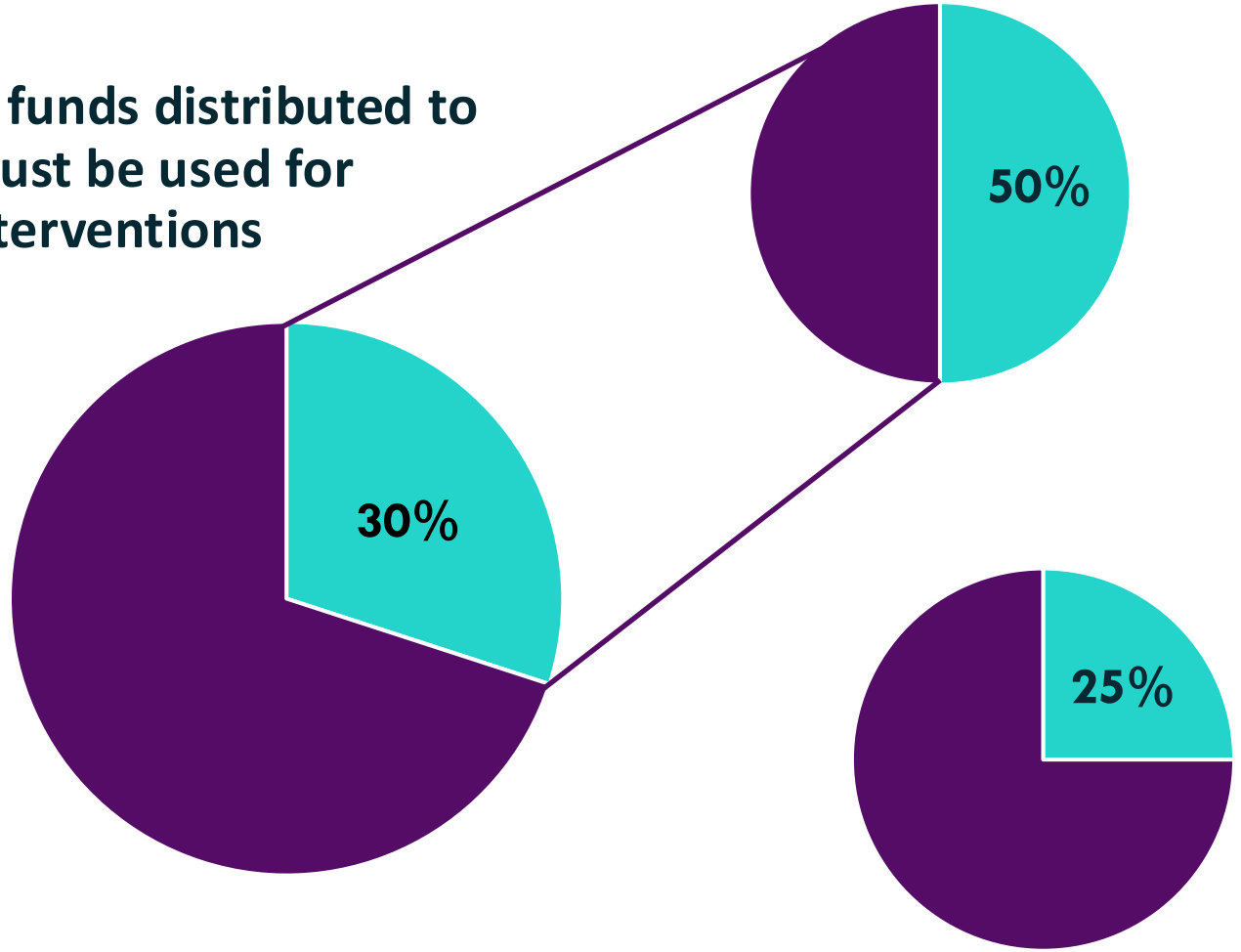
BHSA Housing Interventions Legislative Funding Requirements

30% of the funds distributed to counties must be used for Housing Interventions



50% of the Housing Intervention funds must be used for persons who are **chronically homeless**, with a **focus on individuals living in encampments**

Up to 25% of the Housing Intervention funds may be used for **Capital Development projects**

Housing Continuum: Temporary to Permanent

BHSA Housing Intervention - Allowable Settings

Time-Limited Interim Settings **(Temporary)**
Hotel and motel stays
Non-congregate interim housing models
Congregate settings w/few individuals per room (not large dormitory sleeping halls)*
Recuperative Care
Short-Term Post-Hospitalization housing
Tiny homes, emergency sleeping cabins, emergency stabilization units
Peer respite
Other settings ID'd under the Transitional Rent benefit*

Non-Time Limited Settings **(Permanent)**
Supportive housing
Apartments, incl. master-lease apartments
Single and multi-family homes
Housing in mobile home communities
Single room occupancy (SRO) units
Accessory dwelling units (ADUs and JADUs)
Tiny Homes*
Shared housing
Recovery/Sober Living housing
Assisted living
License-exempt room and board
Other settings ID'd under the Transitional Rent benefit*

*Time is limited to 6 months for those eligible for Transitional Rent and 12 months for those not eligible.

Overview of Homeless Housing Program Terminology

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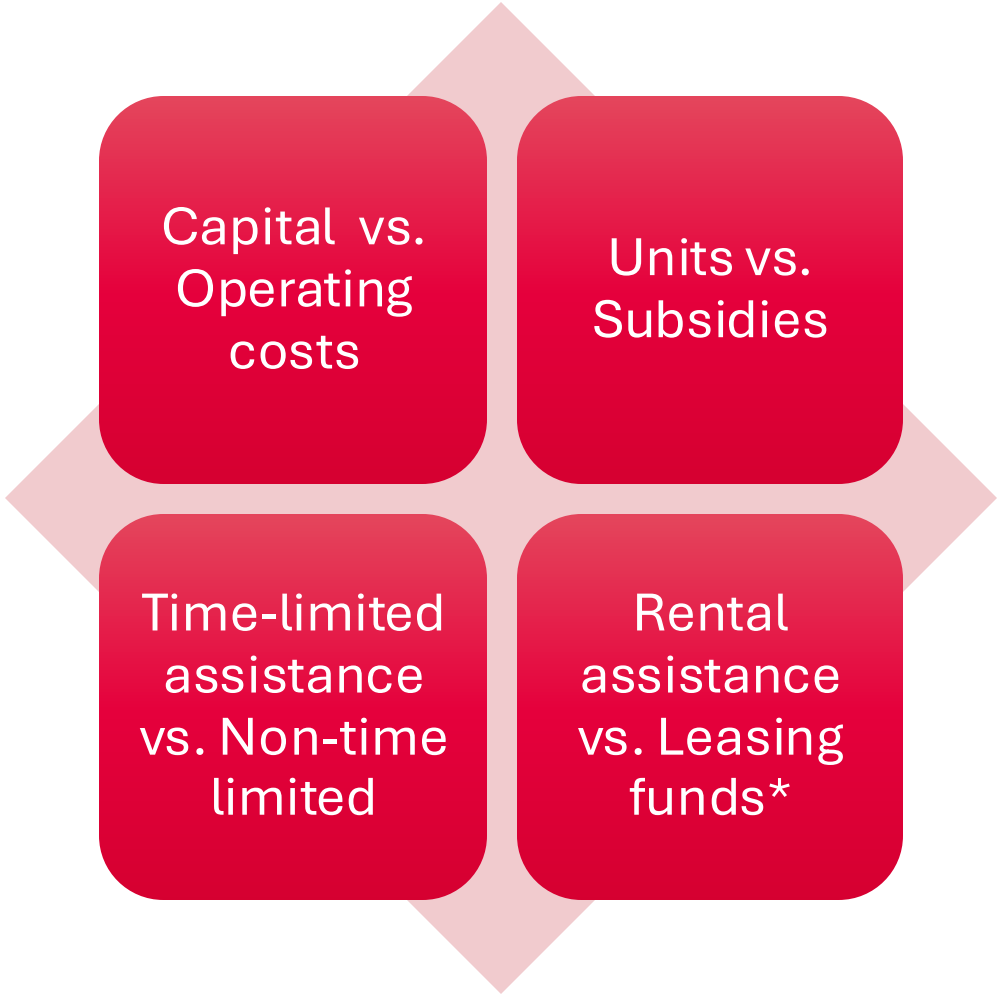
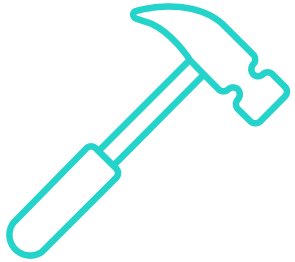
Homeless Housing Program Terminology



Capital Costs vs Operating Costs

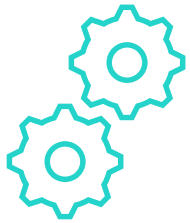


Capital Costs

Definition: Acquisition, construction, rehabilitation of buildings/units

Examples: Purchasing properties, building new units, major renovations

Funding: Programs like Homekey+, HOME-ARP (capital uses), Multifamily Finance Super NOFA



Operating Costs

Definition: Ongoing expenses to run housing programs

Examples: Maintenance and repair, utilities, insurance, security, equipment, furniture, etc.

Funding: Various state programs, capitalized operating subsidies

Units vs. Subsidies

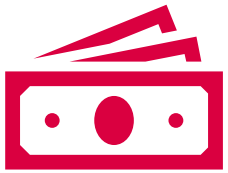
Units = Creating Housing Inventory

Acquire, build, or convert buildings

Increase the physical supply of housing

Long-term capital investments

Examples: Buying a motel to convert to housing, building new apartments



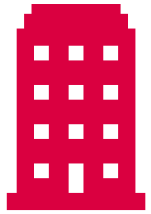
Subsidies = Making Housing Affordable

Help people afford existing housing in the marketplace

Rental vouchers or direct rental assistance

Operating/service costs

Examples: Housing Choice Vouchers, time-limited rental assistance



Master Leasing (Hybrid Approach)

Organizations lease entire properties then sublease to clients

Combines elements of both unit control and subsidy provision

Rental Subsidies

Tenant-Based OR Project-Based	Voucher attaches to individual/family (e.g., Housing Choice Voucher) vs. Voucher attaches to specific unit/building
Scattered-Site OR Project-Based	Multiple locations vs. One location (e.g., one option is Master Leasing)
Time-Limited OR Non-Time Limited	Short and medium-term rental assistance in interim settings vs. Permanent subsidy for those eligible (e.g., Permanent Supportive Housing, PSH)

***NEW* Transitional Rent Benefit:**

- A new community support benefit provided by Medi-Cal Managed Care Plans (MCPs), to complement the "housing trio" - Housing Deposits, Housing Transition Navigation Services, and Housing Tenancy and Sustaining Services
- Time is limited to 6 months for those eligible for Transitional Rent and 12 months for those not eligible
- Transitional Rent begins January 1, 2026, see Community Supports Policy Guide Volume 2, DHCS .

Housing Pathways “Up Close”

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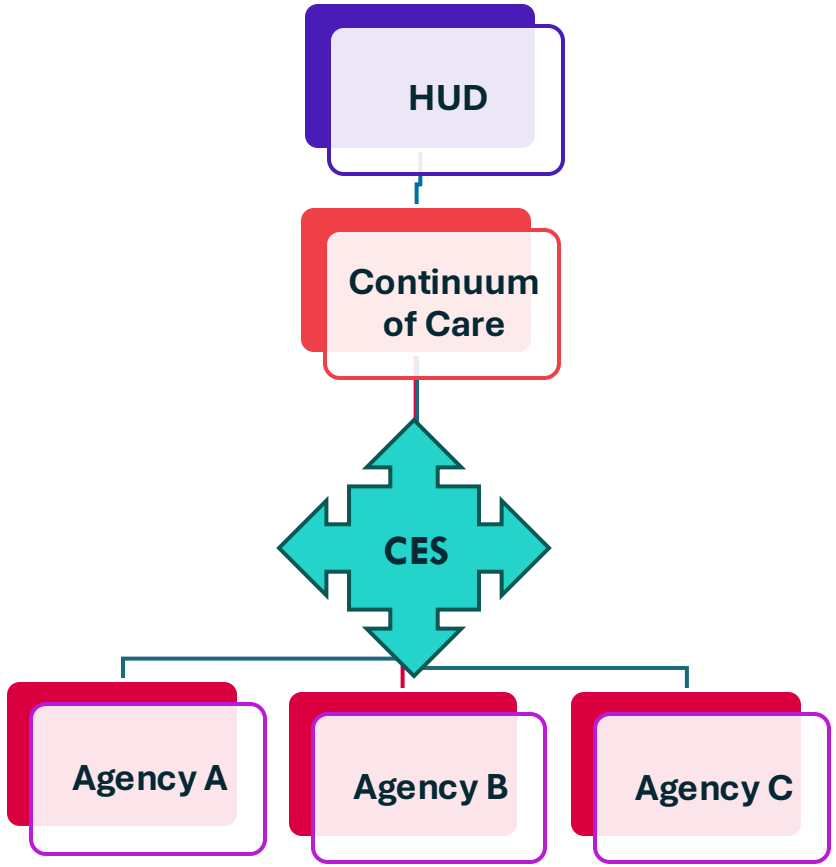
Continuum of Care (CoC)
Coordinated Entry System (CES)

- A CoC is the umbrella term for the group of organizations and agencies that **collectively coordinates homeless assistance activities and resources** in a community.
- HUD requires every area of the country to be in a CoC. CoCs may include one county, or multiple counties.
- HUD requires each CoC to set up a **Coordinated Entry System** to ensure people experiencing or at risk of homelessness are:
  - prioritized for resources based on severity of need, and
  - matched to available resources most suitable to meet their needs.
- The primary purpose is to allocate housing resources equitably and appropriately.



Purpose of Coordinated Entry

Provides an opportunity to **understand and organize** how and to whom housing and services are delivered

- **Streamline:** Streamline access and referral to housing and services
- **Fair and Equal:** Ensure fair and equal access to housing
- **Standardization:** Standardize tools and practices for housing assessment and placement
- **Housing First:** Incorporate a Housing First approach
- **Prioritization:** Prioritize those most in need of assistance

✅ Coordinated Entry Is….

- A **system-wide process** to help connect people experiencing homelessness — including those with complex behavioral health needs — to housing resources based on **urgency and vulnerability**, not just luck or persistence.
- **One of the primary pathways to highly supportive housing options** — entering through Coordinated Entry is often the most direct route to Permanent Supportive Housing (PSH) and other deeply assisted placements for clients with the highest needs
- A **matchmaking process** that **tracks eligibility** for multiple different housing pathways, with different eligibility criteria
- One way to **advocate for your client's housing needs**, especially if you're part of the system's case conferencing or data-sharing efforts.

❌ Coordinated Entry Is Not…

- **Not a housing provider itself** — it doesn't own units or deliver housing services but helps connect clients to available housing resources through centralized access.
- **Not a clinical system** — it won't assess treatment needs or determine care plans. That's why it's critical for BH staff to stay involved and bring that expertise into the process.
- **Not a guarantee of housing** — it prioritizes access based on need and eligibility criteria, but due to limited resources, not everyone will get matched.
- **Not static** — the system is constantly evolving. As new people are assessed and added, the **prioritization and vulnerability lists shift in real time**, meaning placement decisions are based on the most current data. Ongoing BH participation helps ensure those shifts reflect clinical realities and client needs.

What is HMIS?

- A Homeless Management Information System (HMIS) is a local community-managed **database that collects, stores, and analyzes information about services provided to people experiencing homelessness or at risk of experiencing homelessness**, and the characteristics of the people receiving those services.
- HUD requires participation in HMIS for any recipients or subrecipients of federal funds for the Continuum of Care (CoC) or Emergency Solutions Grant (ESG) programs.
- In California, AB 977 requires grantees of state-funded homelessness programs to enter data elements in alignment with HUD's standards into their local HMIS.
- Even where not required by funders, communities often integrate other partners who touch the same clients (including BH) into HMIS processes to streamline services and improve client outcomes.

HMIS + CE: Where They Overlap

- **CE relies on HMIS** to function — client assessments, prioritization scores, and housing matches are all recorded in HMIS.
- If a client isn't in HMIS, **they will not show up in CE referrals***
- Entering accurate, timely data into HMIS is **essential for ensuring clients can be prioritized** for housing.
- *Think of HMIS as the filing cabinet and CE as the process that uses the files to make housing decisions.*

Key Components of CE

Access

Assessment

Prioritization

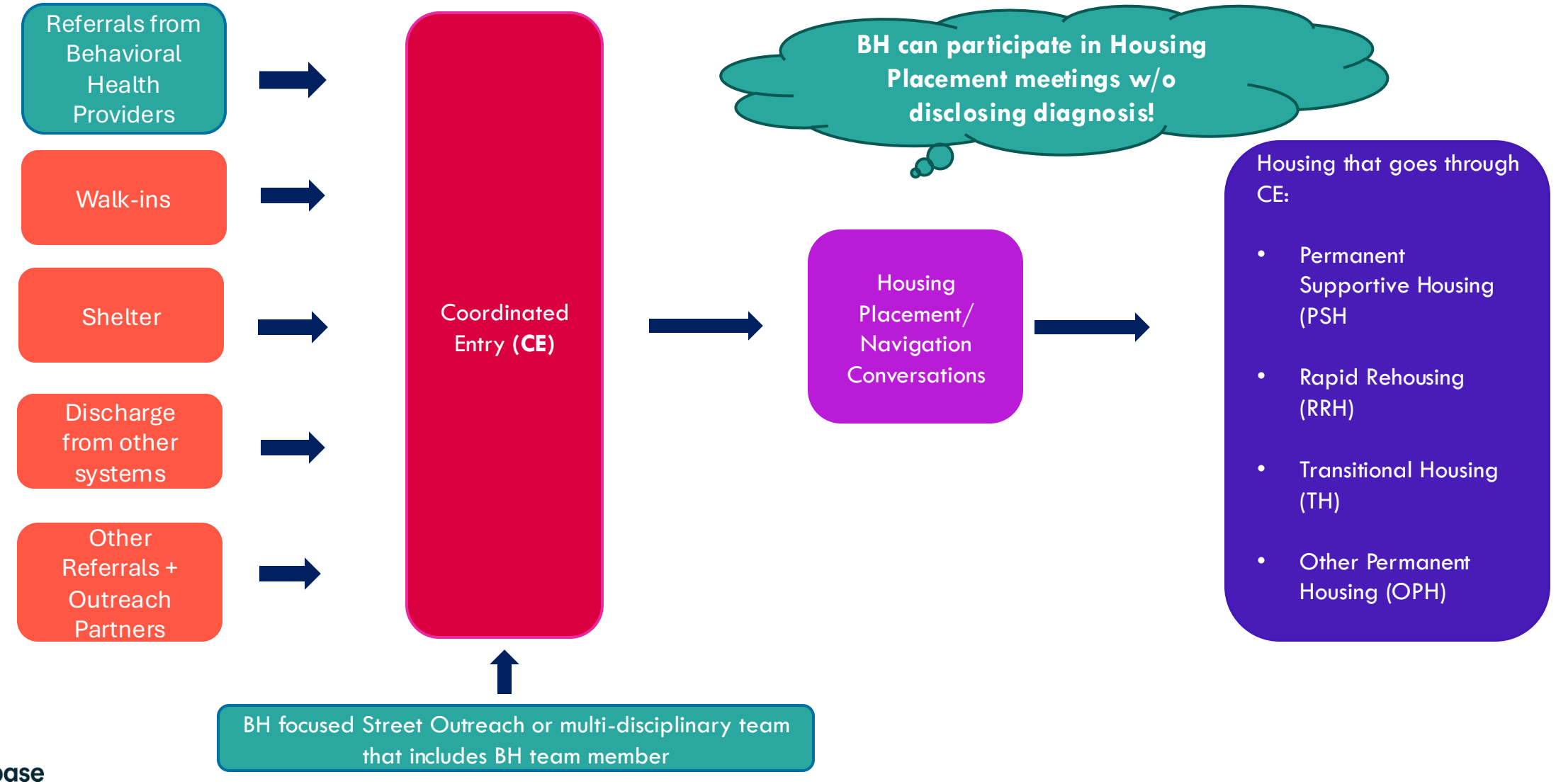
Referral

Placement

CE System Overview

Access	Assessment	Prioritization	Referral	Placement
• Phone (M-F, 9-5) • Emergency Shelter/Day Center • Street Outreach • Other community specific Access Points	• Homelessness assessment conducted by Access Point or CE Provider • Determines level of vulnerability and other intake info to determine potential eligibility for housing	• Based on assessment results, client is prioritized for housing/service resource in their score "range"	• By-name list is generated in HMIS with prioritized, eligible matches • CE Provider may convene providers to discuss housing placement that's best suited to meet their needs	• Clients matched to vacancies in programs that meet their needs (and eligibility) • Housing navigation services (e.g., document prep) • Housing location services/securing units

How Behavioral Health Can Fit Into CE Workflow



Questions To Ask Coordinated Entry Leads

- What training opportunities exist for staff to learn about/participate in CE?
- How are people prioritized for housing?
- What documentation and information do we need to make effective referrals?
- How do we ensure our referrals are prioritized appropriately within Coordinated Entry?
- What is the typical timeline from referral to housing placement? How can we help clients navigate waiting periods?
- How can our clinical staff participate in housing match and placement conversations?
- What coordinated case management opportunities exist where we can provide input?
- What data sharing agreements or partnerships would facilitate better coordination?

Collaborating with CE Through Sharing Information

- **Get in the room**: Have BH staff join Coordinated Entry committees and HMIS committees, and other CoC meetings where possible, to build relationships and understand the housing system
- Designate **internal HMIS experts**: Appoint BH staff to serve as internal leads for HMIS navigation, troubleshooting, and training, ensuring consistent support and coordination across the team.
- **Require HMIS data entry**: Have BH staff enter client data into HMIS so clients are visible within CE and to housing providers
- Develop **simple data sharing agreements**: Create ROIs that allow minimal data sharing to support referrals without exposing protected health information
- Use HMIS for **housing placement conversations**: Participate in housing matches to help you better serve clients while keeping their protected clinical information confidential.

Other Housing Pathways…

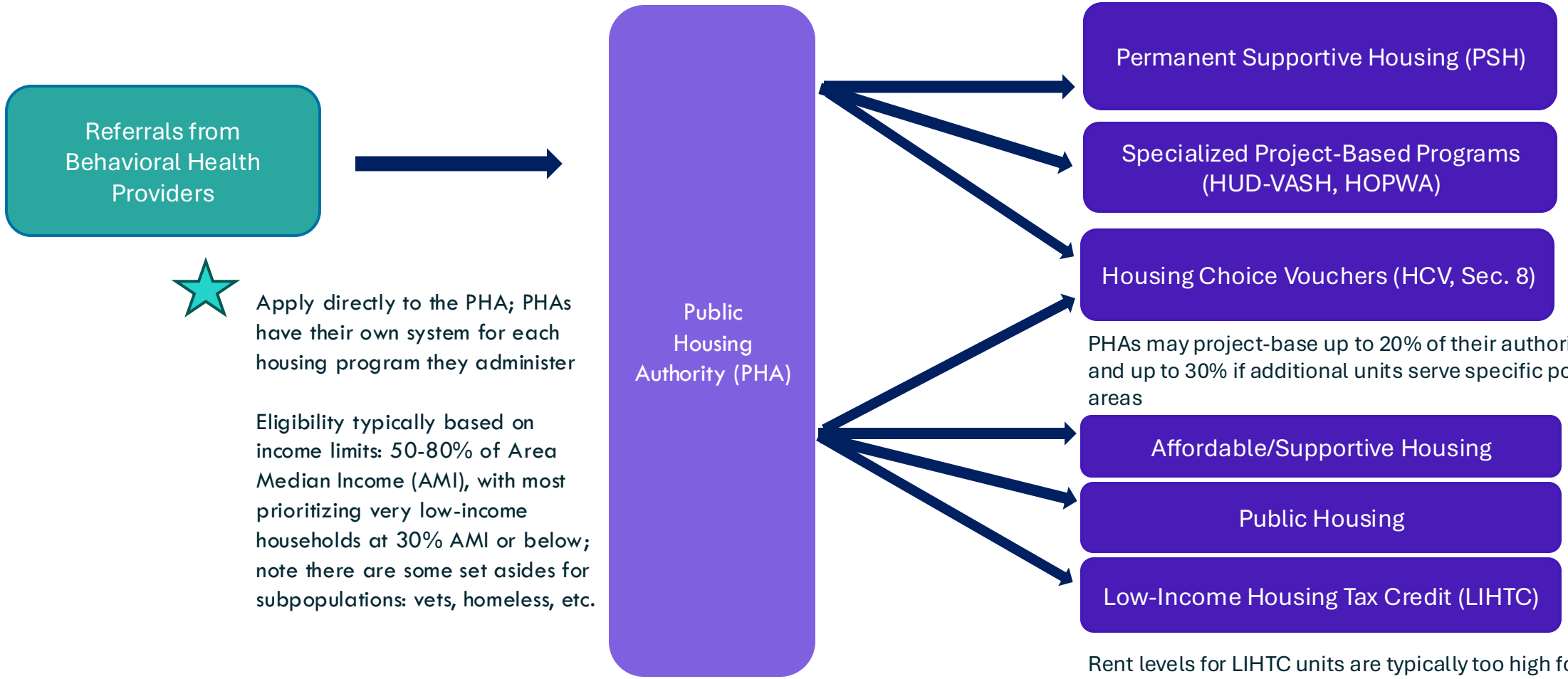
- **Public Housing Authorities (PHAs):** Manage and locally operate **Housing Choice Voucher** (Sec. 8) and **Public Housing** programs – subsidized housing programs provided by HUD, as well as their own housing.

- **Local County Welfare Offices:** Main contact for the CalWORKS Housing Support Program (**CalWORKS HSP**) for families experiencing or at risk of homelessness, administered by local county Department of Social Services (DSS)

- **County Veterans Services Offices:** Can assist in connecting Veterans experiencing homelessness or at risk of homelessness with appropriate supports and housing, including the HUD Veterans Affairs Supportive Housing (**HUD-VASH**), Supportive Services for Veteran Families (**SSVF**), and others.

- **Affordable or other Subsidized Housing**: Communities may have built through **tax credits** and/or other specific funding streams that have distinct target populations and tenant selection procedures.

Another Housing Pathway "Up Close": Public Housing Authority



Community Examples

Community Spotlight: Sacramento County

Get in the Room + Lay the Groundwork for Housing Collaboration

Start with Representation and Relationship-Building:

- BHS dept. staff join *every* CoC committee – from CES to HMIS – to understand housing systems and build trust with the housing providers and CES operators
- BHS dept. appoints internal staff to serve as liaisons:
  - **BHS Planner** sits on CES committee, serves as in-house HMIS expert.
  - **BHS Data Team** participates in HMIS committee, works on data matching and outcomes.
  - **BHS Program Coordinators** attend all housing placement case conferences across all subpopulations (TAY, Families, Veterans).

Community Spotlight: Sacramento County

Translate and Tailor CoC Content for BH Providers

Adapt CoC trainings for BHS contract providers

- Many CoC trainings are designed for housing-focused providers and may not immediately resonate with behavioral health staff.
- Sacramento's BHS department reviewed these materials and **translated key concepts**—like coordinated entry, housing prioritization, and case conferencing—into terms that aligned with **clinical workflows** and BH language.
- These adapted trainings were then delivered to **BHS contract providers**, helping demystify housing processes and clarify their role in them.

Community Spotlight: Sacramento County

Supporting Access to Housing Pathways Through Data and Coordination

Shared Systems: HMIS + Electronic Health Record (EHR)

- All BHS providers **enter client data into HMIS**, ensuring clients are visible within Coordinated Entry and to housing providers making who may receive a referral for that client.
- A designated BHS planner serves as the **internal HMIS expert**, supporting data quality, reporting, and training of BH contracted providers who are mandated to enter client data into HMIS

Data Sharing Agreements that Work

- CoC lead and BHS department co-developed an **ROI that allows minimal data sharing**—enough to support referrals and coordination without exposing protected health information.
- County counsel was engaged early to ensure **processes and tools met** privacy and legal standards.

Community Spotlight: Sacramento County

Supporting Access to Housing Pathways Through Data and Coordination

BH Providers Use the Housing Conversation Tool (HCT)

- Behavioral health outreach teams and providers are trained to use the **Housing Conversation Tool**, the same assessment used by Coordinated Entry.
- HCT is integrated into **early engagement**, often during outreach or intake, to surface housing needs from the start.

Streamlined Access to Housing Pathways

- Because BH clients are **already assessed using the CES tool**, they can be more easily connected to housing resources once referred into Coordinated Entry.
- This reduces duplication, shortens the time to referral, and improves the **accuracy of housing matches**.

Community Spotlight: Sacramento County

Tackling the Challenge of Double Entry (EHR + HMIS)

The Barrier: Double Entry into EHR + HMIS

- Behavioral health providers are required to document in both their **electronic health record (SmartCare)** and the **homeless system's HMIS**.
- This duplication created a **steep learning curve**, time burden, and initial provider resistance

The Response: Sacramento BH addressed this challenge by:

- **Including clear requirements in provider contracts**, such as participation in HMIS trainings and clear data entry standards
- Developing internal **policies and procedures** for HMIS use tailored to BH providers
- Providing **assistance and drop-in hours** help build comfort with the HMIS system
- Cross-checking EHR and HMIS to ensure consistency: BH planner acts as an **internal HMIS subject matter expert to perform checks across the two systems**

Community Spotlight: Fresno County

Embrace HMIS and Coordinated Entry (CES) for Housing

- **Department of Behavioral Health (DBH) funds 13 Permanent Supportive Housing (PSH) sites and additional Bridge Housing**
    - All projects enter data into HMIS systems
    - DBH-contracted providers (project management and supportive services) as well as DBH staff enter data
    - DBH oversees data entry, quality control and works directly with HMIS Lead Agency, Fresno Housing Authority
- **DBH collaborates with Coordinated Entry (CES), landlord engagement partners, and housing navigators to match people to permanent housing**
    - For DBH PSH funded through No Place Like Home and Realignment, DBH refers and certifies people as meeting eligibility criteria of SMI and homelessness
    - CES team coordinates those with DBH eligibility documentation for placement into PSH units

Community Spotlight: Fresno County

Coordinated Entry & Navigation Collaboration

DBH participates in weekly Community Navigation Meeting

- Weekly meetings of all participants in homelessness/Coordinated Entry Systems – from outreach, shelters, navigators, CoC, housing programs, supportive services (approximately 30 organizations)
- Discuss housing pathways for people needing housing/treatment; tenancy issues; locating people; providing appropriate supports; and problem solving
- Data sharing: the DBH Release of Information is a standard part of systemwide housing navigation client packet so meeting participants can share information that helps clients get housed

Community Spotlight: Fresno County

Engage Partners in Housing Planning/Partnerships

DBH Bridge Housing provides interim housing and uses Coordinated Entry to plan a pathway to permanent housing for clients

- Clients are initially referred to Bridge Housing directly from hospitals, law enforcement, inpatient treatment centers, shelters, TAY inpatient services, FSPs and other DBH program
- Typical referrals are high-risk people who need stabilization services above what other housing or shelter programs may offer
- While housed through Bridge Housing, clients are entered into CES in order to find permanent housing
- 98% of those exiting to permanent housing are housed through CES programs

Community Spotlight: Sonoma County

Start with Integrated, Person-Centered Teams

- In response to regional crises (e.g., wildfires), the County developed an Interdisciplinary Multi-Disciplinary Team (IMDT) model called ACCESS Sonoma—now embedded across multiple high-need cohorts (e.g., fire survivors, unsheltered residents, mental health diversion clients).

- IMDT convenes weekly, three-hour case conferences, with representatives from health, human services, homelessness, and behavioral health working collaboratively.

- **BH staff actively participate in these consultations to identify housing needs and connect clients to shelter or longer-term housing options; reps from other departments can connect clients to BH services as well!**

Community Spotlight: Sonoma County

Cross-System Coordination Starts with a Universal ROI

- When individuals are enrolled in any high needs cohort, they complete a **Universal ROI**, enabling seamless data sharing across departments.
- This streamlines collaboration and reduces silos across BH, health services, and homelessness programs.
- **BH staff use this ROI to coordinate care and housing navigation alongside their homelessness system partners.**

Community Spotlight: Sonoma County

Street Outreach that Bridges Systems

- Sonoma's **Whole Person Care team** plays a key role in engagement and referrals.
- Outreach teams conduct **encampment visits**, assess clients in the field, and facilitate warm handoffs into programs like Bridge Housing.
- These teams also **hold BH caseloads**, offering continuity of care as clients transition into shelter or permanent housing.
- This approach has been pivotal in **increasing client engagement and housing access** for unsheltered individuals with BH needs.

Community Spotlight: Sonoma County

Behavioral Health Bridge Housing as a Launchpad

- Opened in **February 2025**, Sonoma's **Behavioral Health Bridge Housing (state-funded)** program offers **6–12 month stays** for individuals with complex behavioral health needs.
- Operated through a partnership between the **Department of Health Services and an on-site provider**, with co-located County BH staff offering clinical support.
- **On-site Housing Navigators assist residents with enrolling in CES and developing housing plans.**

Community Spotlight: Tulare County

Tulare County works closely with the CoC, Behavioral Health, city jurisdictions, and local law enforcement:

- The county formed a **multidisciplinary outreach team** with members from Human Services, Public Health, and Behavioral Health
- The team, which includes Behavioral Health representatives, coordinates and conducts outreach to unhoused people, providing care and connection to housing and services
- Team members share information and **collaborate on data and document collection**
- Team **co-locates staff** at partner sites such as Navigation Centers, a sanctioned encampment, and rescue missions
- County has helped to **infuse funding into navigation centers, mobile shower units, housing projects** such as Homekey as well as a non-profit project called Neighborhood Village

Resources

- **CoC Partnership Connection Guide**
  - This guide helps California behavioral health leadership and staff establish or strengthen partnerships with your local Continuum of Care (CoC) to improve client access to housing resources.

- **Public Housing Authority Partnership Starter Guide**
  - This guide helps behavioral health managers in California establish or strengthen partnerships with their local Public Housing Agency (PHA) or housing providers to improve access to affordable housing resources.

Q&A + Discussion

Poll

Would your agency be interested in participating in **one-to-one technical assistance (TA)** with Homebase to **strengthen collaboration between your agency and your local CoC/homelessness system of care?**

If yes, please provide a **name** and **email address** for us to follow up with you!

Data Explainer Series Schedule

Empowers you to interpret data, understand expectations, and engage in data-informed planning to produce your first BHSA Integrated Plan.

Webinar Date & Zoom Link	Office Hours Date & Zoom Link	Webinar Title
7/29/2025 | Register	8/1/2025 | Zoom Link	Introduction to Statewide Goals & Access to Care
8/5/2025 | Register	8/8/2025 | Zoom Link	Homelessness
8/12/2025 | Register	8/15/2025 | Zoom Link	Justice-Involvement
8/19/2025 | Register	8/22/2025 | Zoom Link	Removal of Children from the Home
8/26/2025 | Register	8/29/2025 | Zoom Link	Overdoses and Suicides
9/2/2025 | Register	9/5/2025 | Zoom Link	Untreated Behavioral Health Conditions, Prevention and Treatment of Co-Occurring Physical Health Conditions
9/9/2025 | Register	9/12/2025 | Zoom Link	Care Experience, Quality of Life, Social Connection
9/15/2025 | Register	9/19/2025 | Zoom Link	Engagement in School and Work
9/23/2025 | Register	9/26/2025 | Zoom Link	Institutionalization
9/30/2025 | Register	9/30/2025 | Zoom Link	Collaborating with Local Planning Processes

With questions about this series, please contact Rachel Bhagwat at rachel.bhagwat@calmhsa.org.

Thank You!