Facilitators

Esau Williams
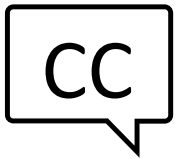

Kathryn Primas, DSW

Webinar Housekeeping

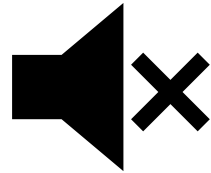**Tips to enhance the webinar experience**

Closed Captioning

Live captioning is available for this webinar. (Click "Show Captions")

Audio

We ask that all attendees remain on mute until the Q & A

Questions

Please type your questions in the Q & A Box

Tech Support

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Agenda

Welcome & Introductions

Purpose

Coordinated Entry (CE) Overview

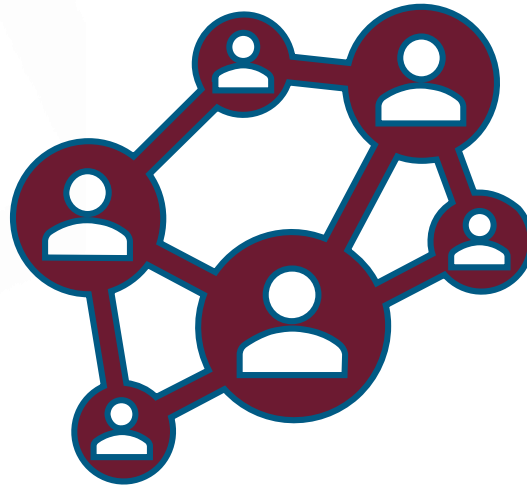How CE Impacts BH Clients

Case Study

Collaboration & Care Coordination

Purpose

Provide clarification in ***how*** coordinated entry is implemented across systems and ***improve coordination between housing and behavioral health providers.***

Audience Check-In (Poll)

What is your primary role? (**BH Provider** (Case Manager, BH Supervisor, Clinical Coordinator, Other); **CE Managing Entity; Lead Agency; CoC Homeless/Housing Provider)**

Do you have the ability to send a housing referral through Coordinated Entry? (Yes, No, Can input info but not send a referral)

Coordinated Entry Overview

CE Requirements and Regulations

HUD Established CE Requirements in the CE Notice, 24 CFR 578.7(a)(8):

Primary goals of CE are to ensure that homelessness assistance in each CoC is:

- Allocated as effectively as possible.

- Easily accessible by people experiencing homelessness.

- Prioritized based on someone's needs, and that criteria are documented and followed by all providers.

Continuum of Care's Role in CE

The CoC is responsible for setting up and maintaining a CE system.

CoCs have flexibility in how they set up and implement their CE system, so long as the community uses the system to prioritize people who are most in need of assistance and refer them to available and appropriate housing services.

All HUD CoC and ESG Program-funded housing projects must use the CE system to fill unit vacancies.

CE is a system—not a single point of contact—designed to streamline access to housing and other homeless services assistance.

What Does CE mean for BH Clients?

Eligibility and Standardized Workflows

Cross-System Eligibility and Standardized Workflows

Topics Covered:

Why eligibility alignment matters

How BH clients intersect with CE

How to prepare clients for the CE process

By the end of this section, participants will be able to identify how behavioral health (BH) clients intersect with the housing system.

Program Collaboration

Collaborative Housing Case Management

Progressive Assistance

Co-Enrollment

Dual Case Management

Progressive Assistance

Did you know?

Progressive assistance is a **person-centered** approach to ending someone's homelessness. It is based on tailoring assistance to each individual or household's needs and assessing what works best for them, with their specific strengths, and in their specific situation.

Program Collaboration

Case Management

REGULAR CASE COLLABORATION MEETINGS TO DISCUSS SERVICE DELIVERY AND COMMUNITY ENGAGEMENT

COLLABORATIVE PROBLEM-SOLVING

BUILD AND MAINTAIN TRUST AND TRANSPARENCY AMONG PROVIDERS

What is Co-Enrollment?

Co-enrollment is when an individual and/or family is **enrolled** in more than one homeless program and/or service at any given moment.

Coordinated Entry encourages co-enrollments that will support access to sustainable permanent housing more quickly.

Homeless resources are robust and may need to come from multiple programs to help an individual gain access to and remain in permanent housing. We must strategically partner to look at the resources available from behavioral health providers, CoC, and the community partners.

Driving Question:

What combination of resources and BH services are needed to meet the individual's or family's housing goals, needs and desires as quickly and responsibly as possible?

HUD's Definition of Homelessness

Overview of Homeless Definition

Category 1: Literally Homeless

Individuals or families who lack a fixed, regular, and adequate nighttime residence.

Category 2: Imminent Risk of Homelessness

Individuals or families who will lose their primary nighttime residence within 14 days.

Category 3: Homeless Under other Federal Statutes

Individuals or families who do not qualify under the first two categories but are considered homeless under other federal laws.

Category 4: Fleeing/Attempting to Flee Domestic Violence

Individuals or families who are fleeing or attempting to flee domestic violence situations.
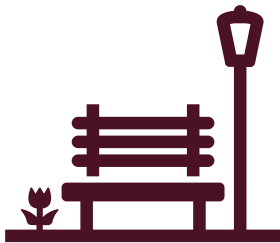
Category 1: Literally Homeless

Category 1 is an individual or family who lacks a fixed, regular, and adequate nighttime residence.

Three circumstances meet this definition:

Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (e.g., car, park bench)

Living in a shelter designated to provide temporary living arrangements.

Exiting an institution (e.g., jail, hospital) where they resided for 90 days or less and were residing in emergency shelter or place not meant for human habitation immediately before entering institution.

Category 2: Imminent Risk

AND

AND

Individuals/families who will imminently lose their primary nighttime residence within 14 days.

Have no subsequent residence identified

Lack the resources or support networks needed to obtain other permanent housing.

Category 3: Homeless under Other Federal Programs*

Individuals who meet the homeless definition under another federal statute.

Having had a lease, ownership interest, or occupancy agreement in permanent housing any time during the last 60 days

Have experienced two or more moves during the last 60 days

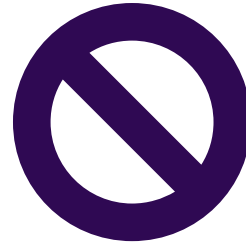*Serving this population with grant funds requires HUD approval*

Category 4: Fleeing/Attempting to Flee DV

Individuals/families fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence

Have no identified subsequent residence.

Lack the resources and support networks needed to obtain other permanent housing.

Category 4 Continued

This category can also include individuals in the following situations:

Trading sex for housing	Human trafficking	Physical abuse	Violence (or perceived threat of violence) because of their sexual orientation or gender identity
Emotional abuse (e.g., threats or intimidation)	Family conflict causing the individual to feel unsafe	Financial abuse (e.g., controlling income, identity theft to use credit)	Gang or neighborhood violence that is directed at the individual in their home

Other illegal activity that is putting the individual or their child at risk

Case Study

Case Study

You are aware that Sarah has been living in her car for the past year and is struggling to keep employment. She asks you if you are aware of any housing programs.

Sarah is a 34-year-old woman with co-occuring disorders. She has been your client for the past 6 months, attending monthly therapy and medication management.

You continue to provide BH therapy and medication management while Sarah seeks housing services.

You are able to get Sarah connected with a Coordinated Entry (CE) Assessor to complete a CE intake and housing needs assessment.

What Happens Next?

Does Sarah meet the eligibility requirements for a housing program?

If Yes:
Sarah will be referred to the housing program. Case conference may be necessary where CE and BH coordinates a care plan. Sarah will then be matched to an available housing program.

If Not:
She will be placed on a waitlist for housing. BH will still provide interim support & resources while Sarah waits to be matched to a program.

Your Role

|	
Immediate Support:	• Help stabilize her mental health during the crisis.
Information Sharing:	• Explain what Coordinated Entry is and how it works.
Referral:	• Connect her to the CE access point or help her contact them.
Advocacy:	• Offer to provide supporting documentation about her disabilities.

The CE Process: Sarah's Perspective

Initial Contact

Assessment

Matched

Appointment Scheduled

Waiting
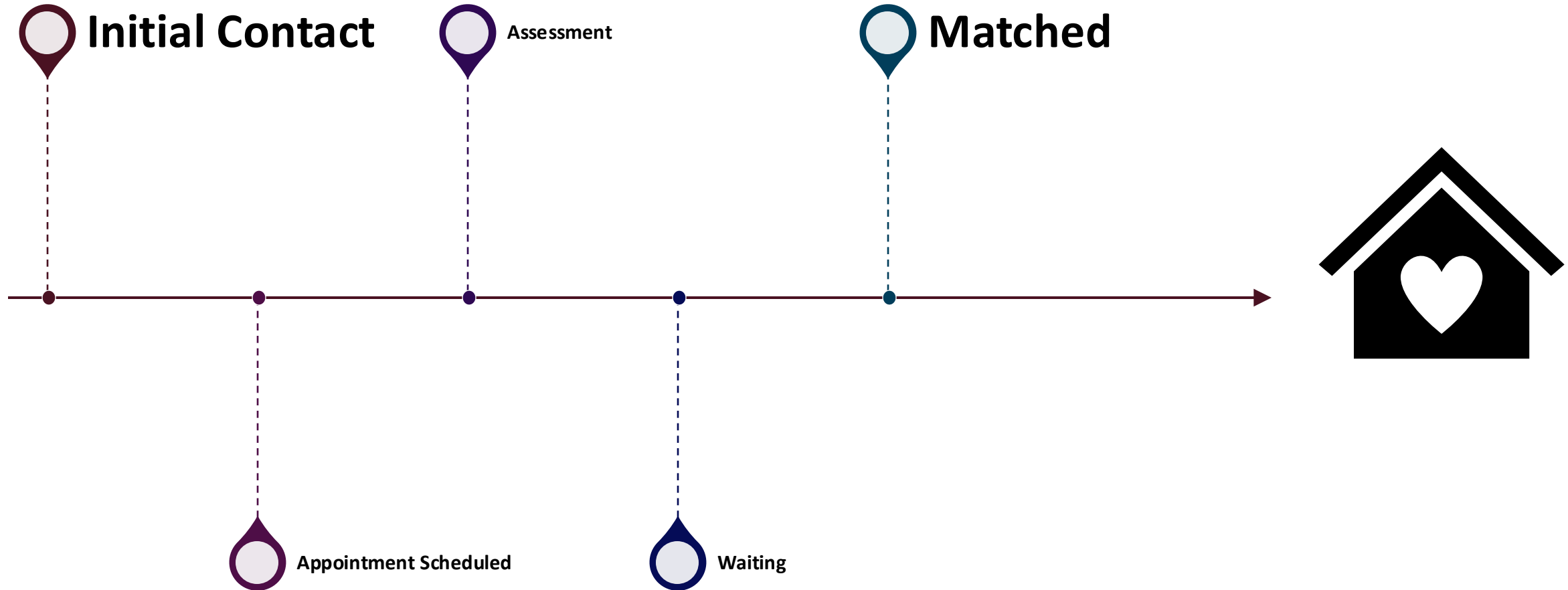
How Can BH Providers Help

Provide verification letters and help gather documents

Prepare participants for assessments

Help manage expectations

Connect to interim resources and provide status updates

Collaboration

Care Coordination

Collaboration and Coordination

Topics Covered:

Building Partnerships with Housing Providers

Understanding Housing Case Management

Effective Communication

Integrated Service Planning

By the end of this section, participants will be able to collaborate effectively with housing providers and CE coordinators.
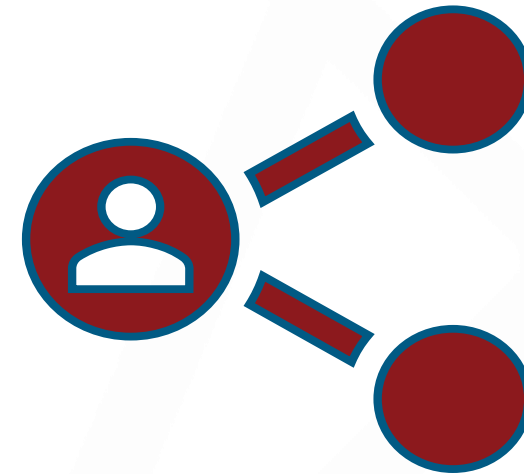
Housing Case Management Best Practices

Effective Collaboration Strategies

Information Sharing:

- Establish clear consent and release of information protocols

- Share relevant information that impacts housing stability

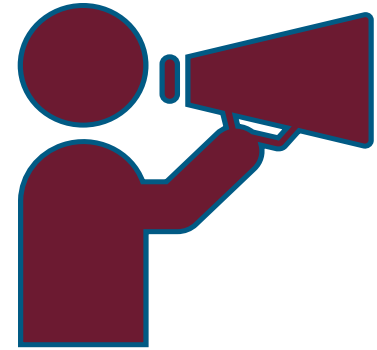- Respect confidentiality while promoting coordinated care

Regular Communication

Tips for maintaining good communication across systems

- Schedule regular check-ins with housing case managers

- Establish protocols for crisis communication

- Share updates on client progress and concerns

- Coordinate service delivery to avoid duplication

Building Partnerships with Homeless and Housing Providers

Understand housing case manager roles

Recognize differences in scope and training

Identify areas of overlap

Build complementary partnerships

Participant Survey

1. Overall, how would you rate this training?
   - Excellent
   - Good
   - Fair
   - Poor

2. This training improved my understanding of: (select all that apply)
   - The Coordinated Entry System
   - How Coordinated Entry Works
   - How Behavioral Health Systems and Coordinated Entry Systems can work together

3. How useful did you find the case conferencing tips?
   - Very useful – I will likely use/adapt them
   - Somewhat useful - parts may be helpful
   - Not Useful

4. After this training, do you feel more prepared to collaborate across agencies?
   - Yes, definitely
   - Somewhat
   - Not really

5. What part of the training did you find most helpful?
   - Open-ended

6. What other topics do you need more intensive training on?
   - Open-ended

Thank you!