



Homebase

ADVANCING SOLUTIONS TO HOMELESSNESS

August 31, 2026

Having Trauma Informed Conversations about Homelessness and Housing

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Training Housekeeping

NOTE: We are recording this training and will distribute slides.

Tips to enhance the experience for you and other attendees

Mute

Please mute your microphone when you are not talking.



Captions

Captions are available (Click "Show Captions")



Questions

Please type your questions into the Q&A Box



Tech Issues

Direct Chat to Margaret Aranda, or email margaret.aranda@calmhsa.org



Welcome!

In the chat, please tell us:

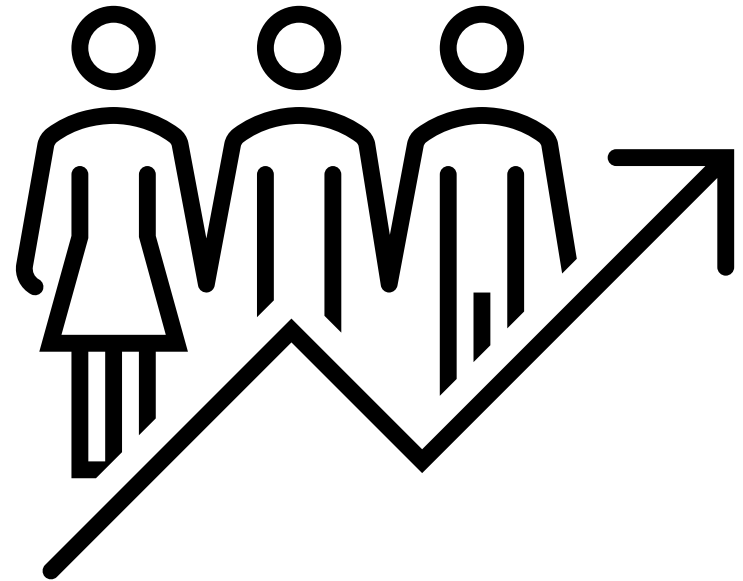
- Your name
- Preferred Pronouns
- Organization/Program
- Title or Role



Remarks from CalMHSA

Why is this work important?

- Better care for the people we serve
- BHSA requirements
- Statewide Performance Measures



Today's Agenda

- Welcome and Introductions
- Intro to Homeless Definitions and other Homeless System Terminology
- Trauma Informed Care
- Tools for Discussing Housing Status
- Q&A
- Closing and Next Steps

Intro to Homeless Definitions and Terminology

What is the Behavioral Health Services Act?

- The MHSA was passed in 2004 and provided new funding to city and county mental health departments for community-based mental health services.
- The BHSA was passed as part of Proposition 1 in 2024 and changed the requirements on how the funds are spent:
 - Increasing the focus on the most vulnerable behavioral health populations experiencing homelessness
 - Requiring 30% of the funds to be spent on housing interventions
 - Allowing BHSA fund to be spent on clients with substance use disorders
 - Accounting for all county spending on behavioral health programs

BHSA Homeless Definitions

Homeless

Chronically Homeless

At-Risk

BHSA Homeless Definitions

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Chronically Homeless

At-Risk

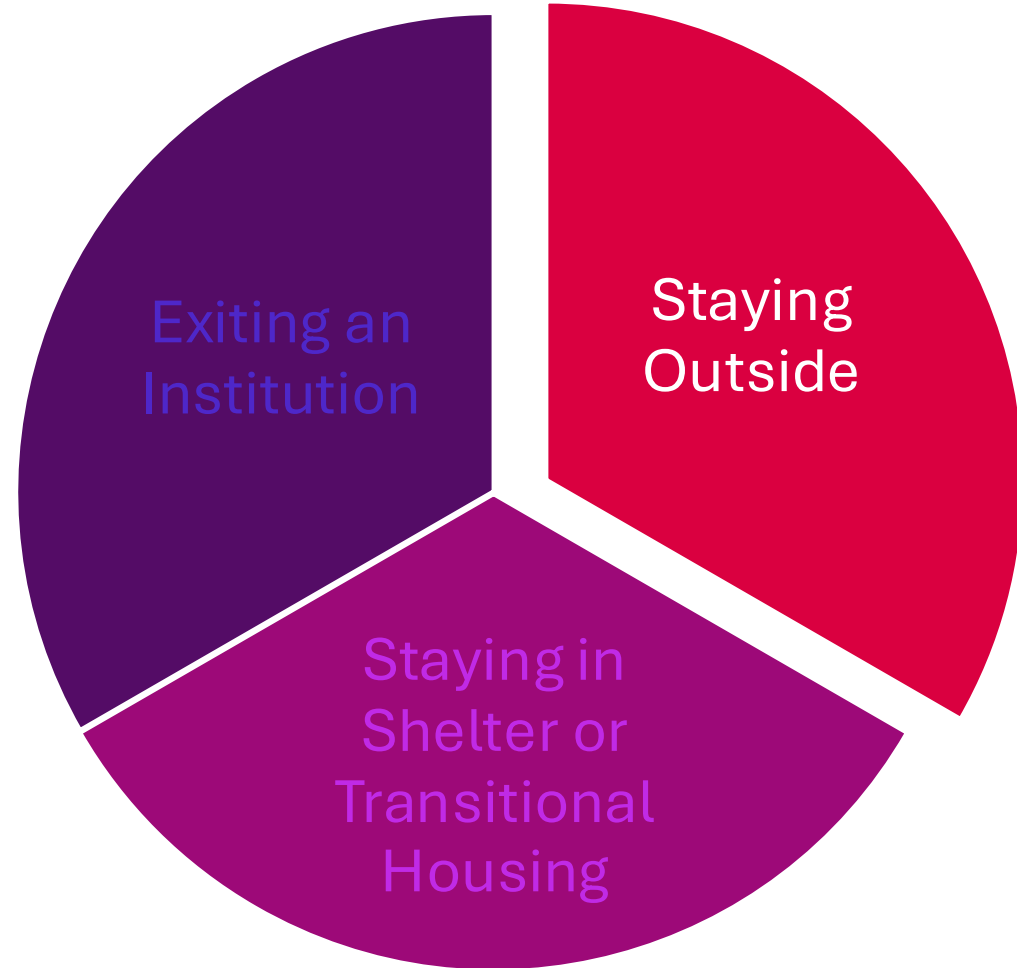


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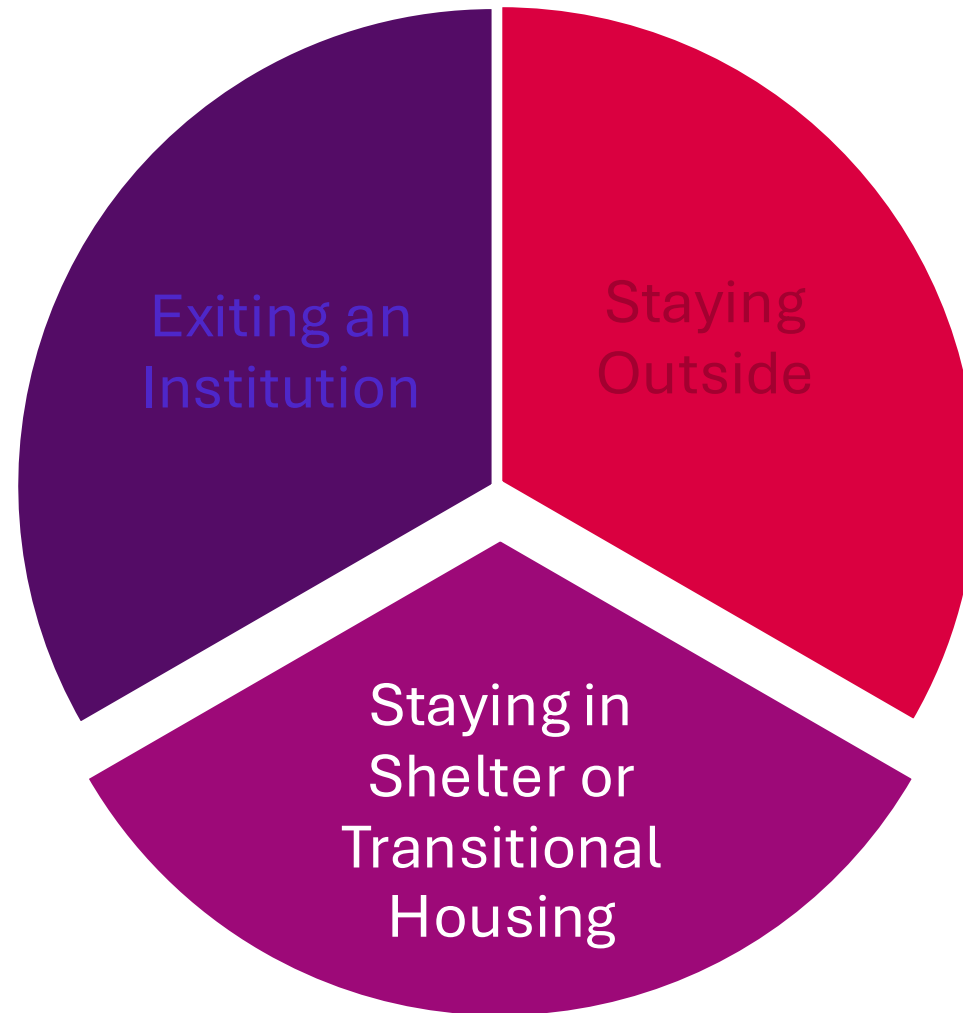


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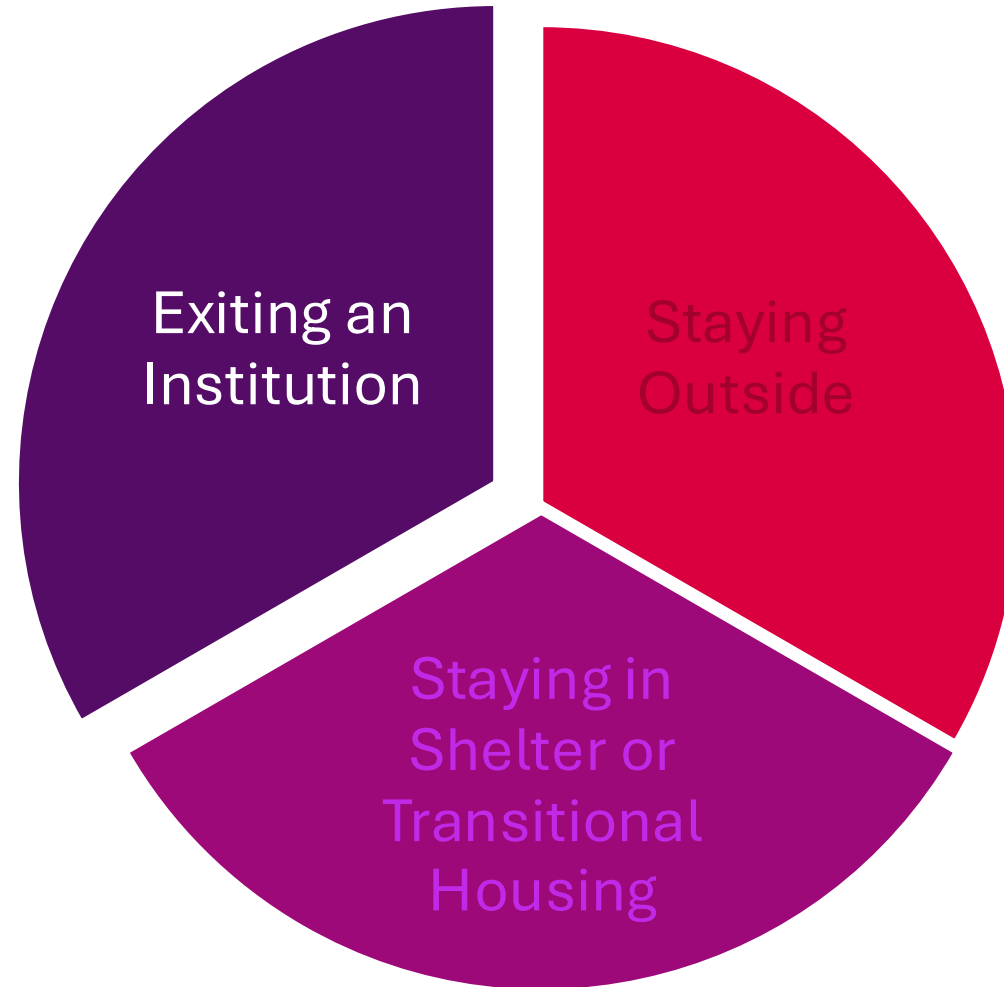


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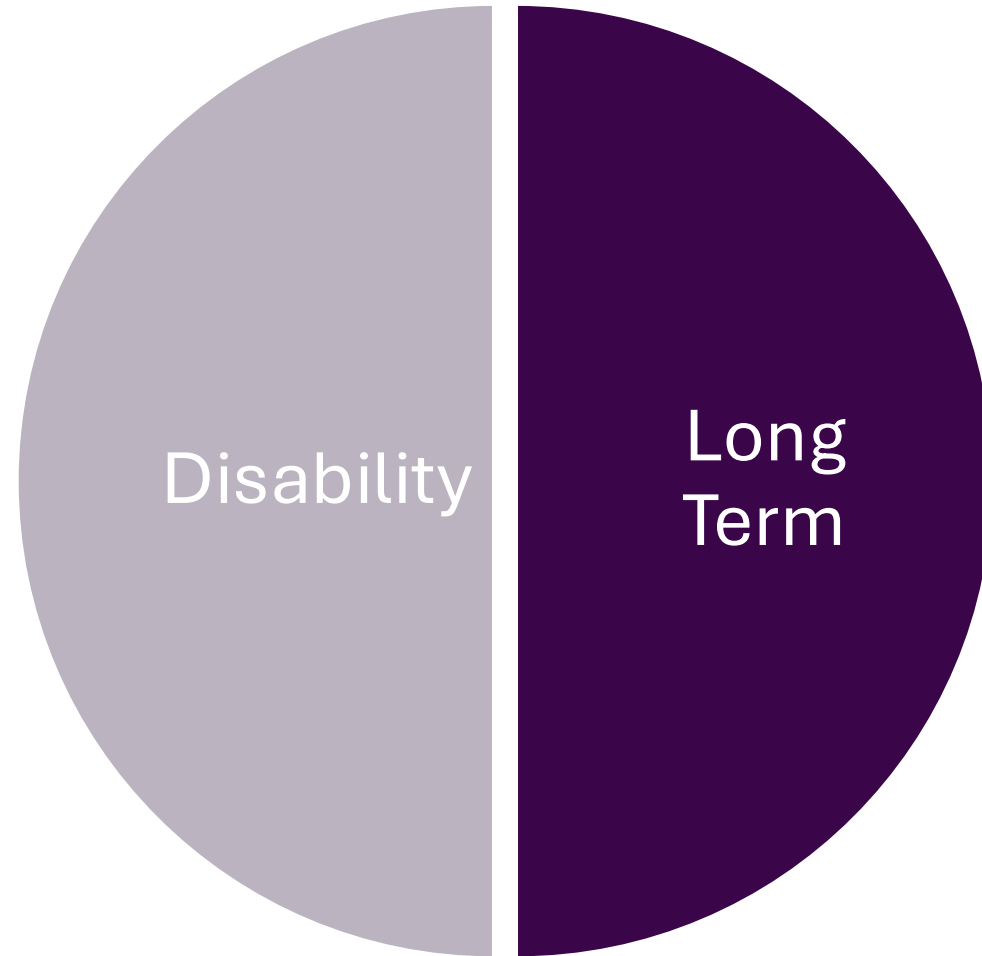


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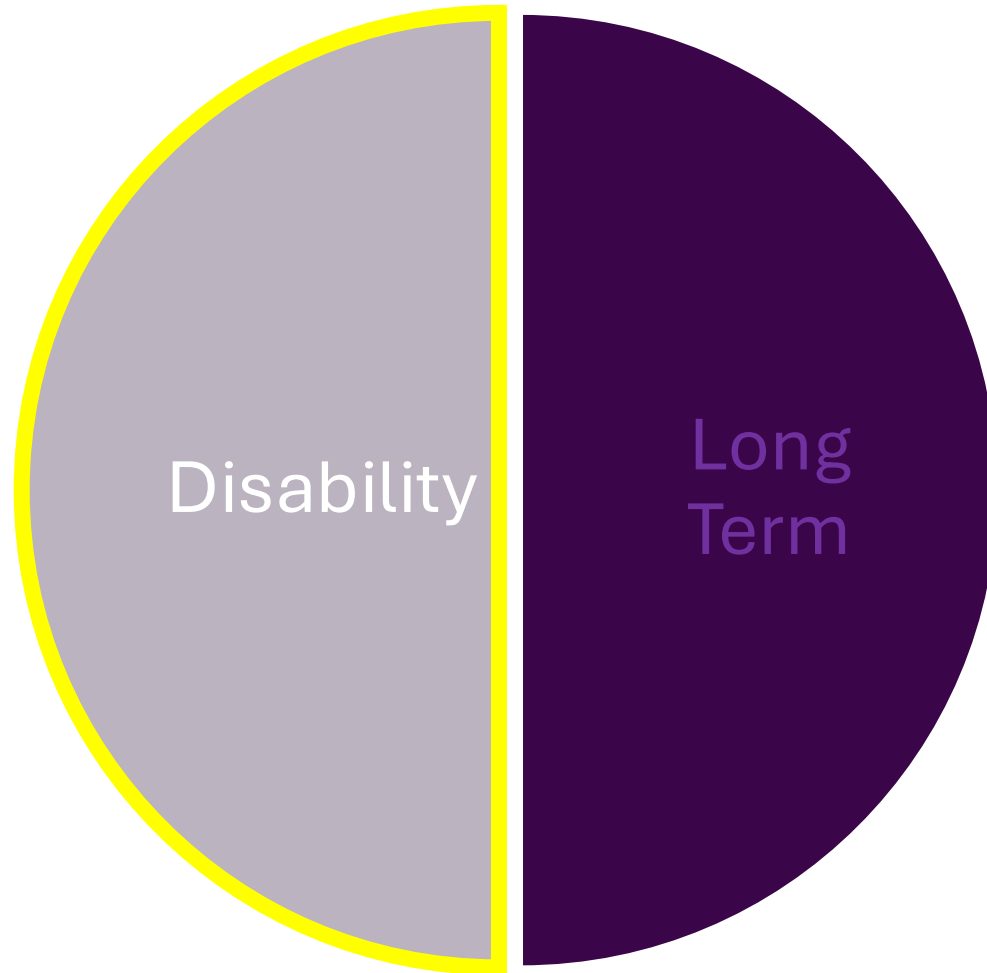


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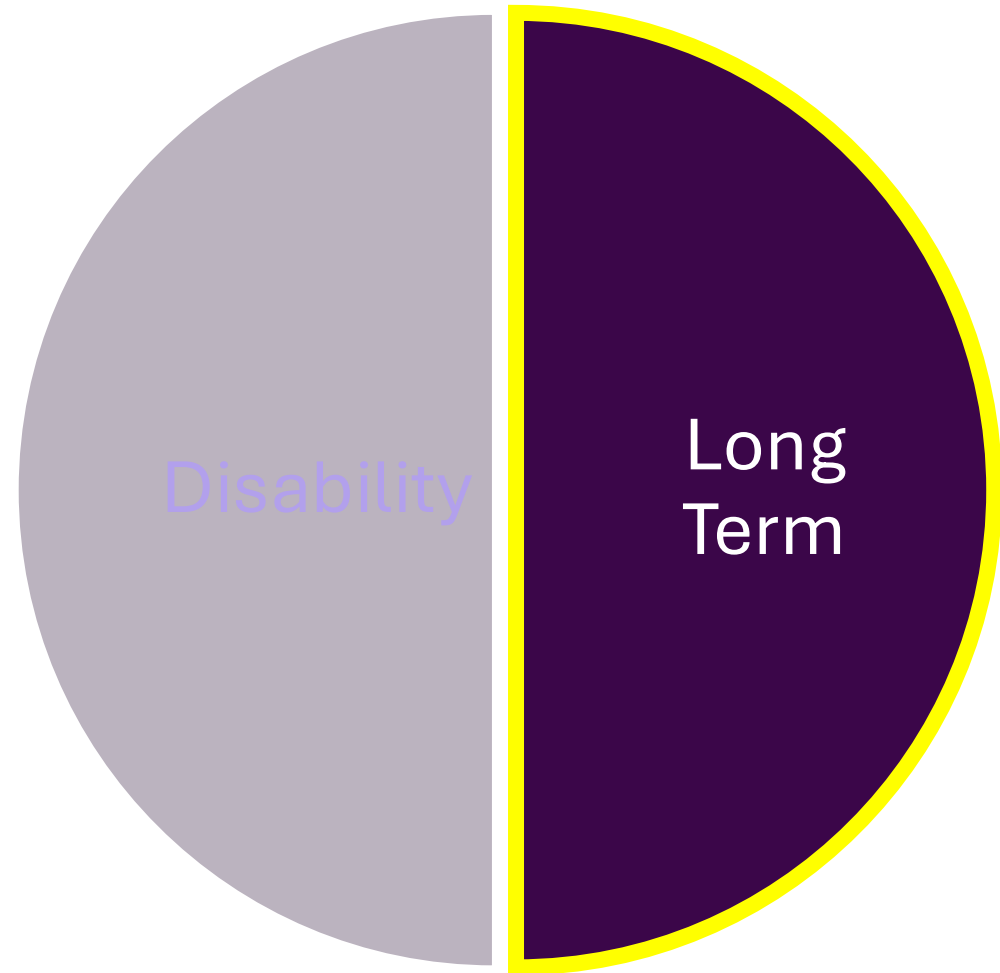


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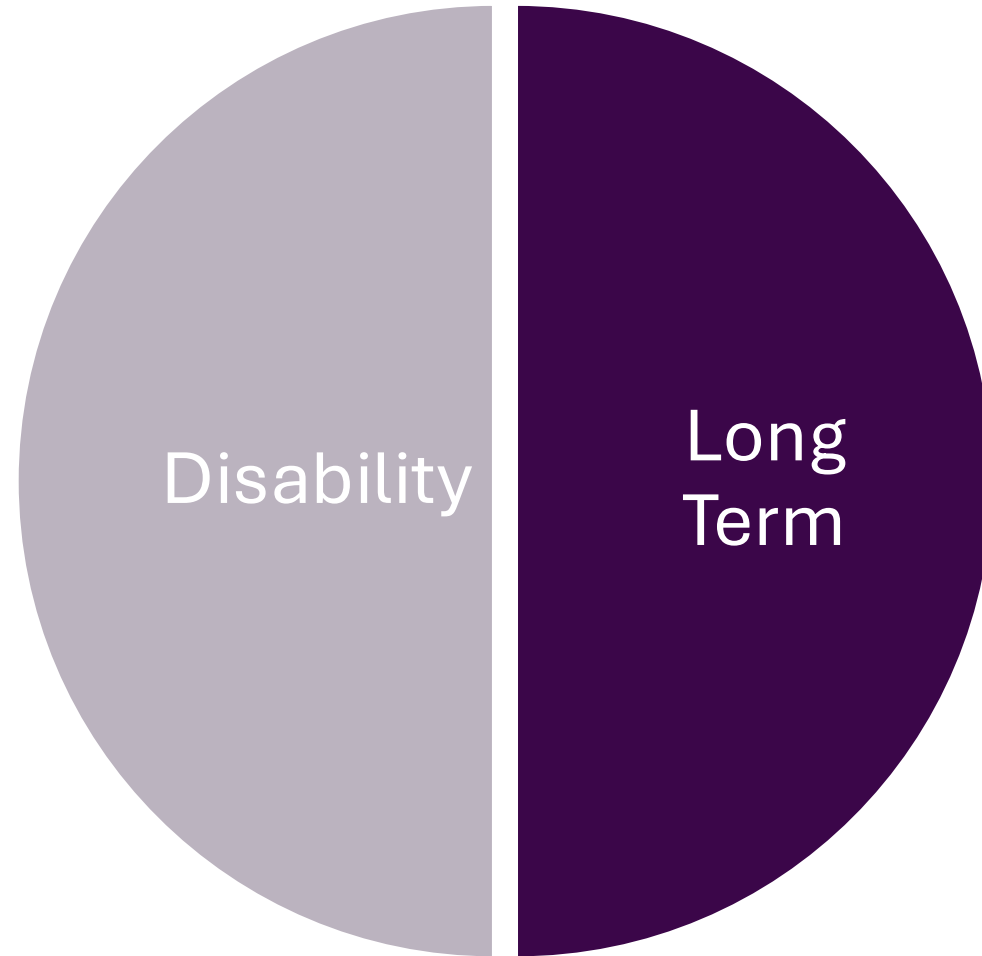


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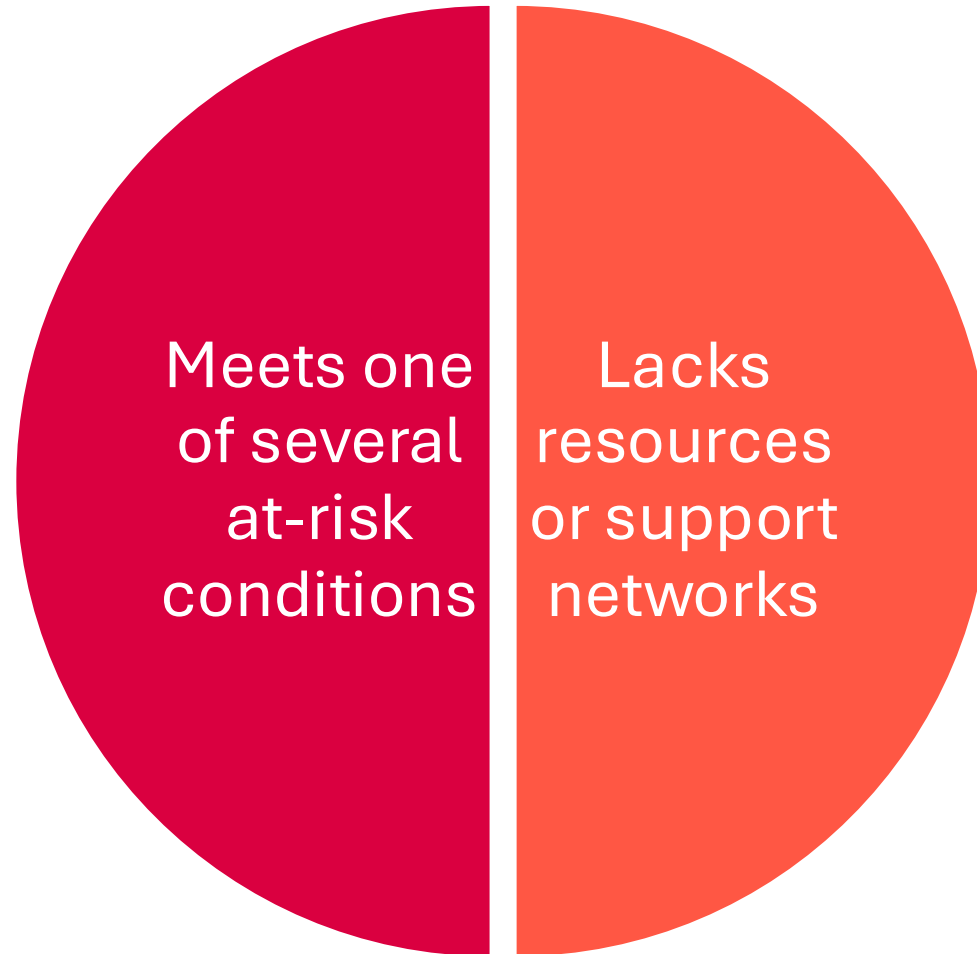


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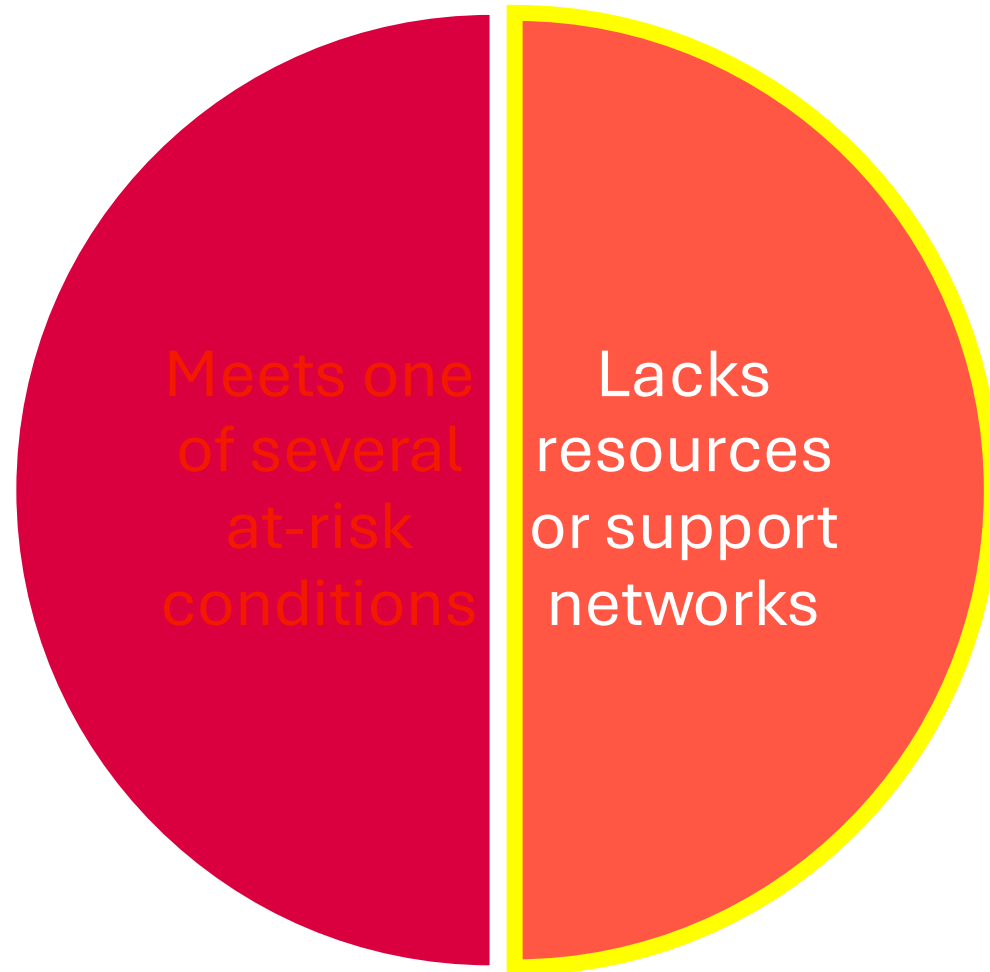


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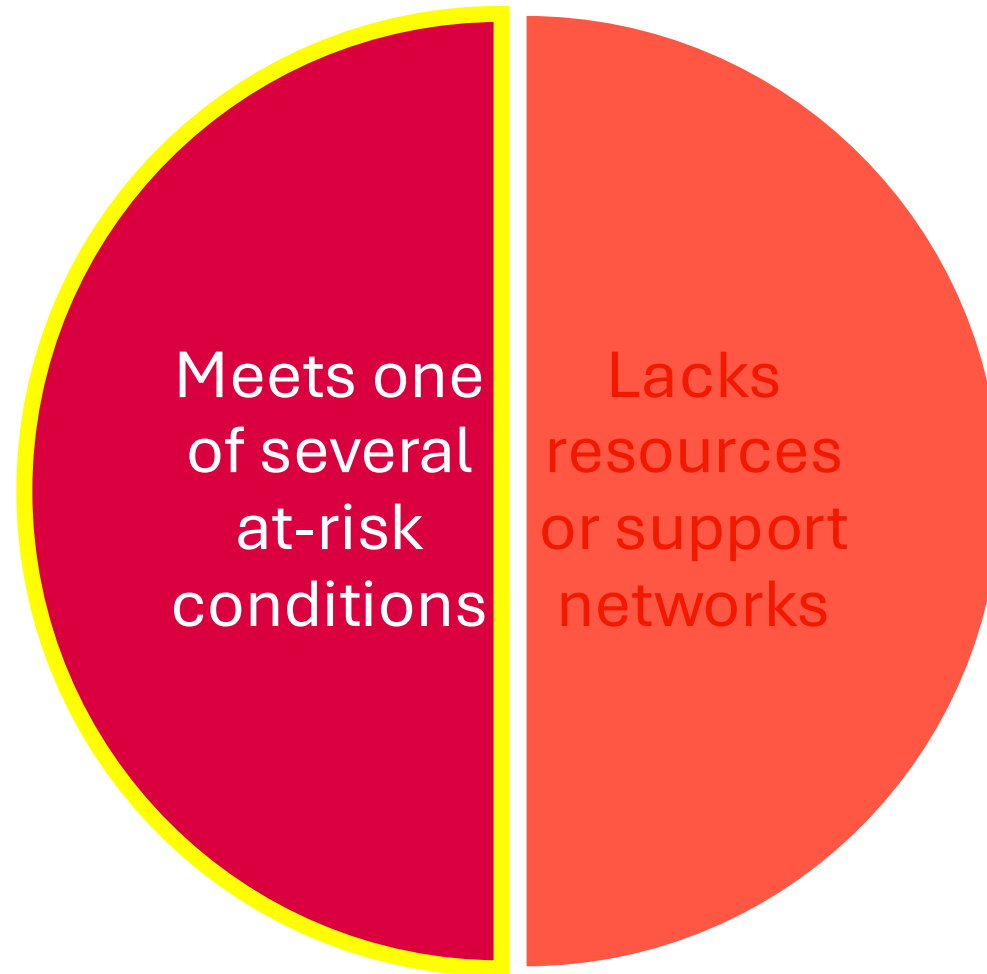


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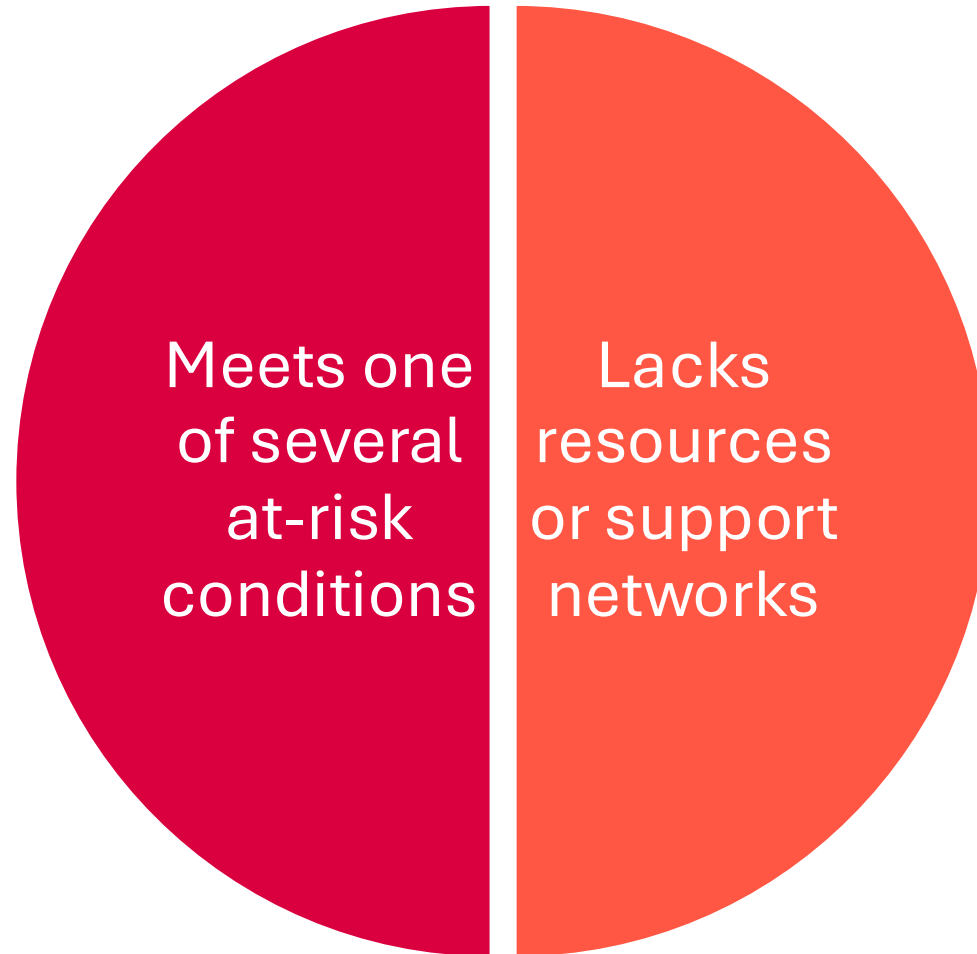


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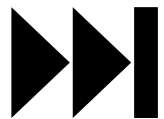
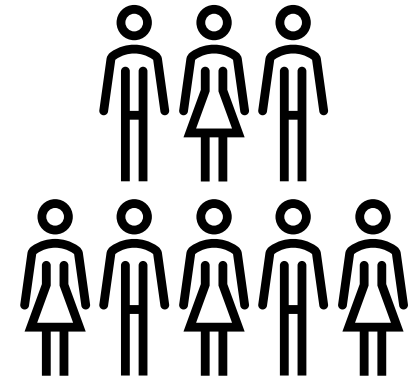
HUD Definitions

- Key Differences
 - Different requirements for those exiting institutional settings
 - Different method for measuring length of time homeless to determine chronic homeless status.

Other Key Terms

Continuum of Care (CoC)

- Grant Program through HUD
- Administered through local application process
- “CoC” often used as shorthand for local system

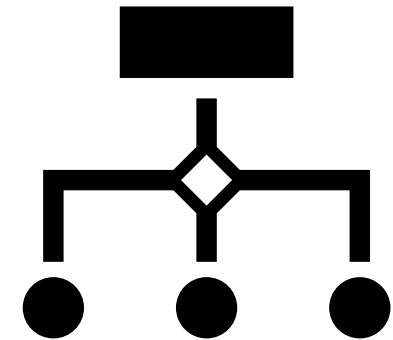


NEXT STEP: Research your local CoC. Who is the lead agency? What connections already exist between behavioral health and the CoC?

Other Key Terms

Coordinated Entry

- Local process to assess, prioritize, and refer in a coordinated way.
- Multiple different models, on-site location, hotline, etc.

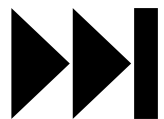
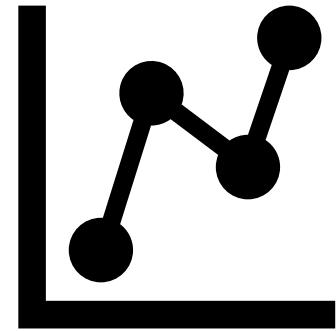


NEXT STEP: Research your local Coordinated Entry System. What model do they use? What are their access points? If you encountered someone experiencing homelessness in your work, what would your next step be?

Other Key Terms

Homeless Management Information System (HMIS)

- Federally required database of data on homelessness
- Local systems use it for tracking and coordination
- BHSA requirements



NEXT STEP: Look into your department's HMIS access. Who is using the system? What are they using it for?

Screening Tool and Instructions

Client Name: _____ Birth Date: _____ EHR Number: _____

Housing Status and Homelessness Screening Tool

This screening tool is primarily intended to identify and document whether a behavioral health client is experiencing homelessness under the Behavioral Health Services Act (BHSA) definitions and document housing status appropriately. The information will be used to track homelessness among behavioral health clients, support required reporting and county planning, and help identify appropriate referrals when available. Please find more information on the purpose of the tool and instructions on administering the tool in the **Housing Status and Homelessness Screening Tool Instructions**.

Section 1: Assessing Literal Homelessness

Ask Client: To help us understand what housing resources may be available to you, can you tell me where you stayed last night?

Enter client's response here: _____

Review the definition of homelessness below, and indicate whether the client's response qualifies as homeless based on this definition.

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. An individual or family with primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelter, transitional housing, and hotels and motels paid for by charitable organization or by federal, state or local government programs for low-income individuals); or
3. An individual who is exiting an institution and was considered homeless immediately prior to entering the institution or becomes homeless during the institutional stay, regardless of the length of stay.

The client is homeless by this definition:

- ☐ Yes
☐ No

Housing Status and Homelessness Screening Tool: Instructions

Purpose of the Housing Status and Homelessness Screening Tool

This screening tool helps behavioral health staff identify a client's current housing status, determine whether they meet applicable behavioral health definitions of homelessness, consistently document that information in the Electronic Health Record (EHR) and, when appropriate, the Homeless Management Information System (HMIS), and connect clients with targeted housing referrals and resources.

Who Should Use This Form?

This screening tool should be used by behavioral health staff that serve individuals who may be experiencing homelessness or housing instability. The tool is intended for staff responsible for identifying client needs, making referrals, documenting housing status, or coordinating care.

The form should be completed by the behavioral health staff member who is best positioned to assess and document the client's housing status. This will vary by county and local workflow.

Depending on the program and setting, this may include:

- Behavioral health case managers
- Outreach workers
- Care coordinators or care managers
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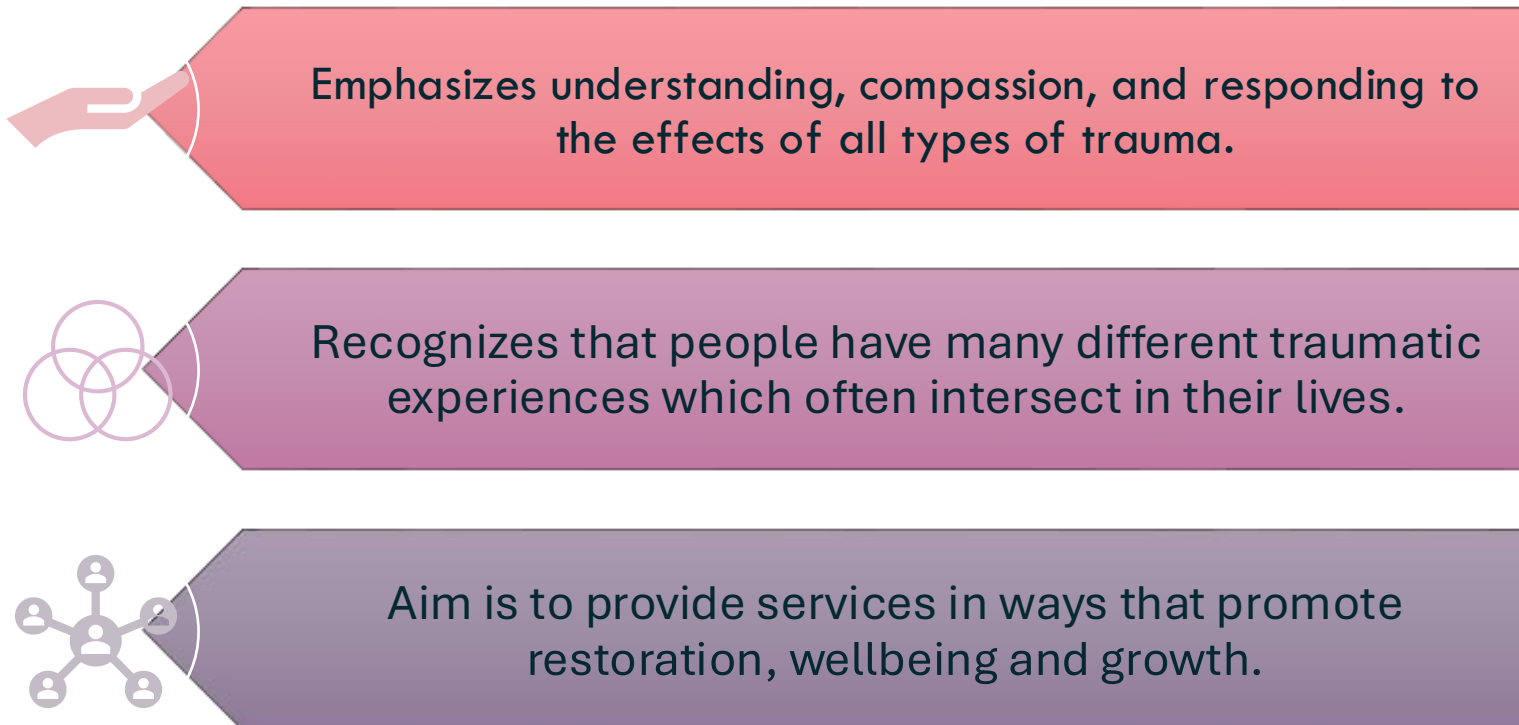
Department Workflow Recommendation:

The workflow should be designed so that the first behavioral health staff member who identifies a housing need either:
(1) documents the client's housing status using this form or
(2) ensures the client is connected to the appropriate staff member who can complete the screening. Counties should adapt this workflow to align with their local staffing model, EHR configuration, and HMIS access.

Trauma Informed Care

What is Trauma-Informed Care?

An approach to engaging people that recognizes the prevalence, signs and impacts of trauma; integrates knowledge of trauma into policies and practices; and supports environments that avoid re-traumatization.



Core Trauma-Informed Principles

Trauma
Understanding

Safety & Security

Cultural Humility &
Responsiveness

Compassion &
Dependability

Collaboration &
Empowerment

Resilience &
Recovery

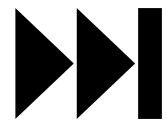
Set the Atmosphere!

Your Setting and Demeanor Matter

- Conduct interviews and assessments in a private setting whenever possible.
- Use a calm, conversational tone rather than reading the questions like an interview or checklist.



VS.



NEXT STEP: Review the questions and scripts in the tools and practice asking the questions and delivering the information in a conversational tone.

Tone Shifts the Atmosphere!

Language and Pacing

- Avoid judgmental language or assumptions about why the client is experiencing homelessness.
- Ask one question at a time and allow the client enough time to respond.
- Don't require the client to repeatedly describe traumatic experiences.

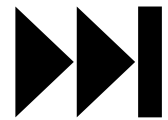


NEXT STEP: Before starting the screening tool, look up information you have available about the client in the EHR, and in HMIS if you have access. Don't ask questions about disability and housing status if answers are already documented in those systems.

Client-Led Practices Disrupt The Storm!

Empower the Client

- Let the client know they can pause, take a break, or decline to answer a question.
- If the client becomes distressed, pause the screening, acknowledge their reaction, and ask what they need before continuing.

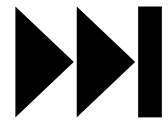


NEXT STEP: These skills take practice. Consider using time during team meetings or supervision to role-play conducting an assessment with a client who is in distress.

Help Avoid Future Storms!

Follow Through

- Avoid promising housing or services. Explain that the information may help identify appropriate referrals, but resources are limited.
- Before ending, explain what will happen next and identify any referrals or follow-up steps.



NEXT STEP: Develop your own conclusion script that highlights the next steps in your county. This is a good place to use the research you've done on your local coordinated entry system (see above).

Tools for Discussing Housing Status

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Who should use the form?

BH Case
Managers

Community

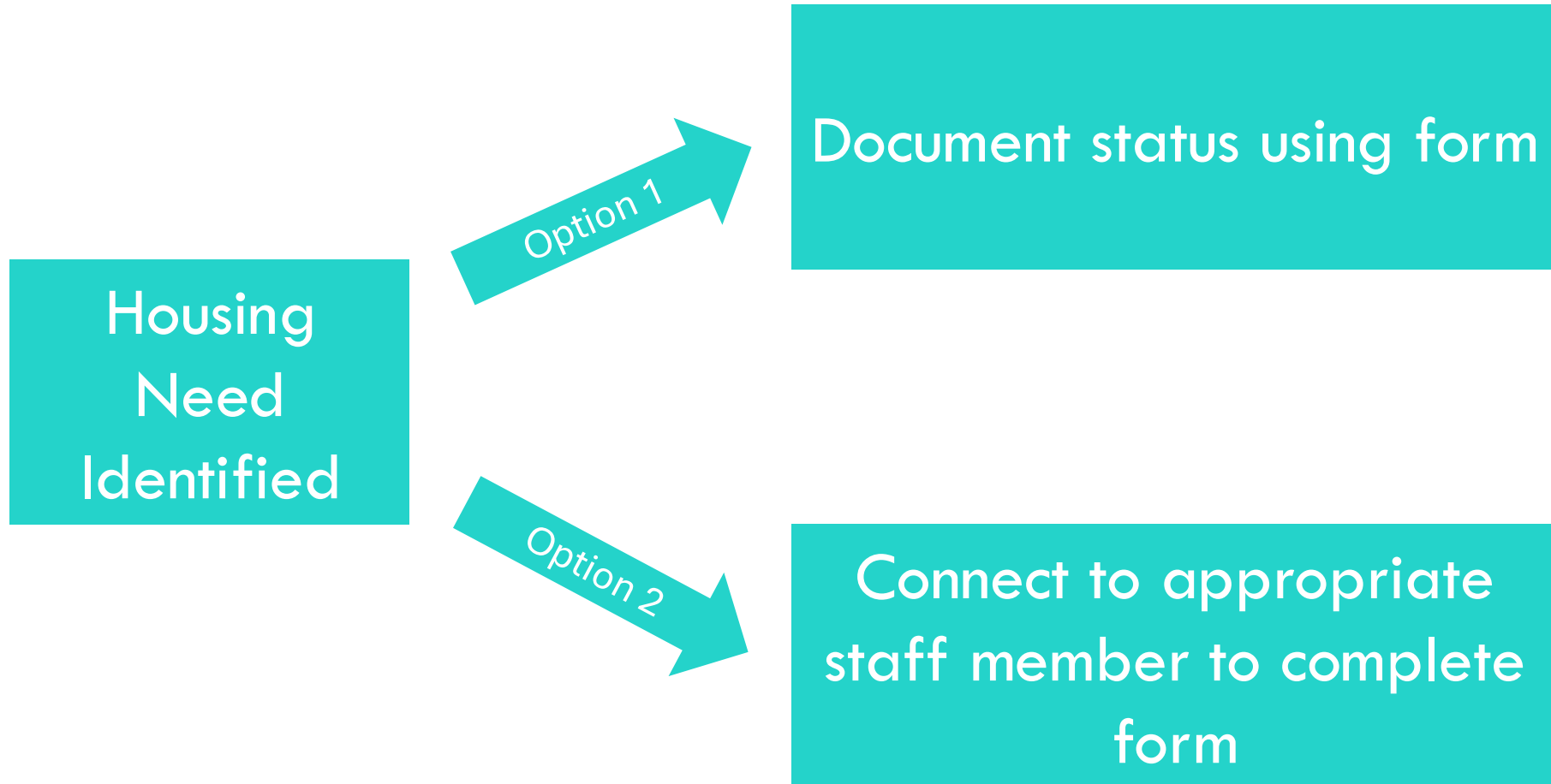
Care
Coordinators

Housing
Specialists

Physicians

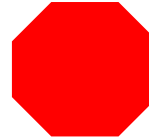
Whoever is best
positioned to assess the
client's housing status

Workflow Recommendation



Before completing the form:

- ✓ Check HMIS
- ✓ Check EHR
- ✓ Review principles of trauma informed care
- ✓ Review homeless definitions



If an HMIS record already exists, you do not need to complete the form.
Document their homeless status in EHR.



This is trauma informed care.

How to introduce the form:

- ✓ Explain the purpose.
- ✓ Note that the client can pause the conversation or skip questions.
- ✓ Don't promise housing assistance.



Trauma informed principles: transparency, follow-through, empowerment

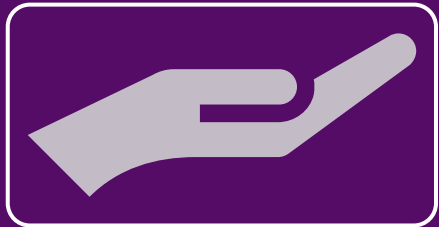
During the conversation:



Ask each question and record their response.



Document most accurate information possible.



Create a safe and supportive environment.

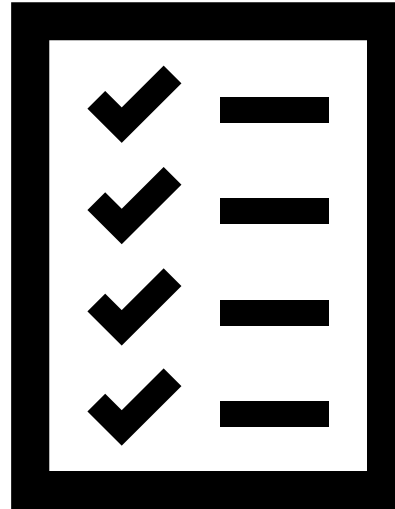
When discussing housing history:

Begin by asking about the current episode of homelessness.	E.g. “How long have you been living in the place that you stayed last night?”
Ask about times that the client remembers being housed.	E.g. “When was the last time you lived in a house or apartment, even if it was someone else’s?”
Ask about their housing status during other life events in the past three years.	E.g. “Where were you staying on your last birthday?”

Documentation in EHR

Before completing the form:

- Review EHR for disability information.



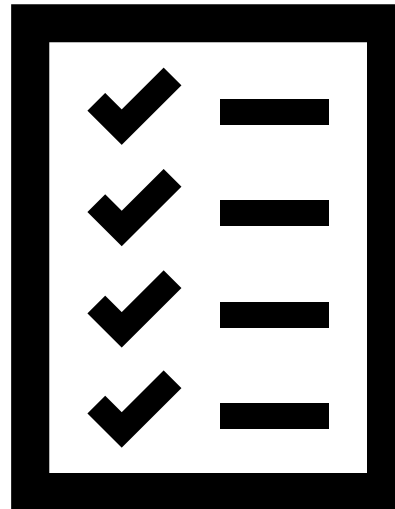
After completing the form:

- Upload to EHR
- Use any other appropriate documentation features

Documentation in HMIS

Before completing the form:

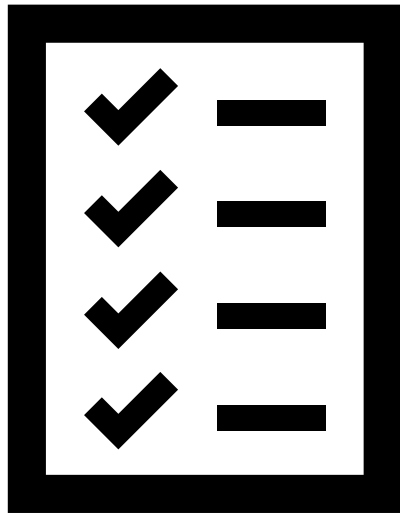
- Confirm that there's no existing record.



After completing the form:

- Ensure entry of information regarding housing status
- Follow other relevant data entry guidelines.

Referral



Experiencing
Homelessness

Connect to Coordinated Entry
and any available behavioral
health services or housing.

At-Risk

Still connect to CE:

- Homeless prevention programs
- Legal services
- Income supports

Warm Handoff



Help the client connect directly to coordinated entry or other referrals, rather than just providing referral information.

E.g. make the call with the client in the room, rather than just giving them the number.

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How to Use the Tool

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Instructions on Administering the Tool

- 1. Behavioral health staff should ask the client, "Can you tell me where you stayed last night?"
- 2. Document the client's response.
- 3. If the client's response indicates they are homeless, document the client's response in the screening tool.
- 4. If the client's response indicates they are not homeless, document the client's response in the screening tool.
- 5. If the client's response indicates they are unsure, document the client's response in the screening tool.
- 6. If the client's response indicates they are not sure, document the client's response in the screening tool.
- 7. If the client's response indicates they are not sure, document the client's response in the screening tool.
- 8. If the client's response indicates they are not sure, document the client's response in the screening tool.

Important Definitions:
The tool is intended to help providers in identifying client needs, making referrals, documenting housing status, or providing care. The tool should be completed by the behavioral health staff member who is responsible for reporting homelessness or housing instability. The tool is intended to help providers in identifying client needs, making referrals, documenting housing status, or providing care.

Structure of the tool

1. Open ended question



2. Definition



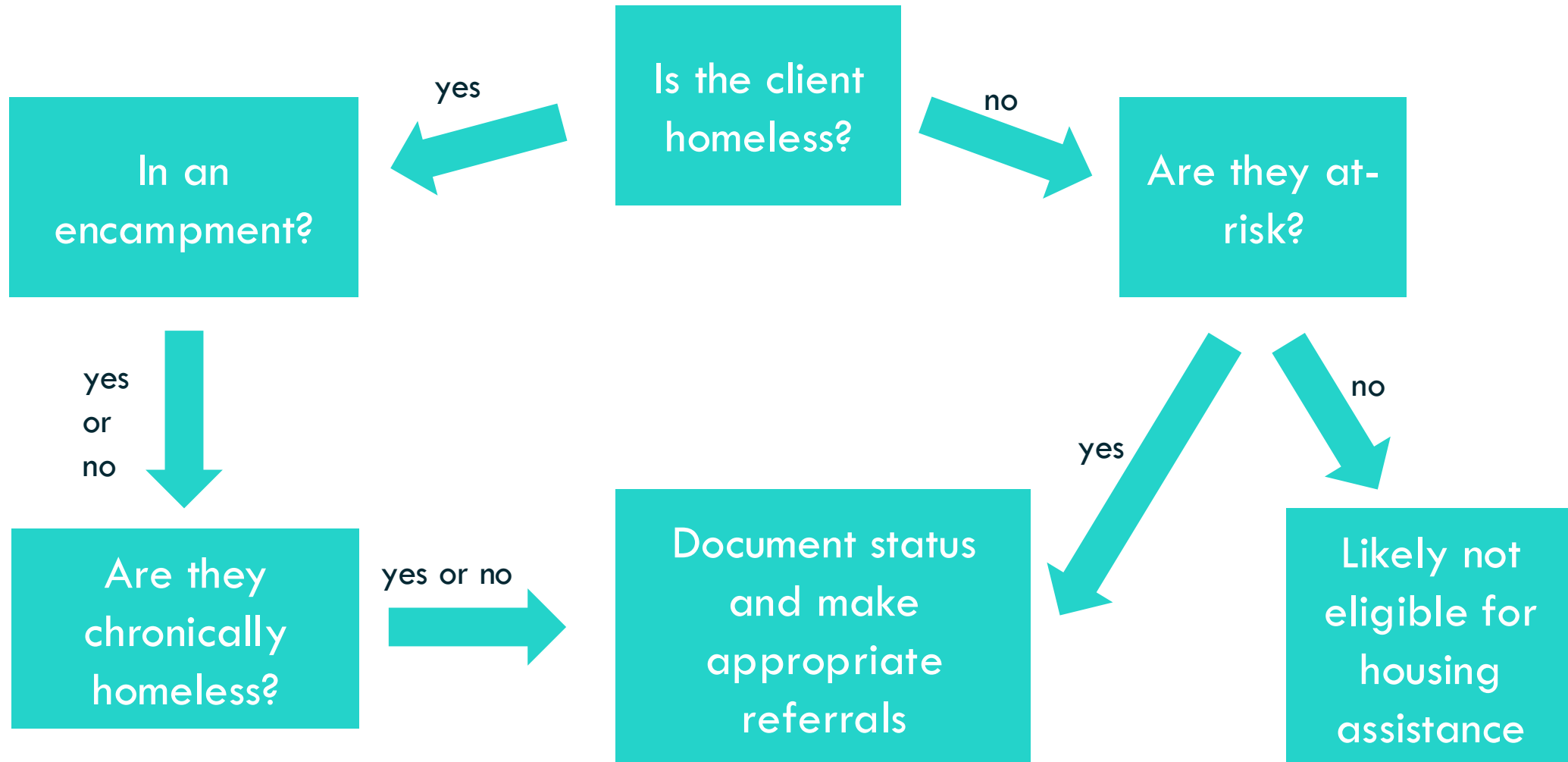
3. Does the response to the question meet the definition? (y/n)



4. If yes, do X, if no, do Y.



Structure of the tool



Screenshare Housing and Homeless Assistance Screening Tool

Q&A

Next Steps

Next Steps

- A recording, slides, and copies of the tools will be shared with participants.
- Consider reviewing the “next step” callout boxes in these slides, and discussing these with your team.
- Please take a moment to complete our feedback survey.
- With questions, please contact info@homebaseccc.org

Thank you!