COVID-19

Homeless System Response:
Connecting Quarantine to Coordinated Entry: Mainstream Resources

People experiencing homelessness and housing instability routinely face barriers to "mainstream" resources such as Temporary Assistance for Needy Families (TANF), Medicaid, and employment services that provide income supports, primary healthcare, behavioral healthcare, aging services, and other forms of mainstream resources. While street outreach, emergency shelter, and other supportive service providers routinely connect participants with these resources, temporary quarantine and isolation sites at non-congregate shelters such as hotels, motels, and dorm rooms may not be aligned with these standard practices. **Coordinated Entry (CE) managers should work across their community to ensure these sites are open to and collaborating with mainstream resource providers**. As temporary sites begin to close, communities should rehouse individuals and families experiencing homelessness by creating clear pathways to permanent housing. Connecting participants to mainstream resources as soon as possible will speed up that process.

Who is responsible for connecting participants to these mainstream resources?

Continuums of Care (CoCs) and Emergency Solutions Grants (ESG) recipients are responsible for planning and coordinating with mainstream resources and troubleshooting barriers to access. **Case managers and staff** conducting intake and assessments should connect participants to mainstream resources.

Communities should take advantage of the opportunity to align human services, housing, and public health systems and implement or improve data sharing between systems to **determine eligibility and service connections as the housing response to COVID-19 continues to develop**. Participants should have access to mainstream resources either on-site or remotely through technology. **CoCs should engage participants with benefit screening and enrollment immediately** to reduce their CE system's time to rehouse. The CoC and CE system should ensure collaboration and coordination with **on-site partners** and establish these minimum standards for **benefit screening and enrollment** to determine the need for additional supports, further inform system-wide service and housing needs, and move households toward housing stability.

On-site Partners

Primary healthcare. CoCs and public health authorities along with local public and private hospital systems should be connected. Federally Qualified Health Centers (FQHCs) like Healthcare for the Homeless (HCH) grantees should be engaged on site. In addition to sending staff to non-congregate settings, providers should use telehealth to work with patients remotely. The National Health Care for the Homeless Council is publishing supportive resources and guidance.

Behavioral healthcare. CoCs should ensure local Projects for Assistance in Transition from Homelessness (PATH) providers continue to connect with clients in quarantine sites and support them as they move to housing. Residents using Medication Assisted Treatment (MAT) options need assistance staying connected to services while quarantined. Many health centers are using telehealth to provide much of their behavioral health care during the pandemic and having success.

Managed care. If your CoC is not already sharing data with managed care, you should begin that process. Managed care organizations who serve Medicaid participants should be included in planning and coordination of care for their members. Managed care may also be responsible for behavioral health care and should be engaged regarding how to support their members.

Area Agencies on Aging (AAAs). AAAs are key partners in supporting older persons who need specialized supports for independent living. These agencies facilitate access to Medicaid Home and Community Based Services (HCBS). Collaboration with these agencies should be prioritized at sites serving Medicaid-eligible populations.

Domestic violence (DV) and sex and labor trafficking services. CE and domestic and anti-trafficking service providers should work collaboratively to ensure CE requirements and processes account for safety, protection, and prioritization of survivors. The Domestic Violence and Housing Technical Assistance Consortium provided a guide on hotel vouchering and the National Alliance for Safe Housing is providing DV- and housing-related Coronavirus resources.

Employment and vocational rehabilitation. Make connections to employment programs and education, training, and vocational rehabilitation assistance providers. There are additional supports for veterans, general workforce, and vocational rehabilitation.

Financial, credit, and legal services. Quickly addressing long-term barriers like prior evictions, utility arrears, and outstanding warrants while participants are stably housed will help them identify and access permanent housing solutions faster.

SSI/SSDI Outreach Access and Recovery (SOAR) or income support. The SOAR program and legal aid services assist with applications and appeals for Social Security and veteran's benefits on a quicker timeframe.

Benefit Screening and Enrollment

In states with Medicaid expansion, most people experiencing homelessness should be eligible for Medicaid; however, many have either never applied or have been terminated because they missed redetermination appointments. **In non-expansion states**, many individuals have disabilities but have not been able to document their disability to obtain eligibility. Community primary and behavioral health partners can examine individuals and provide proof of disability for both Medicaid and Social Security applications. Healthcare navigators can help determine the best coverage choice for individuals.

Medicare. Persons who are 65 and older or turning 65 in the next three months are Medicare eligible, but there is no passive enrollment process. Los Angeles' Point-In-Time count found less than 10% of those over 65 years of age had signed up for Medicare. Screening for Medicare eligibility and supporting enrollment should be a minimum standard for intake and case managers.

Supplemental Nutrition Assistance Program (SNAP). If people are not already receiving SNAP benefits, on-site providers should assist with an application.

Social Security benefits. A connection to the local SSA field office is essential to expedite information on eligibility, enrollment, and documentation of SSA benefits. The local SOAR program should be part of the quarantine team of services and engaged throughout the CE process from assessment to housing placement.

TANF. Assist with enrollment in TANF and access to TANF-funded services, including child care services, if available. CoCs should coordinate with local TANF offices if they identify sites housing families in need of benefits.