

March 7, 2012

## **Advisory to CHF Funded Agencies: Referrals into CHF Funded Programs**

It has been brought to the attention of the CHF that some homeless serving agencies and public system partners have had difficulties making direct housing referrals to CHF funded programs. From a system planning perspective, this can create significant barriers for clients. Some agencies have contract stipulations that they prioritize referrals from particular sources; however, this would be clearly outlined in the program's contract with CHF.

Moving forward, the CHF would like to clarify that unless otherwise contractually stipulated, funded programs can accept housing referrals from any homeless serving program or public system partner. Referring agencies do not need to be CHF funded for a funded program to accept the referral if the client is eligible for the service.

The CHF is aware that funded program capacity to take on new clients is limited given full case loads. New intakes are further subject to eligibility and prioritization criteria determined at the program level, as outlined in funding contracts with CHF.

Please note that the Case Management Standards outline the expectation of funded programs surrounding referrals in Sections 2.1.1; 2.1.2 and 2.4

### **Section 2.1.1 Referrals**

Within 5 working days of the receipt of a referral, the program must respond to the referred person to acknowledge whether or not the referral meets the program's eligibility criteria and to provide information regarding anticipated wait times. This information is to be documented.

### **Section 2.1.2 Inappropriate Referrals**

Should the referred person not meet the eligibility criteria for the program, the program will provide three (3) alternate resources. If there are not 3 programs available, (i.e. inappropriate client/program eligibility match) this should be documented including what the case manager did to facilitate the referrals.

### **Section 2.4 Referral and Linking**

A holistic, wrap-around approach to services is best indicated to support families/ individuals in achieving permanent housing and increased well-being. This often includes the need for multiple services and service providers to work in a coordinated manner and together with the person. For this reason, the case manager needs to ensure that resources are available to the person to effectively carry out their plan of action to help them achieve their goals. The case manager is expected to:

- collaborate and build relationships with other care providers about the mutually agreed-upon plan



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- outline and gain agreement of the roles and responsibilities of all care providers
- help facilitate and develop the person's self-management skills
- promote independence
- maintain open communication channels
- coordinate and facilitate regular meetings to advocate on the client's behalf, and to discuss or alter changes in the care plan when necessary

If you have any questions or concerns, please don't hesitate to contact your Programs Specialist.