

Documenting Homelessness for Housing Programs



Coalition for the Homeless

Mission:

 To provide leadership in the development, advocacy, and coordination of community strategies to prevent and end homelessness.

Role:

- Coordinate the community response to homelessness
- Lead agency for the TX-700 Continuum of Care (CoC)
- Homeless Management Information System (HMIS) lead
- Coordinated Access Lead

The Way Home

- The collaborative model to prevent and end homelessness in Harris, Fort Bend, and Montgomery Counties
- Comprised of 100 stakeholder partners from all sectors of the community
- Since 2011:
 - 54% reduction in overall homelessness
 - 20,000+ people housed
 - 84% average long-term success rate in permanent housing

Purpose

- Coordinated Access
- Referrals
- Definitions
- Projects that need documentation of homelessness
- What is required for housing projects
- Examples

Coordinated Access – What is it?

- A centralized, standardized process designed to:
 - Coordinate program participant intake, assessment, & referrals
 - Cover the CoC geographic area
 - Be easily accessible by individuals/families seeking housing or services
 - Identify the most vulnerable in the CoC using a standardized assessment tool



How to access Coordinated Access

At one of several CA Assessment Hubs

- https://www.homelesshouston.org/help-card
- Scroll down to Coordinated Access

211

CA Intake Line

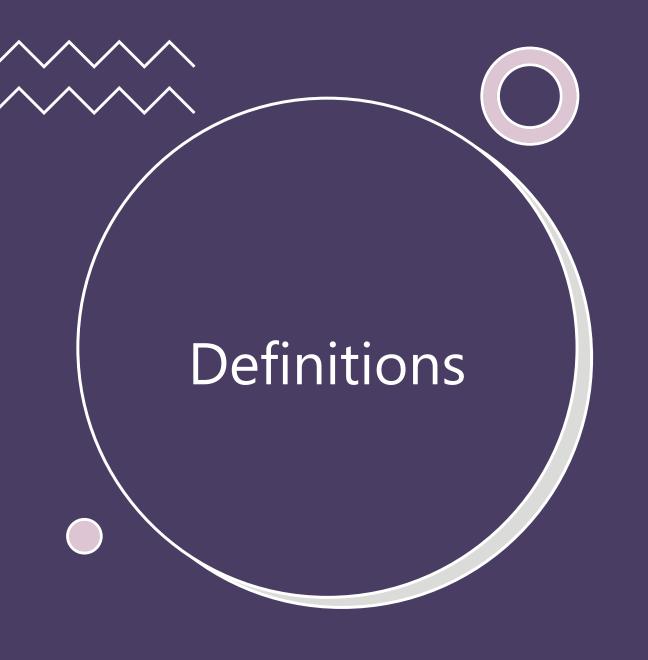
- M-F, 9 am 1 pm
- 832-531-6041

Who can access?

- Any client living in the CoC can access CA
- Housing is available in all 3 counties; however, units must meet FMR



- Generated electronically in HMIS
- Projects receive client assignments as an email from HMIS
 - The email will look like it's coming from the user that created it
- Referrals need to be acknowledged in HMIS within 24 hours of receipt
- Projects have 7 business days to either enroll or reject the referral
- Referrals can be rejected if unable to contact within 7 business days
- Ways to contact clients
 - ➤ Emailing the Assessor
 - ➤ Adding a flag in HMIS (must be done by CA or Coalition staff)
 - ➤ Contacting Emergency Contact
 - ➤ Reviewing client's HMIS dashboard for recent enrollments



- The Way Home Continuum of Care uses the U.S. Department of Housing & Urban Development's (HUD) definitions of homelessness into the three categories on the following slides.
- Individuals who are couch surfing or paying for a hotel are unstably housed, but do not qualify as someone experiencing literal homelessness.

Category 1: Literal Homelessness (includes chronic homelessness)

- Individual who lacks a fixed, regular, & adequate nighttime residence meaning:
 - 1. Has a primary nighttime residence that is a public or private place not meant for human habitation;
 - 2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs; or
 - 3. Is existing in an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- This information must be documented.

Chronic Homelessness

- Individual with a disability who is experiencing literal homelessness and:
 - 1. Has a primary nighttime residence that is a public or private place not meant for human habitation, a save haven, or an emergency shelter; **AND**
 - 2. Has been literally homeless (as defined above) continuously for at least 12 months; **OR**
 - 3. Has had a least 4 separate occasions of the above in the past 3 years where the combined length of the occasions total at least 12 months
- This information must be documented.

Category 2: Imminent Risk of Homelessness

- Individual or family who will imminently lose their primary nighttime residence, provided that:
 - 1. Residence will be lost within 14 days of the date of application for homeless assistance;
 - 2. No subsequent residence has been identified; and
 - 3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.
- This information must be documented.

Category 3: Fleeing/Attempting to Flee Domestic Violence

- Individual or family who:
 - 1. Is fleeing, or is attempting to flee, domestic violence;
 - 2. Has no other residence; and
 - 3. Lacks the resources or support networks needed to obtain other permanent housing.
- This information must be documented.

Interventions through Coordinated Access

Permanent Supportive Services (PSH)

- A housing intervention for singles or heads of households with disabilities that combines rental assistance paired with intensive supportive services.
- > Is permanent and designed to serve the most vulnerable in a community.
- > In order to be eligible for PSH an individual or family must be chronically homeless.

Rapid Rehousing (RRH)

- A housing intervention designed to provide rental assistance & case management to help singles and families that don't need intensive and ongoing supports to quickly exit homelessness & return to permanent housing.
- ➤ Is a temporary intervention.
- In order to be eligible for RRH an individual or family must be literally homeless, even if it's just one day.

Diversion

➤ Short-term intervention focused on identifying immediate safe housing arrangements, often using conflict resolution & mediation skills to reconnect individuals to their support system.

Documents Needed for each Intervention

Documentation of Homelessness

- PSH requires chronic homeless verification for 12 consecutive months or 4 occasions in 3 years.
- RRH only requires verification of where the client stayed "last night".
- Diversion depends on the need.
 - ➤ Individuals at imminent risk will have to show eviction notice and lack of support
 - ➤ Individuals experiencing homelessness will have to have the same as RRH

Verification of Disability (VOD)

- PSH requires proof that an individual have a disability that prevents them from living independently.
 - This can be having SS Disability Benefits or a CoC VOD form
- RRH & Diversion do not require that the individual have a disability.

Chronic Homelessness – 12 Continuous Months

Location

- Streets or ES only
- No TH, no hotel, no friends, etc.

Time

 12 months immediately preceding the housing referral

Chronic Homelessness – 4 Occasions

Time & Occasions

- 4 separate times totaling12 months in 3 years
- 7 days or more
- In ES or Streets

Breaks

- Separate the occasions
- No proof needed

+

C

Chronic Homelessness – Institution

Less than 90 days

- 1-89 days in jail, treatment, hospital, etc. = no break
- No TH

More than 90 days

- 90+ days in jail, treatment, hospital, etc. = break
- Documentation needed
- No TH

Recordkeeping Requirements – Third Party Documentation

- HUD Preferred Method
- Recipient should try to obtain evidence in this order at intake:
 - ✓ Third-party
 - ✓ Intake worker observations
 - ✓ Certification from the person seeking assistance
 - Must document efforts to obtain 3rd party documents & why it was not obtained.
 - Limited to rare & extreme cases
 - No more than 25% of HHs served in a grant year
- Recipient has up to 180 days to obtain thirdparty documentation:
 - ✓ Program participants in program fewer than 180 days excluded from 75/25 ratio
 - ✓ Notices have been sent to local field offices that files for clients in the program less than 180 days should be excluded during monitoring
 - ✓ After 180 days, if program participant does not have at least 9 months of 3rd party documentation:
 - Must fall within 25% cap; or
 - Recipient must discontinue use of CoC Program funds to serve the participant

Documenting Homeless History – 12 Continuous Months

- A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider the individual homeless for the entire month unless there is evidence of a break (e.g., HMIS)
- At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2) a written referral, or (3) a written observation by an outreach worker.
 - HMIS data can be ES stays or outreach contacts/services
- ➤ Up to 3 months can be documented through self-certification

Documenting Homeless History – 12 Months in 3 years

- A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider the individual homeless for the entire month unless there is evidence of a break (e.g., HMIS)
- ➤ At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2) a written referral, or (3) a written observation by an outreach worker.
 - HMIS data can be ES stays or outreach contacts/services
- > At least 3 occasions my be 3rd party
 - 4th occasion may be documented by selfcertification with no other docs needed

Documenting Homeless History – Breaks

- ➤ Third party evidence
- ➤ The self-report of the individual seeking assistance
- ≥100% of the breaks can be documented by self-report
- ➤ Not necessary if there is evidence of 12 continuous months of homelessness

Documenting Institutional Stays

- Discharge paperwork or written or oral referral from a social worker, case manager, or other appropriate official stating the beginning & end dates of the time residing in the facility.
- Where the above is not attainable, a written record of the intake worker's due diligence to obtain AND the individual's self-certification that he or she is exiting an institutional care facility where the individual resided less than 90 days.

Documenting Disability

- ✓ Written verification from a professional licensed to diagnose & treat the disability AND certification that the disability is expected to be long-continuing or indefinite & substantially impedes the individual's ability to live independently.
- ✓ Written verification from the Social Security or Veterans Administration
 - Award letter for SSI/SSD/SSDI/VA disability benefits
- √ Copies of disability checks
 - SSD Insurance check or Veterans Disability Compensation
- ✓ Intake staff-recorded observation of a disability that is confirmed & accompanied by evidence above within 45 days of program intake

HUD AAQ- 3rd party documentation

- How can encounters with clients by outreach or intake worker3 be considered 3rd party documentation?
 - Current occasion:
 - Outreach or intake worker must have physically observed where household is coming from
 - > Prior months & occasions:
 - Can document encounters with client that may have been where they were residing or in other location
 - If not in the actual place where client was residing, worker must state why they believe (based on their judgement) that the client was sleeping in one of the permitted locations
 - Documentation will have to specify each month in which the client was encountered, and outreach or intake worker can only document those months in which they actually saw the client
 - If current point of intake is the first time the worker is meeting client, their observation cannot count towards any but the current month of homelessness & only if they physically observe where client is residing at that point

HUD AAQ – 3rd party documentation

- How can a community member, such as a shopkeeper or neighborhood resident provide third-party documentation?
 - ✓ Oral or written observation of someone in the community, including but not limited to, a shopkeeper, a building owner, or a neighborhood resident (regardless of relationship to client) that has **physically observed** where the client is or has been residing
 - ✓ If the community member is unwilling to provide a written observation, the intake worker may document their conversation with the community member
 - ✓ Community member must indicate which specific month they physically observed the client residing in a place not meant for human habitation
 - ✓ Intake worker must use professional judgement as to whether or not source is reliable

HUD AAQ – 3rd party documentation

- Can a housing or service provider such as an educator, members of law enforcement, or healthcare professionals serve as third-party source?
 - ✓ Does not have to be based on physical observation of where client was residing
 - ✓ If professional has encountered client on one or more occasion while in their official capacity & client has reported that during that time they were residing in an eligible location, a written or oral statement could be provided that based on their knowledge, the person was residing in the location as reported (ex. clinic visits & day shelters, sample letter available)
 - ✓ Can only count for the actual months in which professional encountered household (no blanket statement)
 - ✓ Sample letter is available from the Coalition

- If a person enters an institution & they're there for 90 days or more, does the entire period count as a break?
 - ✓ Yes, the entire period the person is in an institution would count as a break.
- In the above situation, can the first 90 days be considered "not a break"?
 - ✓ No, the entire period has to be counted as a break if it's more than 90 days.
- If a person is on the streets for 9 months, goes to jail for less than 90 days, & then returns to the streets, would this person be considered chronic?
 - ✓ Yes, time spend in an institution for less than 90 days can count towards the 12 months.
- If a person is in an emergency shelter for 11 months & goes to jail for 1 month, can they go straight from jail into PSH?
 - ✓ Yes.

- Does staying with friends/family less than 7 days constitute a break?
 - No, breaks must be longer than 7 days.
- If a person is in an emergency shelter or streets for at least 12 months within 3 years but only had 2 occasions, would that person be chronic?
 - ➤ No, the 12 months cumulative must occur over 4 occasions.
- Does third-party documentation of homelessness have to be from a service provider?
 - ➤ No, it can be law enforcement, school district, shopkeepers, gas station attendants, friends, etc.
- Does substance abuse count as a disability according to HUD?
 - > Yes, as long as the substance abuse meets the other two criteria for a disability.

- Is Transitional Housing considered an institutional care facility?
 - No. Examples of these include jail, prison, hospitals, mental health facilities, substance abuse treatment, etc.
- If a person is in a shelter on the last day of the month & also the following day, does this count as two months?
 - > Yes, as long as there is not evidence of a break between the two months.
- If a client is in a rapid re-housing program, does the time within that program count towards any bit of homelessness?
 - No. A client can go from RRH to PSH if they were chronic prior to entering the RRH program. Once they enter RRH, the clock stops. A client cannot accumulate months towards chronicity while in RRH.

- If a client is chronically homeless & enters TH, will they still be considered chronic upon exiting the TH program?
 - ✓ No. If a person is chronically homeless when they enter transitional housing, they are no longer considered chronically homeless for the entire period of time that they are in that transitional housing program, including if it is fewer than 90 days.
 - ✓ Any time, even if it's 7 days or more, is considered a break.
 - ✓ Clients cannot go straight from TH to PSH or RRH.
 - ✓ A client would be considered chronically homeless if there are still enough occasions & months before and after the TH stay.
 - ✓ TH is not considered an "institution".

Things to remember

- Practice Housing First
 - No sobriety or case management requirement for housing
- Do not require IDs, socials, or immigration status for housing
 - The only requirement for housing is homelessness
- Enter correct "prior living situation" into HMIS
 - Many enrollments into PSH or RRH have "housed" as prior location
- Enter correct number of times & number of months homeless
- Record a service/contact every time you see a client

Mistakes found - HMIS

- Duplicate cases created
 - > CA assessment & outreach completed on one & a new case created for outreach.
 - ➤ With two cases client is not chronic, with one he/she is.
- Clients not checked into beds
- Missing disabling condition for PSH
 - ➤ This is required for PSH so why is it missing?
- Enrollment date must be the same as assessments
 - Example: Enrollment date 11/20/20 but income date is 11/18/20
 - > Dates must be the same throughout or it will result in errors

Mistakes found - Documentation

- Blanket 3rd party forms
 - Multiple years listed, "streets of Houston", no specific locations
- Service letters with no witness of client's sleeping location
 - Example: Jane is receiving mental health services & is homeless
- 3rd party forms with "sporadic homelessness" listed
- No signatures on forms
- Service letters with multiple dates in the same month
- Service letters with multiple years & "chronic" homelessness
- Client sleeping in a driveway & 3rd party written by family

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