

# Alameda County Home Stretch

## Verifying Chronic Homelessness

Alameda County Office of Homeless Care and Coordination

Email: [Homestretch@acgov.org](mailto:Homestretch@acgov.org)

Phone: 510.567.8017

Fax: 855.658.5466

Website: <http://everyonehome.org/our-work/home-stretch/>

# Agenda

- PSH Eligibility Review
- Definition of Chronic Homelessness
- Activity: Sample Housing History
- Verifying Chronic Homelessness
- Activity: Let's Test Our Knowledge
- Questions?

# POLL

What is your experience with verifying chronic homelessness?

- A. Very little, what is chronic homelessness?
- B. I am familiar with the definition but have never completed documentation.
- C. I have completed chronic homelessness verification a few times.
- D. I have completed chronic homelessness verification many times, I could train a colleague.

# Permanent Supportive Housing (PSH) Eligibility

- Head of Household must be:
  - Over 18
  - At a minimum Literally Homeless
  - Disabled
  - Alameda County Resident
  - Assessed through Coordinated Entry
  - ❖ Each PSH subsidy may have additional eligibility criteria (i.e. chronically homeless, mental health disability, HIV, specific age, etc.)

# HUD Chronic Homelessness

# Definition of HUD Chronic Homelessness

HUD's "chronically homeless" definition has three elements. An individual must:

1. Be currently homeless
2. Have a long duration of homelessness
3. Be disabled

To be considered chronically homeless, an individual must meet all three elements

# Chronic Homelessness – Living Situation

The Head of Household (HoH) must be currently residing in a place that meets HUD's "currently homeless" definition.

\*NOTE: If a person is living in transitional housing, they are not considered chronically homeless



Image from: <http://sanfrancisco.cbslocal.com/2016/01/31/sf-supervisor-fears-booming-tent-cities-could-become-new-homeless-policy/>



Image from: <http://www.transequality.org/blog/win-hud-tells-homeless-shelters-to-respect-self-identified-gender>

# Definitions – “Literally Homeless”

An individual or head of household is literally homeless if they meet one of the below criteria:

- Living on the streets, in a place not meant for human habitation, or in an emergency shelter or safe haven; OR
- In an institutional care facility for no more than 90 days, where the individual was literally homeless at the time of entry into the care facility; OR
- Actively fleeing domestic violence with no where to live; OR
- In transitional housing **designated for homeless individuals** that were homeless at entry are considered *literally homeless*. Households that are actively in transitional housing are NOT considered chronically homeless.
- Households in RRH maintain their homeless status at entry for up to 24 months.

\* Institutional care facilities include jails, licensed inpatient substance use facilities, licensed inpatient mental health treatment facilities, hospitals, etc.

# Chronic Homelessness - Duration

The HoH must have been residing in a place that meets the HUD “literally homeless” definition:

- *For at least 12 consecutive months leading up to the present; or*
- *For at least four separate episodes totaling a minimum of 12 months in the last 3 years. Each episode must have at least a 7 days break in homelessness*

## HUD Homeless Definition Living Situation Quick Reference

<u>Applicant's Current Living Situation</u>	<u>Is applicant considered Literally Homeless in this housing?</u>	<u>Is the applicant considered currently homeless for CH purposes?</u>	<u>Does time in this housing count as time homeless for CH purposes?</u>	<u>Notes</u>
Emergency Shelter	Yes	Yes	Yes	
Place not meant for human habitation	Yes	Yes	Yes	
Transitional Housing (TH)	Yes	No	No	A stay in TH of 7 days or more is considered a break in homelessness. Only programs publicly funded as transitional housing fit this category.
Rapid Rehousing (RRH)	Yes*	Yes*	No	*If less than 24 months in RRH and the person was literally homeless upon program entry.
<b>Institutional Living Setting</b> (Examples: acute medical facility, inpatient substance use or mental health treatment, crisis residential, hospital, jail)				
Less than 90 days	Yes, if the person was literally homeless upon program entry.	Yes, if the person was literally homeless upon program entry.	Yes, if the person was literally homeless upon program entry.	
More than 90 days	No	No	No	Stays in institutions of 90 days or more constitute a break in homelessness and do not count toward total time homeless.
<b>Hotel/Motel</b>				
Paid for by agency/voucher	Yes	Yes	Yes	If the hotel is paid for by an agency to divert the person from shelter or the streets, they retain homeless status.
Paid for by applicant, relatives, friends or others (7+ nights)	No	No	No	If the hotel stay is less than 7 consecutive nights the person retains their homeless status.
<b>Staying with Friends or Family/Couch Surfing</b>				
Less than 7 consecutive nights	Yes	Yes	Yes	
Seven (7) or more consecutive nights	No	No	No	
<b>Other</b>				
Sober Living	No	No	No	Transitional residential and limited-term recovery programs are institutional living.
Board and Care	No	No	No	

This is Page 3 of the Chronic Homelessness Verification Packet.

# Chronic Homelessness - Disability

1. The HoH must have one or more of the following conditions:

- Substance use disorder
- Serious mental illness
- Developmental disability
- Post-traumatic stress disorder
- Cognitive impairments resulting from brain injury
- Chronic physical illness or disability

2. Their condition(s) must be “expected to be of long-continuing or of indefinite duration and substantially impede their ability to live independently”

# Let's Practice! – Break Out Rooms

- Use the Housing History Form to answer the following questions about the person in your vignette:
  - 1) Is this person literally homeless?
  - 2) Is this person chronically homeless?
  - 3) Does this person meet the basic eligibility criteria to be considered for permanent supportive housing?

# Scenario 1: Amy

Amy is a 62-year old female currently staying in LifeLong's Medical Respite program in Oakland, which is an emergency shelter. She has a long-term chronic health condition. She started staying there on March 8<sup>th</sup>, 2021 following a 3-week hospital stay that started on February 15<sup>th</sup>. Prior to that she was living in a tent near Union Point Park in Oakland and had been staying there since August, 2020. During that time, she interfaced with the EOCP outreach team. Before that she was incarcerated for a little over 2 months from June 1<sup>st</sup> – August 5<sup>th</sup>, 2020. Before that she was living in a Sober Living Environment from January 1<sup>st</sup> – June 1<sup>st</sup>, 2020, Prior to that she was staying her car parked near the Berkeley Marina for 5 years and was a patient of Berkeley Mental Health during that time.

# Scenario 2: Jason

Jason is a 35-year-old male and is currently sleeping outside near People's Park, he has been there since February 1<sup>st</sup>, 2021. He talks to the staff at Peets Coffee regularly and they bring him coffee to his sleeping area. He says that the barista, Jerry, can verify his homelessness. Before that he had been staying at BOSS Harrison House since December 15<sup>th</sup>, 2020. Prior to that he stayed in a motel that he paid for with his SSI from December 11<sup>th</sup> - December 15<sup>th</sup> and was in the same hotel from November 1<sup>st</sup> - December 11<sup>th</sup> paid for by Alameda County Health Care for the Homeless. From February 1<sup>st</sup>, 2019 until his motel stay, Jason was sleeping in a tent near the Guadalupe River in San Jose, CA. While in San Jose, he was going to school and regularly met with a school counselor who helped him to manage his educational needs and knew about his homelessness. Jason is diagnosed with Bipolar I disorder and is hoping to get connected to mental health services soon. He used to work with Momentum for Mental Health in San Jose.

# Scenario 1: Amy

Locations over the last three years, starting with the present. Please include street(s) and city. Verification beyond 12 months is not needed for individuals who have been continuously homeless for the past 12 months.	Type of Living Situation Emergency Shelter (ES), Place Not Meant for Habitation (PNMH), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Institution (INST), Not Homeless (NH)	Start Date	End Date	Total Months	Verification Available From? Verification is required for all time spent living in a homeless situation.
<u>LifeLong Medical Respite</u>	<input checked="" type="checkbox"/> ES <input type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input type="checkbox"/> NH	3/8/21	Present	4	<input type="checkbox"/> HMIS <input type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input type="checkbox"/> NH
Hospital	<input type="checkbox"/> ES <input type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input checked="" type="checkbox"/> INST <input type="checkbox"/> NH	2/15/21	3/8/21	1	<input type="checkbox"/> HMIS <input checked="" type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input type="checkbox"/> NH
Tent near Union Point Park in Oakland <b>Start of 2<sup>nd</sup> Episode of Homelessness</b>	<input type="checkbox"/> ES <input checked="" type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input type="checkbox"/> NH	8/5/20	2/15/21	6	<input type="checkbox"/> HMIS <input checked="" type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input type="checkbox"/> NH
Jail	<input type="checkbox"/> ES <input type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input checked="" type="checkbox"/> NH	6/1/20	8/5/20		<input type="checkbox"/> HMIS <input type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input checked="" type="checkbox"/> NH
Sober Living Environment <b>Break in Homelessness</b>	<input type="checkbox"/> ES <input type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input checked="" type="checkbox"/> NH	1/1/20	6/1/20		<input type="checkbox"/> HMIS <input type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input checked="" type="checkbox"/> NH
Car Parked near Berkeley Marina <b>1<sup>st</sup> Episode of Homelessness</b>	<input type="checkbox"/> ES <input checked="" type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input type="checkbox"/> NH	1/1/15	1/1/20	5 years	<input type="checkbox"/> HMIS <input checked="" type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input type="checkbox"/> NH

- Amy Is:
  - Literally Homeless
  - Eligible to be Considered for

- Amy Is Not:
  - Chronically Homeless

# Scenario 2: Jason

Locations over the last three years, starting with the present. Please include street(s) and city. Verification beyond 12 months is not needed for individuals who have been continuously homeless for the past 12 months.	Type of Living Situation Emergency Shelter (ES), Place Not Meant for Habitation (PNMH), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Institution (INST), Not Homeless (NH)	Start Date	End Date	Total Months	Verification Available From? Verification is required for all time spent living in a homeless situation.
Sleeping Outside near People's Park	<input type="checkbox"/> ES <input checked="" type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input type="checkbox"/> NH	2/1/21	Present	5	<input type="checkbox"/> HMIS <input type="checkbox"/> Professional Assessment <input checked="" type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input type="checkbox"/> NH
BOSS Harrison House	<input checked="" type="checkbox"/> ES <input type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input type="checkbox"/> NH	12/15/20	2/1/21	2	<input checked="" type="checkbox"/> HMIS <input type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input type="checkbox"/> NH
Hotel Paid for with SSI  Less than 7 days, not a break in homelessness	<input type="checkbox"/> ES <input type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input checked="" type="checkbox"/> NH	12/11/20	12/15/20	4 days	<input type="checkbox"/> HMIS <input type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input checked="" type="checkbox"/> NH
Hotel Paid for by Alameda County HCH	<input checked="" type="checkbox"/> ES <input type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input type="checkbox"/> NH	11/1/20	12/11/20	1	<input type="checkbox"/> HMIS <input checked="" type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input type="checkbox"/> NH
Sleeping in a Tent near Guadalupe River in San Jose, CA	<input type="checkbox"/> ES <input checked="" type="checkbox"/> PNMH <input type="checkbox"/> TH <input type="checkbox"/> PSH <input type="checkbox"/> RRH <input type="checkbox"/> INST <input type="checkbox"/> NH	2/1/19	11/1/20	21	<input type="checkbox"/> HMIS <input checked="" type="checkbox"/> Professional Assessment <input type="checkbox"/> Witness <input type="checkbox"/> Self-Certification <input type="checkbox"/> NH

- Jason is:
  - Literally Homeless
  - Chronically Homeless
- Eligible to be Considered for PSH

# Documenting HUD Homelessness

## Types of Verifications Recognized by HUD

1. HMIS Records; AND/OR
2. Third-party documentation (service provider); AND/OR
3. Self Certification (*only if unable to obtain other forms of documentation*)

*\*Note: HUD only allows 25% of total time verified to be self certification for each PSH Project*

# More Info on Documenting Duration of Homelessness for Chronic Homelessness

- Home Stretch has a new for documenting HUD chronic homelessness
- Specific dates of encounters and a description of those encounters must be documented
- One encounter within a month is enough to verify homelessness for the entire calendar month

Let's look at the tool together 

# HMIS Records to Verify Homelessness

The Homeless Management Information System (HMIS) is the Countywide database used to store client records for HUD funded homeless programs.

- Printout or electronic screenshot of program enrollments and/or service transactions.
  - Note: Living Situation Assessments are a new feature in HMIS and can be used to verify homelessness.
- Enrollment in emergency shelter or transitional housing verifies homelessness for the duration of enrollment, so long as the enrollment dates in HMIS are accurate.

# Professional Assessment of Living Situation

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

For each location in which the applicant was living, complete all information requested.

Location of encounter (encampment location, cross streets, name of clinic, address, office location, etc.):	Statement detailing the aspects of the interaction that indicated the Applicant was experiencing homelessness at the time of the encounter (physical observation of the Applicant's living situation, Applicant explained their living situation, Applicant was carrying their belongings with them, Applicant seemed stressed about their living situation, etc.):	Presumed location Applicant was living (address, name of public space, street name, landmark, etc.):	Presumed living situation of Applicant (in car, in a tent, on the street, in emergency shelter etc.):	Date of encounter: (MM/DD/YYYY)
	<b>Must Provide Detail</b>			

Must be copied and pasted onto letterhead.

I certify that information described above is accurate and that, based on my professional opinion, the applicant was experiencing homelessness at the time of the encounter(s).

Printed Name	Organization	Title/Role	
Signature	Date	Phone	Email

# Summary of Witness Statement

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Community Member Name: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

Phone Number (if available): \_\_\_\_\_

For each location in which the community member observed the Applicant living, complete all information requested.

Location (address, name of public space, street name, landmark, etc.):	Description of living conditions observed (sleeping in a car, in a tent, in the open, etc.):	Date observed:

Must be copied and pasted onto letterhead.

I certify that the information above was reported to me by the listed community member and I believe it to be an accurate account.

Printed Name

Organization

Title/Role

Signature

Date

Phone

Email

# Documenting Disability

- Letter signed by licensed professional (MD, NP, LCSW, MFT, LPCC or Clinical Psychologist) with diagnosis and a statement that the disability is “expected to be of long-standing or indefinite duration and significantly impairs the client’s ability to live independently”
- Letter from Social Security Administration showing proof of benefits
- Copy of client’s disability check
- Medi-Cal verification letter of disability-linked Medi-Cal
- All forms of verification must be dated no more than 12 months prior to current date
- *NOTE:* If the permanent supportive housing opportunity has diagnosis-specific eligibility criteria only example 1, a letter signed by a licensed profession listing the type of disability, will be sufficient.

# Disability Letter Signed by a Professional

## Must include:

- Client's Name and DOB
- Type of Disability
- Provider's Signature
- Provider's Credentials and License #
- Must state that disability is "expected to be of long-standing or infinite duration and significantly impairs client's ability to live independently"
- Who can verify?
  - For Medical Conditions: *MD* (Medical Doctor), *NP* (Nurse Practitioner)
  - For Mental Health & Substance Use Conditions: *MD* (Medical Doctor), *NP* (Nurse Practitioner), *PsyD/PhD* (Psychologist), *LCSW* (Licensed Clinical Social Worker), *MFT/LMFT* (Marriage and Family Therapist), *LPCC* (Licensed Professional Clinical Counselor)

\*Home Stretch has a template that includes all of these components and can be found at <http://everyonehome.org/our-work/home-stretch/>. It is also pages 8-9 in the chronic homelessness verification packet.

[https://www.play](https://www.playfactile.com/hsdo)  
[factile.com/hsdo](https://www.playfactile.com/hsdo)  
[cspecialist](https://www.playfactile.com/hsdo)

# Questions?

[HomeStretch@acgov.org](mailto:HomeStretch@acgov.org)

phone: 510-567-8017

fax: 855.658.5466

<http://everyonehome.org/our-work/home-stretch/>