Alameda County Office of Homeless Care and Coordination
Email: 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?
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
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.
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.
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

<table>
<thead>
<tr>
<th>Applicant’s Current Living Situation</th>
<th>Is applicant considered Literally Homeless in this housing?</th>
<th>Is the applicant considered currently homeless for CH purposes?</th>
<th>Does time in this housing count as time homeless for CH purposes?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Place not meant for human habitation</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Transitional Housing (TH)</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
<td>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.</td>
</tr>
<tr>
<td>Rapid Rehousing (RRH)</td>
<td>Yes*</td>
<td>Yes*</td>
<td>No</td>
<td>*If less than 24 months in RRH and the person was literally homeless upon program entry.</td>
</tr>
</tbody>
</table>

### Institutional Living Setting
(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. | Stays in institutions of 90 days or more constitute a break in homelessness and do not count toward total time homeless. |
| More than 90 days                    | No                                                        | No                                                         | No                                                                 |       |
| Hotel/Motel                          | Paid for by agency/voucher                                | 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                                                                 | If the hotel stay is less than 7 consecutive nights the person retains their homeless status. |

### Staying with Friends or Family/Couch Surfing

| Less than 7 consecutive nights       | Yes                                                      | Yes                                                        | Yes                                                                |       |
| Seven (7) or more consecutive nights | No                                                      | No                                                         | No                                                                 |       |

### Other

| Sober Living                         | No                                                      | No                                                        | No                                                                 |       |
| Board and Care                       | No                                                      | No                                                        | No                                                                 | Transitional residential and limited-term recovery programs are institutional living. |
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?
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 8th, 2021 following a 3-week hospital stay that started on February 15th. 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 1st – August 5th, 2020. Before that she was living in a Sober Living Environment from January 1st – June 1st, 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 1st, 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 15th, 2020. Prior to that he stayed in a motel that he paid for with his SSI from December 11th - December 15th and was in the same hotel from November 1st - December 11th paid for by Alameda County Health Care for the Homeless. From February 1st, 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

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

Amy Is Not:
- Chronically Homeless

<table>
<thead>
<tr>
<th>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.</th>
<th>Type of Living Situation</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Months</th>
<th>Verification Available From?</th>
</tr>
</thead>
<tbody>
<tr>
<td>LifeLong Medical Respite</td>
<td>Emergency Shelter (ES), Place Not Meant for Habitation (PNMH), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Institution (INST), Not Homeless (NH)</td>
<td>3/8/21</td>
<td>Present</td>
<td>4</td>
<td>HMIS, Professional Assessment, Witness, Self-Certification, NH</td>
</tr>
<tr>
<td>Hospital</td>
<td>2/15/21</td>
<td>3/8/21</td>
<td>1</td>
<td>HMIS, Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
<tr>
<td>Tent near Union Point Park in Oakland</td>
<td>8/5/20</td>
<td>2/15/21</td>
<td>6</td>
<td>HMIS, Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
<tr>
<td>Start of 2nd Episode of Homelessness</td>
<td>6/1/20</td>
<td>8/5/20</td>
<td></td>
<td>HMIS, Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
<tr>
<td>Jail</td>
<td>1/1/20</td>
<td>6/1/20</td>
<td></td>
<td>HMIS, Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
<tr>
<td>Sober Living Environment Break in Homelessness</td>
<td>1/1/15</td>
<td>1/1/20</td>
<td>5 years</td>
<td>HMIS, Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
<tr>
<td>Car Parked near Berkeley Marina</td>
<td>1/1/15</td>
<td>1/1/20</td>
<td>5 years</td>
<td>HMIS, Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
</tbody>
</table>
### Scenario 2: Jason

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

<table>
<thead>
<tr>
<th>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.</th>
<th>Type of Living Situation</th>
<th>Start Date</th>
<th>End Date</th>
<th>Total Months</th>
<th>Verification Available From?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sleeping Outside near People’s Park</td>
<td>Emergency Shelter (ES), Place Not Meant for Habitation (PNMH), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Institution (INST), Not Homeless (NH)</td>
<td>2/1/21</td>
<td>Present</td>
<td>5</td>
<td>HMIS Professional Assessment, Witness, Self-Certification, NH</td>
</tr>
<tr>
<td>BOSS Harrison House</td>
<td>12/15/20</td>
<td>2/1/21</td>
<td>2</td>
<td>HMIS Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
<tr>
<td>Hotel Paid for with SSI</td>
<td>12/11/20</td>
<td>12/15/20</td>
<td>4 days</td>
<td>HMIS Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
<tr>
<td>Less than 7 days, not a break in homelessness</td>
<td>11/1/20</td>
<td>12/11/20</td>
<td>1</td>
<td>HMIS Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
<tr>
<td>Hotel Paid for by Alameda County HCH</td>
<td>2/1/19</td>
<td>11/1/20</td>
<td>21</td>
<td>HMIS Professional Assessment, Witness, Self-Certification, NH</td>
<td></td>
</tr>
</tbody>
</table>
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*
Home Stretch has a new tool 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.
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**

<table>
<thead>
<tr>
<th>Location of encounter (encampment location, cross streets, name of clinic, address, office location, etc.):</th>
<th>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.):</th>
<th>Presumed location Applicant was living (address, name of public space, street name, landmark, etc.):</th>
<th>Presumed living situation of Applicant (in car, in a tent, on the street, in emergency shelter etc.):</th>
<th>Date of encounter: (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

*Must Provide Detail*

---

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).

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<table>
<thead>
<tr>
<th>Printed Name</th>
<th>Organization</th>
<th>Title/Role</th>
</tr>
</thead>
</table>

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<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
</table>
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.

<table>
<thead>
<tr>
<th>Location (address, name of public space, street name, landmark, etc.):</th>
<th>Description of living conditions observed (sleeping in a car, in a tent, in the open, etc.):</th>
<th>Date observed:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Must be copied and pasted onto letterhead.
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/](http://everyonehome.org/our-work/home-stretch/). It is also pages 8-9 in the chronic homelessness verification packet.*
Questions?

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