

# Housing Focused Services Training



# Presentation Outline

Three Evidence-Based Practices for Homeless Services



What is a Housing Focused Approach



Definitions of Homelessness as Defined by HUD



Housing Opportunities Matched via ICES



Required documentation.



# Housing First

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life.



# Harm Reduction

Harm reduction is a set of practical strategies that help people reduce the negative consequences of drug use, alcoholism and mental illness by addressing the conditions of use and treatment.



# Trauma Informed Care

Trauma Informed approaches recognize the prevalence of trauma in people's lives and acknowledge the potential effects that this can have on individuals and their families, networks and communities.





# Housing Focused

## What does it mean to be Housing-Focused?

- Requires a paradigm shift to believe that everyone is “housing ready,” meaning they are ready to be housed immediately
- It’s all about housing, not about healing or fixing
- Focus on a “housing plan” vs “family plan” or “case plan”
- Identify barriers to housing and identify resources to address barriers
- Focus every in-person meeting on a quick move to permanent housing
- Review and discuss the housing plan weekly at minimum
- Shelters or interim housing are primarily there to resolve a housing crisis
- Mandatory program participation does not result in better housing outcomes

# Categories of Homelessness



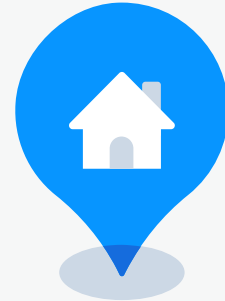
At Risk of Homelessness

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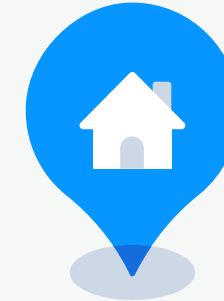
Literal Homelessness

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Chronic Homelessness

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# At-Risk



Couch surfing for 7 or more nights

Living in a hotel/motel **NOT** paid for by a charitable organization

Exiting an institutional setting\*

- Were not homeless prior
- Length of stay was greater than 90 days

A housing situation that is unstable and puts the individual or family at a higher risk for being homeless

An individual or family who:

- (i) Has an annual income below 30% of median family income for the area; AND
- (ii) Does not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or another place defined in Category 1 of the “homeless” definition; AND
- (iii) Meets one of the following conditions:
  - (A) Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR
  - (B) Is living in the home of another because of economic hardship; OR
  - (C) Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR
  - (D) Lives in a hotel or motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR
  - (E) Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR
  - (F) Is exiting a publicly funded institution or system of care; OR
  - (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Con Plan

<https://www.hudexchange.info/resource/1975/criteria-for-definition-of-at-risk-of-homelessness>



# Literal Homelessness

A head of household or individual or family who lacks a fixed, regular, and adequate nighttime residence.

Place not meant for human habitation

OR

Living in a publicly or privately operated shelter designated to provide temporary living arrangements

OR

Exiting an institution\* where they have resided for 90 days or less  
AND homeless prior to entry

\*Jails, hospitals, inpatient treatment centers, skilled nursing facilities and recuperative care centers

**Note: An individual or family only needs to meet one of the three subcategories to qualify as Homeless Category 1: Literally Homeless.**



# Chronic Homelessness

Client or head of household must currently be in one of these locations in order to be considered chronically homeless.

Client is currently residing:

In Emergency Shelter

On the Streets/Place not Meant for Human Habitation

In the Safe Haven

In an Institutional Care Facility

- (1) A homeless individual or head of household with a disability that meets the HUD definition of a disability who

- (a) lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; AND

- (b) has been homeless and living in one of these places continuously for at least 12 months OR on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in one of the aforementioned places.



Client or head of household must also be diagnosed with one or more of the following:

Substance use disorder

Serious mental illness

Developmental disability

Post-traumatic stress disorder

Cognitive impairments resulting from brain injury

Chronic physical illness or disability

Other:

# Housing Opportunities:



Rapid Rehousing

Vouchers

Permanent Supportive Housing



# Rapid Rehousing

## Rapid Rehousing always includes:

- Time limited rental assistance
- Housing navigation
- Light supportive services
- Tenant is on the lease



## Benefits of Rapid Rehousing

Rapid Rehousing enables people to live indoors by paying their rent and providing services for a limited amount of time. The stability provided by living in housing can greatly increase a person's path to income while alleviating substance use and mental health barriers. A person's ability to flourish in housing is a determinant of overall health and wellbeing.




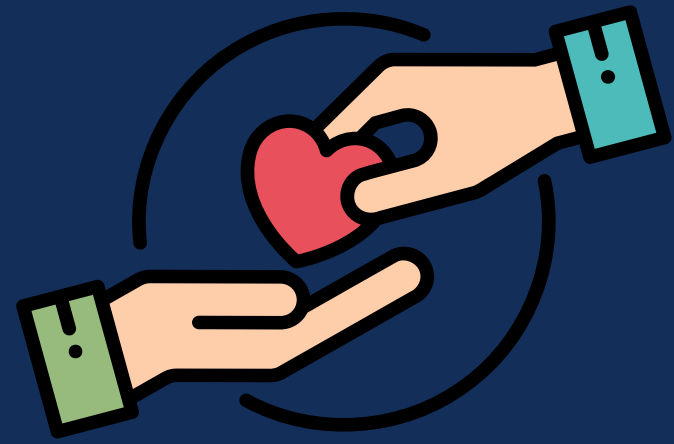
# Vouchers

- Awarded directly to the tenant
- Targeted to people with low income
- Prioritized for people experiencing chronic homelessness
- Tenants pay up to 30% of their income
- Income is not required
- Tenant is on the lease
- Must pass background check (290s, manufacturing charges, etc.)
- Documented citizenship required



## Vouchers May Benefit

- Individuals whom the primary barrier to housing is affordability 
- Individuals able to live relatively independently following the termination of supportive services



# Permanent Supportive Housing

## Features of PSH

- Ongoing supportive services
- Ongoing housing assistance
- Tenant is not on the lease
- Occupancy fee of up to 30% of income
- No income required
- Chronic homelessness prioritization



PSH resources are very limited and must be prioritized for only the most vulnerable individuals

# Forms, Letters and HMIS History



## County Verification Forms

Chronic Homelessness Status Form, Third-Party Homeless Verification, Self -Certification Form, Disability Verification Form

## Letters of Verification

Third-Party Letters (Agency or Community Member) & Intake Worker Observation

## Timeline/Screenshots

HMIS History Screen Shot or HUD Report Print Outs from HMIS Clarity



# Documentation for Literal and Chronic Homelessness



## Literal Homelessness

Please provide one of the following:

- Third- Party Homeless Verification Form
- Third Party Letter (Agency or Community)
- Screenshot of HMIS program enrollment

## Chronic Homelessness

Please provide both of the following:

- Verification of Disability
- Verification of Chronic Homelessness

★ 12 months OR on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months

## RECOMMENDED DOCUMENTS

Government Issued Photo ID  Social Security Card  Proof of Legal Residence: Birth Certificate, Alien Number, or Certificate of Naturalization   
 Marriage or Divorce Documents  Proof of Child Custody  Proof of Income and Assets





**Agency Third Party Homeless Verification**

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_, from  
Your Name Title/Position  
\_\_\_\_\_ verify that \_\_\_\_\_  
Agency Client Name

is currently homeless and staying \_\_\_\_\_  
Location Type (i.e. outdoors, vehicle, emergency shelter, motel paid by agency)

in \_\_\_\_\_ . Agency services began on \_\_\_\_\_ and included  
City Date

the following services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

This household reports the following living situations:

Start Date	End Date	Location Type	City

Should you have any questions, please contact me at \_\_\_\_\_.  
Contact Information

Sincerely,

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Disabling Condition Verification Form

<b>Patient Name</b>		<b>Date of Birth</b>	
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I verify, as the undersigned, that the individual named above has been diagnosed, or I have diagnosed with one of the following conditions:

<input type="checkbox"/> Substance use disorder
<input type="checkbox"/> Serious Mental Illness
<input type="checkbox"/> Developmental Disability (As defined by 42 U.S.C. 15002)
<input type="checkbox"/> Post-Traumatic Stress Disorder
<input type="checkbox"/> Cognitive impairments resulting from brain injury
<input type="checkbox"/> Chronic physical illness or disability

That the above condition is expected to be of long-continued or indefinite duration:  Yes  No

That the above condition impedes the individuals' ability to live independently:  Yes  No

That the individual's ability to live independently will be improved by a more suitable housing condition:  Yes  No

Verification must be provided by a state licensed qualified source that may include medical service providers, Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), physicians or treating health care provider as stated in the Social Security Act – 42 U.S.C. Section 423.

<b>Name</b>		<b>License #</b>	
<b>Title</b>		<b>Organization/ Firm</b>	
<b>Address</b>		<b>Phone #</b>	
<b>Signature</b>		<b>Date</b>	

# Let's Review

## 01 Evidence Based Practice

1.Housing First 2.Harm Reduction 3.Trauma Informed Care

## 02 Categories of Homelessness

1.At Risk 2.Literal 3.Chronic

## 03 Housing Opportunities

1.Rapid Rehousing 2.Vouchers 3.Permanent Supportive Housing

