


## CoC Membership Meeting

**Ohio Balance of State  
Continuum of Care**


September 20, 2019

Coalition on Homelessness and Housing in Ohio | 175 S. Third St. Suite 580 Columbus, OH 43215


## Webinar Information




All participants lines are muted.



Use the questions feature in the GoToWebinar control panel to submit questions.



This webinar will be posted to COHHIO's website.



This webinar is being recorded.

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## Agenda



- Purpose of CoC Membership Meetings
- Coordinated Entry Updates
- Review of How to Use the Unsheltered Provider in HMIS
- Review of HUD requirements related to project eligibility and documentation
- Review of Homeless Program Standards Updates

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## Purpose of CoC Membership Meetings

- HUD Requirement
- Opportunity to provide updates outside of stand-alone webinar

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## Agenda

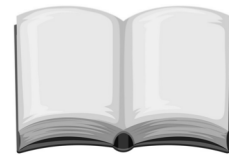
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## Coordinated Entry Updates

- Coordinated Entry Liaison Bootcamps
- Revisions/Updates to CE Plans
- Coordinated Entry Manual release
- Upcoming Coordinated Entry trainings



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## Agenda

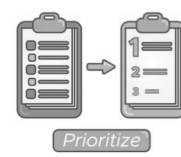
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## Unsheltered Provider Review

- The **purpose** of the Unsheltered Provider in HMIS is to help regions prioritize their unsheltered populations in their Coordinated Entry Process, improve Point in Time Count reporting, and end Veteran homelessness
- The **definition** of Unsheltered = a person or family living in a place not meant for habitation



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## Unsheltered Provider Review

A person/family *is* considered Unsheltered when they are staying:

- In a vehicle
- In and abandoned building
- On the streets
- In a tent

A person/family is *not* considered Unsheltered when they are staying:



- In a hotel/motel paid for by any party
- In the hospital
- In an emergency shelter
- Living with family/friends in a house/apartment

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## Unsheltered Provider Review

### Connecting Unsheltered Households to Housing:

- Enter as much info into HMIS as the household is willing to share
  - Be sure to gather information on how best to follow-up
- Follow up regularly and update client records so their information is correct and shows that contact is being made
- If no contact has been made in 30 days and you have tried contacting the client(s) at least 3 times, exit them from the Unsheltered Provider

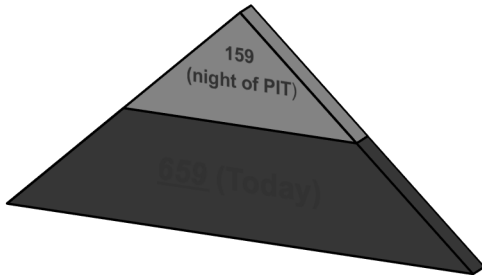


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## Unsheltered Provider Review

# of Unsheltered Individuals in HMIS



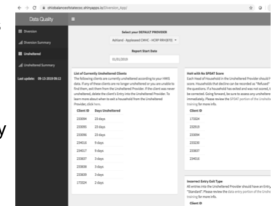
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## Unsheltered Provider Review

*What Can You Do to Help with Data Quality?*

1. Check your Data Quality by going to: [https://ohiobalanceofstatecoc.shinyapps.io/Diversion\\_App/](https://ohiobalanceofstatecoc.shinyapps.io/Diversion_App/)
2. Make the necessary corrections
3. Reach out to [hmis@cohhio.org](mailto:hmis@cohhio.org) with any technical HMIS questions, or [ohiobalanceofstatecoc@cohhio.org](mailto:ohiobalanceofstatecoc@cohhio.org) with any non-HMIS Unsheltered questions



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## Unsheltered Provider Review

### Reminders:

- Residence prior for all Unsheltered should be "Place not meant for habitation"

#### Questions about CURRENT Episode of Unsheltered Homelessness

Residence Prior to Project Entry | (Place not meant for habitation (HUD))

- If no contact has been made after 30 days and multiple attempts to reach household, exit them from Unsheltered Provider



- An HMIS Unsheltered client record is not sufficient homeless history documentation if client is to be considered for PH

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## Review of Project Eligibility and Documentation

- Rapid Re-Housing Eligibility
  - Category 1 – Literally Homeless
    - CoC-funded RRH Projects are further limited to serving category 1 homeless who are residing in emergency shelters or in unsheltered locations only
  - Category 4 - Fleeing/Attempting to Flee Domestic Violence
- Permanent Supportive Housing Eligibility
  - Category 1 – Literally Homeless
  - Category 4 – Fleeing/Attempting to Flee Domestic Violence
    - If the client has already entered ES or TH.
  - Additionally, PSH project clients must have a properly documented disability

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## Review of Project Eligibility and Documentation

### Verification of Homelessness & Eligibility Packets:

- <https://cohhio.org/boscoc/training-and-templates/>
  - Verification of Homelessness and Eligibility Packet (RRH)
  - Verification of Homelessness, Chronic Homelessness, and Eligibility Packet (PSH)

### Templates

#### Permanent Supportive Housing Forms

Verification of Homelessness, Chronic Homelessness, and Eligibility Packet (PSH)

#### Rapid Re-Housing Forms

Verification of Homelessness and Eligibility Packet (RRH)  
RRH Income Calculation and Eligibility Determination Tool

#### All Project Types - Forms

Housing Habitability Standards Checklist  
Housing Stability Plan  
Lease-Based Form Requirements and Inspection Form  
Rent Reasonableness Checklist

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## Review of Project Eligibility and Documentation

### • Important Documentation for RRH

#### 1. Current Housing Status:

- Third-party documentation is ideal
- Followed by Intake Worker Observation and documentation of due diligence
- Lastly, client Self-Certification and documentation of due diligence

Part I: Current Housing Status Documentation	
<i>Instructions: Check the box corresponding to the applicable Housing Status to indicate the type of documentation attached for current housing status. Only check ONE box (except when documentation of due diligence is being denoted as well).</i>	
Housing Status	Documentation Attached
<input type="checkbox"/>	<b>Literally Homeless (Category 1)</b> <i>Individual or family who lacks a fixed, regular, and adequate nighttime residence</i>

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## Review of Project Eligibility and Documentation

### • Important Documentation for RRH

#### 2. Income:

- Ensure household is at or below 50% AMI

Part 2: Lack of Income	
<i>Instructions: Use the Ohio BnSCoC, RRH Income Eligibility Calculation Worksheet to identify the income sources and amounts for the household, determine the annual gross income, and determine if they are income eligible. Provide the basic information below, and include a copy of the RRH Income Eligibility Calculation Worksheet in the client's file</i>	
Key Info: Income Eligibility	Information
1. Total Number of Household Members	
2. 50% of Area Median Income (AMI) for Household Size?	
3. Is the household at or below 50% AMI?	

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## Review of Project Eligibility and Documentation

### • Important Documentation for RRH

#### 3. Lack of Support

- Explore potential support networks and other resources that could be tapped to provide housing assistance

Part 3: Lack of Support	
<i>Instructions: Check the box corresponding to each type of potential support to indicate that you inquired about possible sources of support. Then provide a note indicating support not available, or describing why the support that may be provided is not sufficient to prevent the need for RRH assistance</i>	
Type of Support	Is Support Available to the Household? (yes/no – if the response is 'yes', indicate why the support isn't sufficient to replace need for RRH)
1. Immediate family (including parents, siblings, children)	
2. Extended family (including aunts/uncles, cousins, in laws)	
4. Friends	
5. Faith-based organizations or churches	
6. Community groups or other organizations which the household may be a member of?	

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## Review of Project Eligibility and Documentation

### RRH Documentation Summary:

1. Current Housing Status
2. Income
3. Lack of Support



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- Important Documentation for PSH

- | Part I: Current Housing Status Documentation   |  |
|--|--|
| <i>Instructions: Check the box corresponding to the applicable Housing Status to indicate the type of documentation attached for current housing status. Only check ONE box (except when documentation of due diligence is being denoted as well).</i> |  |
| Housing Status   | Documentation Attached   |
|  | <b>Literally Homeless (Category 1)</b><br><i>Individual or family who lacks a fixed, regular, and adequate nighttime residence</i> |

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- Important Documentation for PSH

- Part 2: Chronic Homelessness Documentation – 12 months Continuous**  
*Instructions: For prospective chronically homeless PSH clients who have 12 months of continuous homelessness, check the box to indicate the type of documentation provided to document 12 months of continuous homelessness.*

If you will be documenting 12 months of *cumulative* (eg, *episodic*) homelessness within a three year period instead, check the 'not applicable' box here and complete Part 3 instead ☐ N/A

Chronic Homeless Documentation Type	Documentation Attached (Select All that Apply and Attach)
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- Important Documentation for PSH

- [illegible]

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- Important Documentation for PSH

- |   |   |
|---|---|
| <p><b>Part 4: Addressing to First Circle of Priority</b></p> <p>This form must be completed and submitted to the appropriate authority. You may choose to complete this form for the entire church or for a specific congregation. You may also choose to complete this form for a specific congregation and then submit it to the appropriate authority.</p>       |   |
| <p><b>Instructions:</b> Check the box corresponding to the appropriate priority. The appropriate <b>PI</b> should be indicated in the <b>Notes</b> section. You may indicate the priority for the entire church or for a specific congregation. You may also indicate the priority for a specific congregation and then submit it to the appropriate authority.</p> |   |
| <p><b>For non-chronically homeless people, provide detailed notes about what efforts to identify chronically homeless individuals and families are being undertaken by the church to respond to their needs.</b></p>  |   |
| <p><b>Notes about the efforts for prioritizing this prospective client:</b></p>   |   |
| <p><b>First Circle of Priority</b></p> <p><b>Chronically Homeless Individuals and Families</b></p>  | <p><b>First Priority:</b> Chronically homeless individuals and families with the longest history of homelessness</p> <p><b>Second Priority:</b> Chronically homeless individuals and families with the longest history of homelessness</p> <p><b>Third Priority:</b> Chronically homeless individuals and families with the longest history of homelessness</p> <p><b>Fourth Priority:</b> Chronically homeless individuals and families with the longest history of homelessness</p> <p><b>Notes about the efforts for prioritizing this prospective client:</b></p> |
| <p><b>First Circle of Priority</b></p> <p><b>Non-Chronically Homeless Individuals and Families</b></p>  | <p><b>First Priority:</b> Chronically homeless individuals and families with the longest history of homelessness</p> <p><b>Second Priority:</b> Chronically homeless individuals and families with the longest history of homelessness</p> <p><b>Third Priority:</b> Chronically homeless individuals and families with the longest history of homelessness</p> <p><b>Fourth Priority:</b> Chronically homeless individuals and families with the longest history of homelessness</p> <p><b>Notes about the efforts for prioritizing this prospective client:</b></p> |

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## Review of Project Eligibility and Documentation

### • Important Documentation for PSH

#### 5. Disability Status:

- Must have third party documentation of disability from proper professional, SSA, receipt of disability check, intake staff observation that can be confirmed and accompanied with evidence within 45 days

Part 6: Disability Status	
Identify below the type of documentation used to verify disability status for the prospective PSH client and attach documentation. Check ONE box only.	
<b>Disability</b> An individual who has a disability that is expected to be long-term or permanent, or of indefinite duration, substantially impedes the individual's ability to live independently. Conditions imposed by the presence of severe mental illness, housing on/offsite, and is a physical, mental, or emotional impairment, resulting in a substantial impediment to the individual's ability to live independently, alone, and maintain other housing or other rights.	<input type="checkbox"/> Written verification from a professional licensed by the State of Ohio to diagnose and treat the disability, and certification that the disability is expected to be long-term or of indefinite duration and substantially impedes the individual's ability to live independently. <input type="checkbox"/> Written verification from Social Security Administration (SSA) <input type="checkbox"/> The receipt of a disability check <input type="checkbox"/> Intake staff self-recorded observation of a disability that is confirmed and accompanied by evidence above within 45 days of project intake Today's Date: _____ Date Evidence Received: _____

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## Review of Project Eligibility and Documentation

### PSH Documentation Summary:

1. Current Housing Status
2. Chronic Homeless Documentation (Continuous –or- Cumulative)
3. Adherence to Order of Priority
4. Disability Status



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## Review of Project Eligibility and Documentation

### HUD Documentation Reminders:

- Lack of documentation should not keep someone from receiving emergency crisis services
- Do not put people in harm's way for the sake of third-party verification
- Individuals are not responsible for obtaining their own documentation. Intake workers are responsible for documenting someone's homeless status
  - If documentation cannot be obtained, intake workers should document their due diligence
- You access more information by participating in this HUD online training:
  - <https://www.hudexchange.info/trainings/courses/recording-and-documenting-homeless-status/>

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## Emergency Transfer Plan

- HUD requirement for CoCs
- Threats of imminent harm from future violence require providers to accommodate unit transfer requests whenever possible
- We recommend adding at least a reference to the Ohio BoSCoC Program Standards Emergency Transfer Plan to your agency Policies & Procedures



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## Equal Access

- Serve all individuals and families the same, regardless of:
  - Actual or perceived sex
  - Sexual orientation
  - Gender identity
- Serve transgender individuals according to how they identify
  - Cannot ask for documentation of sex or gender
  - Strive to accommodate and keep safety in mind

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## Permanent Supportive Housing Projects

- PSH projects cannot limit assistance to specific disability types, such as mental illness
  - Violation of Fair Housing Act
- Limited exceptions for projects originally awarded under the Shelter Plus Care or Supportive Housing Program, that have not undergone significant changes
  - May offer specialized services targeted to a specific disability type, but cannot deny assistance to other disability types if they could benefit from the specialized services

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## Ohio BoSCoC Contacts

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## Questions?

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