Chronic Homelessness: Documentation & Record Keeping

Presented By: Knoxville-Knox County Office of Housing Stability Staff

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Agenda

Welcome and Introduction

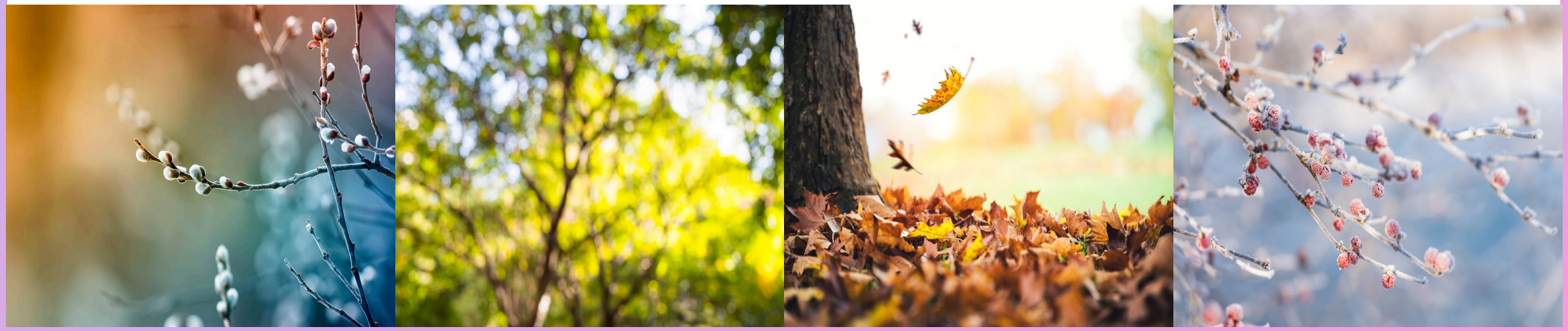
Chronic Homelessness Defined

Chronic Homelessness Documentation 101

Providers: How to Integrate and Support

Quick Review of Handouts/Guides

Open Floor: Question & Answer



Overview

- Today we will cover the basics of chronic homelessness and how it relates to Coordinated Entry, but we will not dive too deeply into the CHAMP prioritization process.
- We will review which types of housing projects currently require chronic homelessness documentation, and what meeting those requirements can look like.
- We will encourage reflection, and offer tools for your agency to engage with and support those experiencing chronic homelessness.
- A review of the handouts provided, and open floor for discussion.

Chronic Homelessness

- Currently across the Knox Housing Continuum only Permanent Supportive Housing (PSH) projects require documentation of chronic homelessness.
- The CHAMP prioritization overall has a preference for those experiencing chronic homelessness for placement into housing.
- As a system we are moving towards a model of prioritizing case management and additional supportive services for those “most vulnerable”, which chronic homelessness is a key component of.
- The more people move and shift their status, the harder it is for individuals to keep track of their own history.

Chronic Homelessness Defined

Chronic Homelessness has 2 parts.

- Homeless for 1 year or more
- Long-term Disability

Length of Time:

- 12 months consecutively.
- 4 or more times within the past 3 years, that add up to 12 months or more.

What constitutes a break in homelessness? How do we document that?

Long-term Disability:

- Can be certified by a broad range of providers.
- Full definition on the next slide – but relatively inclusive definition, meant to increase access and accurate prioritization.

Disability Defined (per HUD)

1. Physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
   - Is expected to be long-continuing or of indefinite duration; **and**
   - Substantially impedes the person's ability to live independently; **and**
   - Could be improved by more suitable housing.
2. Developmental Disability: Defined in Section 102 of the **Developmental Disability Assistance and Bill of Rights Act** of 2000.
3. Has the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

* Professionals must be licensed to treat whatever disability it is they are confirming. They do not have to be a diagnosing practitioner.

12 Months: What is a "Break"?

Length of Time:

- 12 months consecutively.
- **4 or more times within the past 3 years, that add up to 12 months or more.**

- Narrowly Defined;
- A "break" in homelessness is 7 or more consecutive nights, where an individual or family is no longer living in a literal homeless situation. This includes temporary housing, such as in a hotel, renting an apartment, couch-surfing, and Transitional Housing.
- Individual stays in institutional care facilities of fewer than 90 days, and who met criteria of homelessness prior to entry. Fewer than 90 days keeps homelessness status "active". Over 90 days resets the clock.
  - Jail
  - Substance Abuse Treatment Center
  - Mental Health Treatment Facility
  - Hospital, etc.

Documentation: Project level

- 100% can self-certify 3 months (of 12).
- 25% can self-certify all 12 months. *based on project size.*
- 75% require 3rd party documentation for 9 months (of 12).
- Projects are expected to keep track of this internally, so they know what their "quota" is.

*HUD does allow for project entry and a 180-day grace period to attain the needed documentation. However, if documentation is not received those clients would be required to exit.

* HUD requires intake/case managers to document all steps taken to gain higher priority evidence.

3rd Party Documentation

- HMIS record or individual record of stay at shelter, or as a street outreach contact.
- Documented observation by outreach or intake worker describing dates and where the person was staying.
- Documented observation by community member describing dates and where person was staying. (This must also be accompanied by another referral from a housing/service provider).

*The only exception is for medical professionals who can certify through the course of their engagement solely in a medical setting.

*1 observation is generally good to certify the entire month, just make sure can account for full 12 months (not 11.5 months, depending on dates of certification).

Provider Integration: You are the 3rd Party

- Do you regularly visit folks or have a pathway for visual confirmation of where clients are sleeping?
  - What does your current documentation of this look like?
- Are you regularly called upon to help certify individuals moving through CHAMP and into PSH?
- What value can you see in potentially having more external contact with clients?
    - Case conferencing, keeping individuals active in the system, creating ongoing opportunities for engagement.

Letter/Documentation Guides

3rd Party Provider Letter Guide

- Offers clear guidance on the appropriate level of detail and what specifically needs to be included.
- Meant to help clarify the requirements and streamline placement.
- The letter should ideally be on agency letterhead, signed and dated. Remember to use work emails and other agency specific contacts.

Other Helpful Forms & Guides

- Chronic Homelessness Verification Form
- Disability certification form
- Flowchart of HUD's Definition of Chronic Homelessness

Anything else?

- Are there any other tools or guides that would help make this easier?

Open Floor

- Reflection: How can you or your agency adjust practices to accommodate the documentation requirement for individuals who may be prioritized for PSH?
- What does it look like to help individuals stay active and accounted for in the system? What value may be added in and around population-based case conferencing?
- Other thoughts of how your agency can adapt or adjust practices to support chronic homelessness documentation requests?

List of Resources

Chronic Homelessness Final Rule

HUDX: CoC & ESG virtual Binders: Chronic Homelessness

1. FAQ: 2756
2. FAQ: 2758
3. FAQ: 2759
4. FAQ: 2760
5. FAQ: 2761
6. FAQ: 2872

OHS

- Arielle.Benson@knoxtnhousing.org
- Erin.Read@knoxtnhousing.org
- Katie.Mcilwain@knoxtnhousing.org
- Brittany.Rosette-Jones@knoxtnhousing.org

HMIS/CHAMP

- nfirst@utk.edu
- rsmith71@utk.edu