

# HOUSING STABILITY TEAM (HST) – COUNTY GENERAL FUND (CGF) ServicePoint Handbook

## CONTENTS

REVISION HISTORY .....	1
PROGRAM MODEL .....	2
DATA MILESTONES .....	2
ENTERING CLIENTS .....	3
ENTERING SERVICES .....	4
EXITING CLIENTS .....	5
APPENDIX A .....	6



Questions? Contact the ServicePoint Helpline at [servicepoint@multco.us](mailto:servicepoint@multco.us)

<http://multco.us/servicepoint>

Revised 9/22/2020

# Housing Stability Team ServicePoint Handbook - Revision History

- Original version published September 2020
- November 10<sup>th</sup>, 2020, Update:
  - Added more bullets to Data Milestones
  - Clarified program entry instructions
  - Included Household Data sharing option
  - Clarified services instructions
  - Clarified program exit instructions

## HOUSING STABILITY TEAM PROGRAM MODEL

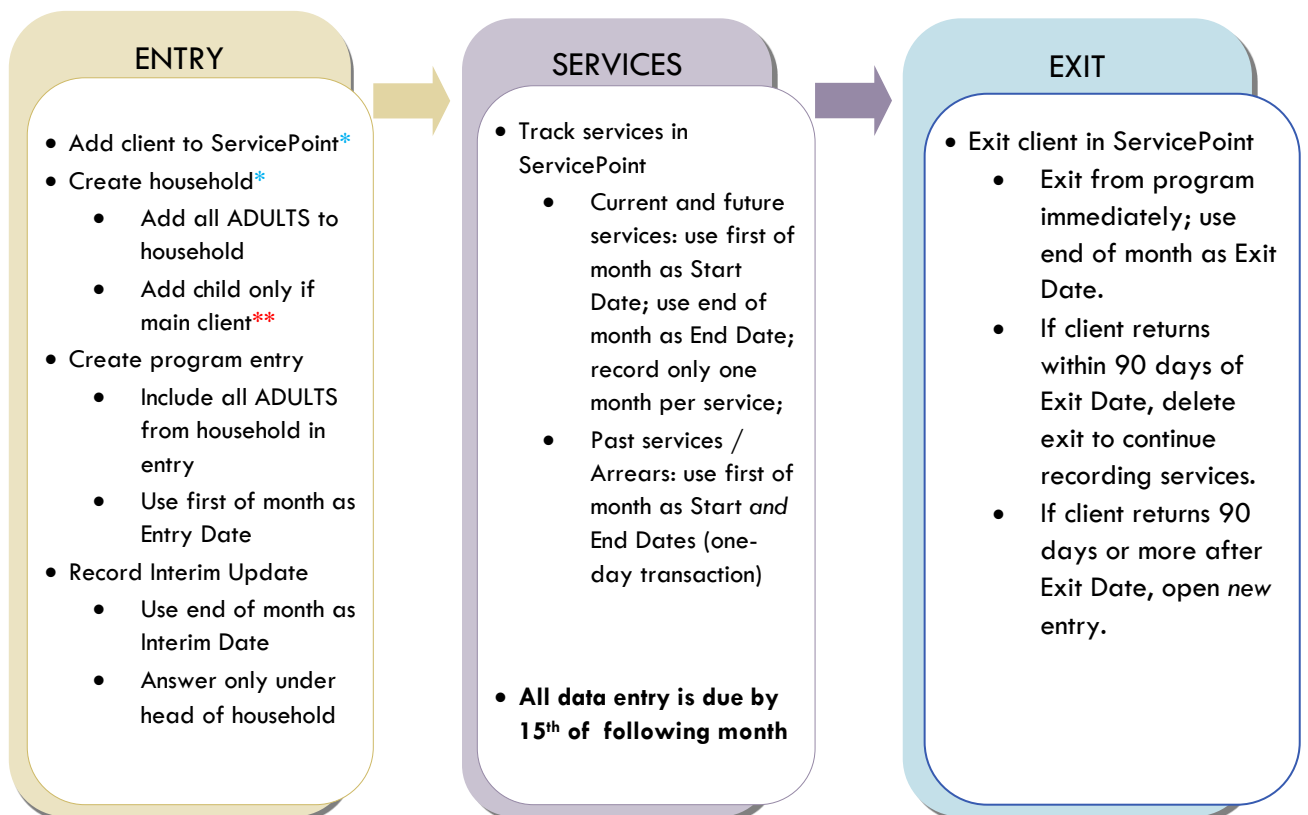
Housing Stability Team (HST) is a program to promote housing stability for clients enrolled in DCHS and Health Department programs. HST consists of two funding sources, which have different eligibility and reporting requirements: County General Fund (CGF) and Emergency Housing Assistance (EHA).

The information contained within this handbook provides instructions related to the **County General Fund**.

Households are eligible for County General Funds if they meet the following criteria:

- At risk of homeless/eviction.
- Have utility shut off notice (when other funds are not available).

## DATA MILESTONES – HOUSING STABILITY TEAM - CGF



\*Instructions for doing these items are not covered in this handbook. Refer to video tutorials. If you have not been given access to the tutorials, contact Allie Vasquez at 971-940-8409 or [allison.vasquez@multco.us](mailto:allison.vasquez@multco.us).

\*\*This caveat applies to the Intellectual & Developmental Disabilities HST-CGF program only.

# ENTERING CLIENTS

## 1. HOUSEHOLD **Every client needs 1 (and only 1) household**

Household Type	
Head of Household	Only <u>one</u> person should be designated as head of household
Relationship to Head of HH	If client is head of household, this should be 'Self'
HH Date Entered	Required if entering client into ServicePoint for the first time. Same as Program Entry Date.

## 2. ENTRY **Without a program entry, clients will not appear in reports**

- Create a program entry for the Head of Household by clicking on "Add Entry/Exit" from the Summary or Entry/Exit tabs. Click the check boxes next to the names of **all adults** in the household to include them in the program entry.
- Once in the entry, click on **EACH** adult household member to enter their program entry data
- Use Household Data button to copy shared household data from Head of Household's assessment to all other household members' assessments. \*\*\*

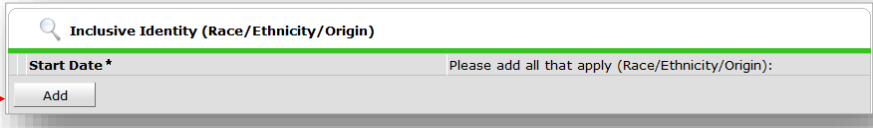
Type	Always choose 'Basic'
Entry Date	<b>*Defaults to date of data entry – Change to date of program entry (i.e. intake date)</b>

### Section I **Complete the following questions for EACH Household Member\*\*\***

\*\*\*Questions marked with three asterisks may be answered using the Household Data button

Program	Choose relevant program.
Client Location ***	OR-501 Portland/Gresham/Multnomah County
Household Size ***	Total # in household - may be different from # of people who need an entry.
Relationship to Head of Household	Choose "Self" if head of household. Otherwise, choose appropriate relationship to head of household. One member of the household (and no more than one) must be designated as head of household.
Date of Birth	
Date of Birth Type	
Gender	

**Click 'Add' to enter clients' self-identified race/ethnicity. Add all that apply.**

Inclusive Identity	
--------------------	--

Race	Required in addition to Inclusive Identity.
Race-Additional	(Optional ) Do not answer the same as “Race”.
Ethnicity (Hispanic/Latino)	Required in addition to Inclusive Identity.
Primary Language	Select Primary Language.
If Primary Language is Other, then Specify	Required if Primary Language chosen above is ‘Other’ - <b>Do not enter a 2<sup>nd</sup> language or a language that is part of the picklist options under “Primary Language”.</b>
Does the client have a disabling condition?	
Covered by Health Insurance?	
<b>Section II</b>	<b>Complete for Head of Household and All Adults</b>
Prior Living Situation***	See <b>Appendix A</b> for additional information about this question
Length of Stay in Previous Place***	See <b>Appendix A</b> for additional information about this question

## ENTERING SERVICES

- All services should be entered in the Head of Household's record. Check off the names of all adult household members to include them in the service.
- Don't combine months (unless recording arrears); each month should have its own service transaction.
- Record arrears in a separate transaction from current and future months' services.

### SERVICES

Start Date	Current or future services: First day of the program entry and/or service month Arrears: First day of the program entry month
End Date	Current or future service: Last day of the service month Arrears: First day of the program entry month (same date as Start Date)
Service Type	Select service from the list of the following categories: <ul style="list-style-type: none"><li>• Homeless Prevention Programs (deposits, fees, etc)</li><li>• Rent Payment Assistance</li><li>• Utility Assistance</li></ul>
Service Staff	For Bienestar use only
# of Units	Exact dollar amount
Unit Type	Leave blank
Cost Per Unit	Leave blank
Total Cost of Units	Leave blank

## EXITING CLIENTS

Answers from Entry will carry over. Be sure to update any responses that have changed.

- If entering multiple data packets at once, use most recent packet to update answers at exit.

### EXIT

Exit Date	Use same date as End Date of last (i.e. most recent) service transaction (likely will be end of program entry and/or service month)
-----------	---

Reason for Leaving	“Completed program”
--------------------	---------------------

Destination	
-------------	--

### Section II Update for Head of Household and all Adults

Does the client have a disabling condition?	
---	--

Prior Living Situation***	See <b>Appendix A</b> for additional information about this question
---------------------------	--

Length of Stay in Previous Place***	See <b>Appendix A</b> for additional information about this question
-------------------------------------	--

## APPENDIX A

“Prior Living Situation” now has multiple housing situations to choose from. Each housing situation (Homeless, Institutional, and Temporary & Permanent) has a list of options.

<b>Prior Living Situation</b>	Residence just prior to entry (i.e. the night before entry date). Choose only ONE.
<b>Length of Stay in Previous Place</b>	
If response to Prior Living Situation is under HOMELESS SITUATIONS, you will see the following questions:	
Approximate date homelessness started	
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today	
Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years	
If response to Residence Prior to Project Entry is under INSTITUTIONAL SITUATIONS <b>and</b> Length of Stay in Previous Place is less than <b>90 days</b> , you will see the following questions:	
On the night before [residence prior situation], did client stay on the streets, emergency shelter or safe haven? If yes, complete the following:	
Approximate date homelessness started	
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today	
Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years	
If response to Residence Prior to Project Entry is under TEMPORARY AND PERMANENT HOUSING SITUATIONS <b>and</b> Length of Stay in Previous Place is less than <b>7 days</b> , you will see the following questions:	
On the night before [residence prior situation], did client stay on the streets, emergency shelter or safe haven? If yes, complete the following:	
Approximate date homelessness started	
Regardless of where they stayed last night - Number of times client has been on the streets, in emergency shelter, or safe haven in the past 3 years including today	
Total number of months homeless on the street, in emergency shelter or safe haven in the past 3 years	