

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

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Questions?

If you have any questions or would like to schedule training, contact the Data Technician, Kat Thompson via email at kat.thompson@multco.us or cell at 971-202-8330.

Revised 02/05/2025

Housing Stability Team Wellsky Handbook - Revision History

- Original version published September 2020
- November 10th, 2020, Update:
 - Added more bullets to Data Milestones
 - Clarified program entry instructions
 - Included Household Data sharing option
 - Clarified services instructions
 - Clarified program exit instructions
- February 5th, 2025 Update:
 - Updated language from ServicePoint to Wellsky
 - Updated Race and Inclusive Identity section

HOUSING STABILITY TEAM PROGRAM MODEL

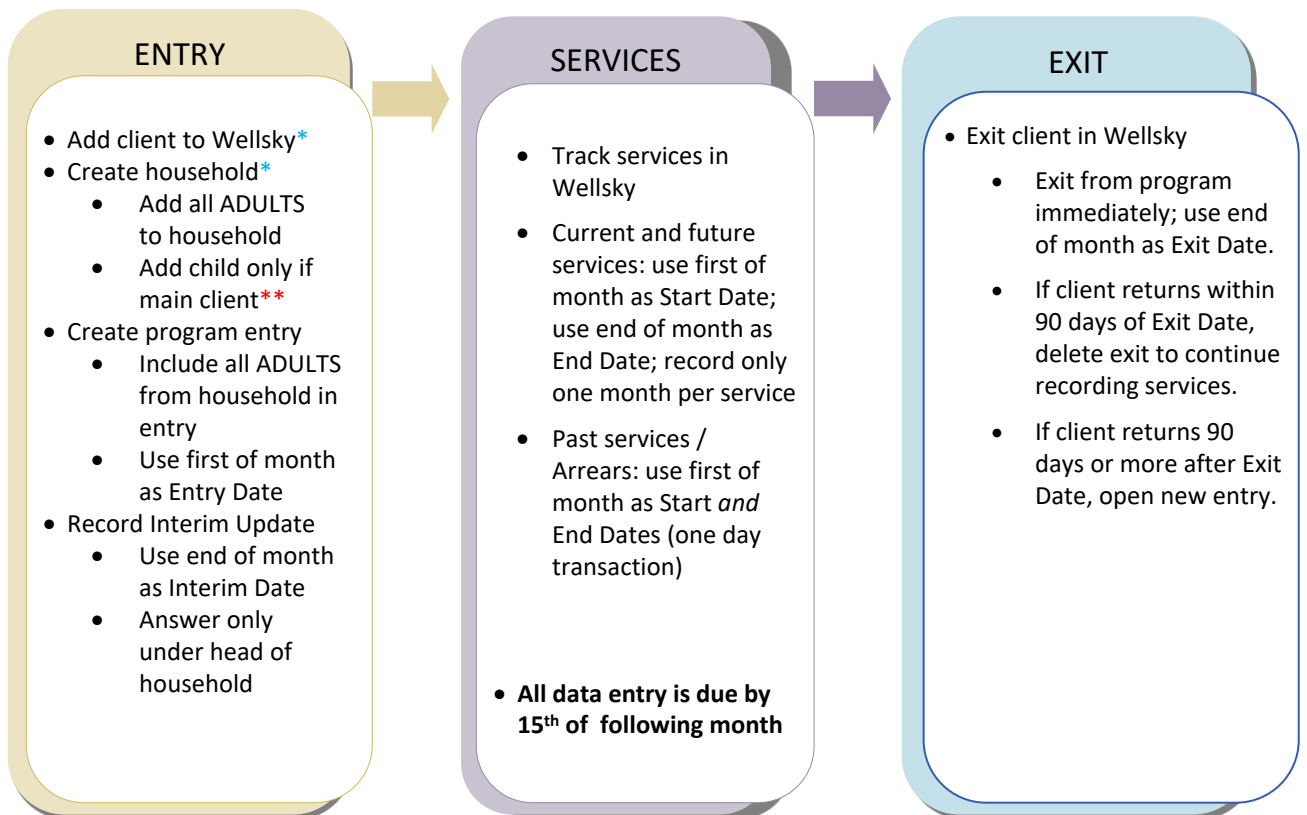
Housing Stability Team (HST) is a program to promote housing stability for clients enrolled in DCCHS and Health Department programs. HST consists of two funding sources, which have different eligibility and reporting requirements: County General Fund (CGF) and Emergency Housing Assistance (EHA).

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. If you have any questions or would like to schedule training, contact Kat Thompson at 971-202-8330 or kat.thompson@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 Wellsky 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	*Defaults to date of data entry – Change to date of program entry (i.e. intake date)

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	<input type="text" value="Inclusive Identity (Race/Ethnicity/Origin)"/>				
	<table border="1"> <tr> <td>Start Date *</td> <td>Please add all that apply (Race/Ethnicity/Origin):</td> </tr> <tr> <td colspan="2" style="text-align: center;"> <input type="button" value="Add"/> </td> </tr> </table>	Start Date *	Please add all that apply (Race/Ethnicity/Origin):	<input type="button" value="Add"/>	
	Start Date *	Please add all that apply (Race/Ethnicity/Origin):			
<input type="button" value="Add"/>					
					

Race	Required in addition to Inclusive Identity. Hold "ctrl" or "cmd" key to select multiple values
Additional Race and Ethnicity Detail	(Optional) Do not answer the same as "Race".
Primary Language	Select Primary Language.
If Primary Language is Other, then Specify	Required if Primary Language chosen above is 'Other' - Do not enter a 2nd language or a language that is part of the picklist options under "Primary Language".
Does the client have a disabling condition?	
Covered by Health Insurance?	
Section II	Complete for Head of Household and All Adults
Prior Living Situation ***	See Appendix A for additional information about this question
Length of Stay in Previous Place ***	See Appendix A 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:

- Homeless Prevention Programs (deposits, fees, etc)
- Rent Payment Assistance
- Utility Assistance

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)
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Reason for Leaving	"Completed Program"
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Destination	
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Section II Update for Head of Household and all Adults

Does the client have a disabling condition?	
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Prior Living Situation***	See Appendix A for additional information about this question
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Length of Stay in Previous Place***	See Appendix A for additional information about this question
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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.

Prior Living Situation	Residence just prior to entry (i.e. the night before entry date). Choose only ONE.
Length of Stay in Previous Place	
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 and Length of Stay in Previous Place is less than 90 days , 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 and Length of Stay in Previous Place is less than 7 days , 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	