# MHT RETENTION SERVICES
# ServicePoint Handbook

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Multnomah County

Questions? Contact the ServicePoint Helpline at servicepoint@multco.us
http://multco.us/servicepoint

**Version 1.1**

# MHT Retention ServicePoint Handbook - Revision History

- **November 2021:** Added information on how to select more than one Gender option; added new JOHS Population A/B question to program entry.
- **July 2018:** Original version published July 2018

# COORDINATED ACCESS AND MOBILE HOUSING TEAM

<div style="background:#8e2f8e;color:white;text-align:center;padding:8px;">

## IMPORTANT

</div>

The data workflow for Coordinated Access for Families with Minor Children and Mobile Housing Team are documented in separate ServicePoint Handbooks entitled "Coordinated Access for Adults and Families" and "Mobile Housing Team ServicePoint Handbook." Please refer to those handbooks for detailed instructions on how to enter vulnerability assessments, make a referral to the Family Queue and open an MHT RRH or HCV entry.

The most recent version of these handbooks can be downloaded at:
https://multco.us/servicepoint/manualsguides

# MHT RETENTION PROGRAM MODEL

MHT Retention Services provides system-wide retention services to families stabilized in housing and after the end of subsidy for up to 12-24 months. Depending on system capacity, retention services may be provided beyond 24 months. Services include ongoing visiting, eviction prevention assiststance, landlord and neighbor problem solving, and navigation to other necessary services.

**TRAUMA INFORMED**
A driving framework that recognizes the impact of trauma on family stability

**ASSERTIVE ENGAGEMENT**
A client-driven and strengths-based mode of practice that empowers individuals to overcome barriers and achieve self-suficiency
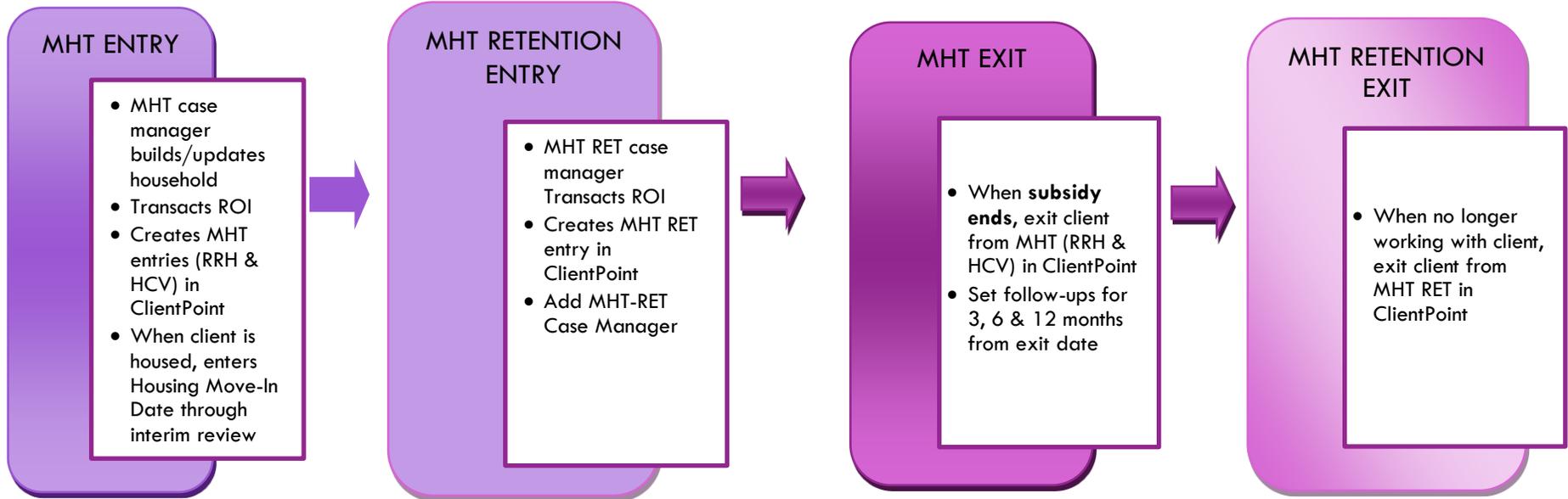
**Retention Services**
Ongoing visiting, eviction prevention assistance, problem solving, and referrals to other services

# DATA MILESTONES - MOBILE HOUSING TEAM RETENTION

**COORDINATED ACCESS**
- Assessment has already been created and family referred to MHT

**MHT ENTRY**
- MHT case manager builds/updates household
- Transacts ROI
- Creates MHT entries (RRH & HCV) in ClientPoint
- When client is housed, enters Housing Move-In Date through interim review

**MHT RETENTION ENTRY**
- MHT RET case manager Transacts ROI
- Creates MHT RET entry in ClientPoint
- Add MHT-RET Case Manager

**MHT EXIT**
- When **subsidy ends,** exit client from MHT (RRH & HCV) in ClientPoint
- Set follow-ups for 3, 6 & 12 months from exit date

**MHT RETENTION EXIT**
- When no longer working with client, exit client from MHT RET in ClientPoint

# MHT RETENTION PROGRAM ENTRY IN CLIENTPOINT

## 1. TRANSACT ROI   Required for ALL Household Members included in Program Entry

After clients sign a *Client Consent to Release of Information for Data Sharing in Multnomah County* form for their household, transact Parent and MHT level (RRH **and** HCV) ROI to all household members.

**Clients only need to sign one Client Consent form <u>per agency</u>.**

Only one Client Consent form needs to be signed per household, but it needs to be transacted in SP under multiple SP providers, including the Parent provider (also known as your Login Provider) AND all of the SP providers associated with the program they are participating in. For MHT, this would be Rapid Re-Housing and Housing Choice Voucher providers.

- Download Client Consent forms here: https://multco.us/multnomah-county-servicepoint-helpline/homeless-family-system-care-hfsc
- View a Video on How to Transact an ROI here: https://www.youtube.com/watch?v=A6YYacA-sd4

Transact ROI under Head of Household

In the client profile of the <u>Head of Household</u>, click on the "ROI" tab. Then, click on "Add Release of Information."



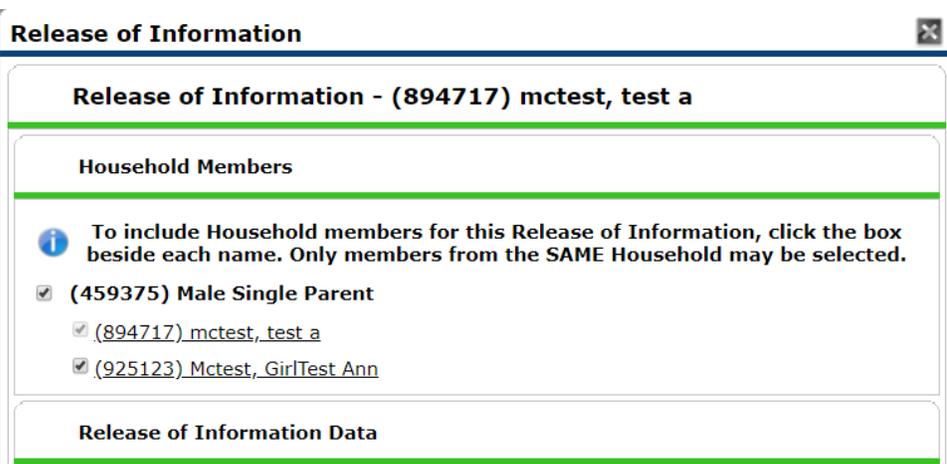Household Members

Check off all household members who were included on the *Client Consent to Release of Information for Data Sharing in Multnomah County* form.

| | |
|---|---|
| Provider | Click 'Search' to select your PARENT provider (also known as your Login provider) AND The MHT Retention provider Existing MHT providers should remain. |

**Clicking 'Save Release of Information' will create a distinct Release of Informa for each selected provider.**

Provider *
- ☑ JOIN - MHT (Mobile Housing Team) Retention - SP (6643)
- ☑ JOIN: MHT (Mobile Housing Team) Housing Choice Voucher-HCV - SP (5106)
- ☑ JOIN - xxMultnomah County Rapid Re-Housing - SP (3138)
- ☑ JOIN - SP (20)

Search

Release Granted *    Yes ▾

Start Date *    07 / 03 / 2018

End Date *    07 / 03 / 2025

Documentation    Signed Statement from Client ▾

Witness    Multco

Save Release of Information    Can

| | |
|---|---|
| Release Granted | Choose Yes or No based on the Client Consent to Share form |
| Start Date | Date the Client Consent to Share form was signed |
| End Date | 7 years after Start Date |
| Documentation | Select "Signed Statement from Client" - **Verbal consent is not an option** |
| Witness | Enter *Multco* |

\* Email or call the ServicePoint Helpline if you notice there are other ROIs transacted for the household already and you are unsure what to do: 503-970-4408 or servicepoint@multco.us

## 2. PROGRAM ENTRY

- Create a program entry for the <u>Head of Household</u> by clicking on "Add Entry/Exit" from the Summary or Entry/Exit tabs. Click the check box next to the names of **all household member**s to include in the program entry.
- Go into the entry of **EACH** household member (adults and children) to verify program entry data

| | |
|---|---|
| Entry Provider | Choose: (Agency) MHT (Mobile Housing Team) Retention - SP |
| Entry Type | Always choose 'Basic' |
| Entry Date | Defaults to data entry date - **Change to date of intake** |



## Program Entry Assessment    Review/Update for Each Household Member

| | |
|---|---|
| Housing Move-in Date | MHT Case Manager should have completed this entry; will not be changed by MHT RET Case Manager |
| Relationship to Head of Household | Choose "Self" if client is head of household. Make sure to designate one person as the head of household. Do NOT assign more than one person as the head of household. |
| Date of Birth | |
| Date of Birth Type | |
| Gender | Use CTRL key to select more than one option |

**Federal Race/Ethnicity Questions: Required by HUD**

| | |
|---|---|
| Race | |
| Race-Additional | (optional) Do not answer the same as what was selected under 'Race' above |
| Ethnicity | Required |

## Inclusive Identity: Required Locally

| | |
|---|---|
| Inclusive Identity | **Click 'Add' to enter a client's self-identified race/ethnicity. Add all that apply.** This is <u>in addition to</u> the Federal Race/Ethnicity Questions above (i.e. If you entered "White" under Race above, enter "White" here as well). |

| Inclusive Identity (Race/Ethnicity/Origin) | |
|---|---|
| Start Date * | Please add all that apply (Race/Ethnicity/Origin): |
| Add | |

| | |
|---|---|
| Primary Language | |
| If Primary Language is Other, then Specify | Required if Primary Language chosen above is 'Other' - **Do <u>not</u> enter a 2nd language or a language that is part of the picklist options under "Primary Language"** |
| Does client have a disabling condition? | |

| | |
|---|---|
| Disabilities | **Click 'HUD Verification' to create a Y/N response for each Disability Type** |

| Disabilities | | | HUD Verification ⚠ |
|---|---|---|---|
| Disability Type | Start Date * | End Date | Disability determination |
| Add | | | |

| | |
|---|---|
| Covered by Health Insurance? | |

| | |
|---|---|
| Health Insurance | **Click 'HUD Verification' to create a Y/N response for each Health Insurance Type** |

| Health Insurance | | | HUD Verification ⚠ |
|---|---|---|---|
| Start Date * | Health Insurance Type | Covered? | End Date |
| Add | | | |

## Complete the following questions for Head of Household and All Adults

| | |
|---|---|
| Enter JOHS priority population code | Refer to Population A/B Determination form: https://rb.gy/hfc1au |
| Income from any source? | |

| | |
|---|---|
| Monthly Income | **Click 'HUD Verification' to create a Y/N response for each Income Source**<br>* Only list income that will be **ongoing**<br>* Enter Household Income provided by a minor in the **Head of Household's profile** |

| Monthly Income | | | | HUD Verification ⚠ |
|---|---|---|---|---|
| Start Date * | Source of Income | Receiving Income Source? | Monthly Amount | End Date |
| Add | View Gross Income | | | |

| | |
|---|---|
| Non-Cash Benefits from any source? | |

| | |
|---|---|
| Non-Cash Benefits | **Click 'HUD Verification' to create a Y/N response for each Benefit Source**<br>* Only list benefits that will be **ongoing**<br>* Enter benefits received by a minor in the **Head of Household's profile**<br>* $ amounts are not required for non-cash benefits |

| Non-Cash Benefits | | | | HUD Verification ⚠ |
|---|---|---|---|---|
| Start Date * | Source of Non-Cash Benefit | Receiving Benefit? | Amount of Non-Cash Benefit | End Date |
| Add | | | | |

| | |
|---|---|
| **Residence Prior to Project Entry** | Residence just prior to entry (i.e. the night before entry date). Choose only ONE. |
| **Length of Stay in Previous Place** | |
| If response to Residence Prior to Project Entry is under HOMELESS SITUATION, 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 SITUATION **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 TRANSITIONAL AND PERMANENT HOUSING SITUATION **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 | |

| | |
|---|---|
| Client Location | Choose OR-501 Portland/Gresham/Multnomah County |
| Domestic violence victim/survivor? | If response is "Yes," also provide a response to the two follow-up questions: *When did the experience occur?* and *Are you currently fleeing?* |
| **Update the following questions when required by funder or administrator:** | |
| Household Size | Required for EACH household member |
| Percent of Median Family Income | NOT required |
| Level of Family Income (% HHS Guidelines) | NOT required |
| Employment Status | Required for Head of Household and ALL Adults |
| Zip Code of Last Permanent Address | Required for Head of Household and ALL Adults |

| Client's Residence/Last Permanent Address | NOT required |
| --- | --- |

## 3. ADD CASE MANAGER

❶ Click on the Case Manager tab in client's profile
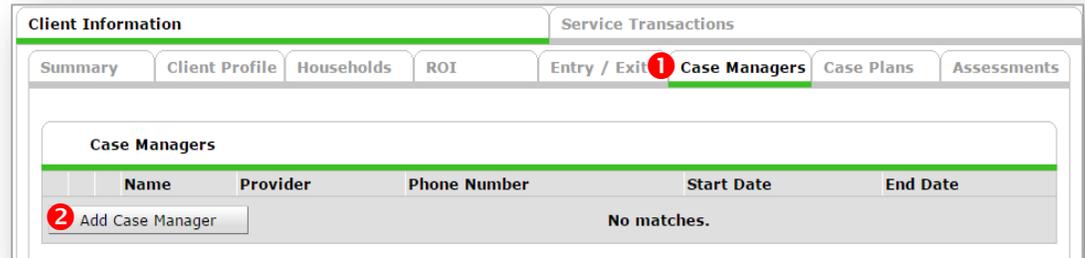


❷ Click 'Add Case Manager'

❸ Check boxes next to client names to include all household members

❹ Click the 'Me' option to set yourself as the Case Manager

❺ Choose your agency's **MHT RETENTION** Provider. Do not remove MHT RRH or HCV provider.

❻ Start Date should be the date you started working with the client.

❼ Click 'Add Case Manager'
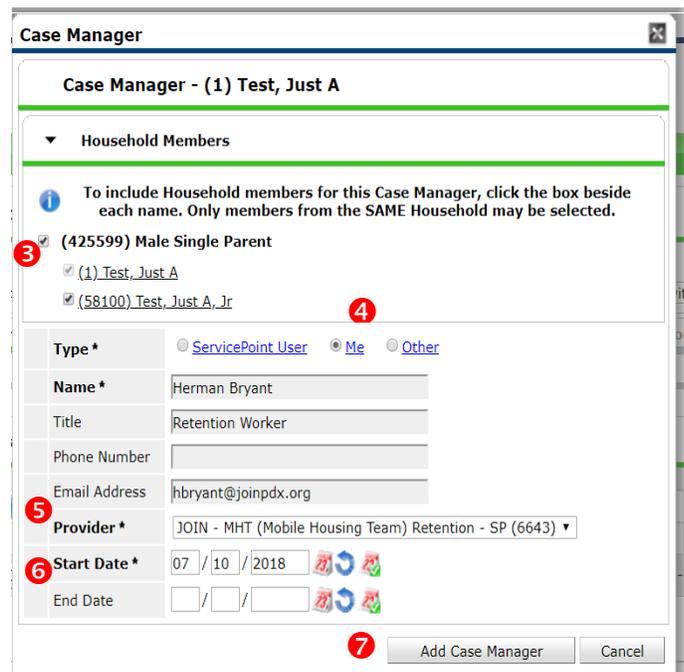
# EXITING from Rapid Re-Housing or Housing Choice Voucher

When subsidy ends, MHT case manager exits family and sets up 3, 6 and 12-month follow-ups.

## EXITING from MHT RET

When MHT RET case manager is no longer working with family, exit from program.

## 4. EXIT    **Answers from Entry will carry over. Remember to update all responses that have changed.**

| | |
|---|---|
| Exit Date | Defaults to data entry date – change to Exit Date |
| Reason for Leaving | |
| Destination | |

**Verify, and if applicable, update the following questions for EACH Household Member**

| | |
|---|---|
| Housing Move-in Date | Review. Leave blank or delete only if client is NOT in permanent housing at exit. |
| Relationship to Head of Household | |
| Does client have a disabling condition? | |
| Disabilities | **Click magnifying glass to check that all responses are still accurate** <br> Disabilities        HUD Verification ✅ |
| Covered by Health Insurance? | |
| Health Insurance | **Click magnifying glass to check that all responses are still accurate** <br> Health Insurance        HUD Verification ✅ |

**Verify, and if applicable, update the following questions for Head of Household and All Adults**

| | |
|---|---|
| Income from Any Source? | |
| Monthly Income | **Click magnifying glass to check that all responses are still accurate** <br> Monthly Income        HUD Verification ✅ |
| Non-cash benefit from any source? | |
| Non-Cash Benefits | **Click magnifying glass to check that all responses are still accurate** <br> Non-Cash Benefits        HUD Verification ✅ |
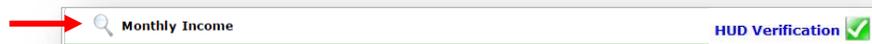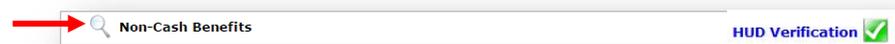
**Update the following questions when required by funder or administrator:**

| | |
|---|---|
| Percent of Median Family | NOT required |

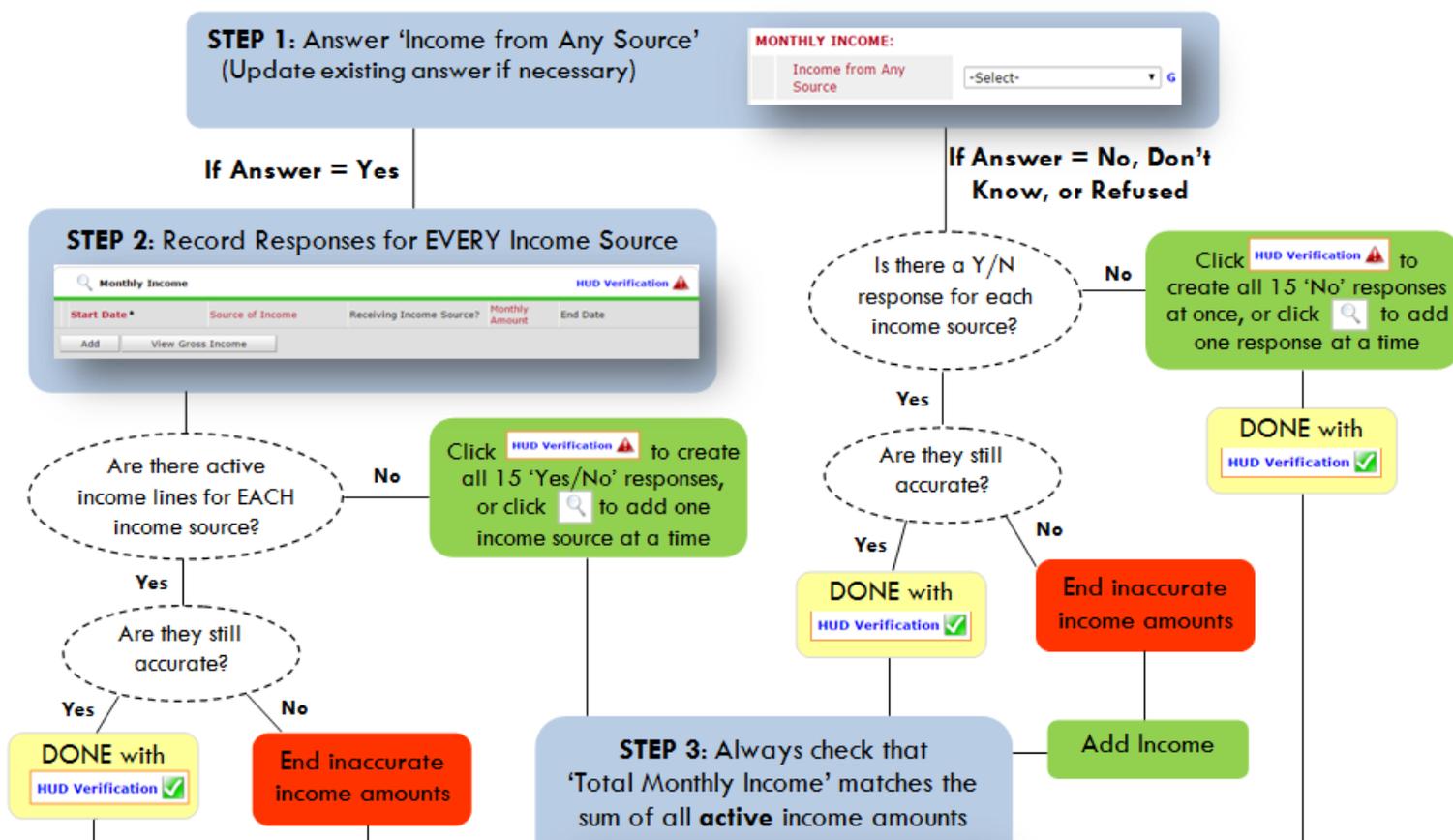| | |
|---|---|
| Income | |
| Achieved case plan goals | NOT required |
| Client's Residence/Last Permanent Address | NOT required |

# APPENDIX A

# RECORDING CLIENT INCOME IN SERVICEPOINT FOR HUD COMPLIANCE

- Each client's record should store snapshots of their income at the time of their program entry, exit, and followups. **Never update a client's income by deleting or writing-over the answers in an existing income record.**
- Each income type or source should have a Yes or No response
- Only record ONGOING income
- Do not record amounts for Non-Cash Benefits
- New program entries pre-fill with income data from previous entries. If the income data that pre-fills is not accurate for your point in time, **end date** it and **add** a new/updated income.
- When completing an annual review, record changes through the 'Interims' icon. Do not change answers in Program Entry.

### Follow the process below to record client income at Entry, Annual Review, and Exit:

**STEP 1:** Answer 'Income from Any Source' (Update existing answer if necessary)

MONTHLY INCOME:
Income from Any Source   -Select-   G

**If Answer = Yes**

**If Answer = No, Don't Know, or Refused**

**STEP 2:** Record Responses for EVERY Income Source

Monthly Income                                          HUD Verification ⚠
Start Date*   Source of Income   Receiving Income Source?   Monthly Amount   End Date
Add        View Gross Income

Is there a Y/N response for each income source?

No → Click HUD Verification ⚠ to create all 15 'No' responses at once, or click 🔍 to add one response at a time

Yes

DONE with HUD Verification ✅

Are there active income lines for EACH income source?

No → Click HUD Verification ⚠ to create all 15 'Yes/No' responses, or click 🔍 to add one income source at a time

Yes

Are they still accurate?

Yes → DONE with HUD Verification ✅

No → End inaccurate income amounts

Are they still accurate?

Yes → DONE with HUD Verification ✅

No → End inaccurate income amounts → Add Income

**STEP 3:** Always check that 'Total Monthly Income' matches the sum of all **active** income amounts

## ADDING INCOME

❶ To create all 15 income responses at once for NEW clients, click the HUD V icon HUD Verification ⚠ If updating clients who already have responses, click the magnifying glass 🔍

❷ Leave Start Date as default (date of Entry, Annual Review, or Exit)

❸ Select Source of Income

❹ Monthly Amount = ($ amount from this source)

❺ Leave End Date blank

❻ Save /add another and Exit

## ENDING INCOME

♻ If updating income at Entry/Exit, enter data in client's program Entry/Exit. If updating income *during* enrollment, use appropriate interim.

❶ Click the pencil next to outdated income

❷ Leave Start Date, Source, and Amount unchanged

❸ End Date = the **day before** Entry/Annual Review/Exit

❹ Save and Exit

**NOTE: Follow the same process when recording Benefits, Disabilities and Health Insurance**

# APPENDIX B

## Answering HUD Verification Questions for New Participants

Your program's Entry may include the following questions:
- Health Insurance
- Disabilities
- Monthly Income
- Non-Cash Benefits

Though these four questions each have different answers available to choose from, all function the same way. This type of question has two parts to answer:

1. Answer the Yes/No question that sits above the HUD Verification.

2. Click HUD Verification, which opens the next window.

3. Select the "No" link. All of the answers in the bottom section will shift to "No".

4. Carefully review the list of answers. If one of the answers applies to the participant, shift the answer on that one line to a "Yes".

If you answer "Yes" to an Income Source for the Monthly Income question, or for the Disability types, an additional box will pop up. See Step 5 and/or 6 below.

Otherwise, click **Save & Exit**.

5. **INCOME**:  Enter the amount of that Income. Enter an approximate amount if necessary.

**Record all income received in the 30 days prior to intake, but only if it that income will be continuous and ongoing.**

| Monthly Income | |
|---|---|
| **Start Date \*** | 10 / 01 / 2014 |
| Source of Income | TANF (HUD) |
| If Other, Please Specify | |
| Receiving Income Source? | Yes |
| If other, specify | |
| Monthly Amount ⑤ | 487 |
| End Date | / / |
| ARCHIVAL USE ONLY! | -Select- ▼ |

Save    Cancel

6. **DISABILITIES**:  Enter "Yes"\* in the 2 fields below the Note on Disability box.

**\*If the project requires an official documentation of disability, you must have that in the client file in order to enter "Yes".**

Click **Save.**

Continue answering the remaining Entry questions.

**Add Recordset**    ⊠

**Disabilities**

| | |
|---|---|
| Disability Type | Mental Health Problem (HUD) |
| **Start Date \*** | 07 / 30 / 2018 |
| Note on Disability | |
| Above condition is going to be long term? (Retired) | Yes ▼ |
| If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently | Yes (HUD) ▼ |
| Disability determination | Yes (HUD) |
| End Date | / / |

Save    Cancel

★ When you're done answering questions for the Head of Household, remember to click **Save**, then scroll back to the top of the entry window and click on the names of any other household members included in the entry to complete their assessments.

## Updating HUD Verification Questions for Existing Participants

If you are answering the HUD Verification questions for a participant who already exists in ServicePoint, there's a good chance that these type of questions (health insurance, disability, income, non-cash benefits) have already been answered at least once. ServicePoint will display all previously recorded answers as long as they are *ongoing*. This means that no one has entered an "End Date" for the answers you are seeing.

In order for you to update a HUD Verification question that has already been answered, you must enter an End Date for each previously recorded answer **that is no longer correct**. Then create a line for each **new** correct answer; new answers should be dated with the date of your new entry or annual update.

**EXAMPLE**: Last year, a survivor and her child completed the intake process for a program on 01/01/2017. A couple days later, her advocate created a program entry in ServicePoint using the intake date as the entry date. The advocate answered all of the questions required by ServicePoint in the program entry, including all four of the HUD Verification-type questions (Health Insurance, Disability, Monthly Income, and Non-Cash Benefits). At the time the advocate completed her intake, the participant did not have health insurance.



Notice how each of the individual answers within the HUD Verification-type questions has a **Start Date** of 01/01/2017 (the same as the participants' entry date). Because the advocate recorded these answers from within the program entry dated 01/01/2017, the **Start Date** for each answer defaults to the entry date. **(Don't change it.)**

**TIP:** After completing a HUD Verification, click on the magnifying glass icon to expand the HUD Verification box and see all of your answers at once!

A year later, the same participant completed an intake for a new program. A couple days later, her advocate creates an entry for the new program, using the new intake date (01/01/2018) as the program entry date.

Sometime in the last year, the participant acquired health insurance through the Oregon Health Plan. Yay! The HUD Verification question about Health Insurance in the new program's entry pulls the "No" answer from the last time this question was answered, just like all other questions in ServicePoint. Flip the answer in the first part of the question from a "No" to a "Yes".



Click on the magnifying glass icon to review each of the individual answers within the HUD Verification.
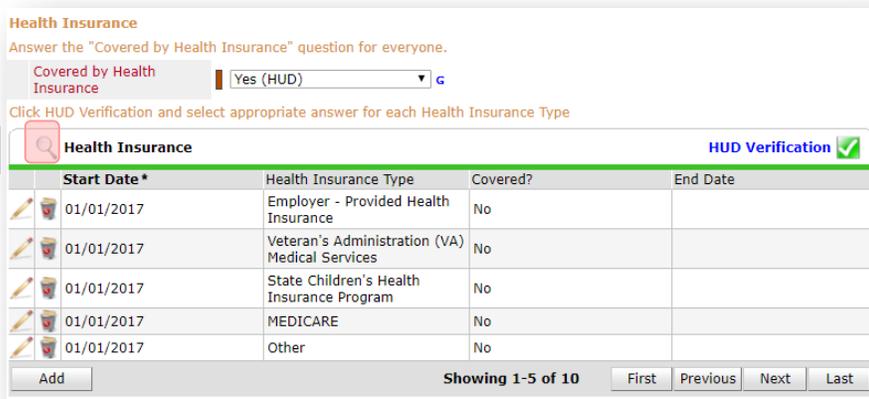


**Tip:** The **Start Date** shows the date of the entry wherein each answer was created.
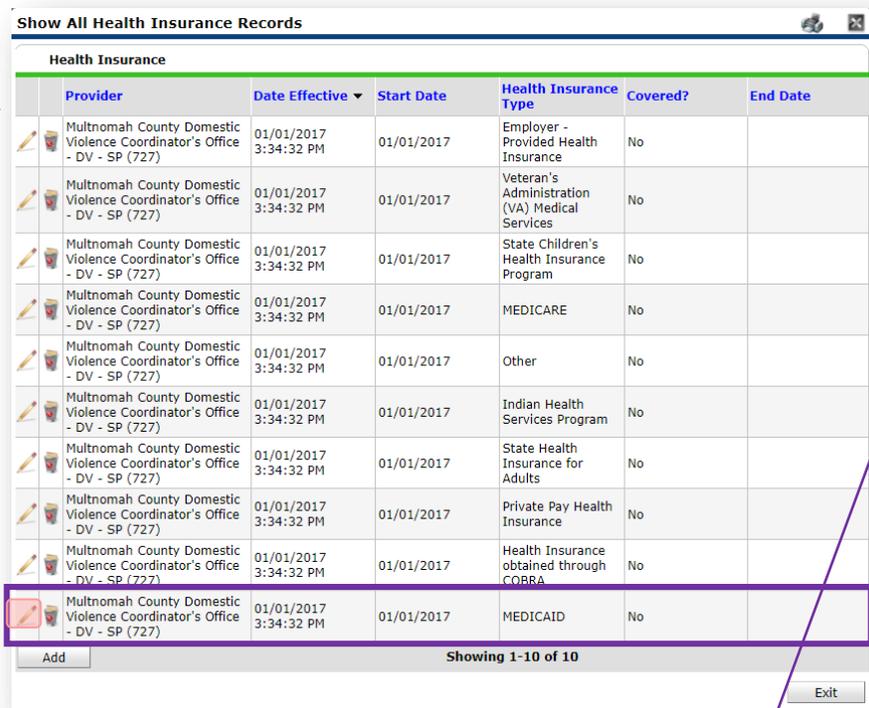


OHP is recorded in ServicePoint as "MEDICAID", so this is the line that must be updated to reflect that the participant now has health insurance.

Click on the pencil icon in line with this answer to edit.

The **Start Date** tells you the date of the entry wherein this answer was created. When the answer was created on 01/01/2017, "No" *was* the correct answer to the question "Covered?" for "MEDICAID".

But as of 01/01/2018, "No" is no longer a correct answer. Document this change by entering an **End Date** for the "No" answer. The date "No" stopped being correct is the date the participant first acquired health insurance; however, the participant isn't expected to remember that date, and the advocate is not expected to record it.

But the advocate *does* know that on the date the participant completed the intake for the new program, she had OHP. The advocate is only responsible for reporting what is true as of the **Entry Date**. So, use the date of the day before the program entry as the **End Date.**

In this example, the **Entry Date** for the new program is 01/01/2018, so the **End Date** is 12/31/2017.

After entering an **End Date**, click **Save**.

The **End Date** now appears in line with the "No" for the MEDICAID answer.

The next step is to document an ongoing "Yes" for MEDICAID as of the date of the new program entry. Click the **Add** button.

1. The **Start Date** defaults to the date of the Program entry. **(Don't change it).**

2. Health Insurance Type is MEDICAID.

3. Covered? Is "Yes".

LEAVE END DATE BLANK.

Click **Save.**

A correctly updated HUD Verification question should look something like this:



| | | Provider | Date Effective ▼ | Start Date | Health Insurance Type | Covered? | End Date |
|---|---|---|---|---|---|---|---|
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2018 5:06:56 PM | 01/01/2018 | MEDICAID | Yes | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | Employer - Provided Health Insurance | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | Veteran's Administration (VA) Medical Services | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | State Children's Health Insurance Program | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | MEDICARE | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | Other | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | Indian Health Services Program | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | State Health Insurance for Adults | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | Private Pay Health Insurance | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | Health Insurance obtained through COBRA | No | |
| ✏ | 🗑 | Multnomah County Domestic Violence Coordinator's Office - DV - SP (727) | 01/01/2017 3:34:32 PM | 01/01/2017 | MEDICAID | No | 12/31/2017 |

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A HUD Verification question that correctly captures a change in a participant's circumstances may have multiple lines with **End Dates**, but should have only one *ongoing* line per answer, whether "Yes" or "No".

When you're done answering entry assessment questions for the Head of Household, remember to click **Save**, then scroll back to the top of the entry window and click on the names of any other household members included in the entry to complete their assessments.