SHORT-TERM RENT ASSISTANCE (STRA)

ServicePoint Handbook

Contents

Questions? Contact serviceprint@multco.us

SHORT-TERM RENT ASSISTANCE PROGRAM MODEL

Short-Term Rent Assistance program (STRA) is a countywide program that provides limited housing assistance (up to 24 months) to households in Multnomah County that are experiencing homelessness or at risk of homelessness. Assistance can include rent or mortgage payment, deposits and application fees, move-in costs, and support services. These services are provided through 19 public and non-profit agencies that are selected based on demonstrated expertise and results with similar service delivery.

STRA is designed to respond quickly when homelessness threatens an individual or family. It does this in three ways:

Safety off the streets	• Providing emergency hotel/motel vouchers for temporary shelter
Homeless Prevention (HP) assistance	• Helping households in danger of eviction maintain the housing they have
Rapid Re-Housing (RRH) assistance	• Helping households obtain permanent housing
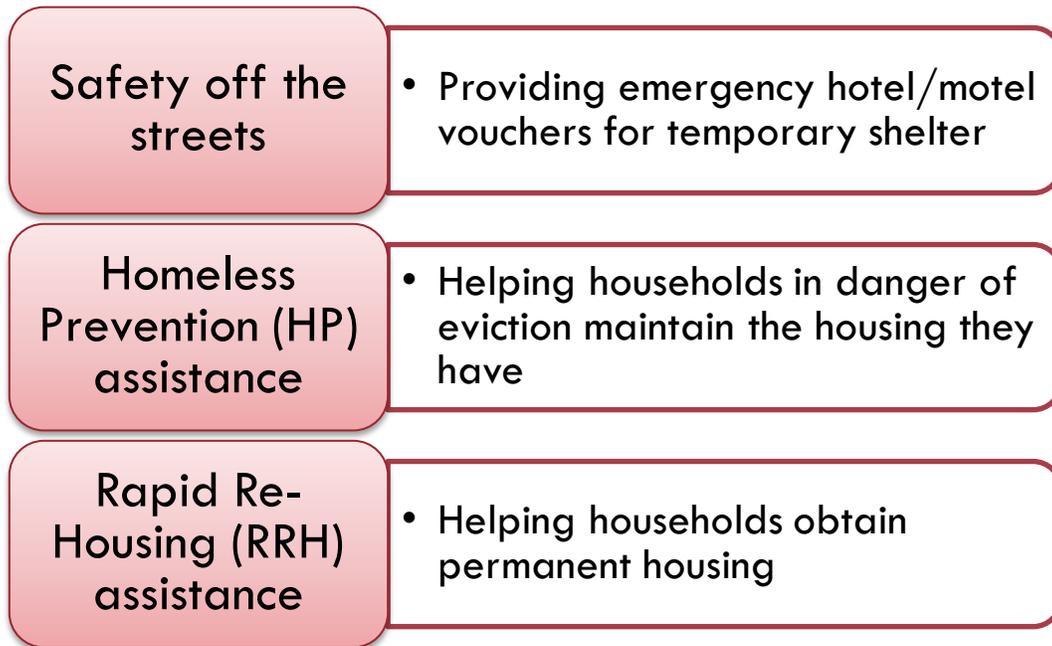
DATA MILESTONES - STRA

ENTRY
- Add client to ServicePoint
- Create household*
- Create ROI for entire HH
- Answer 3 questions on the Client Profile tab
- Create STRA program entry for entire HH

SERVICES (ongoing)
- Track services in ServicePoint
- **All data entry is due within 10 days of services given**

EXIT
- Exit client in ServicePoint

FOLLOW-UP
- Record Follow-ups at 6 & 12 months post-exit

ENTRY INTO STRA

- After clients sign a *Client Consent to Share* form for their household, add agency <u>AND</u> STRA level ROIs to each HH member's ServicePoint profile. Instructions can be found at: https://multco.us/servicepoint/manualsguides
- Create a program entry for the Head of Household. Click the check box next to the names of **all household members** to include them in the entry.
- Go into <u>each</u> client's entry (adults and children) to enter data.

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1. BUILD/UPDATE 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

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2. 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 STRA level (RRH, HP, etc.) 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 <u>**all**</u> of the SP providers associated with the program they are participating in (e.g. all of your agency's STRA providers that the household might possibly use).

- 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

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

Transact ROI under Head of Household

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

Household Members	

Household Members

To include Household members for this Release of Information, click the box beside each name. Only members from the SAME Household may be selected.

☑ **(230) Female Single Parent**
    ☑ (477) Mouse, Donald
    ☑ (468) Mouse, Minnie
    ☑ (478) Mouse, Sally

Provider	Click 'Search' to select your PARENT provider (also known as your Login provider) AND **all** of your STRA providers (RRH and HP) for your agency.
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 or Verbal consent
Witness	Enter *Multco*

Release of Information Data

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

Provider *
- ☑ Self-Enhancement, Inc. (SEI) - SP (2479)
- ☑ Self-Enhancement, Inc. (SEI) – STRA – Homeless Prevention (5649)
- ☑ Self-Enhancement, Inc. (SEI) – STRA – Rapid Re-Housing (5650)

[Search]

Release Granted * Yes
Start Date * 06 / 01 / 2018
End Date * 06 / 01 / 2025
Documentation Signed Statement from Client
Witness Multco

[Save Release of Information] [Cancel]

When successfully transacted, it should look like this under the ROI tab. You may choose to attach the signed Client Consent to Share form by clicking on the image of the binder clip (optional).

Summary	Client Profile	Households	ROI	Entry / Exit	Case Managers	Case Plans	Assessments

Release of Information

Provider	Permission	Start Date	End Date	
El Programa Hispano Catolico (EPHC) – STRA – Homeless Prevention	Yes	11/28/2017	11/28/2027	
El Programa Hispano Catolico (EPHC) – STRA – Emergency Shelter	Yes	11/28/2017	11/28/2027	
El Programa Hispano Catolico (EPHC) - SP	Yes	11/28/2017	11/28/2027	

[Add Release of Information] Showing 1-3 of 3

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

3. CLIENT PROFILE   **Every Client must have 3 questions answered in the Client Profile Tab**

Name Data Quality

SSN Data Quality - always answer **'Client Refused'** (unless SSN is required for a particular project)

U.S. Military Veteran?

Click the pencil to answer the 3 profile questions

4. ADD PROGRAM ENTRY

Entry Provider	Choose your relevant STRA provider (Homelessness Prevention or Rapid Re-Housing)
Entry Type	Always choose 'Basic'
Entry Date	Defaults to data entry date - **Change to date of intake**

Complete the following questions for EACH Household Member

COVID-19 Related	Required for HoH only, only for COVID/CARES money
COVID-19 Impact	Required for HoH only, only for COVID/CARES money; Click "Add" to add impacts
Housing Move-in Date	**STRA RRH:** If this person is NOT in permanent housing at the time of program entry, make sure this field is **blank** (delete date if needed). If permanent housing placement is made, update this field by creating an Interim Review (see page 13). **STRA HP:** HMID is not required **CARES/COVID HP:** HMID = Program entry date
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 to select more than one option
Race	**Required *in addition to* Inclusive Identity**
Race-Additional	(optional) Do not answer the same as 'Race'
Ethnicity	**Required *in addition to* Inclusive Identity**
Inclusive Identity	**Click 'Add' to enter a client's self-identified race/ethnicity. Add as many as apply.**
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**
Covered by Health Insurance?	
Health Insurance	**Click 'HUD Verification' to create a Y/N response for each Health Insurance Type**

Complete the following questions for Head of Household and All Adults

Complete SHS Priority Pop for HOH if funded by JOHS	
Identify the SHS Priority Population	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** * Only list income that will be **ongoing** * Enter Household Income provided by a minor in the **Head of Household's profile** See Appendix B for additional information about recording income
Non-cash benefit from any source	
Non-Cash Benefits	**Click 'HUD Verification' to create a Y/N response for each Benefit Source** * Only list benefits that will be **ongoing** * Enter benefits received by a minor in the **Head of Household's profile** * $ amounts are not required for non-cash benefits
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	NOT required
Percent of Median Family Income	Required for COVID/CARES funded clients
Level of Family Income (% HHS Guidelines)	NOT required
Employment Status	NOT required
Zip Code of Last Permanent Address	Required for COVID/CARES funded clients
Client's Residence / Last Permanent Address	**Click "Add" to enter a client's residence or last permanent address REQUIRED for City of Portland CARES**

🔍 **Client's Residence / Last Permanent Address**

Placement Date *	Client's Street Address	Apt. #	Client's ZIP	Housing Type
Add				

ENTERING STRA SERVICES

**Use the steps below to record *multiple* services to a client/household at the same time
You must create a Service Transaction for each month of assistance provided.**

The 'Add Multiple Services' icon can be found in two locations:

On the **Client Information-Summary** tab   or   In the **Service Transaction** tab menu

Important: Check off ALL family members.
**Services will be applied to all family
members that are checked off.**
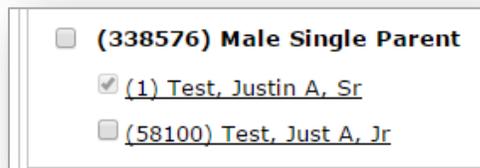
❶ Select the appropriate Provider
from the dropdown (or Search). The
screen will refresh, and the STRA
service type menus will appear.
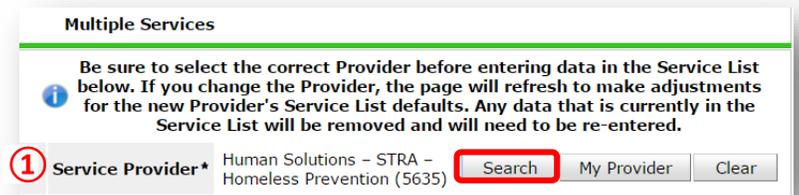
❷ The Number of Services will default
to 1 and that is exactly what you want.

❸ Enter the Start Date and the End Date
for each service transaction. **The Start Date
should never be before the Entry Date
and the End Date should never be after the
Exit Date.**

❹ Click on pencil to select the
appropriate Service Type from the
dropdown menu.
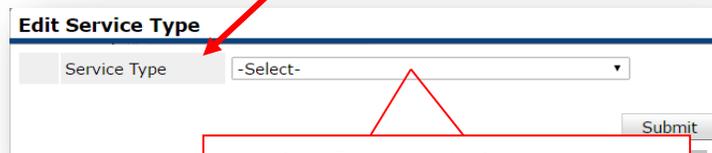
Housing Expense Assistance
Rent Payment Assistance
Rental Deposit Assistance
Utility Assistance
Eviction Prevention Legal
Assistance
Debt Reduction Funds

❺ Click Apply Funds Icon to display Funding Sources. Click on Add Funding Source.

⑤ ▼ **Apply Funds for Service**

Distribute as Voucher   ○ Yes   ● No

Vendor's Client Account Number [_____]

Name on Bill [_____]

Vendor   *Please Select a Vendor*   [Search] [Clear]

Code for Accounting Department   [-Select- ▼]

Funding Sources

Source
Client Co-Pay

[Add Funding Source] [Add Other Contributing Sources]

❻Type in the STRA fund source you are using and click Search. Click the green plus button to add source. **Always starts with STRA.**

⑥ **Fund Search**

Search for Funds by using keywords for Fund Name, Category, or Description.

Search [_____] [Show Advanced Options]

Show Matching Funds ONLY ☑

[Search] [Clear]

Fund Search Results

	Fund ▲	Submission Deadline	Remaining Balance
➕ 🔍	STRA- HOME Updated to restrict providers with access	N/A	N/A
➕ 🔍	STRA- Home Forward Updated to restrict providers with access	N/A	N/A
➕ 🔍	STRA- HSP Updated to restrict providers with access	N/A	N/A
➕ 🔍	STRA- PILOT Updated to restrict providers with access	N/A	N/A
	Showing 1-4 of 4		

❼ Enter the Amount of funding, how much was the check cut?

▼ 🗑 **STRA- HOME**   ⑦ $ [_____]

[✓ Save] — [✓ Submission] — [✓ Completed]

[Add Funding Source] [Add Other Contributing Sources] [Calculate] **Total: $0.00**

❽At the bottom of the screen, click 'Add Another' to add a different type of service to this client's profile.

[Remove] [Clear]

⑧ [Add Another] [Remove All] [Clear All]

→ [Save & Exit] [Cancel]

❾Click 'Save & Exit' to finish

EXIT FROM STRA

- After exiting clients from STRA, if they come back within 3 months – delete exit date and add new services. If the client comes back after 3 months or longer from program exit, create new program entry.
- For clients who are exiting from "STRA – Homeless Prevention" and received a fund source of "EHA – State Fund" complete the EHA – Homeless Prevention Housing Assessment at Exit. See Appendix (pg. 13).

EXIT	Answers from Entry will carry over. **Remember to update all responses that have changed.**
Exit Date	Last day of subsidy
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**
Covered by Health Insurance?	
Health Insurance	**Click magnifying glass to check that all responses are still accurate**
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**
Non-cash benefit from any source?	
Non-Cash Benefits	**Click magnifying glass to check that all responses are still accurate**
Update the following questions when required by funder or administrator:	
Percent of Median Family Income	NOT required
Achieved case plan goals	NOT required
Client's Residence / Last Permanent Address	**Add Client's Residence / Last Permanent Address (Optional)**

PRE-SETTING STRA FOLLOW-UPs

At the time of Exit from STRA, go to the Assessments tab of the Head of Household's profile. Select **'Housing Outcomes'** from the drop-down menu and click 'Submit.'

❶ Click 'Add'

❷ Reporting Program = 'STRA'

❸ Select the appropriate Housing Outcome Intervention type from the dropdown menu

❹ **Housing Placement Information:**
   Initial Placement… = STRA **entry** date
   End of Subsidy Date = STRA **exit** date

❺ **Follow-Up Schedule:**
   What triggered…? = End of Subsidy/Exit
   Follow-Up Interval = 6 months
   Follow-Up Due Date = set based on exit date

❻ Click 'Save and Add Another' and **repeat Steps 1-5 for 12 mo. follow-up**

RECORDING STRA FOLLOW-UPs

Follow-ups that were pre-set at the time of STRA Exit can be found in the Assessments tab of the Head of Household's profile. Select **'Housing Outcomes'** and click 'Submit.'

❶ Click the pencil next to the follow-up interval you'd like to record

❷ Record Actual Follow-up Outcome

❸ Click 'Save'

Repeat same process for the 12ᵗʰ mo. follow-up.

APPENDIX

RECORDING CLIENT INCOME

- Each client's record should store their entire income history. **Never update a client's income by deleting or writing-over the answers in an existing income record.**
- Each income source should have a Yes/No response. The same is true for Benefits, Disability and Health Insurance types.
- 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.
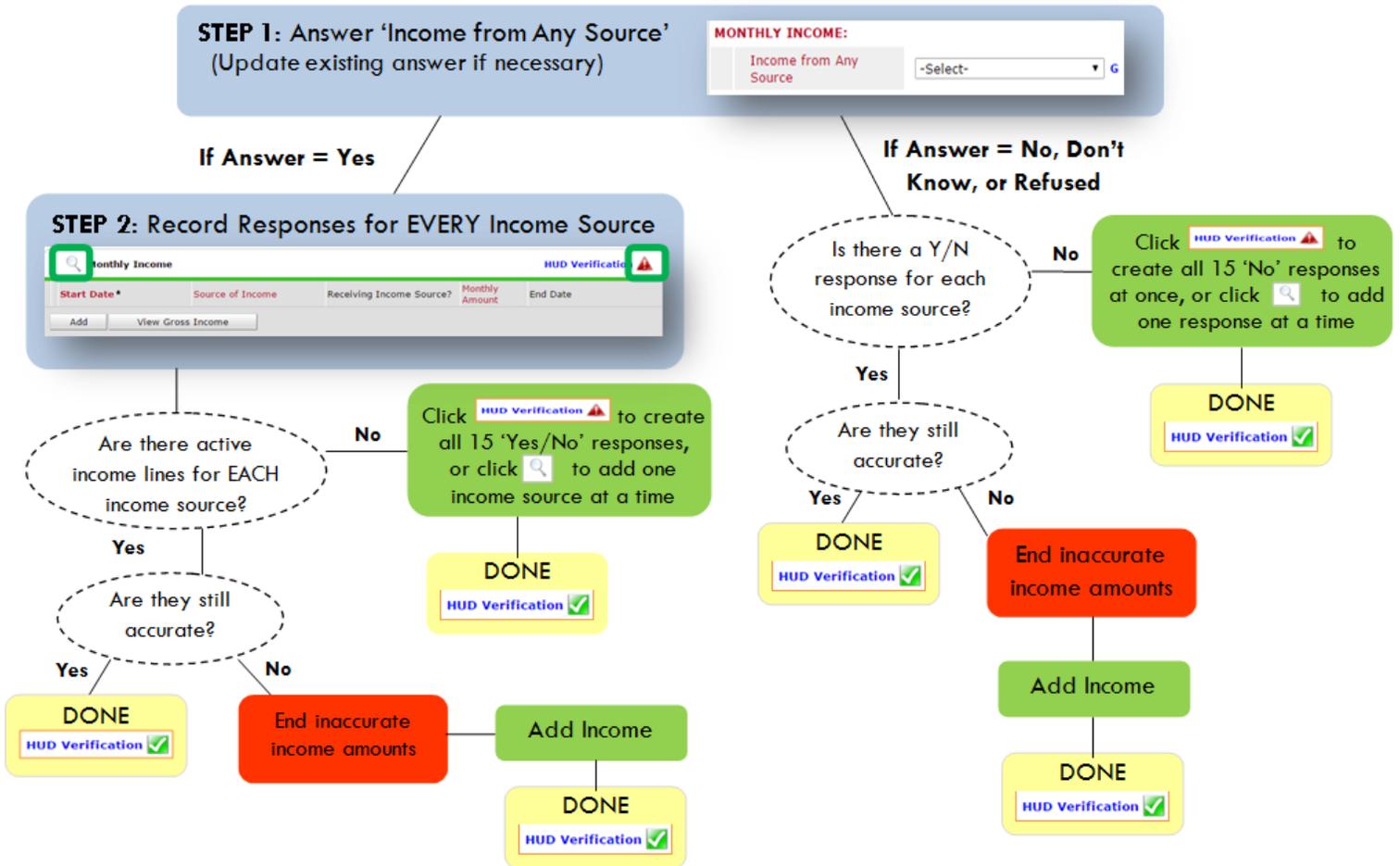
Follow the process below to record client income at Entry, Interims, and Exit

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

When a household has been placed in permanent housing, update the Housing Move-in Date using the following steps. Do NOT pencil back into the program entry to update this field.

❶ Click on the Entry/Exit tab in the Head of Household's profile

❷ Click on the icon in the 'Interims' column

❸ Click the 'Add Interim Review' button

❹ Click to include all household members

❺ Choose 'Update' for Interim Review Type

❻ Set 'Review Date' to Housing Move-in Date

❼ Click 'Save & Continue'

❽ Fill in or update the 'Housing Move-in Date'

❾ Click on **each** household member and repeat step 8.

When steps above are Completed, click on 'Save & Exit.'
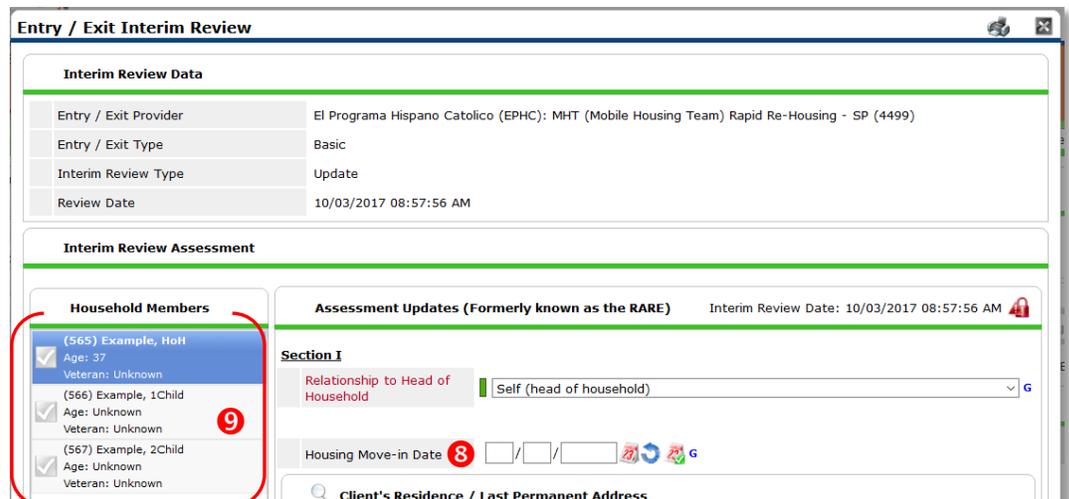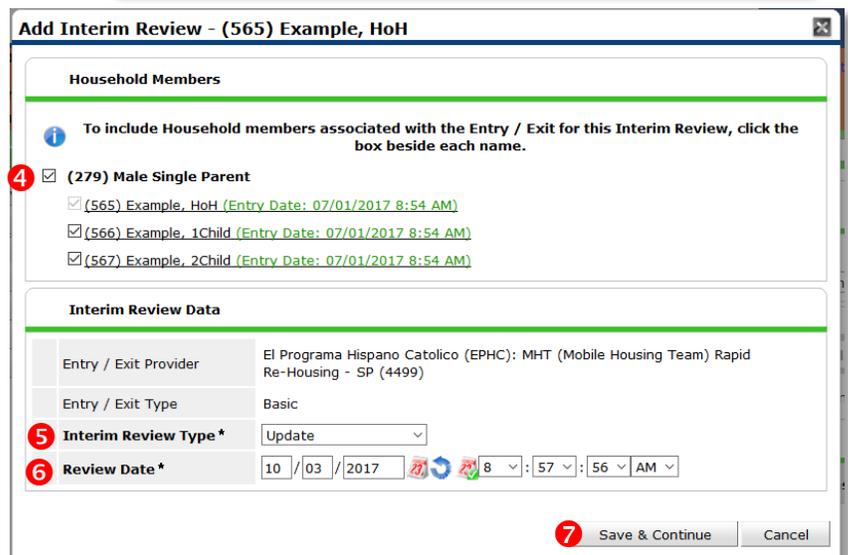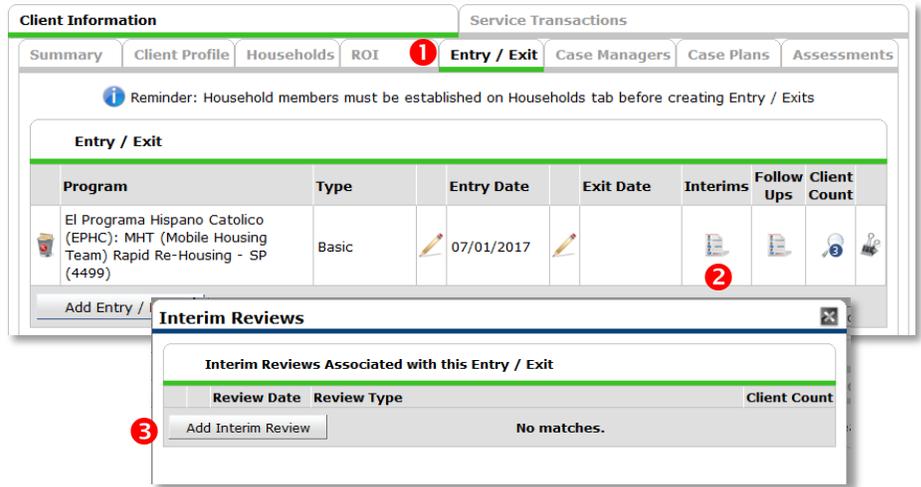
➢ **Who does this effect?**

1. Head of Households who are EXITING from "STRA – Homeless Prevention"
   AND
2. Received a Fund Source of "EHA – State Fund"

➢ **How to perform this step?**

1. Follow your prescribed Exit workflow:
Edit the Exit → Answer Exit Date, Reason for Leaving, Destination – Save & Continue,
Update data elements on ALL Clients (if applicable) – Click Save

2. Click on the "Homeless Prevention Housing Assessment at Exit" assessment

3. Answer questions for Head of Household

4. Click Save & Exit