Client Name:_____ Birth Date:_____ EHR Number:_____

Housing Status and Homelessness Screening Tool

This screening tool is primarily intended to identify and document whether a behavioral health client is experiencing homelessness under the Behavioral Health Services Act (BHSA) definitions and document housing status appropriately. The information will be used to track homelessness among behavioral health clients, support required reporting and county planning, and help identify appropriate referrals when available. Please find more information on the purpose of the tool and instructions on administering the tool in the **Housing Status and Homelessness Screening Tool Instructions.**

Section 1: Assessing Literal Homelessness

Ask Client: To help us understand what housing resources may be available to you, **can you tell me where you stayed last night?**

Enter client's response here: _____

Review the definition of homelessness below, and indicate whether the client's response qualifies as homeless based on this definition.

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. An individual or family with primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
2. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelter, transitional housing, and hotels and motels paid for by charitable organization or by federal, state or local government programs for low-income individuals); or
3. An individual who is exiting an institution and was considered homeless immediately prior to entering the institution or becomes homeless during the institutional stay, regardless of the length of stay.

The client is homeless by this definition:

- ❒ Yes
- ❒ No

Client Name:_____ Birth Date:_____ EHR Number:_____

Section 1: Assessing Literal Homelessness (cont.)

If the client indicated that they slept outside last night, determine whether the client slept in an encampment. By BHSA's definition, an encampment includes:

- A group of people sleeping outside in the same location
- The presence of some type of physical structures (e.g., tents, tarps, lean-to's)
- The presence of personal belongings (e.g. coolers, bicycles, mattresses, clothes)
- The existence of social support or a sense of community for residents.

Ask: Tell me more about where you slept last night, and particularly whether you slept in an encampment. An encampment is a group of people who sleep outside in the same location, often in tents, and have their personal belongings on hand. I'm asking because we know that sleeping outside poses some extra risks and challenges, and we want to understand the complete needs of the people we're working with so that we can connect them with the right resources. Do you think that the place that you slept last night might have been an encampment?

❒ Yes
❒ No

Only ask if it's unclear from previous question.

If this client is staying in a program, name of the program:_____.

If you checked "yes" regarding the client's homeless status, proceed to Section 2 to determine the client's chronic homeless status. Note that if the client stayed last night in a place **other than** a shelter, a safe haven, or a place not meant for human habitation, they may not meet the definition for chronic homelessness.

If you checked "no" regarding the client's homeless status, proceed to Section 4 to determine if the client is currently at-risk of homelessness.

Client Name:_____ Birth Date:_____ EHR Number:_____

Section 2: Assessing Chronic Homelessness

Part A: Disability

A client must have a qualifying disability in order to qualify as chronically homeless. **Note that any individual who qualifies for County Behavioral Health services likely meets these criteria.** If you're unsure, look in the client's Electronic Health Record (EHR) to confirm that the client has a qualifying disability. A qualifying disability is a disability that:

1. is expected to be long-continuing or of indefinite duration;
    - substantially impedes the individual's ability to live independently;
    - could be improved by the provision of more suitable housing conditions
    - and is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post traumatic stress disorder, or brain injury;
2. or is a developmental disability;
3. or is the disease of acquired immunodeficiency syndrome (AIDS) or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

If the EHR does not indicate a diagnosis that meets this definition, **ask**: I'd like to ask some questions about disability. Some housing programs are designated specifically for people with disabilities. By our definition, a disability is a long lasting mental or physical condition that makes daily life harder. These could include mental health challenges, substance use, ongoing pain, injury, developmental disabilities, or HIV/AIDS. Based on this definition do you have a disability?

Only ask if it's unclear from EHR, or other information you already have about the client.

Part B: Length of Time

Ask, how long have you been homeless? Have you been homeless at other times in the past three years? **Fill out the homeless history on the next page.**

After filling out the form on the next page, review this definition of chronic homelessness, and make a determination below as to whether the client meets this definition.

1. A homeless individual with a disability, who:
    a. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
    b. Has been homeless on any number of occasions in the last 3 years, as long as the combined occasions equal at least 12 months; or
2. An individual who is exiting an institution and met all of the criteria in paragraph (1) immediately prior to entering the institution regardless of the length of stay; or
3. A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2), including a family whose composition has fluctuated while the head of household has been homeless.

The client is chronically homeless by this definition, and as documented in the following housing history form:

- ❒ Yes
- ❒ No

Client Name:________________________________ Birth Date:___________________ EHR Number:___________

Section 3: Housing History Form

Please check every month in the last 3 years client reported staying in a place not meant for human habitation.											
Year:											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Year:											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Year:											
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Homeless History Specifics			
Start Date (month & year)	End date (month & year)	Living Situation	What agency/program/individual can verify? Provide Agency or Program Contact Info
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	
		☐Living on the Streets ☐Living in Car/vehicle ☐Living in a Shelter ☐Other:	

Client Name:_____ Birth Date:_____ EHR Number:_____

Section 4: At-Risk of Homelessness

Part A:

Ask: Do you feel like you're at risk of losing your housing soon, or like your current housing situation is unstable?

- ❒ Yes
- ❒ No

If no, the client is likely not eligible for assistance. If it would be helpful to take the client's homeless and housing history, fill out the form on the previous page.

If yes, **ask** do you have any place to stay or another residence lined up? OR do you have resources or support networks (family, friends, faith-based or other social networks, etc.) that could help you stay housed if you lose your housing?

- ❒ Yes
- ❒ No

If yes, the client is likely not eligible for assistance. If it would be helpful to take the client's homeless and housing history, fill out the form on the previous page.

If no, proceed to Part B.

Ask: Does any of these other statements apply to you?

- ❒ I have moved because of economic reasons (rent increase, other cost of living increase, eviction, etc.) two or more times in the past 60 days.
- ❒ I'm living in someone else's home because of economic hardship
- ❒ I've been notified in writing that my right to occupy my current living situation will be terminated within the next 30 days.
- ❒ I'm living in a hotel or motel and paying for it myself.
- ❒ I'm living in a single-room occupancy or efficiency apartment unit with another person.
- ❒ I'm living in an apartment or housing unit that is too small for the number of people living in it. (Follow-up to ask about the number of rooms and number of people. If the [# of people / # of rooms] is 1.5 or greater [e.g. 3 people living in 2 rooms] check this box)
- ❒ I'm exiting a publicly funded institution, or system of care (health care facility, mental health facility, foster care or youth facility, correction program or institution)

If the client checks any of these boxes, they meet BHSA's definition of **"at-risk"** of homelessness.

Client Name:_____ Birth Date:_____ EHR Number:_____

Section 5: Data Entry Instructions and Referrals

After completing the screening tool, staff should document the client's housing status in the appropriate data system. All completed screenings should be documented in the Electronic Health Record (EHR). When the program has access to the community's Homeless Management Information System (HMIS), applicable housing information should also be entered into HMIS in accordance with local policies if the client is experiencing homelessness.

HMIS Documentation
If your program has HMIS access, **if you determine that the client is experiencing homelessness**, HMIS data entry staff should:

- ❒ Search for the client before creating a new HMIS record.
- ❒ Verify whether the client already has an active enrollment.
- ❒ Update or enter housing information into the HMIS record.
- ❒ Upload a copy of the completed tool including housing history.
- ❒ Follow any other local HMIS policies for data entry.

If your program does not have HMIS access, HMIS data entry staff should:

- ❒ Document the client's housing status in the EHR.
- ❒ Connect the client to their local Continuum of Care's Coordinated Entry access point, **if you determine that the client is experiencing homelessness**.
    - ❒ Make a "warm hand-off" to coordinated entry, e.g. call the hotline with the client in the room, or otherwise facilitate the client's connection to coordinated entry
- ❒ Document the referral and any follow-up steps in the EHR, as described below.

EHR Documentation

- ❒ Document housing status by uploading the screening tool to your EHR system.
- ❒ Utilize any other appropriate documentation features within your EHR.
    - (These will depend on how your local system is configured. For example, you might use the problem list to capture homeless status, you might use special population flags or other means to capture chronic homelessness or encampment status.)

<u>More Information about Coordinated Entry Access Points</u>

In addition to connecting clients with available behavioral health supportive services & housing resources, staff may refer clients experiencing homelessness or housing instability to a local Continuum of Care (CoC) Coordinated Entry System (CES) access point.

Coordinated Entry is the primary process CoCs use to assess housing needs, prioritize assistance, and connect eligible individuals and families with available CoC housing resources. Access points may also connect people at imminent risk of homelessness with prevention services or other community resources.

Behavioral health staff are not responsible for making final eligibility determinations for CoC or other federal or state-funded housing programs. Staff should document the client's housing status, explain the referral process, connect the client with the appropriate access point, and coordinate with housing providers or HMIS staff as needed. A referral to Coordinated Entry does not guarantee housing or financial assistance because eligibility and resource availability vary.