

Best Practices in Providing Housing Community Supports

Housing Transition Navigation, Housing Deposits & Housing Tenancy
and Sustaining Services

What services will be covered today?

- 1. Housing Transition Navigation Services (HN)**
- 2. Housing Deposits (HD)**
- 3. Housing and Tenancy Sustaining Services (HTSS)**

[Housing Community Supports \(HCS\) Provider Manual - Version 2 - 1/30/2023 \(acgov.org\)](https://www.acgov.org)



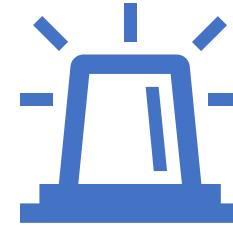
Housing Transition and Navigation Services: Intake, assessment and planning



Tenant needs and
assessment



Individualized Housing
Support Plan



Developing housing
support crisis plan

Housing Supports Plan Template

Form - Housing Supports
Plan - 3/23/2023 (acgov.org)

Housing Community Supports		HMIS ID#	HMIS ID#
Housing Supports Plan			
Highlighted – required data elements needed in agency custom Housing Supports Plan			
1. HMIS ID #	2. Member Name (First, Middle, Last)		
3. MediCal Member ID # (if applicable)	4. HSP START DATE / / <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit		
HSP END DATE / / <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit			
NOTE: Any revision dates must occur within the overall HSP authorized START DATE & END DATE from Section 4. If changes are after this HSP end date, create a new HSP for authorization.			
5. HSP Revision Date / /	includes <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit		
Added Service Activities			
6. HSP Revision Date / /	includes <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit		
Added Service Activities			
7. HSP Revision Date / /	includes <input type="checkbox"/> Housing Transition & Navigation <input type="checkbox"/> Tenancy & Sustaining Services <input type="checkbox"/> Housing Deposit		
Added Service Activities			
Developing a Housing Support Plan (HSP): Developing an individualized HSP must be based upon the housing assessment that addresses identified barriers, includes short- and long-term measurable goals for each issue, establishes the member's approach to meeting the goal, and identifies when other providers or services, both reimbursed and not reimbursed by Medi-Cal, may be required to meet the goal. An HSP should help the participant and provider identify strengths and attainable housing focused goals. It should be updated at least every 180 days. The HSP should also be revised as a person's situation changes, and steps are completed, or goals updated. If revised, add the revision date to Box 5.			
6. Housing Navigation (HN) Service Activities: (Check all that apply and add details to sections 10-14 for each)	7. Housing Tenancy & Sustaining Service (TSS) Activities: (Check all that apply and add details to sections 10-14 for each)		
<input type="checkbox"/> 1. Searching for housing and presenting options	<input type="checkbox"/> 1. Providing early identification and intervention for behaviors that may jeopardize housing, such as late rental payment, hoarding, substance use, and other lease violations.		
<input type="checkbox"/> 2. Assisting in completing housing applications	<input type="checkbox"/> 2. Education and training on the role, rights, and responsibilities of the tenant and landlord.		
<input type="checkbox"/> 3. Assisting in obtaining ID and documentation for SSI	<input type="checkbox"/> 3. Coaching on developing and maintaining key relationships with landlords/property managers with a goal of fostering successful tenancy.		
<input type="checkbox"/> 4. Supporting SSI application process	<input type="checkbox"/> 4. Coordination with the landlord and case management provider to address identified issues that could impact housing stability.		
<input type="checkbox"/> 5. Identifying and securing housing resources to assist with rent, matching available rental subsidy/voucher	<input type="checkbox"/> 5. Assistance in resolving disputes with landlords and/or neighbors to reduce risk of eviction or other adverse action including developing a repayment plan or identifying funding in situations in which the Member owes back rent or payment for damage to the unit.		
<input type="checkbox"/> 6. Identifying and securing resources to cover security deposit, moving costs, adaptive aids, environmental modifications, and other one-time expenses	<input type="checkbox"/> 6. Advocacy and linkage with community resources to prevent eviction when housing is or may potentially become jeopardized.		
<input type="checkbox"/> 7. Assisting with requests for reasonable accommodations	<input type="checkbox"/> 7. Assisting with benefits advocacy, including assistance with obtaining identification and documentation for SSI eligibility and supporting the SSI application process.		
<input type="checkbox"/> 8. Engaging and educating landlord/property management	<input type="checkbox"/> 8. Assistance with the annual housing recertification process.		
<input type="checkbox"/> 9. Ensuring living environment in prospective unit is safe and ready for move in	<input type="checkbox"/> 9. Coordinating with the tenant to review, update and modify their housing support and crisis plan on a regular basis to reflect current needs and address existing or recurring housing retention barriers.		
<input type="checkbox"/> 10. Communicating and advocating on behalf of member to landlord/property management	<input type="checkbox"/> 10. Continuing assistance with lease compliance, including ongoing support with activities related to household management.		
<input type="checkbox"/> 11. Assisting in arranging for and supporting details of the move	<input type="checkbox"/> 11. Health and safety visits, including unit habitability inspections		
<input type="checkbox"/> 12. Establishing procedures and contacts to retain housing, including developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardy	<input type="checkbox"/> 12. Other prevention and early intervention services identified in the crisis plan that are activated when housing is jeopardized (e.g., assisting with reasonable accommodation requests that were not initially required upon move-in).		
<input type="checkbox"/> 13. Identifying, coordinating, securing or funding non-emergency, non-medical transportation to assist Members' mobility to ensure reasonable accommodations and access to housing options prior to transition and on move in day	<input type="checkbox"/> 13. Providing independent living and life skills including assistance with and training on budgeting, including financial literacy and connection to community resources.		
<input type="checkbox"/> 14. Identifying, coordinating, securing, or funding environmental modifications to install necessary accommodations for accessibility			

Uploading the Housing Supports Plan into HMIS

HCS-HMIS-Job Aid-Uploading-HSPs.pdf (acgov.org)

12. Job Aid: Uploading Housing Support Plans to HMIS

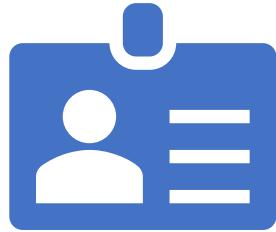
1. Pull up the consumer's profile and go to the "files" tab at the top

2. Select "ADD FILE" at the top right, which will lead to this page:

3. Leaving the "Category" as "1. Core Housing and Eligibility", select "Housing Plan" from the Predefined Name dropdown list

4. Click "Select File" and find the Housing Support Plan you'd like to upload, then click "open"

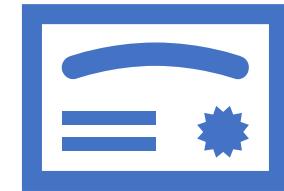
Housing Transition and Navigation Services: Securing resources for housing



Obtaining ID's and
other core documents



Accessing benefits (SSI, etc.)



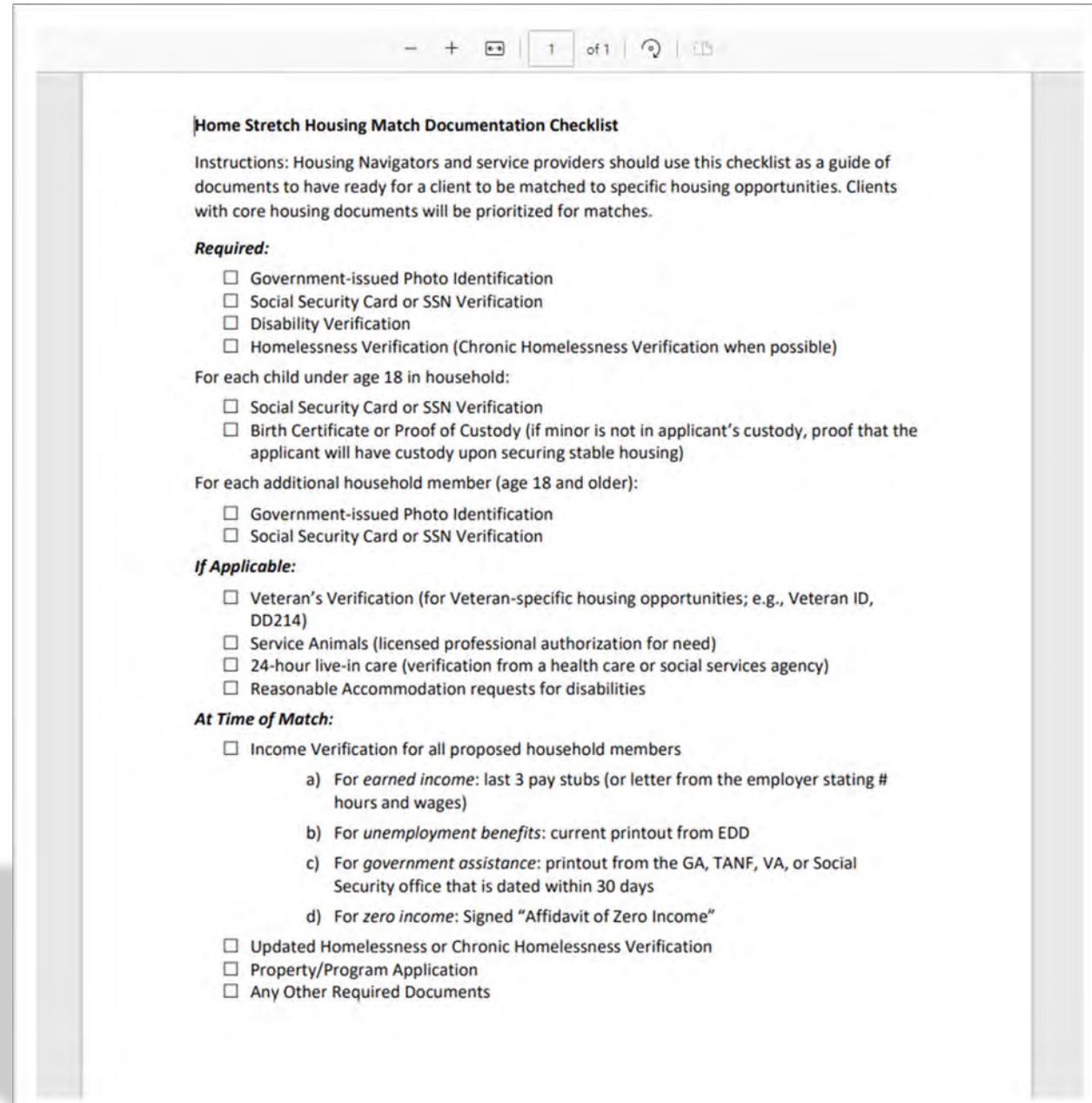
Identifying and securing rental
assistance/housing voucher

<https://homelessness.acgov.org/homelessness-assets/docs/home-stretch/home-stretch-housing-match-documentation-checklist.pdf>

[Housing Community Supports: Medi-Cal Enrollment Steps: How To - 2/9/2023 \(acgov.org\)](#)

Home Stretch Housing Match Documentation Checklist

<https://homelessness.acgov.org/homelessness-assets/docs/home-stretch/home-stretch-housing-match-documentation-checklist.pdf>



The image shows a screenshot of a PDF document titled "Home Stretch Housing Match Documentation Checklist". The document is a checklist for Housing Navigators and service providers to use when matching clients to housing opportunities. It includes sections for required documents, specific requirements for children, additional household members, and veterans, as well as a section for reasonable accommodation requests and income verification at the time of match.

Home Stretch Housing Match Documentation Checklist

Instructions: Housing Navigators and service providers should use this checklist as a guide of documents to have ready for a client to be matched to specific housing opportunities. Clients with core housing documents will be prioritized for matches.

Required:

- Government-issued Photo Identification
- Social Security Card or SSN Verification
- Disability Verification
- Homelessness Verification (Chronic Homelessness Verification when possible)

For each child under age 18 in household:

- Social Security Card or SSN Verification
- Birth Certificate or Proof of Custody (if minor is not in applicant's custody, proof that the applicant will have custody upon securing stable housing)

For each additional household member (age 18 and older):

- Government-issued Photo Identification
- Social Security Card or SSN Verification

If Applicable:

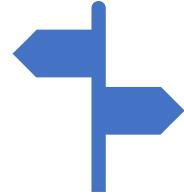
- Veteran's Verification (for Veteran-specific housing opportunities; e.g., Veteran ID, DD214)
- Service Animals (licensed professional authorization for need)
- 24-hour live-in care (verification from a health care or social services agency)
- Reasonable Accommodation requests for disabilities

At Time of Match:

- Income Verification for all proposed household members
 - a) For *earned income*: last 3 pay stubs (or letter from the employer stating # hours and wages)
 - b) For *unemployment benefits*: current printout from EDD
 - c) For *government assistance*: printout from the GA, TANF, VA, or Social Security office that is dated within 30 days
 - d) For *zero income*: Signed "Affidavit of Zero Income"
- Updated Homelessness or Chronic Homelessness Verification
- Property/Program Application
- Any Other Required Documents

Housing Transition and Navigation Services:

Housing search



Reviewing options



Completing housing
applications



Engaging and educating
property management



Facilitating transportation
for housing search

Housing Transition and Navigation Services: Move-in



Obtaining reasonable accommodations/
environmental modifications



Identifying and securing
resources to cover security
deposits and other one-
time expenses

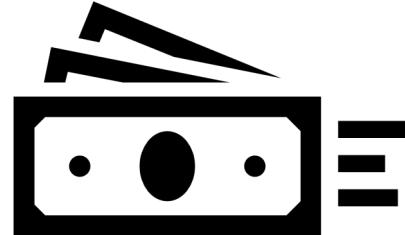


Ensuring unit is safe and
ready for move-in



Communicating with
property management and
organizing details of move

Housing deposits: One-time expenses



Can be used for security deposit,
utility set-up;
first and last month rent; and other
one-time expenses related to
move-in

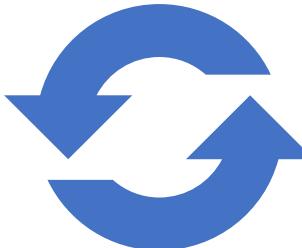


Services and goods for health
and safety (e.g., pest eradication,
air conditioner, etc.)

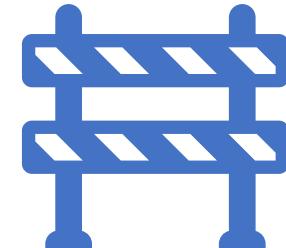
Housing Tenancy and Sustaining Services: Assessments & Service Planning



Reviewing Individualized Housing Support and Housing Crisis plans

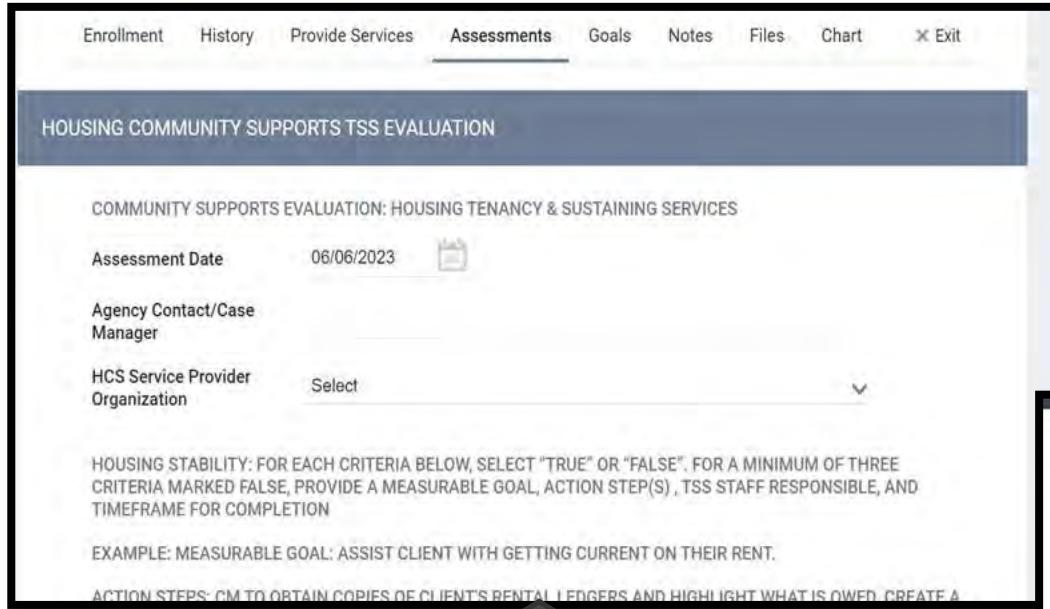


Updating to reflect current needs



Modifying to address recurring barriers

Housing Tenancy and Sustaining Services: TSS Evaluation in HMIS



Enrollment History Provide Services Assessments Goals Notes Files Chart X Exit

HOUSING COMMUNITY SUPPORTS TSS EVALUATION

COMMUNITY SUPPORTS EVALUATION: HOUSING TENANCY & SUSTAINING SERVICES

Assessment Date 06/06/2023

Agency Contact/Case Manager

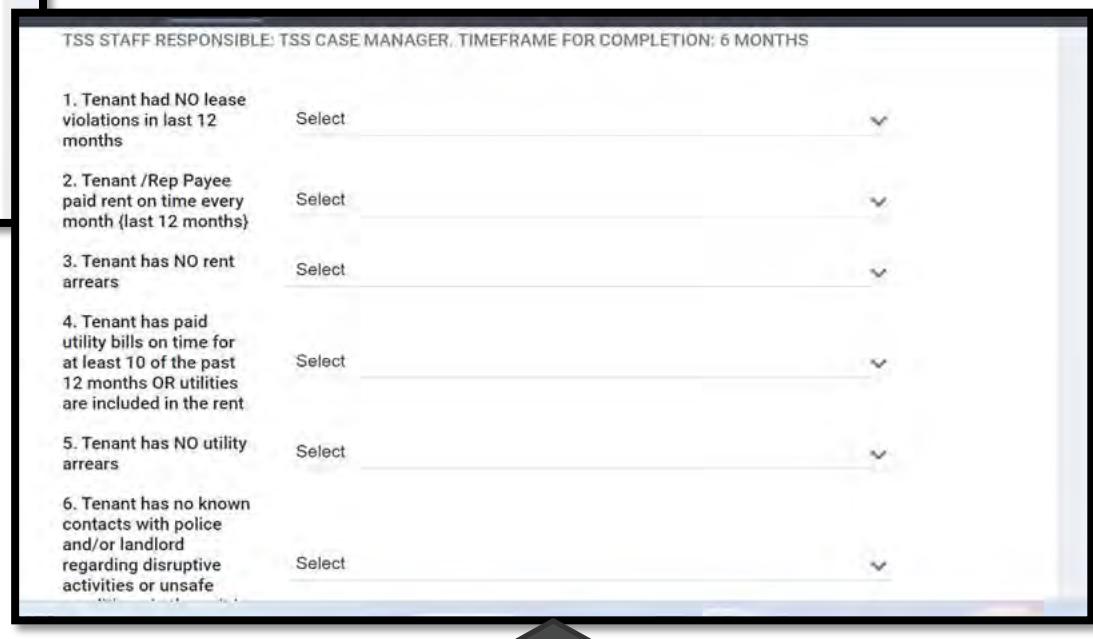
HCS Service Provider Organization Select

HOUSING STABILITY: FOR EACH CRITERIA BELOW, SELECT "TRUE" OR "FALSE". FOR A MINIMUM OF THREE CRITERIA MARKED FALSE, PROVIDE A MEASURABLE GOAL, ACTION STEP(S), TSS STAFF RESPONSIBLE, AND TIMEFRAME FOR COMPLETION

EXAMPLE: MEASURABLE GOAL: ASSIST CLIENT WITH GETTING CURRENT ON THEIR RENT.

ACTION STEPS: CM TO OBTAIN COPIES OF CLIENT'S RENTAL LEDGERS AND HIGHLIGHT WHAT IS OWED. CREATE A

Understanding & documenting a client's unique need for continuing authorized services and modifying their service plan to address current barriers



TSS STAFF RESPONSIBLE: TSS CASE MANAGER, TIMEFRAME FOR COMPLETION: 6 MONTHS

1. Tenant had NO lease violations in last 12 months Select
2. Tenant /Rep Payee paid rent on time every month {last 12 months} Select
3. Tenant has NO rent arrears Select
4. Tenant has paid utility bills on time for at least 10 of the past 12 months OR utilities are included in the rent Select
5. Tenant has NO utility arrears Select
6. Tenant has no known contacts with police and/or landlord regarding disruptive activities or unsafe Select

Housing Tenancy and Sustaining Services: Education and collaborative support



Educating on tenant rights and responsibilities



Coaching on maintaining relationships with property management

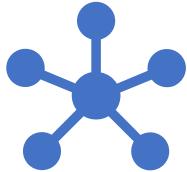


Coordinating with property management to identify potential issues

Housing Tenancy and Sustaining Services: Eviction prevention



Providing early identification and intervention for behaviors that may jeopardize housing



Advocacy and linking with community resources to prevent eviction



Resolving disputes with property management and neighbors



Other activities identified in housing crisis plan

Housing Tenancy and Sustaining Services: Maintaining stable housing



Assisting with lease
compliance and
household
management



Securing benefits (e.g.,
SSI) and assisting with
housing recertification



Providing independent
living and life skills



Health and safety visits

Documenting Services

Progress Notes for Tenancy Supports Services

Documenting Need for Services (Medical Necessity)



Client needs the service based on assessment



Clear connection of service plan goals to the assessment



Writer must explain the rationale and “tell the story” of why writer’s assistance will be of help



Reader must understand the service rationale



Progress notes are tied to service plan goals



Type and frequency of services is appropriate to interventions and goals

Technical Elements of a Billable Progress Note

**Green=not required but
best practice**

**Refer to Appendix 11 in
Provider Manual for details**

May be electronic or paper

- Date of entry
- Date the service was provided
- Start and End Times and/or length of time spent

Location/type of contact

Client Name and ID**

- **Automatically included from client's HMIS profile

Service name and description

- Client response, progress, changes
- Service is linked back to goals in service plan
- Next steps/appointment date and time

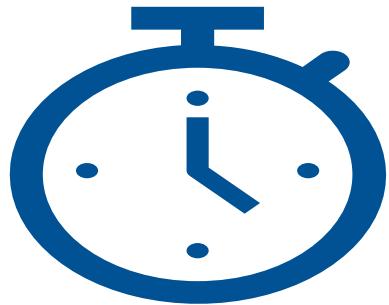
Authentication

- Name of provider, signature and title of service provider

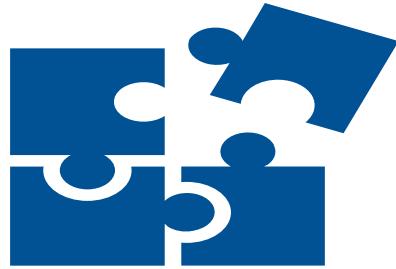


How to approach & deliver services to
reflect Evidence Based Practices (EBPs)

1:25 Caseload Requirements for:



Ensuring staff availability



Tailoring for complex & unique needs



Relationship building & trust



Traveling & working in community settings

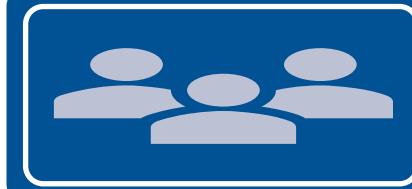


Meeting documentation requirements



Avoiding compassion fatigue

Staff with Lived Experience of Homelessness



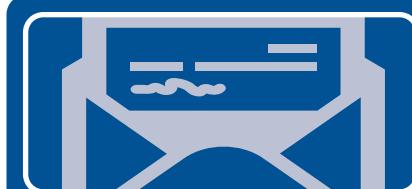
PEERS CAN WORK ALONE OR AS PART OF A TEAM



OFFERING HOPE, EXPERTISE AND THE EXPERIENCE OF RECOVERY.



REQUIRES INTENTIONAL AND INCLUSIVE ORGANIZATIONAL SUPPORT



ELIGIBLE FOR MEDICAID BILLING FOR BEHAVIORAL HEALTH SERVICES

Best Practice Approaches in Fidelity Tools

Housing First

Trauma-informed Care

Harm Reduction

Motivational Interviewing

Housing First Approach

**Immediate access
to permanent
housing with no
housing readiness
requirements.**

**Consumer choice
and self-
determination.**

**Recovery
orientation.**

**Individualized and
client-driven
supports.**

**Social and
community
integration.**



Trauma Informed Care Approach

Safety

Trustworthiness

Peer support

Collaboration

Empowerment

Cultural Humility
&
Responsiveness

Harm Reduction Principles

Incorporates practical and comprehensive strategies

Focus on reducing harm, not specific behavior

Individuals have a voice

No pre-defined outcomes

Source: Midwest Harm Reduction Institute



Harm Reduction Principles

Accepts an individual's decision to engage in risky behaviors.

Individual takes responsibility for his or her own behavior.

Individual is treated with dignity.

Source: Midwest Harm Reduction Institute



How would you utilize these Harm Reduction components?

Support gradual, non-linear change

Emphasizes self-determination

Encourage honesty

Empower individuals

Build upon successes

Reduce stigma

Foster Individual growth

What is Motivational Interviewing

- “A collaborative, person-centered form of guiding to elicit and strengthen motivation for change” (Rollnick, 2008)
- Intended to help clients explore and resolve ambivalence
- Staff act as change agents while minimizing resistance and enhancing intrinsic motivation
- Uses stages of change to help meet clients where they’re at

Motivational Interviewing is Trauma Informed

SAFETY –

- Emphasizes respect and empathy for the client, promotes harm reduction and cultural humility.

TRUSTWORTHINESS –

- Utilizes reflective listening and empathy to build rapport.

CHOICE –

- Focuses on self-efficacy and autonomy of the client.

COLLABORATION –

- Approaches client with curiosity, open-ended questions and support rather than judgment or shame.

EMPOWERMENT –

- Affirms the client and builds on strengths to enhance skill development and elicitation of change.

Putting It All Together

A Case Study in Services and Best Practices

Meet Mary

61-year-old black woman

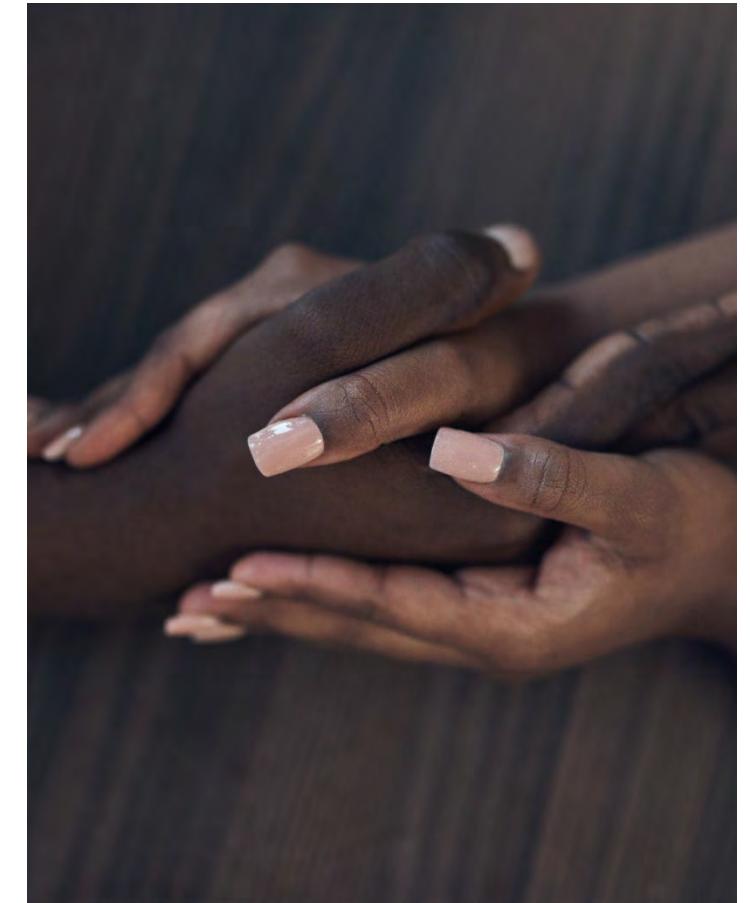
Unhoused for 3 years after leaving a violent relationship

History of early childhood traumatic experiences

Avoids emergency shelter (dislikes being around so many people and sharing sleeping and toileting areas)

Diagnosed with PTSD two years ago after being attacked while sleeping in a park

Currently living at an encampment with 3 other people who helped to fight off her attacker

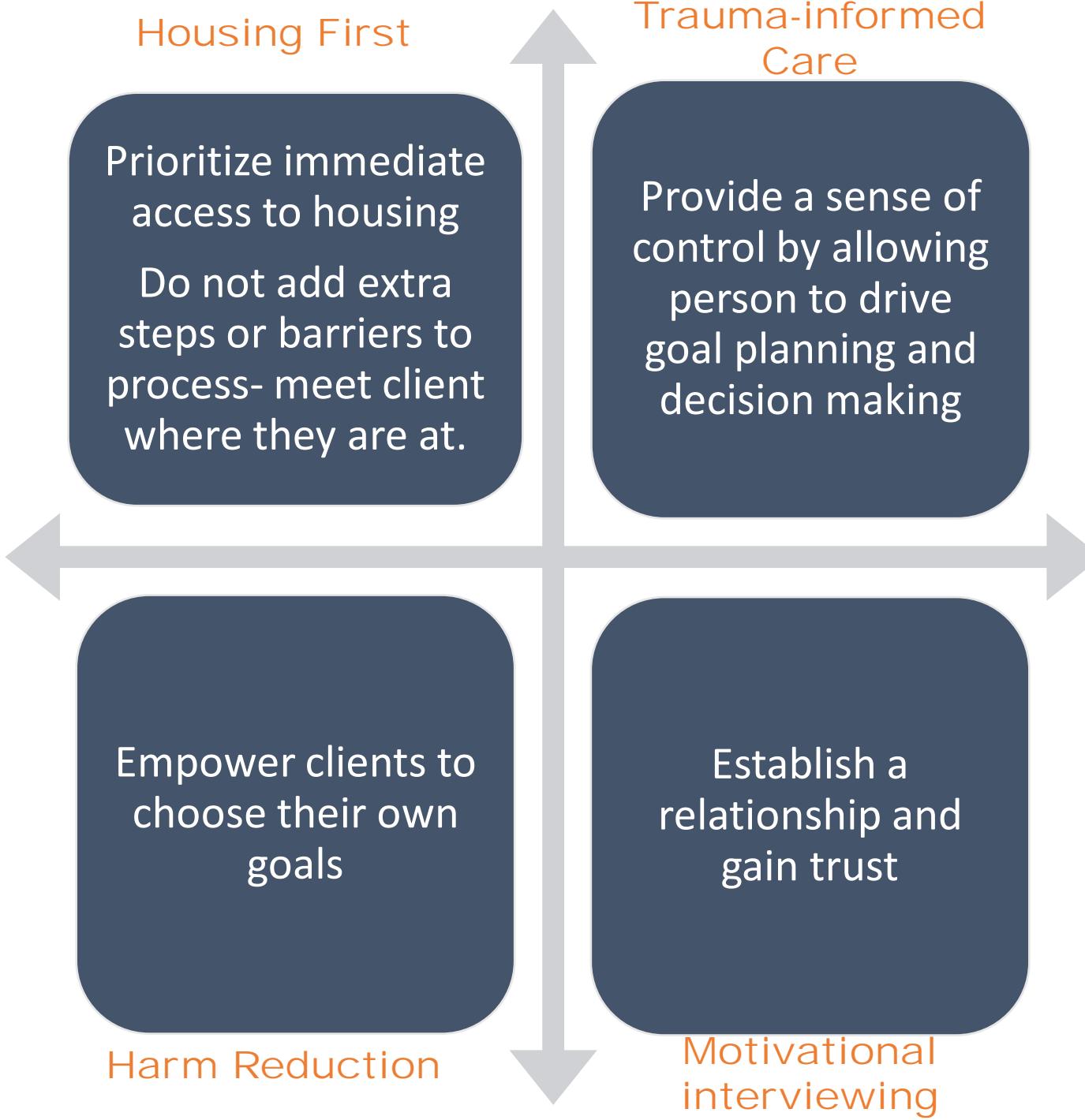


Meeting #1: Intake, planning and assessment

- Jeff schedules a 4 PM appointment with Mary at his office.
- He wants to do an intake and assessment with her and start her individualized housing support plan.
- At the office he can use his PC and give her some materials.
- Unfortunately, Mary does not show up to the appointment.

How would applying Evidence Based Practices improve the situation?

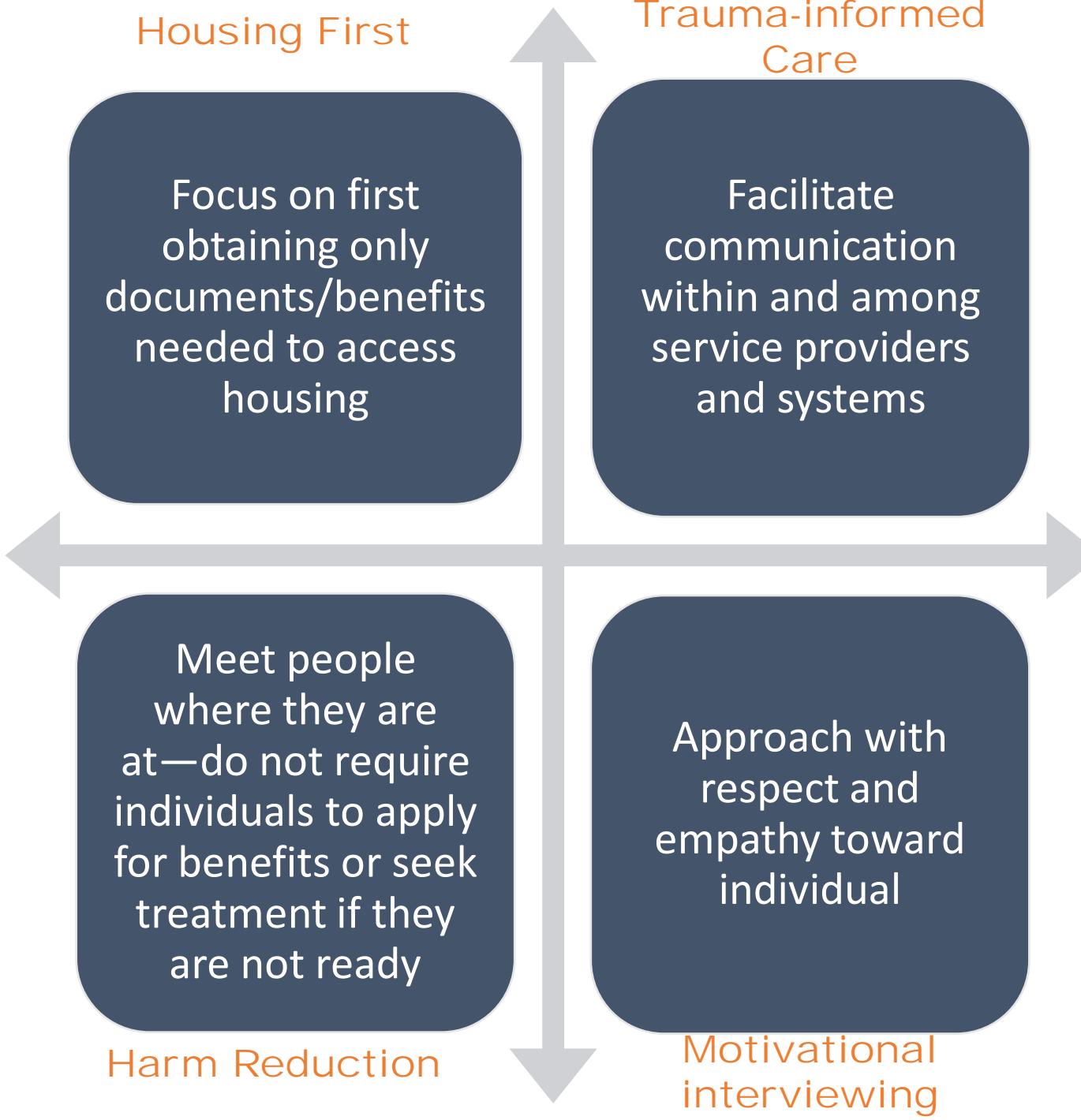
Applying EBP's: Intake, planning and assessment



Meeting #2: Securing resources for housing

- Jeff asks Mary where she wants to meet. She chooses a safe space where she sleeps.
- They figure out what she will need to obtain an ID, which she hasn't had since losing her housing.
- They discuss other benefits she may be eligible for and next steps to apply. Jeff calls the SSI benefits expert at their agency, and they plan to meet next week.
- While in the past, Mary has always resisted being added to the community queue for Coordinated Entry, Jeff listens to her concerns and what is most important to Mary to feel safe and heard, Jeff then takes time to clearly explain the process to her. Mary agrees to start a Coordinated Entry assessment.
- **Jeff pushes Mary to seek MH treatment for her PTSD. Mary gets frustrated with this suggestion because she doesn't see what this has to do with finding housing.**

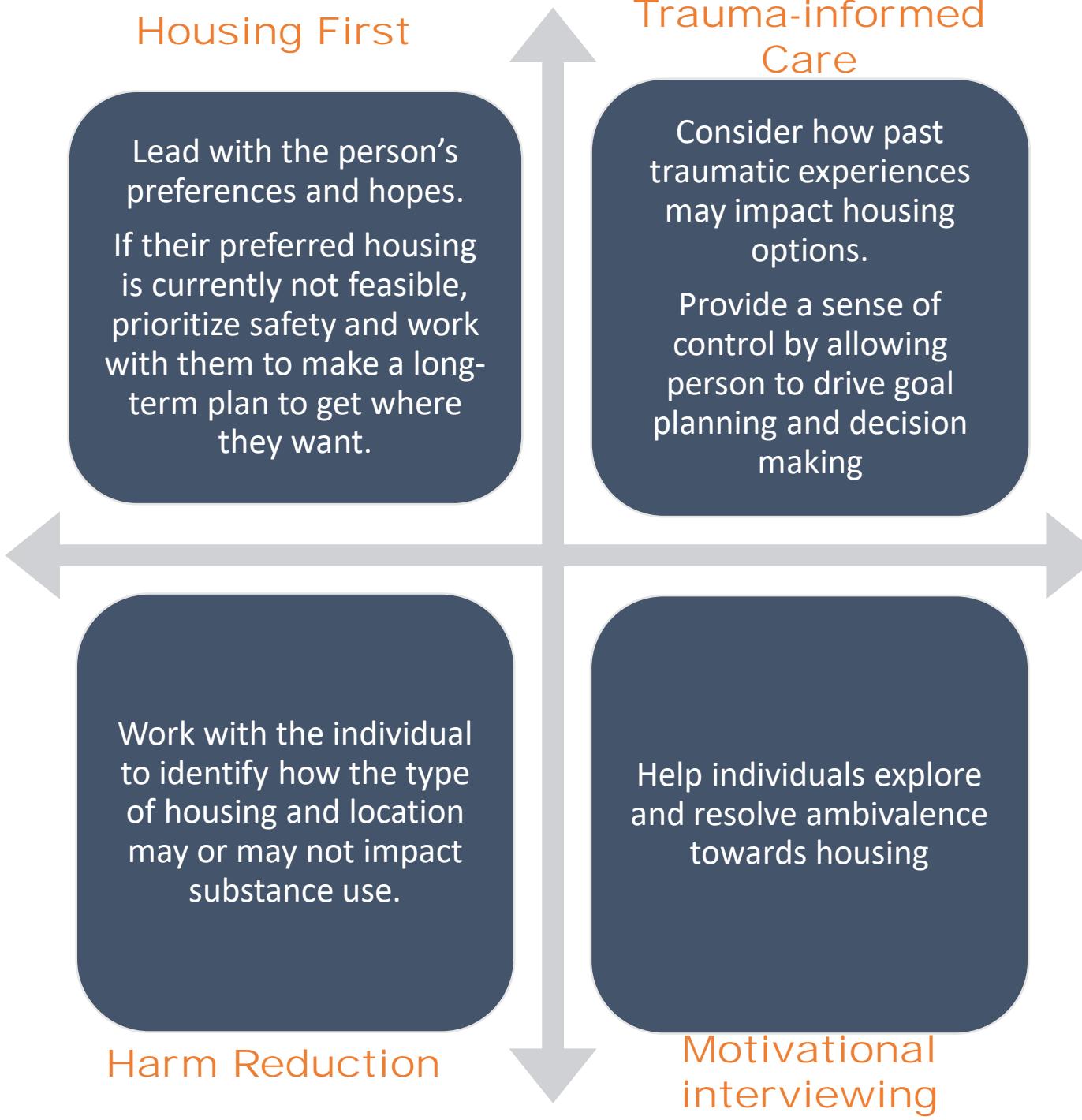
Applying EBP's: Securing housing resources



Meeting #3: Housing search

- Using online resources and connections within his agency, Jeff found a few options for Mary for housing. He brings some info on these options to review with Mary at the meeting.
- Mary is reluctant at first. She wants to stay in her current neighborhood, even though it's mostly out of her price range. She and Jeff discuss how they can work to build her resources once she is in housing and possibly move back here.
- Mary agrees to check out one of the options, and they start the online application process immediately. She wants a unit on the 2nd floor, because she feels unsafe on the ground floor due to past trauma. **Jeff says she shouldn't be picky and might have to take what she can get. At this point, Mary shuts down and seems less talkative.**
- Jeff wants to set up a time with Mary to drive to the building and take a tour. Mary is nervous about taking this step towards housing, so Jeff suggests starting with a drive by, rather than a tour. Mary agrees.
- After the meeting and with Mary's permission, Jeff calls the landlord and talks to him about Mary and the program. Jeff begins the application process and works with Mary by her tent to complete it.

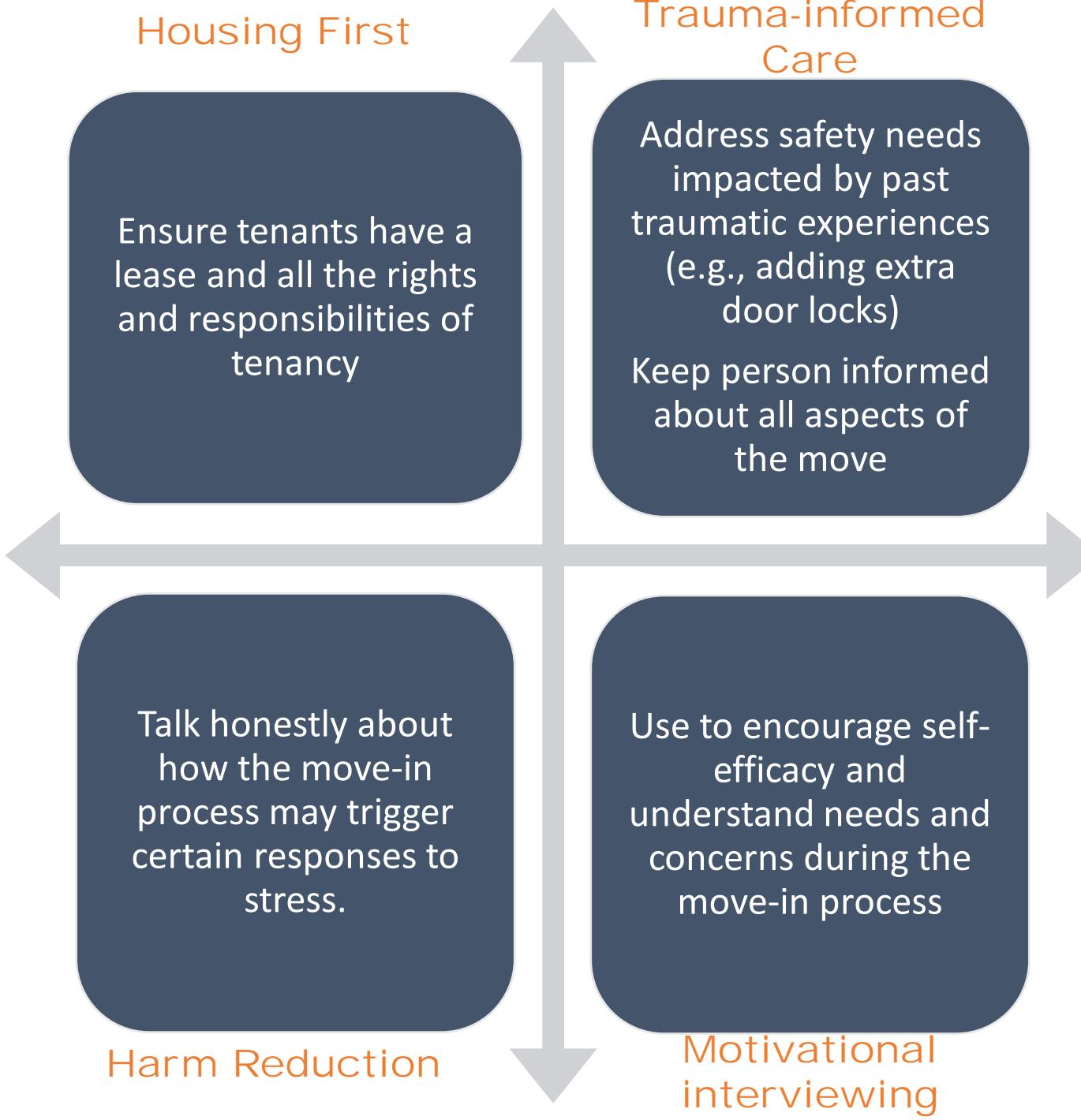
Applying EBP's: Housing search



Meeting #4: Move-in

- Mary's housing application was accepted!
- Jeff works with Mary to go through a move-in checklist to help her prepare.
- Mary is concerned about building and unit security. She is hoping that she can get an extra lock on her door. **Jeff says that they can figure that out later, but Mary seems worried and continues to return to it throughout the meeting.**
- They identify a few one-time costs that need to be covered and begin the process to update the Housing Supports Plan for items to purchase that will help Mary set up her household
- Jeff works with Mary to develop a plan for addressing any extra mental health needs she may have around the time of the move.
- Jeff helps Mary to call the landlord to confirm the move-in date and arranges help for Mary to move her belongings from her tent to her new apartment.
- They end by reviewing some of the community resources in the area that Mary may want to connect to and make a plan to go look at the nearby grocery store and laundromat the next time they visit her new neighborhood.

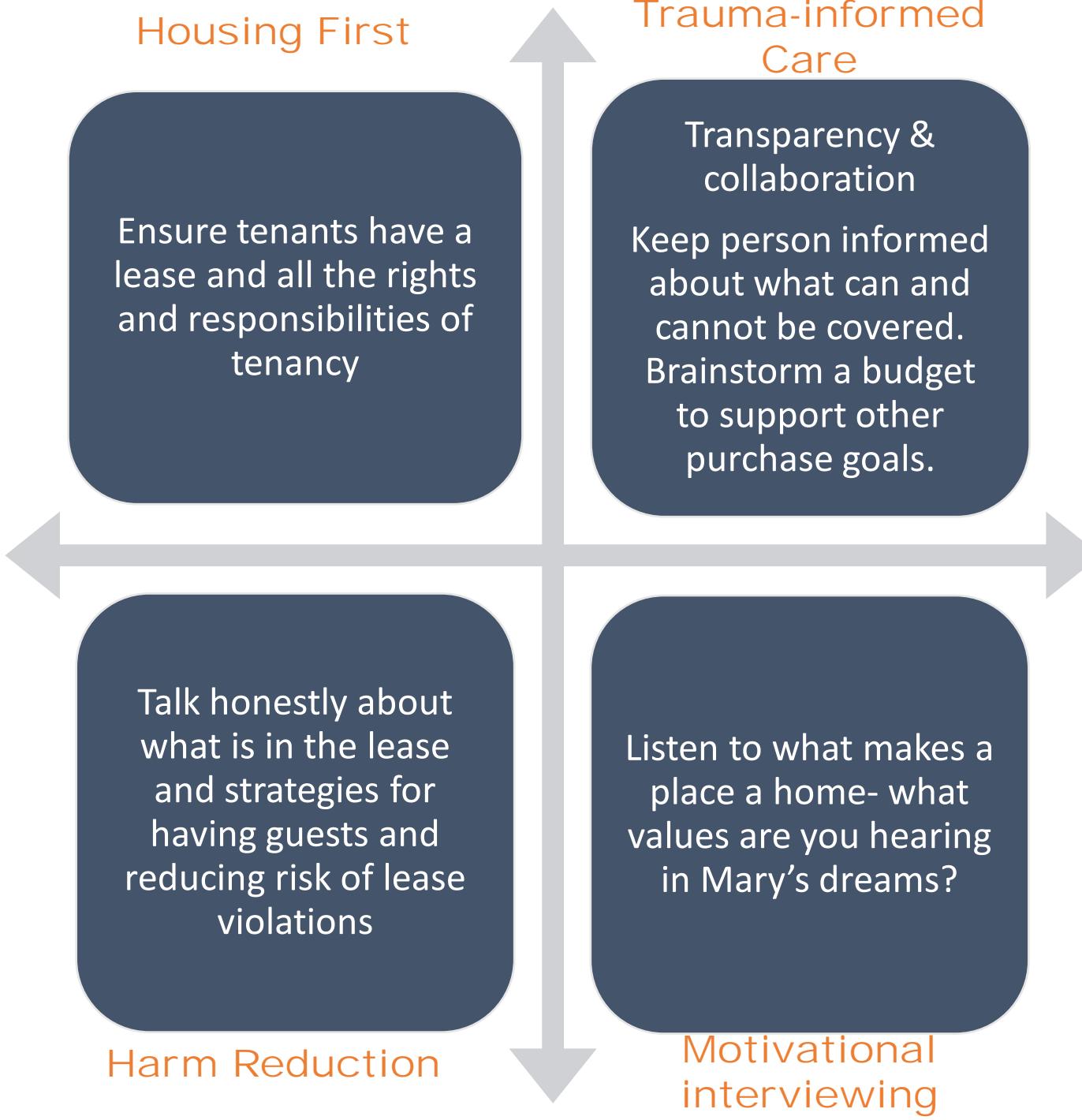
Applying EBP's: Move-in



Meeting #5: Housing Deposits

- Jeff works with Mary to determine what, if any, funds she has to contribute to her new home. Because Mary wasn't yet receiving SSI, she doesn't have anything to contribute.
- Jeff reassures her that just like his agency was able to cover her housing application cost, they could now help her to pay for the security deposit, some household items and essential furniture, and her first month coverage and set up fees for her electricity, phone and water bills.
- Jeff forgets to mention that there is a limit to the amount that Housing Deposits can cover, Mary begins to dream about the furniture, including multiple beds, so her grandbabies can live with her.

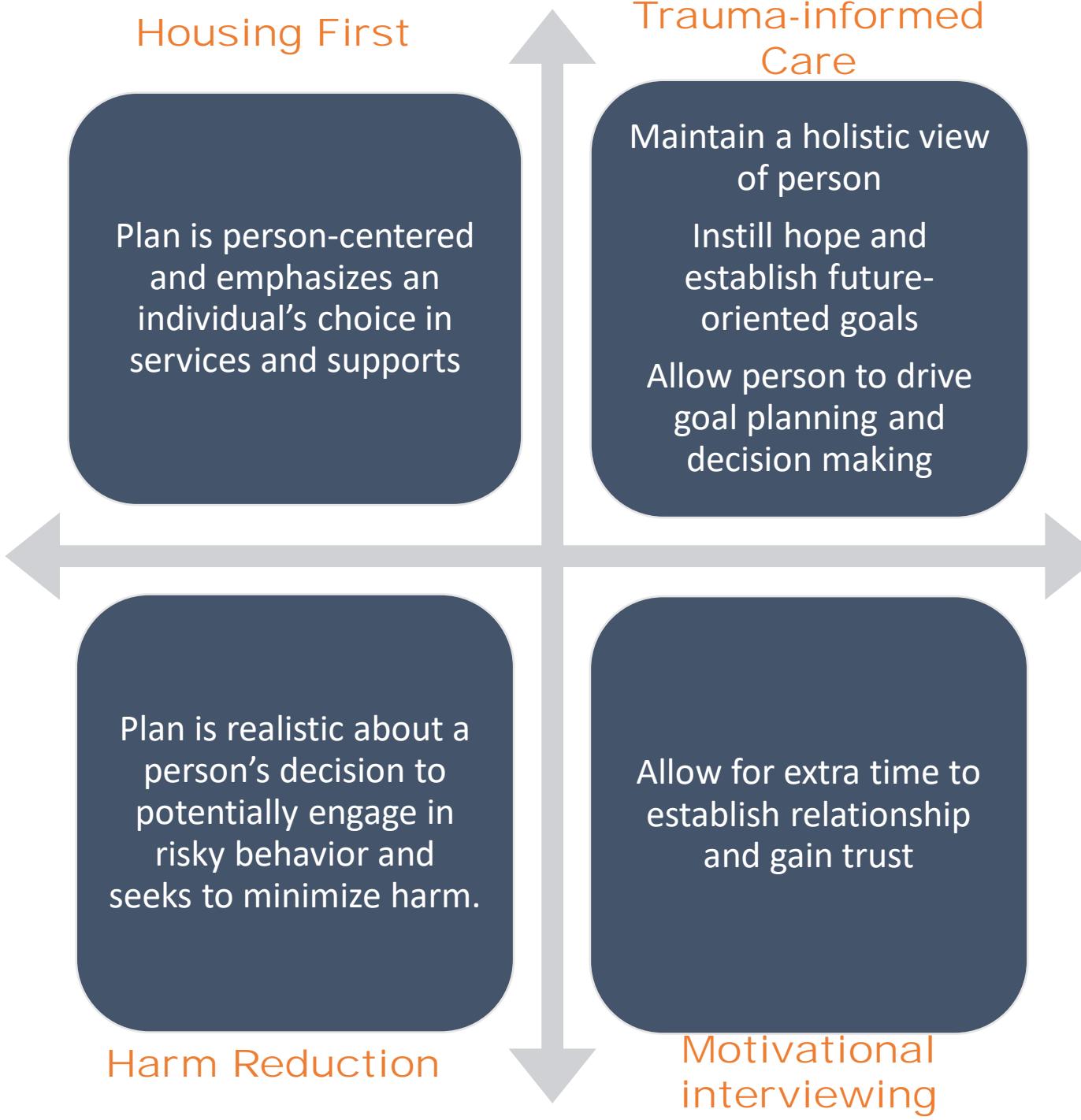
Applying EBP's: Housing Deposits



Meeting #6: Tenancy sustaining planning

- A few days after move-in, Jeff visits Mary in her new place.
- They work together to update her individualized housing support plan now that she is in housing.
- Jeff gives Mary the space and time to really think about what she needs to stay stably housed.
- Her plan includes steps to help with the goal of moving back to her preferred neighborhood.
- They haven't talked much about substance use. **Jeff tells Mary that she should never bring drugs or alcohol into the building.**

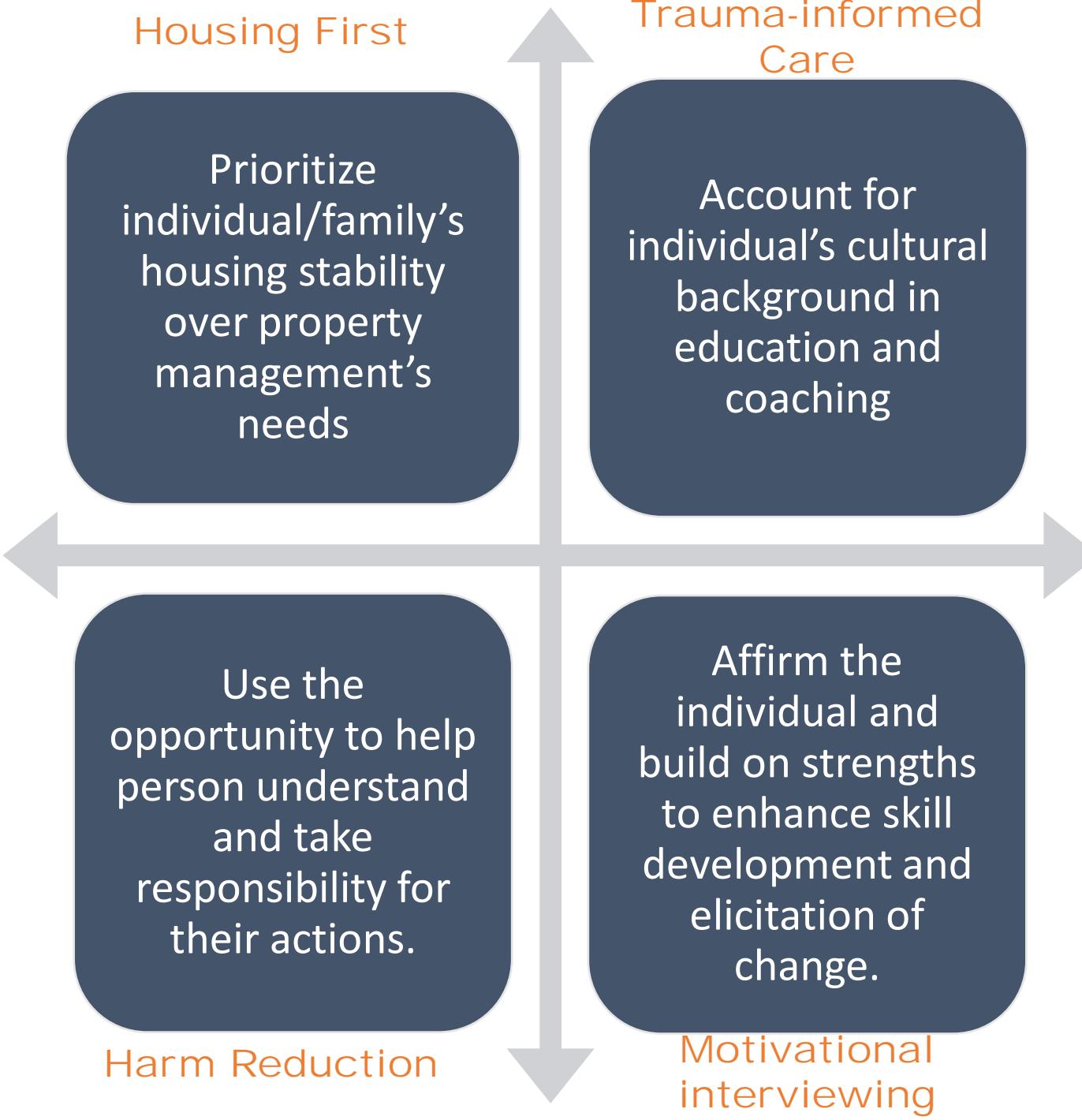
Applying EBP's: Tenancy sustaining planning



Meeting #7: Education and collaborative support

- Jeff and Mary decide to use this meeting to review the lease again and some materials that Jeff has on tenant rights and responsibilities.
- Mary told Jeff that the landlord knocked on her door the other day and asked to check on the air conditioning unit. She wasn't sure what to do. It wasn't a good time, but she was nervous, so she let her in and stayed in the bedroom while she was there.
- Jeff reviewed Mary's rights as a tenant and helped her develop strategies for engaging with the landlord in the future. Jeff reminded Mary that she is usually open and friendly with others, and she shouldn't be afraid to be herself around the landlord. Mary told him that she had been taught growing up to be more respectful to authority figures. **Jeff said not to worry about that.**
- After the meeting, and with Mary's permission, Jeff called the landlord and reminded her that he was available to help address any issues in the future.

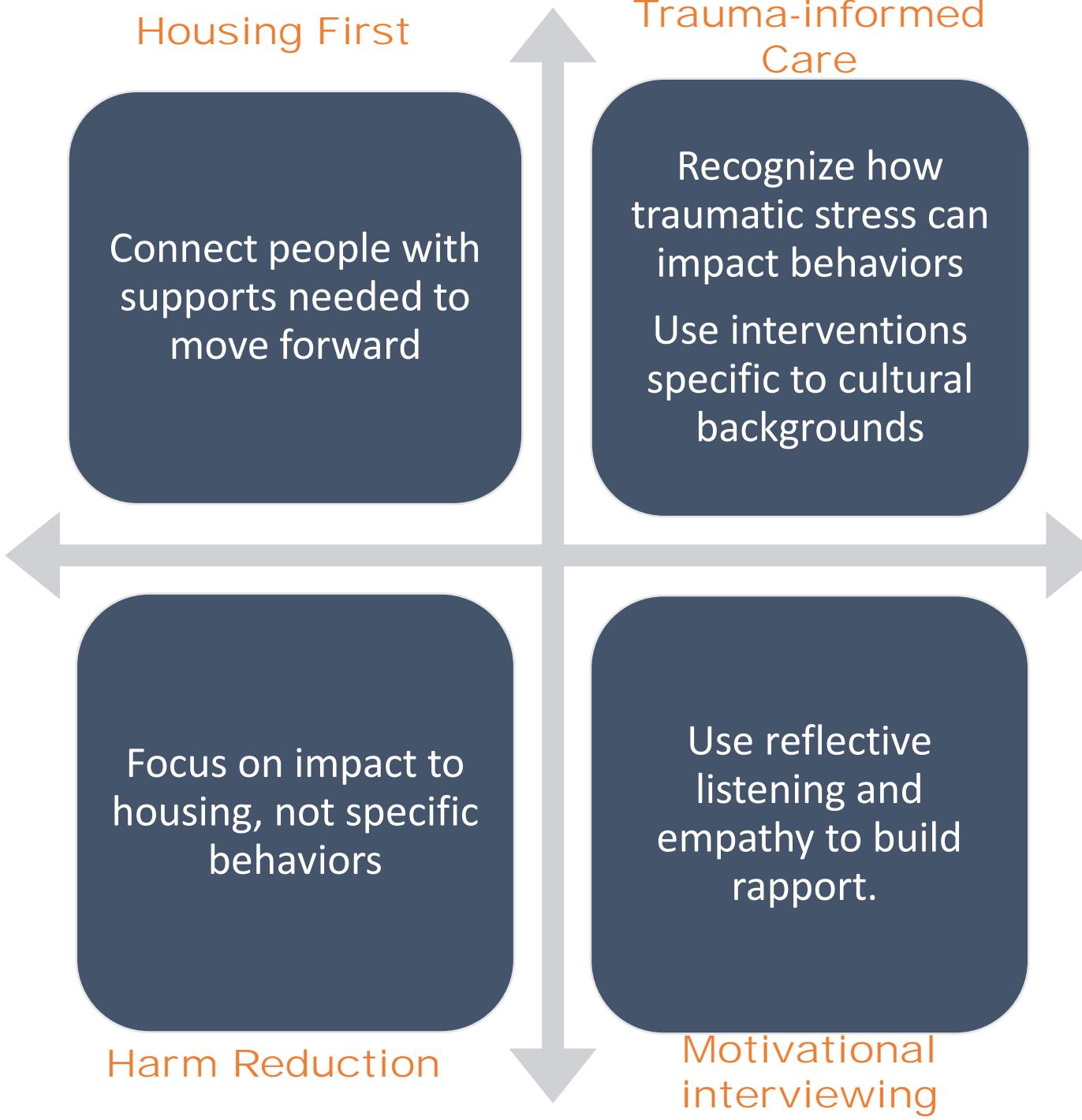
Applying EBP's: Education and collaborative support



Meeting #8: Eviction prevention

- Jeff made an unplanned visit to Mary after getting a call from the landlord about a noise complaint. The landlord had been to Mary's unit and seen that she was sleeping in a tent in her bedroom. She had also missed a rent payment.
- Mary explained that she had her friends from the encampment stay overnight the night before. She had been very anxious and having them around made her feel safer. Jeff empathized with that, and they thought of a few strategies to keep the noise down in the future.
- **Jeff also told her that she needed to take the tent down and start sleeping in her bed. Mary didn't see how the tent bothered anyone else.**
- As for the rent payment, she had just forgotten! Jeff helped her get set up with a bank that could do automatic bill pay for rent in the future.

Applying EBP's: Eviction prevention



Meeting #9: Maintaining stable housing

- Mary had been living in her new unit for 11 months now and was doing well- she missed rent once and was on a repayment plan. Her neighbor two doors down had been helping her with some household chores and cooking in exchange for watching her kids occasionally.
- She now had SSI and other benefits in addition to her rental assistance, so she was more financially stable.
- Mary wasn't home for the past two times Jeff tried to visit. She grew frustrated when Jeff called and told her she forgot about their plan to meet. Mary told Jeff that he didn't need to visit her anymore and that she had things figured out. Mary told Jeff to give her space.
- Jeff offered to step back saying he wouldn't call her for the next week, but asked if he could check in with her in a month to work on her annual housing recertification together.

Housing First

Trauma-informed Care

Services are voluntary: there will be times when individuals don't want to engage in services. You can make amendments to a service plan or recommend that someone move on from services- however you should continue to offer services until they officially end.

Safety measures are in place
Provider responses are consistent, predictable and respectful.

Knowing that there will be a range of needs among your clients, and for individual clients over time, build in space to increase/decrease services as needed.

What value is motivating Mary's request? How could Jeff listening to what is most important to Mary help him to offer relevant services?

Harm Reduction

Motivational interviewing

Applying EBP's: Maintaining stable housing