Permanent Supportive Housing - Support Services Only & Housing
(PSH-SSO & HOUSING)
ServicePoint Handbook

Contents
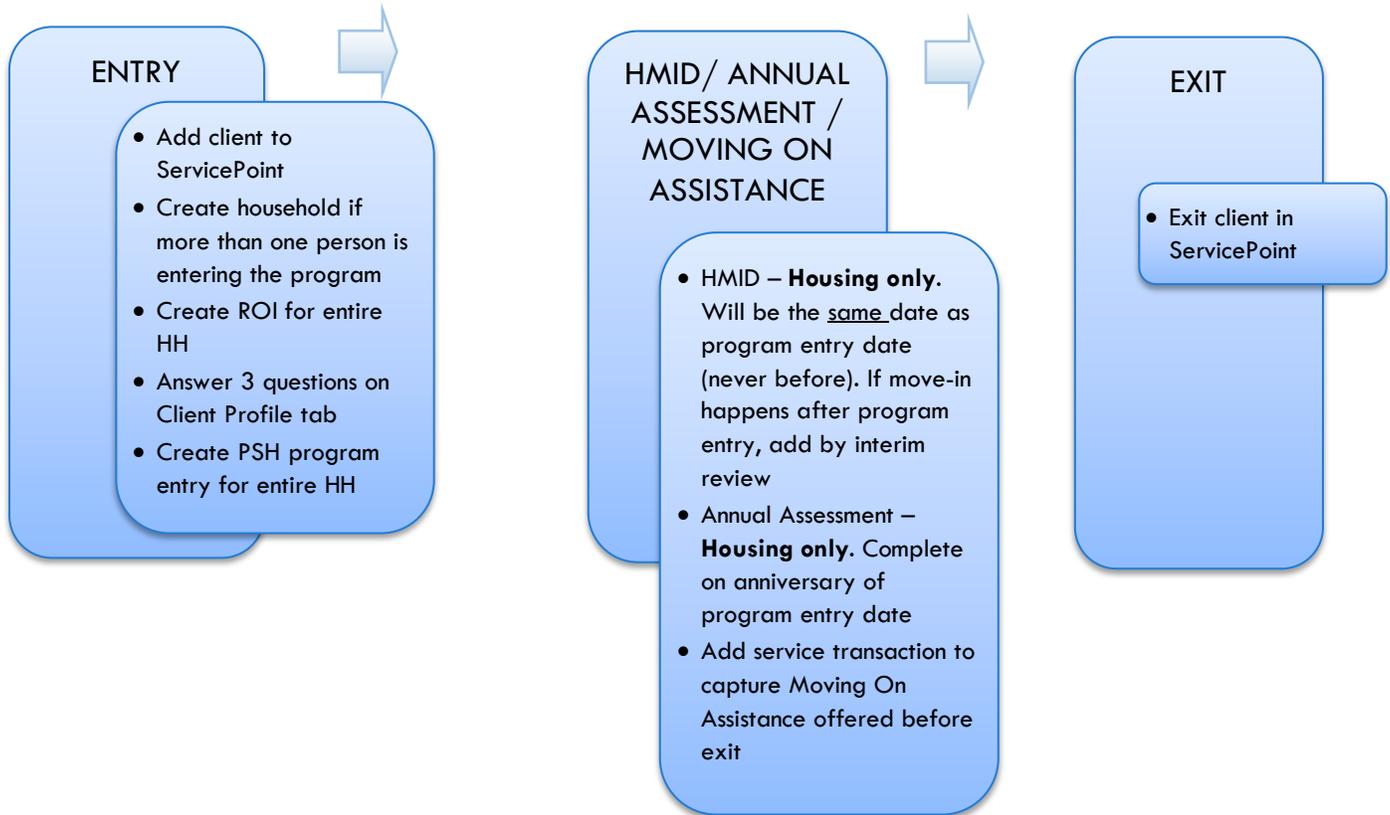
Questions? Contact servicepoint@multco.us

PSH/SSO SERVICEPOINT HANDBOOK REVISION HISTORY

- Published December 2020
- **July 2021** – added 3 questions on Client Profile tab (Name Data Quality, SSN Data Quality, U.S. Military Veteran).
- **October 2021** – added instructions for selecting multiple Gender options, added new SHS Expansion Population A/B question to program entry, added new HUD questions.
- **January 2022** – added instructions for Moving On Assistance as a service transaction, added General Health question to the entry and exit sections.

PSH/SSO PROGRAM MODEL.

The PSH/SSO Program provides wraparound supportive services with housing funded through other sources

DATA MILESTONES – PSH/SSO

ENTRY

- Add client to ServicePoint
- Create household if more than one person is entering the program
- Create ROI for entire HH
- Answer 3 questions on Client Profile tab
- Create PSH program entry for entire HH

HMID/ ANNUAL ASSESSMENT / MOVING ON ASSISTANCE

- HMID – **Housing only.** Will be the same date as program entry date (never before). If move-in happens after program entry, add by interim review
- Annual Assessment – **Housing only.** Complete on anniversary of program entry date
- Add service transaction to capture Moving On Assistance offered before exit

EXIT

- Exit client in ServicePoint

ENTRY INTO PSH-SSO

- After clients sign a *Client Consent to Share* form for their household, add agency <u>AND</u> PSH 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.

BUILD/UPDATE HOUSEHOLD – NOT required for Single Individuals

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	

TRANSACT ROI

After clients sign a *Client Consent to Release of Information for Data Sharing in Multnomah County* form for their household, transact Parent and program level 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 the SP provider associated with the program they are participating in.
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."

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.**
	
	☑ **(131) Female Single Parent**
	   ☑ (219) Benson, Noah
	   ☑ (218) Benson, Olivia

Provider	Click 'Search' to select your PARENT provider (also known as your Login provider) AND **your PSH-SSO provider.** ⓘ **Clicking 'Save Release of Information' will create a distinct Release of Information for each selected provider.** Provider * ☑ Innovative Housing Inc. (IHI) (2987) ☑ Innovative Housing Inc (IHI)-Vibrant HPU (7773) [Search]
Release Granted	Choose Yes or No based on the Client Consent to Share form Release Granted * [Yes]
Start Date	Date the Client Consent to Share form was signed Start Date * 11 / 20 / 2020
End Date	7 years after Start Date End Date * 11 / 20 / 2027
Documentation	Select Signed Statement from Client or Verbal consent Documentation [Signed Statement from Client]
Witness	Enter Multco Witness [Multco]

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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).

Release of Information

	Provider	Permission	Start Date	End Date	
	Innovative Housing Inc (IHI)-Vibrant HPU	Yes	11/20/2020	11/20/2027	
	Innovative Housing Inc. (IHI)	Yes	11/20/2020	11/20/2027	

Add Release of Information   Showing 1-2 of 2

* 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

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 →

Client Information

| Summary | **Client Profile** | Households | ROI |

✏️ **Client Record**

Name	Client, Sample
Name Data Quality	Full Name Reported
Alias	
Social Security	
SSN Data Quality	Client refused (HUD)
U.S. Military Veteran?	No (HUD)

ADDING PROGRAM ENTRY

Entry Provider	Choose your relevant PSH-SSO
Entry Type	Always choose 'BASIC'
Entry Date	Defaults to data entry date - **Change to date the application was signed**

Complete the following questions for EACH Household Member

COVID-19 Related	**Required for all COVID projects; NOT required for PSH-SSO**

COVID-19 Impact

🔍 **COVID-19 Impact**

Start Date *	COVID-19 Impact	End Date
Add		
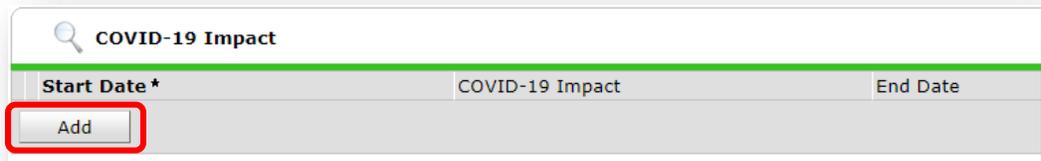
Required for all COVID Projects; Click Add to select source of impact; <u>NOT required for PSH-SSO</u>

Housing Move-in Date	• If client moves in on the same day as they start the program, HMID = program entry date • If client moved in prior to program entry, make the HMID the same as program entry date • If client moves in AFTER the day the start the program, HMID entered as Interim Review, NOT in the program entry **(see page 8 for Interim Review instructions)**
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.
Client Location	Choose OR-501 Portland/Gresham/Multnomah County
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) Leave blank if no other Race is identified
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 _not_ enter a 2nd language or a language that is part of the picklist options under "Primary Language"**
Does client have a disabling condition?	Choose answer from drop-down list
Disabilities	**Click 'HUD Verification' to create a Y/N response for each Disability Type**
Covered by Health Insurance?	Choose answer from drop-down list
Health Insurance	**Click 'HUD Verification' to create a Y/N response for each Health Insurance Type**
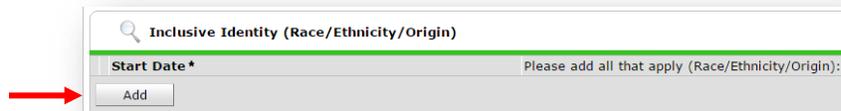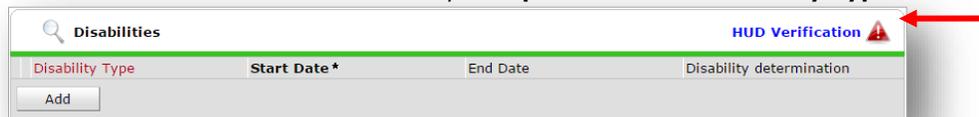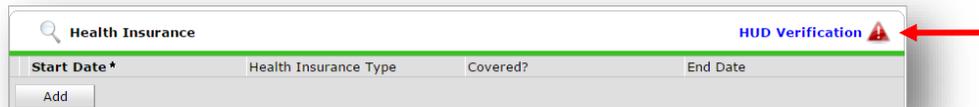
Complete the following questions for Head of Household and All Adults

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?	Choose answer from drop-down list
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	Choose answer from drop-down list
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

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	NOT required
Level of Family Income (% HHS Guidelines)	NOT required
Employment Status	NOT required
Zip Code of Last Permanent Address	NOT required
Client's Residence / Last Permanent Address	**Optional**

Current Living Situation	**Optional**

Complete if HUD PSH Funded

Client perceives their life has value and worth.

Client perceives they have support from others who will listen to problems.

Client perceives they have a tendency to bounce back after hard times.

Clients frequency of feeling nervous, tense, worried, frustrated or afraid.

General Health Status

INTERIM REVIEW FOR HMID / ANNUAL ASSESSMENT

The Interim Review can be found in the Entry/Exit Tab under 'Interims'
When a household is placed after the program entry date, update the Housing Move-in Date using the following steps. Do Not pencil back into the program entry to update this field

1. Click the Interims icon belonging to the program entry that requires an Interim Review

2. Click 'Add Interim Review'
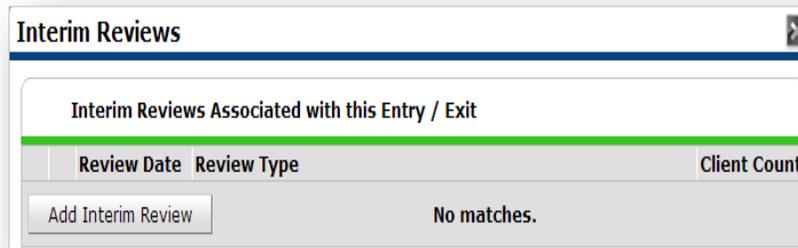
3. Be sure that all household members are checked off

4. Interim Review Type = 'Unscheduled Update'

5. Set 'Review Date' to Housing Move-in-Date

6. Click 'Save and Continue'

- **HMID** – only answer HMID for each client
- **Annual Assessment** – skip HMID, update all the other questions; Annual Assessment is only required for the Head of Household
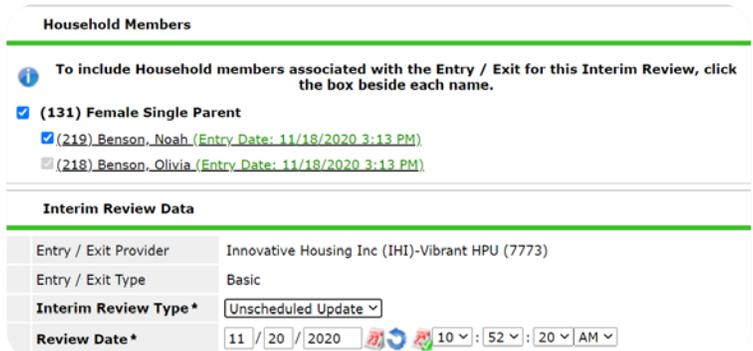
7. Fill in or update the 'Housing Move-in Date' or Annual Assessment sections

8. Click on each household member And repeat step 7 for HMID
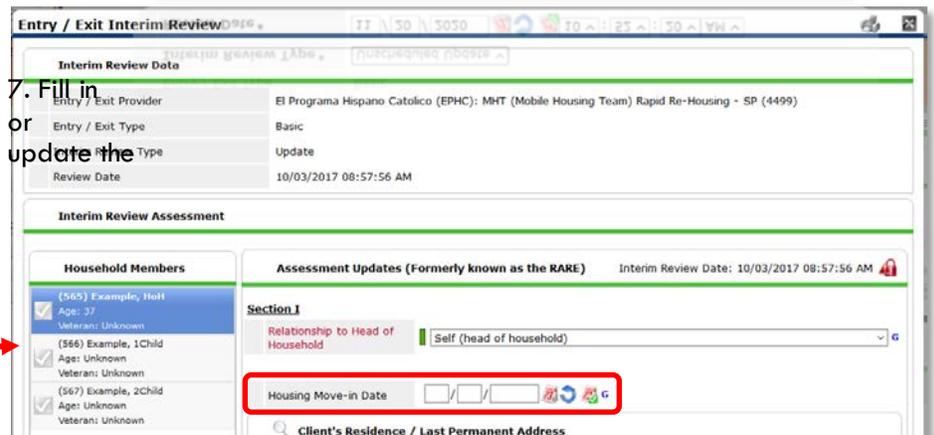
When steps above are complete, Click on 'Save & Exit'

- Services are entered through ClientPoint, on the client's record
- Moving On Assistance is entered for each type offered

You can choose Add Service or Add Multiple Services; Multiple Services is faster
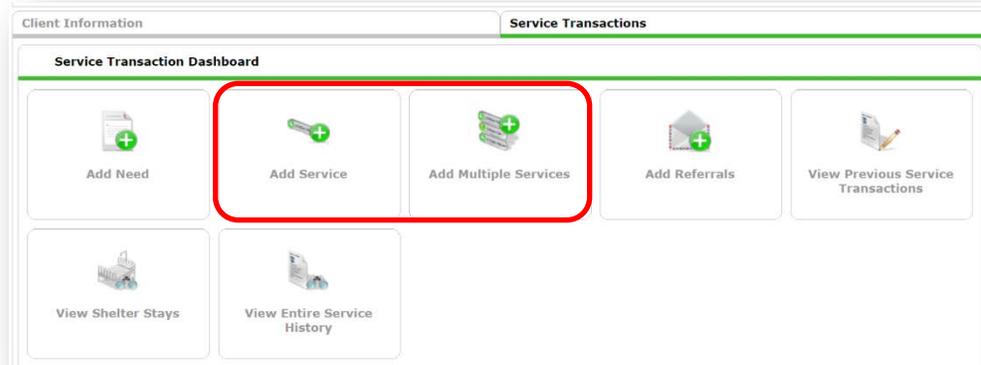
Start Date	Date that assistance happened
End Date	Same as the Start Date
Provider Specific Service	Select Case/Care Management; then Save & Continue
Type of Moving on Assistance	Choose one from list below; scroll to bottom of screen to Save & Exit in the lower right-hand corner

Types of Moving on Assistance

- Subsidized housing application assistance
- Financial assistance for Moving On (e.g., security deposit, moving expenses)
- Non-financial assistance for Moving On (e.g., housing navigation, transition support)
- Housing referral/placement
- Other (please specify

EXITING PROGRAM

See income instructions on pg. 14 on how to **end date** income and benefits records and **add** new ones.

EXIT	Answers from Entry will carry over. <u>**Remember to update all responses that have changed**</u>.
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**
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	NOT required
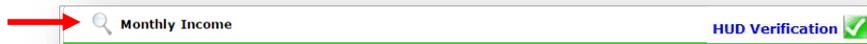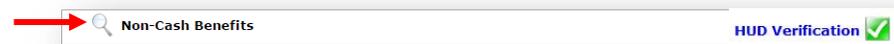
Complete if HUD PSH Funded

Client perceives their life has value and worth.

Client perceives they have support from others who will listen to problems.

Client perceives they have a tendency to bounce back after hard times.

Clients frequency of feeling nervous, tense, worried, frustrated or afraid.

General Health Status

APPENDIX I

- 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.

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 | | | |

Are there active income lines for EACH income source?

Is there a Y/N response 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

DONE
HUD Verification ✅

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

DONE
HUD Verification ✅

Yes

Are they still accurate?

Are they still accurate?

Yes

Yes → **DONE**
HUD Verification ✅

No → End inaccurate income amounts

Yes → **DONE**
HUD Verification ✅

No → End inaccurate income amounts

Add Income

Add Income

DONE
HUD Verification ✅

DONE
HUD Verification ✅

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

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APPENDIX II

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.

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 ▾ G
If Yes, Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently	Yes (HUD) ▾ G
Disability determination	Yes (HUD)
End Date	/ / G

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 parent and her child completed the intake process for a program on 01/01/2017. A couple days later, her case manager 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 case manager 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 case manager 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.

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:

Show All Health Insurance Records

Health Insurance

		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

Add   Showing 1-11 of 11

Exit

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.