

Barriers to Housing Stability Assessment Form
Technical Assistance Training
January 20, 2009



Introductions: Use an adjective describing you that begins with the first initial of your name.

Purpose: To develop a method of assessing housing barriers consistently across our community.

Outcomes:

- Providers will have some common language to use when referring clients to other programs.
- Referrals will be more effective.
- Clients will be more successful in programs that match more closely their needs.
- Program performance measures will be higher when clients are successful.
- Others

Goal for All Our Clients

Stability: firmness, the ability to withstand change or onslaught; firmness of purpose.

Stable: securely established; having permanence; continuing without change; steadfast; unwavering.

Housing Stability: to be able to maintain housing without being subject to changes or onslaught.

Barriers -- anything that prevents progress or approach

What might be a barrier to us being able to assess clients consistently across the continuum?
Staff perceptions, subjective assessments, lack of information, lack of communication, lack of training, etc.

Look at the barriers identified by the assessment form to begin to think the same way about definitions and use of words used to describe clients.

Three sections: Tenant screening
Personal
Income

Walk through the form.

See annotated version of the form.

Barriers to Housing Stability Assessment – Annotated

Client Name: _____	Assessment Date: ____ / ____ / ____ BE SURE to backdate the Barriers Assessment to the client's Program Entry Date. When should the assessment be done? INTAKE, or other session when you gather information. Should the form be updated with new info? YES
--------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FOR HOUSEHOLD HEADS, SINGLES, AND UNACCOMPANIED YOUTH (Complete in Head's file for all household members)

Complete on Head of Household – for family

1. TENANT SCREENING BARRIERS TO GETTING HOUSING

TENANT SCREENING BARRIERS (Check one) *Doubtful that clients will not have some barriers in this section.*

Barriers (complete below) No Barriers (skip to next section)

1A. RENTAL HISTORY (Self-report, Documented or implied by history)

Number of evictions or unlawful detainers (Check one)

0 evictions
 1 eviction
 2-3 evictions
 4-9 evictions
 10 or more evictions
 Not assessed
Should rarely if ever be used.

Poor reference from current/prior landlords Yes No Not assessed

Q - What would your previous landlords say about you?

Lack of rental history Yes No Not assessed **Have not held lease in name**

1B. CREDIT HISTORY

Unpaid rent or utility bills Yes No Not assessed

Old utility bills will require "utilities included units" – also indicates an identified goal to re-pay

Unpaid rent is usually only on the credit report if a "judgment" was rendered from an eviction through Small Claims Court

Lack of credit history Yes No Not assessed

Having no credit – may not be as much a barrier for an 18 year old as to a 40 year old.

Not as much an issue as having "bad credit"

1C. CRIMINAL HISTORY

One or more misdemeanors Yes No Not assessed

Misdemeanors related to PI, assault, DV, burglary indicate a more severe barrier than other offenses.

Sometimes may be able to offset barrier with documentation of treatment or other interventions.

Critical felony (sex crime, arson, drugs) Yes No Not assessed

Felonies in these areas are seen as a major barrier. Manufacture of meth is an automatic life ban from subsidized housing.

Other felony Yes No Not assessed

Evaluation based on number and type.

1D. ABILITY TO GET HOUSING IN YOUR COMMUNITY

Impact of client's tenant barriers on housing (Check one) **Base on severity, history and type of barrier.**

<input type="checkbox"/> No Effect	<input type="checkbox"/> Minimal Effect	<input type="checkbox"/> Moderate Effect	<input type="checkbox"/> Major Effect	<input type="checkbox"/> Not assessed
No evictions, good credit, and no criminal history	Lack of credit history; 1-2 misdemeanors; one negative landlord if others are positive	High utility balance; criminal history – long term, numerous, or other felony convictions; one eviction; negative landlord reports	Eviction judgments; Felony – drug, sexual crime or arson; multiple factors	Should rarely be used.

2. PERSONAL BARRIERS TO GETTING OR KEEPING HOUSING

PERSONAL BARRIERS (Check one) Barriers (complete below) No Barriers (skip to next section)

2A. CHEMICAL HEALTH GAF Score: _____ See scale to determine the level of functioning based on Chemical usage.

If Chemical use is not now or in the past indicated - use 100 as the GAF to indicate no barrier of chemical health is evident. If present to some degree, identify the score most appropriate to the symptoms evidenced or documented.

Chemical use has resulted in housing loss Yes No Not assessed

Describes history: Past use has affected payment of rent, (loss of job, decline in income) housekeeping or relationships with neighbors or landlord.

Chemical use currently affects housing Yes No Not assessed If yes – make sure Special Needs is indicated in HMIS.

Chemical use or treatment prohibits or hinders access to income required to support housing.

Current use is impairing decision making, judgment, problem-solving skills, relationships, and ability to live independently.

2B. MENTAL HEALTH See GAF scale to determine the level of functioning based on any symptoms.

If mental health issues is not now or has not been indicated – use 100 as the GAF to indicate no barrier of chemical health is evident. If present to some degree, identify the score most appropriate to the symptoms evidenced or documented. GAF _____

Mental health has resulted in housing loss Yes No Not assessed

This describes past history. Symptoms or behaviors have affected payment of rent, (loss of job, decline in income) housekeeping or relationships with neighbors or landlord.

Mental health currently affects housing Yes No Not assessed If Yes – make sure Special Needs is indicated in HMIS.

Symptoms prohibit or hinder access to income to support housing.

Symptoms prohibit ability to live independently.

Client is refusing treatment.

2C. DOMESTIC VIOLENCE/ABUSE

Domestic violence/abuse resulted in housing loss Yes No Not assessed

Domestic violence/abuse currently affects housing Yes No Not assessed

2D. ABILITY TO KEEP/GET HOUSING IN YOUR COMMUNITY

Impact of client's personal barriers on housing (Check one)

No Effect

All categories are marked NO and GAF scores are 100.

Minimal Effect

1 – yes marked in any category for past affects

Moderate Effect

1 -yes marked in any category for a current barrier; 2-3 yes marked in any categories.

Major Effect

2 -yes marked for current barriers; 4 – yes in any categories.

Not assessed

Should rarely be used.

3. INCOME BARRIERS TO GETTING OR KEEPING HOUSING

INCOME BARRIERS (Check one)

- Barriers (complete below) No Barriers (skip to next section)

3A. INCOME

Needs temporary assistance to get or keep housing Yes No Not assessed

Assistance identified as financial or assistance to locate available financial assistance.

Also evaluate if assistance is needed for short-term, or one time only or long-term.

If housed: percent of income spent on housing (Check one) **Use Housing Costs guide to figure % of income.**

- 35% or less 36% to 50% 51% to 65% 66% to 80% More than 80% Not Assessed

If not housed: amount able to spend on housing (Check one) **Use Housing Costs guide to figure affordability in dollars.**

- 0 1-100 101-151 151-200 201-250 251-300 301-350
 351-400 401-500 501-600 601-700 701-800 801 or more Not Assessed

3B. OTHER INCOME – RELATED

Physical or cognitive difficulties that limit employment Yes No Not assessed **GAF _____**

If No is marked the GAF score is automatically 100. If yes, use scale to determine level of functioning.

Lacks steady, full time employment Yes No Not assessed Has other income

If income is irregular and insufficient for housing without subsidy mark Yes.

If client has established fixed income such as some form of Social Security mark NO and check “Has other income”.

Lacks high school diploma or GED Yes No Not assessed

Job barrier: limited English proficiency Yes No Not assessed

Use this to evaluate use/understanding of the English language as well as literacy skills.

Job barrier: lack of reliable transportation Yes No Not assessed

Job barrier: lack of reliable/affordable child care Yes No Not assessed

If the client doesn't need child care – this isn't a barrier. Indicate No.

3C. ABILITY TO KEEP/GET HOUSING IN YOUR COMMUNITY

Impact of client's income barriers on housing (Check one)

- No Effect Minimal Effect Moderate Effect Major Effect Not assessed
- Income at 35%; has the ability to increase income; other job barriers are minimal. Needs minimal service assistance to get back on their feet.**
- Income at 36-50%; Will have more difficulty in increasing income; is already on fixed income; needs weekly assistance to maintain housing; GAF score above 60.**
- Income spent on Housing more than 50%; Will not be able to increase income; is already on fixed income; needs assistance daily or 2-3 times per week to maintain housing; GAF score 50 or below.**

BARRIER SUMMARY – HOUSING PLACEMENT DETERMINATION LEVEL

OVERALL BARRIER-level

- Level 1: Zero to minimal barriers **(As evidenced by total scores for the three categories - All zero, all minimal or a combination of the two)**
- Level 2: Moderate barriers **(At least one of the three scores are moderate in any combination with minimal and no effect; All three categories are moderate; GAF scores between 60-51; level of services needed is short term)**
- Level 3: Serious barriers **(GAF scores between 50-41; a major effect in one category)**
- Level 4: Long-term barriers **(Consider the length of time the barriers have existed and the degree of impact it has on current functioning. Felony convictions and serious and persistent mental illness do not go away. Or on-going level of service is needed to maintain housing. Use this category to complement Level 3 and 4 when barriers are considered long-term issues.) DO NOT USE THIS CATEGORY ALONE.**
- Level 5: Severe barriers **(GAF scores 40 or below; Major barriers assessed in at least two or all three categories)**

INSTRUCTIONS

At the time of referral to the most appropriate housing program, a copy of this assessment should be included in the Referral Packet.

For technical assistance questions, please contact
Luzada Hayes, Chair, Homeless Services Council of Southwest Indiana
at luzhayes@auroraevansville.org or 812.428.3246 x 28