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MILWAUKEE COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
**BEHAVIORAL HEALTH SERVICES**

# #070- Housing Assistance

# I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced to as Wraparound Milwaukee) that, when identified in the Plan of Care, enrollees and their families receive assistance with locating, securing and retaining affordable and safe housing, including obtaining or providing housing referral services, identifying relocation needs, mediating disputes with landlord and addressing other housing needs as identified. Services must reflect individual needs and housing preferences and can be provided to older youth under age 18 who have been approved for independent living, young adults over age 18 seeking their first independent housing, or to the parent(s) or legal guardian(s) of an enrolled youth. Any youth/family referred for this service must have an existing source of income, with the ability to meet housing affordability guidelines as described in this policy without exceeding 50% of gross monthly income.

Housing Assistance is a single service, with three phases. Unless otherwise indicated, all three phases are to be provided. Exceptions require prior approval from the Wraparound Milwaukee Provider Network.

*NOTE: This policy utilizes the term "Care Coordinator", which applies to Wraparound and REACH Care Coordinators and FISS Case Managers. The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.*

# II. PROCEDURE

    A.   **Guidelines for Care Coordinators**
       **Referral Considerations – Youth and Families most likely to benefit from the service.** Housing Assistance is not going to meet all of the housing needs of all youth and families. Youth and families in need of emergency housing, those presently homeless or at imminent risk of

homelessness, should be connected with shelter resources. Some individuals most in need and most likely to benefit from the service may not meet minimum requirements, given that **youth/family must have a stable source of income to be referred for the service**, which is sufficient, after expenses, to afford market-rate (*non-subsidized)* housing. Subsidized housing units may be available for individuals who cannot afford market-rate housing. If a youth/family has a stable income, but cannot meet the affordability guidelines described below (*if income consists only of SSI or W2, for example)*, the Care Coordinator should first contact Housing Assistance providers to determine if there are suitable (*subsidized)* units available.

1.  In general, at a **minimum**, a person should be able to pay at least $350/month, if there is a second rent paying roommate or family member, and $550/month for a single rent payer, paying no greater than 50% of gross monthly cash income for housing. Use the following schedule as a general guideline:

    | Size | Estimated Minimum Monthly Rent Payment for Market-Rate Housing |
    | --- | --- |
    | One Bedroom | $550 per Month |
    | Two Bedroom | $625 per Month |
    | Three Bedroom | $700 per Month |
    | Four Bedroom | $775 per Month |

2.  Having $300 to $500 budgeted for a security deposit is strongly recommended. Providers of this service are not required to subsidize "other" expenses, such as security deposits, moving expenses or home furnishing expenses, but are expected to include information/referral services, based on need, to address these needs, as well as to work with Child & Family Teams to identify housing related needs and develop strategies.

3.  It is strongly recommended that no one is referred for Housing Assistance who is currently under an annual rental agreement/lease unless they have permission from their current landlord to break the lease early or are within 90 days of the expiration of the lease.

4.  Youth and Families with multiple needs or severe barriers to housing (*such as multiple evictions)* may be better served by increasing housing readiness through services such as Individual/Family Training and Support Services, Employment Preparation and Placement, On the Job Training, and/or community-based services dealing with financial literacy, credit repair, legal issues, employment, etc., prior to being referred for Housing Assistance.

5.  The Housing Assessment will involve the review and discussion of personal information and history, including legal and credit history, and will require follow-up home visits and contact with the landlord.

**When making a Referral for Housing Assistance, Care Coordinators are to document on the Referral that items 1 through 5 above have been discussed/verified, and/or that there are specific strategies in place to address any needs in these areas.**

**Implications for Care Planning**. In some instances there will be additional support needed for

the transition to independent housing that is outside the scope of the service, so Child & Family Teams should work with Housing Assistance Providers to identify these needs and work on solutions. Housing Assistance Providers may be able *(and are encouraged)* to offer additional support with expenses, but are not required to do so.

**Service Authorization Protocol.** This service is only authorized one time, initially, as 5595A, for one (1) unit. The Service Authorization Request (SAR) will remain valid until the phase is complete. There is no need to do a Turnaround SAR. Once each phase is complete, a report will be submitted in Synthesis *(which will appear in the Demographics-Forms tab),* at which time Wraparound Milwaukee Administration *(Provider Network or Finance)* will authorize the next phase.

**Documentation.** Provider Agencies will complete each milestone report (*Phase I Assessment, Phase II Acquisition and Phase III Retention)* in Synthesis, as well as the Housing Assistance Progress Report Log (*see Attachment 1)*.

B. **Guidelines for Provider Agencies.**

Housing Assistance in an outcome-based service, with payment upon successful completion and documentation in Synthesis of each service milestone as follows:

- Phase I – payable upon completion of Housing Assessment.

- Phase II – payable upon Housing Acquisition.

- Phase III – payable upon 90 days of Housing Retention.

Provider assumes risk of non-payment for non-performance/completion of Phases; Phase II and Phase III may be paid under very limited and narrow circumstances without completion.

Upon receipt of a Referral Form, Provider shall orally verify that Youth and Care Coordinator has determined that income guidelines are met, and that youth/family housing preferences are viable. If either is not, Referral should be declined or redirected to other services.

C. **Phase I – Assessment.**

Phase I consists of identification of housing preferences and barriers to housing and must include the following:

1. An identification of housing preferences, including: property type, location, accessibility needs *(as necessary),* transportation access, proximity to employment or school, roommate criteria, children, pets, etc.

2. An identification of potential barriers to housing access and retention, such as credit history, legal history, lack of references, independent living needs, etc.

3. An identification of financial and budgeting needs, including current and projected source(s) of income and personal expenses.

4. If identified as a need, Phase I must include assistance with an application to the Milwaukee County Rent Assistance Program and City of Milwaukee Rent Assistance Program for a Section 8 housing voucher, and with the City of Milwaukee Housing Authority for low income housing, as wait lists permit.

5. If youth/family housing needs, preferences and ability to pay do not meet affordability guidelines listed in Section II, A, 1 (*on page 1 of this policy),* or are

otherwise not viable, Agency may end services and will be eligible for Phase I payment, or may continue services through Phase II or Phase III, with documentation of notification to youth/family of risks associated with excessive housing costs. **If housing preferences and/or ability to pay are not viable, the youth/family will receive assessment recommendations and referrals to address housing barriers, as well as an identification of the goals that must be met to transition to Phase II. In this scenario, the youth/family will be eligible to resume services in Phase II if the goals and recommendations are achieved. A youth/family shall not be determined to be ineligible/inappropriate for Phase II simply on the basis of identification of barriers to housing. Unless multiple or severe barriers are identified, youth/family shall be transitioned to Phase II.**

6. All follow-up contacts with youth/family, landlord and collaterals are to be documented in the enrollee's file, using the Housing Assistance Progress Report Log (A*ttachment 1)*.

**Service Documentation** – A Phase I Assessment Report must be completed in Synthesis at the completion of Phase I and shall include the following elements:

1. An identification of housing preferences, including: location, accessibility needs (*as necessary)*, transportation access, proximity to employment or school, roommate preferences, etc.

2. An identification of potential barriers to housing access and retention, such as credit history, legal history, lack of references, independent living needs, etc.

3. An identification of financial and budgeting needs, including determination of all sources of income and expenses.

4. Specific recommendations for follow-up activities to increase housing readiness, such as budgeting classes, credit repair resources, etc., after which youth/family will be eligible to resume Housing Assistance services.

A description of how to enter the Phase I report in Synthesis "Entering Assessment/Progress Reports on Synthesis" is attached (*see Attachment 2)*. In addition to Synthesis report, all contacts with youth/family, landlord and collaterals are to be documented in the enrollee's file using the Housing Assistance Progress Report Log (*Attachment 1)*.

D. **Phase II – Acquisition.**
Phase II consists of assistance with addressing barriers to housing, either directly or through referrals such as financial literacy/credit report/budgeting, obtaining rental history/references, and orientation to the housing market, as well as direct referrals to known landlords and assistance with seeking a rental property on the open housing market.

Housing must conform to Assessment needs and preferences. All housing units must be physically pre-inspected by Agency to verify that they are suitable for habitation, using the Department of Housing and Urban Development's (HUD's) Housing Quality Standards inspection form found at Housing Quality Standards - HCV | HUD.gov / U.S. Department of Housing and Urban Development (HUD), or a similar, pre-approved document.

If housing does not pass inspection, if 50% of gross monthly income affordability guidelines are exceeded, or if no lease is utilized, and the youth/family is still interested in the unit, agency must document in the enrollee's file that there was a discussion with the youth/family about the risks involved with these issues. This documentation must be signed and dated by the youth and/or legal guardian. In addition, Phase III follow up must include advocacy and support in addressing these issues.

Agency may be eligible for Phase II payment if youth/family declines more than one property that meets all Assessment criteria.

**Service Documentation –** A Phase II Acquisition report must be completed in Synthesis at the completion of Phase II and shall include the following elements:

1. Address of rental unit.

2. Name, address and telephone number of the landlord.

3. Terms of the lease, including rent amount.

4. Date of lease signing and move in date.

5. Documentation of physical inspection of unit.

A description of how to enter the Phase II report in Synthesis "Entering Assessment/Progress Reports on Synthesis" is attached (*Attachment 2*). In addition to Synthesis report, all contacts with youth/family, landlord and collaterals are to be documented in the enrollee's file using the Housing Assistance Progress Report Log (*Attachment 1*).

E. **Phase III – Retention.**
Phase III consists of follow up, mediation and support to ensure a successful transition to new housing.

Follow up must occur for a minimum of ninety days from move in date and must include, at a minimum, weekly direct phone contact with youth/family, monthly home visit and monthly direct phone contact with landlord to identify any issues that may affect housing retention. All follow up contacts with youth/family, landlord and collaterals are to be documented in the enrollee's file, using the Housing Assistance Progress Report Log (*Attachment 1*)

**Service Documentation** – a Phase III Retention Report must be completed in Synthesis at the completion of Phase III and shall include the following elements:

1. A signed statement from the landlord verifying that the tenant is in good standing with his/her lease, has not violated any conditions of his/her lease and is not under any lease stipulations or eviction proceedings.

2. A description of how to enter the Phase III report "Entering Assessment/Progress Reports on Synthesis" is attached (*Attachment 2*).

3. In addition to the Synthesis report, all contacts with youth/family, landlord and collaterals are to be documented in the enrollee's file using the Housing Assistance Progress Report Log (*Attachment 1*).

F. **Credentials.**

1. **Agency.**
   During the application process, Agencies must show evidence of prior experience specific to the provision of this type of service. The Agency must have a written plan for the provision of the service to be submitted at the time of application, to include all materials used to verify housing quality.

2. **Direct Service Provider.**
   Provider must have a High School Diploma or G.E.D. and a minimum of 6 months of prior work experience in the field. Provider must have a familiarity with basic lease agreements and knowledge of community housing resources and local housing market.

## Attachments

1: Housing Assistance Progress Report Log

2: Entering Assessment / Progress Reports on Synthesis

## Approval Signatures

| Step Description | Approver | Date |
| --- | --- | --- |
| | Michael Lappen: BHD Administrator | 8/23/2022 |
| | Brian McBride: ExDir2 – Program Administrator | 8/23/2022 |
| | Dana James: Integrated Services Manager- Quality Assurance | 8/16/2022 |
| | Dana James: Integrated Services Manager- Quality Assurance | 8/16/2022 |

## WRAPAROUND MILWAUKEE PROVIDER NETWORK
## HOUSING ASSISTANCE PROGRESS REPORT LOG

> **Pre-signing or altering of logs is fraudulent and may be grounds for termination from the Network and any future contractual relationships with the County.**

For:_____
        Month/Year

Provider's Name/Agency: _____ Phone:_____

Name of Client Being Serviced:_____
*(If a sibling/parent/legal guardian of an identified enrollee indicate enrollees name):* _____

Legal Guardian Name: _____ Relationship: _____

Care Coord./ Care Coord. Agency:_____ Phone:_____

Need/Goal: 1) _____
        Strategy:_____

Need/Goal: 2) _____
        Strategy:_____

Need/Goal: 3) _____
        Strategy:_____

**Overall Monthly Outcomes** (circle one # in each row)   1= Poor Progress   3=Satisfactory Progress   5=Excellent Progress

| | | | | | |
|---|---|---|---|---|---|
| Need/Goal # 1 | 1 | 2 | 3 | 4 | 5 |
| Need/Goal # 2 | 1 | 2 | 3 | 4 | 5 |
| Need/Goal # 3 | 1 | 2 | 3 | 4 | 5 |

| DATE (i.e., 8/29/01) | TIME SEEN | **ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS**<br><br>**Type of Contact:** **FF = Face to Face     PH =Phone     W =Written     NS = No Show**<br>**MTG = Plan of Care/Child and Family Team Mtg./Other family related Mtg.**<br>Must have one note entry for every contact made |
|---|---|---|
| Date | Time: | Location of FF Contact/No Show:_____<br>Type of Contact: (circle one)   FF     PH     W     NS     MTG<br>Note References Need(s): (circle one or more)     #1     #2     #3<br>Describe interactions/communications/outcome/plan:<br><br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br><br>                                                    **OVER** |

| DATE (i.e., 8/29/01) | TIME SEEN | ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS |
|---|---|---|
| | | **Type of Contact:** **FF = Face to Face**   **PH =Phone**   **W =Written**   **NS = No Show** **MTG = Plan of Care/Child and Family Team Mtg./Other family related Mtg.** Must have one note entry for every contact made |
| Date | Time: | Location of FF Contact/No Show:_____ Type of Contact: (circle one)  FF    PH    W    NS    MTG Note References Need(s): (circle one or more)    #1    #2    #3 Describe interactions/communications/outcome/plan: |
| Date | Time: | Location of FF Contact/No Show:_____ Type of Contact: (circle one)  FF    PH    W    NS    MTG Note References Need(s): (circle one or more)    #1    #2    #3 Describe interactions/communications/outcome/plan: |
| Date | Time: | Location of FF Contact/No Show:_____ Type of Contact: (circle one)  FF    PH    W    NS    MTG Note References Need(s): (circle one or more)    #1    #2    #3 Describe interactions/communications/outcome/plan: |

_____        _____        _____
**Legal Guardian or Caregiver's**              **Provider's Signature**                  **Care Coordinator's Signature**
**Signature**

Date _____        Date _____        Date _____

Revised 9/13

# Entering Assessment / Progress Reports on Synthesis
**Updated:  8/16/2022**

## STEP 1:  Logging in to Synthesis

Using **Microsoft Edge,** go to the following site:  https://synthesis.milwaukee.gov/ *(Note:  this is a secure web site and requires http**s** in the web address).*  Enter your login information*:*
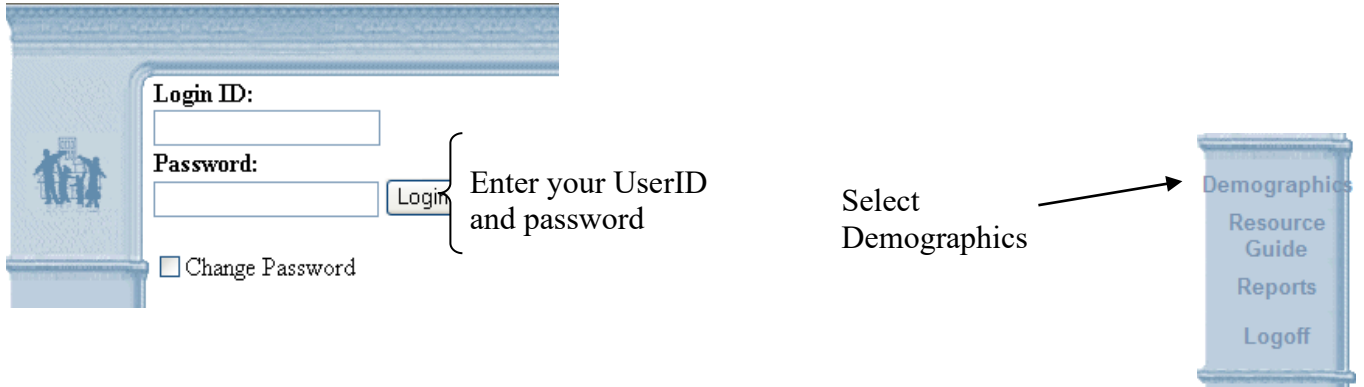


## STEP 2:   Searching for and opening the enrollee record

In the Search box – type in a portion of the youth's name (we entered the letter "g" only.  Then press the Search button.  All last names matching your search will appear:
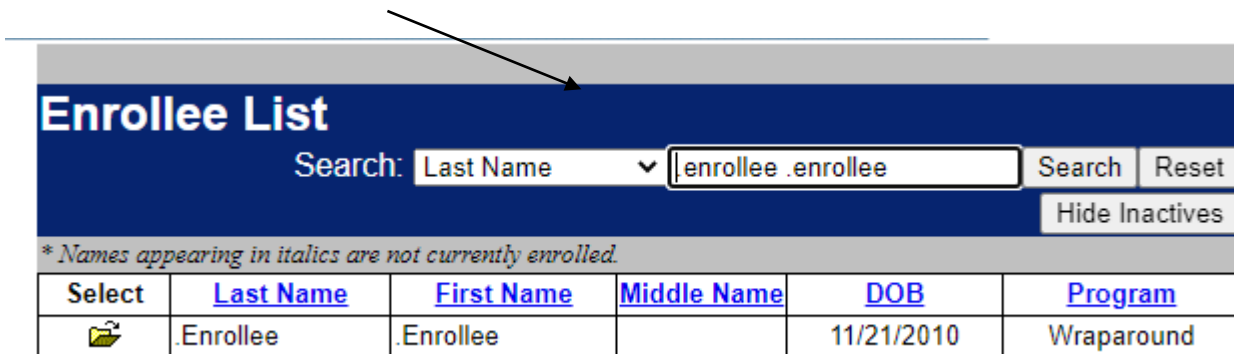


To go to a specific youth's record, click on the
icon next to the youth's name

You'll see this screen, which contains some basic demographic information about the youth:

## STEP 3:  Entering the Assessment / Report



Select the **Forms** tab

Depending on what type of provider you are, you will see specific Form options.  Select the Form type you wish to enter by clicking on the Form name.  *(We'll use OOH (Out of Home) Care Progress Report in this sample.  Each Form has different questions, but data entry steps for all Forms is identical.)*

After selecting OOH Care Progress Report, the following screen appears.  If there are any existing Forms of that type – you'll see them on this first screen.  To access existing Forms, simply click on the folder in the "Open" column.  You can also access the youth's current Crisis Plan and Plan of Care reports from this screen (directions for this are on Page 4).   To enter a new Progress Report, click on "New."



After entering the date of the form (generally, the date you are submitting it) and selecting the service month you are reporting on, simply enter your information in each of the boxes.  When you are done, click "Insert".



*Answer all questions, then press Insert.*

***NOTE:  There is a 20-minute time out in Synthesis.  Watch the clock in the upper left hand corner of the screen.  If you are getting close to the 20-minute mark – save your work by pressing the Insert or Update buttons.***

*Once you Insert the Form, new buttons will appear (see below)*

# STEP 5:  Approving/Submitting the Document

After you press the Insert button – you'll have new buttons.

Update allows you to make additions or edits to what you've typed.

Check Spelling brings up a Spell Check feature.  After using the Spell Check feature – you need to click on the Update tab to save any spelling corrections you made**.  Corrections you made in the spell check feature are not saved until you click on Update on this screen.**

Use Get Approval to 'finalize' the form and indicate that you have completed it.  Every Form entry needs to be Approved.  Synthesis Approval is essentially your 'sign off' on the document.  **Payment will be released only after Reports have been Approved.**

Use Print Form to print your Progress Report for your files.


# To print the youth's most current Crisis Plan or Plan of Care:

***NOTE – The Crisis Plan and Plan of Care (POC) that you have access to is the most recent, **approved** document that exists in Synthesis.  If the care coordinator is working on a new POC or Crisis Plan, you will not able to access that document on Synthesis until it has been approved by the Supervisor and/or Wraparound.  If you need a copy of an 'in process' POC or Crisis Plan, contact the care coordinator.***

After you select the Form name on the main screen – instead of selecting "New," select which document you wish to print:



Select
Print POC or Print
Crisis Plan
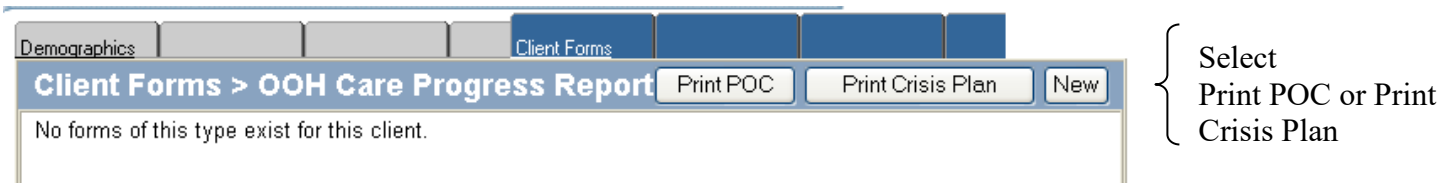
After a few seconds, a print preview of the youth's Crisis Plan or POC will appear.  Simply select the Print option    to send the document to your printer.

# To check on the expiration date of each child's authorization
## (Out-of-Home Providers Only)

All Progress Reports users have access to Vendor reports in Synthesis.  To see when the prior authorization for each youth expires, you run one of two reports:

    Foster Care Providers – "Foster Care Authorizations"
    Group Home / RCCCY / Independent Living Providers – "Out of Home Expiration Dates"

*To run these reports, select the ReportsNew table of content area. Select "Vendor" as your report group.*
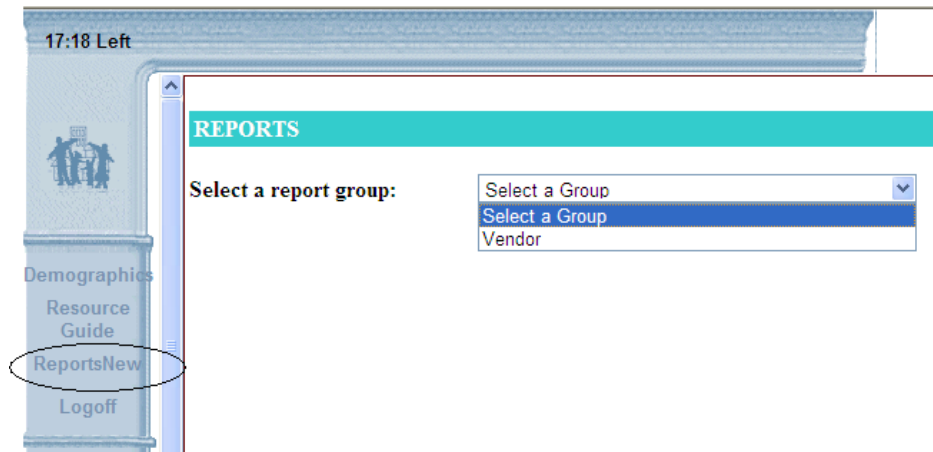


*Press "View Report"*

**Select a report group:**     Vendor

**Selected Report:**     **Foster Care Authorizations**
Report by foster care agency of current foster care placements.  Includes the authorization end date for each youth.

Please enter/select the search criteria and then use 'View Report' button to view the report.

View Report

Here's your report:

## Foster Care Authorizations
### Wraparound Care Coordination

| Youth | Care Coordinator / Agency | Auth Exp Date |
|---|---|---|
| Enrollee, Sample | Assigned , To Be - Pending | 12/31/11 |

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