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Redeveloping Homeless History and Chronicity Documentation: A Study for Heartland Family Service

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Redeveloping Homeless History and Chronicity Documentation: A Study for Heartland

Family Service

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Abstract

In recent months, the Permanent Supportive Housing (PSH) program at Heartland Family Service (HFS) has seen substantial delays during their intake process, specifically when it comes to verifying a client's HUD-required homeless history. This has led to an increase in program vacancies, fewer clients served, and an underutilization of the program's budget, which could also induce more permanent defunding in the future. While the agency is working to address this problem by retraining all of their case managers on how to collect homeless histories, this project seeks to instead identify and address the problem through the case managers' perspective. Through a survey of Heartland's housing case managers (n=20), it was determined that the biggest barrier to completing accurate homeless histories was not a lack of understanding from the case managers but a result of the process for acquiring the histories, as well as the clients' lack of memory regarding their own whereabouts. As a result, this project proposes three alternative ways to address this problem- include the use of a visual aid in the collection process, recommunicate current policy and establish new standards for preparing information beforehand, and move the collection of homeless histories from intake to another meeting for programs that do not require it for eligibility purposes.

Introduction

On any given night, roughly 580,466 people experience homelessness within the United States (U.S. Department of Housing and Urban Development [HUD], 2021). However, given the fluidity of homelessness, this number barely captures the scope of the problem. According to research by Murphy and Tobin (2011) and many others, throughout an entire year, millions of men, women and children enter and exit homelessness for various periods of time and spend one or more nights sleeping in their cars, motels, at shelter, in abandoned buildings, or in makeshift encampments outside (National Center for Homeless Education [NCHE], 2021; Morton, et al., 2017).

While the homeless population has become increasingly heterogeneous in recent years, research shows that certain individuals are more likely to experience chronic homelessness than others, such as those with mental illness or substance abuse disorders, those who have been in foster care, those living in poverty, and those who are military veterans (Aubry, et al., 2021; Nooe & Patterson, 2010; Lowe & Gibson, 2011). Additionally, those who experience homelessness are also more likely to become incarcerated or experience chronic pain and health problems, which increases their overall interactions with hospital emergency rooms, detox programs, jails, and psychiatric institutions (Bashir, et al., 2021; United States Interagency Council on Homelessness [USICH], n.d.).

This can create quite a toll on communities, as healthcare and law enforcement resources become less available for other problems within the community, and taxpayers foot the bill of roughly $30,000 to $50,000 per chronically homeless individual, per year (USICH, n.d). However, research shows that these costs can be significantly decreased through the implementation of "Housing First" programs which do not require clients to quit the use of

substances or be enrolled in other programming before receiving housing assistance, and for this reason, the federal government has taken it upon themselves to partner with communities across the country to identify and address the needs of those experiencing homelessness (Aubry et al., 2015; Ly & Latimer, 2015).

HUD and the CoC

Through grants sponsored by the Department of Housing and Urban Development (HUD), organizations all across the country receive funding to implement "Housing First" programs in their communities. However, these programs must adhere to strict guidelines established by HUD regarding the definition of homelessness in order to determine who receives assistance. According to HUD, there are four federally defined categories under which individuals and families might qualify as homeless: literally homeless, at imminent risk of homelessness, homeless under other federal statutes (such as unaccompanied youth who have never had a residence in their name) and fleeing or attempting to flee from domestic violence (U.S. Department of Housing and Urban Development [HUD], n.d.). As it relates to service providers, HUD elaborates further upon these categories and gives specific numbers and verbiage for how these categories should be interpreted. For instance, for individuals to be considered "literally homeless," they must be residing in a place not meant for human habitation, at an emergency shelter, transitional housing, or just exiting an institution where they temporarily resided after living in an emergency shelter or place not meant for human habitation (HUD, n.d.). Those who are at "imminent risk of homelessness" according to HUD are foreseen to lose their residence within 14 days after their request for help. With these definitions, HUD identifies a very clear, narrow, and prioritized group of people to receive their services, which helps them to delegate their resources more efficiently and effectively throughout the country.

Across the country, multiple organizations work diligently to address the issue of homelessness through innovative and evidence-based programs. Many of these programs are privately or locally sponsored, but most are supported through HUD, and are members of federally established continuums of care (CoCs) for the homeless. These CoCs are located strategically throughout the United States and designed to be a local planning body to streamline resources and programming for the homeless in those areas (National Alliance to End Homelessness, 2010). In the greater Omaha area, the local CoC is called MACCH- the Metropolitan Area Continuum of Care for the Homeless- which allows for agencies such as Heartland Family Service, Community Alliance, Together Inc., and the Salvation Army to coordinate housing and homeless services, as well as receive necessary resources from HUD. For the sake of this project, an emphasis will be placed on the housing services provided through Heartland Family Service, and one HUD-funded program in particular, PSH.

The Problem with Heartland's HUD-funded Housing Program

Established in Omaha in 1875, Heartland Family Service is one of the longest-standing and most diversified nonprofits in the city. With their three areas of focus being on child and family wellbeing; counseling and prevention; and housing, safety, and financial stability; Heartland offers programs that range anywhere from parenting classes, to psychiatric rehab, to domestic violence shelters. Now, through their partnership with the CoC, Heartland also offers an extensive array of housing-specific programs such as Street Outreach, Prevention, Diversion, Rapid Rehousing (RRH), and Permanent Supportive Housing (PSH). Each of these programs follows a housing first model, and is funded through both private sources and HUD, except for PSH, which is completely HUD-funded and provides the longest and highest-barrier services using the housing first model.

Dependent on their income, clients of Heartland's PSH program receive full or partial rent payments for life- granted they follow their program agreement- and are paired with a case manager to work through their goals, such as finding a job, receiving transportation, or attending therapy. Currently, Heartland Family Service has the largest PSH program in the greater Omaha area, with approximately 106 spots available for clients in need, and the capacity to serve up to 116 clients with their allotted budget (N. Shady, personal communication, February 2, 2022). This is quite an accomplishment on the part of Heartland, as their program was recognized by HUD as one of the most efficient and HUD-compliant PSH programs in the city through this delegation of resources. Now, however, Heartland's PSH faces a problem. Within the last few months, they have experienced substantial delays in their intake process due to incomplete referrals, and because of this, have continuously maintained about 10-11 vacancies in their program because of the time it takes to receive, find, and meet replacement referrals (N. Shady, personal communication, February 2, 2022). This is not good, as, according to Nicole Shady, program coordinator for PSH at Heartland, these vacancies could indicate to HUD that their program is not able to effectively use their funding, and thus may motivate a redistribution of funds to other PSH programs in the Omaha area. So why so many vacancies? In an interview with Shady, it was reported that the delay actually came from incomplete referrals, or more specifically, incomplete documentation of referrals' HUD-required homeless history, which is used to distinguish "chronic" candidates from those experiencing a temporary stint of homelessness (N. Shady, personal communication, February 2, 2022).

According to HUD guidelines, for an individual to qualify for PSH programs, they must be "chronically" homeless, or, as defined by HUD, someone:

With a disability who lives in a place not meant for human habitation, a safe haven, or in

an emergency shelter, and has been homeless and living as described for at least 12

months or on at least four separate occasions in the last three years, as long as the

combined occasions equal at least 12 months in each break and homelessness separating

the occasions included at least seven consecutive nights of not living as described (U.S.

Department of Housing and Urban Development, 2022)

Once an applicant is deemed "chronic," they are then qualified to receive assistance through PSH

and prioritized on the CoC's housing referral cue. However, within the past few months, many of

the referrals given to Heartland have not had proper documentation to indicate chronicity at

intake, and thus, the program has turned away many referrals, resulting in continuous vacancies.

Due to the fact that PSH is the recipient of these incomplete referrals, it is obvious that

this problem does not stem from PSH, but rather, from case managers in lower-barrier programs

who have neglected to complete these homeless histories at every stage of a client's journey to

PSH. As a solution, Shady (2021) recommends that all Heartland case managers attend a training

on how to document homeless chronicity, citing exceptions made during the 2020 pandemic as

reason for why most case managers do not currently complete them well or at all (N. Shady,

personal communication, February 2, 2022). However, because this issue occurs on the case

management-level, this project instead asks the questions, "What do case managers think about

the process for collecting homeless histories?", "What keeps case managers from properly

documenting homeless histories?" and "How would case managers improve the collection

process?" To answer these questions, this study conducted a survey of current housing case

managers at Heartland Family Service, and proposed several solutions based off of case manager

feedback. It was predicted prior to conducting research that most case managers would recognize

homeless history collection as a problem, and identify client memory, current organizational policy, and document formatting as barriers to successful completion of the histories. As a solution, it was also predicted that case managers would call for uniform policy in regard to collecting homeless histories, as well as the reformatting of the current document in order to prompt memory and increase efficiency throughout the collection process.

Method

Participants

This study was conducted among 20 case managers within the housing department at Heartland Family Service. Each case manager voluntarily participated in this study after a verbal or written solicitation to contribute from the researcher. A total of six out of seven housing departments were represented in this sample- PSH, Connections (RRH), Opportunities (RRH), Street Outreach, Navigation, and Passages. On average, case managers had worked in their position for 22.9 months, or almost two years, with the lowest tenure being 3 months and the highest being two and a half years. Apart from department name and time worked in current position, no other differentiating or demographic information was collected from participants in order to give them more freedom and anonymity to express their unrestrained feedback.

Design

An online survey (Microsoft forms) was created to capture feedback from case managers regarding the homeless history collection process. This survey consisted of 18 questions, and varied in terms of multiple choice, scalar, and fill-in-the-blank formatting. Of these 18 questions, two of them- "Would you be willing to use Clarity to fill out a client's homeless history before meeting with them?" and "Would you be willing to use Clarity to fill out a client's homeless history

after meeting with them?" were asked conditionally, so might not have been presented to every case manager. See Appendix A for the full list of questions.

Once each question was developed and transferred to the Microsoft Forms queue, a link to the survey was sent to consenting case managers via their work email. This email also conveyed that participant responses were entirely confidential and would not be shared with supervisors to critique individual work. Participants were given 10 days to complete the survey, from February 15 to February 25, 2022. On February 26th, all survey feedback was transferred into an Excel spreadsheet where it was coded by the researcher and analyzed to form conclusive results.

Results

The data in this survey was collected from 20 case managers at Heartland Family Service. Of these 20, there were six PSH case managers, four from Connections RRH, one from Opportunities RRH, two from Street Outreach/Path, six from Navigation, and one from Passages RRH. On average, the case managers reported spending a total of 28.4 minutes on every homeless history collected, with the lowest time spent being five minutes, and the longest time spent being 120 minutes. Due to the significant difference between these outliers, Table 1 instead breaks down time spent on homeless history collection by department and reveals that PSH spends the most time collecting homeless histories of all departments (47 minutes), whereas Passages spends the least amount of time (15 minutes). When asked what the maximum amount of time spent collecting homeless histories should be, PSH had the largest difference between actual and maximum time than any other department (approximately -18.67 minutes). In fact, Connections, Navigation, and Opportunities all thought that, on average, a greater maximum amount of time should be spent on collecting homeless histories than what they currently spend.

Table 1

Average Actual and Ideal Time per Homeless History

	Actual Time Per Homeless History (min)	Ideal Max Time per Homeless History (min)
Connections	27.5	30.0
Navigation	18.3	26.7
Opportunities RRH	20.0	30.0
Outreach/Path	25.0	10.5
Passages	15.0	15.0
Solutions- PSH	47.0	28.3
Overall Average	28.4	25.6

Where it concerns case manager habits during the collection process, 50% of case managers reported never ending a meeting before collecting a full 3-year homeless history, 15% reported rarely ending before completing a full history, 20% sometimes ended before finishing, and 15% frequently ended before completing a full 3-year homeless history. Additionally, as part of the preparation and completion process, 45% of case managers reported always using Clarity (a database containing some client history) before and after an intake to help fill in unknown data, and 40% of case managers used it occasionally. However, out of all case managers, only one from Connections RRH had never used Clarity either before or after collecting a 3-year homeless history and was not willing to do so.

Where it concerned case manager understanding of department policy, only two case managers, one from Opportunities RRH and the other from Outreach/Path, reported that their departments did not require the collection a 3-year homeless history at intake. Additionally, one case manager in Connections RRH said that their department did require a 3-year homeless history, but not at intake. All other case managers (85%) agreed that collection was required for their department, and all except for the previously dissenting Outreach/Path and Connections RRH workers said they always collected at least one 3-year homeless history from each of their clients whether it was required or not.

In this survey, questions were also asked to acquire the opinions and suggestions of case managers. For instance, 90% of case managers reported feeling average or above average confidence in completing a 3-year homeless history, but 38.8% of those accounted for all of the case managers who reported ending their meetings "frequently" or "sometimes" before collecting the full 3-year history. This is indicated in Table 2 below, which compares case manager confidence in completing a 3-year homeless history to the frequency in which they ended meetings early- before gathering all three years' worth of information. Additionally, 40% of case managers reported feeling frustrated with the process on an average day, and 25% experienced frustration with the process more often than not.

Table 2:

Confidence and Likelihood of Ending a Meeting Before Collecting 3 Years

Level of Confidence	How Often Meetings End Without the Full 3 Years Gathered				
	Never	Rarely	Sometimes	Frequently	Total
Not Confident at All	1				1
Low Confidence	1				1
Average Confidence	3	1		2	6
Highly Confident	2	1	4		7
Extremely Confident	3	1		1	5
Total	10	3	4	3	20

When asked what they liked about the collection process or document, 45% of case managers liked how specific the form was, 25% appreciated the amount of space provided, 30% thought the form was simple and easy to use, 15% did not like anything, and 20% mentioned they liked other things about the form or process such as the paper or online versions or the self-certification option. On the other hand, when asked what they disliked about the collection process or form, 20% of respondents said they disliked using the technology, 20% disliked a

feature required by HUD, 10% found difficulties in collecting exact information, 35% said there was nothing they disliked, and 20% disliked other things such as length, space, and complexity. When asked overall what they thought the biggest barrier to efficiently completing a homeless history was, 95% of case managers said client memory, 5% said the software, 20% said the amount of time it takes, 15% identified the barrier as client trauma, and 20% mentioned something else such as "all of the above" or a client's mental health. It should be noted, however, that some case managers had multiple responses to this question, which is why the percent total does not equal 100%.

Lastly, when asked for their opinions about how to improve the process for collecting homeless histories, case managers were more diversified in their qualitative answers. One case manager in particular echoed the opinions of almost all others when they wrote:

> I would require this document to be filled out after some time has passed and some rapport has been built between myself and the client. I would also require employees to fill out what they know from Clarity beforehand and provide a calendar during the process. It is difficult for my clients to remember where they were at during the last three years, and I think that having a visual representation of the months would help them remember where they were.

This quote highlighted many of the suggestions made by all of the case managers, as 25% of respondents suggested collecting homeless histories at a time outside of intake, 30% suggested that pre-meeting research (by either the client or the case manager) be required, and another 25% suggested the use of a visual memory aid during the process. Apart from these three categories, suggestions were also made to "change the way dates are entered into MyEvolv," "[have] this chart on an Excel spreadsheet…that does the work of calculating homelessness," or, ideally,

have HUD change the definition of "break" in homelessness to 14 instead of 7 days. Overall, if case managers had the opportunity to change the intake process as a whole, 45% responded that they would condense the paperwork to reduce redundancy and time spent, increase client engagement, and sensitivity towards clients' experienced trauma.

Discussion

The motivating questions for this study were "What do case managers think about the process for collecting homeless histories?", "What keeps case managers from properly documenting homeless histories?" and "How would case managers improve the collection process?" As exemplified in the data, a majority of case managers feel confident in completing a 3-year homeless history. However, as expected with the current delays in PSH intakes, it takes nearly twice the amount of time for a PSH worker to complete a homeless history than any other department. This may support the idea that other departments do not properly complete their homeless histories, and thus, PSH workers must work harder to find this information down the road. However, this may also be due to the types of clients served in each department, as the Passages program only serves clients under the age of 24, and these clients are more likely to have shorter homeless histories and attention spans than older clients.

When asked what they liked about the current process and document for collecting homeless histories, 95% of case managers were able to come up with an answer. This was surprising when 35% of case managers also reported disliking nothing about the collection process or document and pushed back on the initial prediction that "most case managers would recognize homeless history collection as a problem." However, it was predicated correctly that case managers would view client memory as the biggest barrier to collecting homeless history, as this was the opinion of 95% of respondents. Nevertheless, when asked directly, there was less

evidence to confirm the hypothesis that case managers thought organizational policy and document formatting were also barriers to successful completion of homeless histories, as only 5% identified technology as something they disliked, and none mentioned Heartland policy- only HUD policy. Instead, case managers identified these issues indirectly, within their recommendations on how to improve the process.

When asked how they would improve the homeless history collection process, case managers had differing ideas. Thirty percent suggested looking for information beforehand or giving the clients time before the meeting to think about the questions, and 50% of that time, they thought it should be required to do so. This is only minimally consistent with the initial hypothesis that case managers would call for uniform policies- most likely because almost all of the case managers already use Clarity either before or after a meeting… just not every time. That said, although a majority of case managers did not suggest the establishment of a policy to consult Clarity before collecting a homeless history, this suggestion should not be overlooked as a potential solution. Additionally, only 25% of case managers suggested the incorporation of a visual aid into the collection process and none recommended a direct change in document formatting as predicted in the initial hypothesis. Instead, a majority mentioned that they liked some part of the current document's format, whether that be the specificity, simplicity, or space given to write. Therefore, the initial assumption that case managers would call for the reformatting of the document to prompt memory and increase efficiency throughout the collection process was only partially correct.

Limitations

As with most research projects, this study encountered some limitations. First, because a disproportionate amount of case managers from each program were sampled, this study was

limited in its ability to distinguish between individual versus program-specific problems, as well as unable to completely determine the contribution of one program's habits to the larger issue with PSH. Indeed, in order to identify problems with a program's homeless history collection process, more responses per department are needed to confirm overall trends. Program-specific factors such as turnover and training procedures should also be considered in order to determine the impact of the collection-exemption period during the COVID-19 pandemic, as well as to investigate whether those training others on the collection process are also relatively new to the program and have less understanding of the history's importance and how it should be documented. Additionally, this project also encountered limitations in regard to question biases, such as with the question, "On a scale of 1-5, how often do you feel frustrated when you collect a client's 3-year homeless history?" This question presents a negativity bias, which assumes the case manager's frustration, rather than allowing them to express their predominant feelings towards the process. Instead, it would have been better to make the question multiple choice and have case managers choose their top feelings towards the subject or have them list three adjectives that describe their feelings and code the adjectives in terms of positive or negative verbiage. Finally, this project also incurred limitations due to the data being self-reported, as even though it was noted that answers would not be shared with supervisors for individual critique, case managers may have still held back their honest answers out of fear of getting in trouble. Along the same lines, because this information was self-reported via an online survey, case managers may also have lacked the interest or motivation to fully answer each question. For example, some respondents opted out of the fill-in-the blank questions and only answered multiple choice, and the average time case managers spent on the survey varied from 3 to 22 minutes.

Conclusion

In conclusion, this study found that overall, housing case managers are generally confident in their ability to collect 3-year homeless histories, and most always collect a 3-year history for each client they serve, whether or not it is required for their department. This study also found that a majority of case managers use Clarity to collect a client's history before or after meeting with the client, and even those who do not already use Clarity would be willing to if necessary. In regard to case manager preferences, almost all were able to find something they liked about the collection process or documentation, such as having space to write, its simplicity, step-by-step format, or having it in a paper version. Case managers did not like using the MyEvolv software to complete the document, having to collect HUD-required materials, the length and repetition of the process, or the general layout of the document, although quite a few could not find anything they disliked. Instead, case managers overwhelmingly identified the biggest barriers to effectively completing the homeless history as client memory, with inappropriate timing as a second reason, and made suggestions to improve the process by completing the homeless history at a time outside of intake (which is only feasible for departments other than PSH), through the use of visual aids, or by doing work ahead of the client meeting. In these ways, the original hypothesis was directly confirmed in regard to the barrier of client memory but was not correct in identifying organizational policy or document formatting as suggested solutions.

Recommendations

In light of the feedback given by case managers, this study proposes three recommendations to help increase the success of PSH intakes. First, in conjunction with case managers' suggestions, it is recommended that Heartland reformat the current collection

document to include a visual aid or calendar to help prompt client memory and make it easier for case managers to find "breaks" in homelessness. This new aid would be filled in ahead of time with information already verified by the case manager and given directly to the client to follow along with and complete by themselves. This form would also help to address one case manager's concern of "fudging a lot information because MyEvolv wants exact dates," by allowing for an easier collection of exact dates. Appendices B and C illustrate the differences between the current document and these recommended additions. Secondly, it is recommended that Heartland recommunicate their policy that all case managers must complete at least one 3-year homeless history per client, as well as establish the standard that everyone must use Clarity to prepare known material before meeting with a client. Finally, it is recommended that, for departments that do not require a homeless history for funding purposes (all except PSH), the homeless history be removed from the initial intake process and conducted at a later date in order to provide ample time for the collection of the necessary materials and to allow the case manager time to build trust and trauma-informed rapport with clients.

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Appendix A: Survey Questions

1. What housing department do you work in?

2. How long have you worked in your current position? Please answer in months (ex: 15 months)

3. Does your department require that you complete a 3-year homeless history at intake?

4. On a scale of 1-5, how confident do you feel completing a 3-year homeless history chart?

5. On a scale of 1-5, how often do you feel frustrated when you collect a client's 3-year homeless history?

6. I collect at least one 3-year homeless history for every client on my caseload, regardless of whether or not it is required.

7. On average, how long does it take you to complete a client's 3-year homeless history during intake? Please answer in minutes (ex: 45).

8. What is the maximum amount of time you think it should take to complete a 3-year homeless history during intake? Please answer in minutes (ex: 25)

9. How often do you end an intake without completing the entire 3 years of homeless history with the client?

10. How often do you use Clarity to fill in what you know of a client's homeless history before meeting with them?

11. If never branch: Would you be willing to use Clarity to fill out a client's homeless history before meeting with them?

12. How often do you use Clarity after an intake to fill in missing dates on a homeless history chart?

13. If never branch: Would you be willing to use Clarity after an intake to fill in missing dates on a homeless history chart?

14. What do you like about the current homeless history collection process and document (pictured)? Please be specific

15. What do you dislike about the current homeless history collection process and document? Please be specific.

16. What do you think is the biggest barrier to efficiently completing a homeless history? (Ex: amount of time it takes, client memory, the format of the document is confusing, etc)

17. How would you improve the process for collecting homeless histories during intake?

18. If you could change something about the intake process as a whole (not necessarily just the collection of homeless histories), what would you change?

Appendix B: Current Homeless Chronicity Collection Sheet

Homeless History Chart

Use the chart below to summarize the client's homeless history for the last three years. Start with the most recent living situation, then work backwards. Afterwards, identify which living situations count as homeless and identify the length of time and number of episodes.

Start Date	End Date	Whereabouts (Description)	Documentation (Check all that apply)	Literally Homeless?	If Homeless, Number of Months	Episode Number / Break
			__ HMIS Record __ Service Provider __ Self-Certification __ Not Obtained	Yes / No		
			__ HMIS Record __ Service Provider __ Self-Certification __ Not Obtained	Yes / No		
			__ HMIS Record __ Service Provider __ Self-Certification __ Not Obtained	Yes / No		
			__ HMIS Record __ Service Provider __ Self-Certification __ Not Obtained	Yes / No		
			__ HMIS Record __ Service Provider __ Self-Certification __ Not Obtained	Yes / No		

Appendix C: Proposed Homeless Chronicity Collection Sheet

JANUARY 2019

SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15 Birthday	16	17	18	19
20	21 New Visions (HMIS) →→→	22	23	24	25	26
27	28	29	30	31		

FEBRUARY 2019

SUN	MON	TUES	WED	THURS	FRI	SAT
					1	2
3 ODM (Provider) →→→	4	5	6	7	8	9
10	11	12	13	14 Valentine's	15	16
17	18	19	20	21	22	23
24	25	26	27	28		

MARCH 2019

SUN	MON	TUES	WED	THURS	FRI	SAT
					1	2
3	4	5	6	7	8	9
10	11	12 Self Cert →→→	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

APRIL 2019

SUN	MON	TUES	WED	THURS	FRI	SAT
	1 Street Outreach (HMIS) →→→	2 Baylis Park	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21 Easter	22	23	24	25	26	27
28	29	30				

-Shelter (Name, Location)
-Prison (Name, city, State)
-Treatment Facility (Name)

-Friend/Family (Name)
-Supported Housing (agency)
-Congregate Living (Name)

-Street/Outside
-Own Home
-Other: