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THE IMPORTANCE OF TRACKING HOUSING STATUS IN UDS

Introduction
Federally funded health centers and health center “look-alikes” (collectively health centers) report on all sorts of data about patients and performance, including housing and homeless status. In fact, as part of the 2019 Uniform Data System (UDS) Data Standard Updates, Health Resources and Services Administration (HRSA) introduced for the first time a requirement that certain health centers track those patients who report living in permanent supportive housing (Table 4, Line 21a). The addition of these new data elements is an encouraging development and signals the importance of tracking the health outcomes of this population accurately and completely to best support and meet the needs of persons experiencing and formerly experiencing homelessness.

What is the Uniform Data System?
UDS is “a standard data set that is reported annually and provides consistent information about health centers and look-alikes.” All federally funded health centers are required to submit data annually into UDS. Data collected include patient services, health outcomes, and demographics, as well as organizational capacity and performance information.

UDS allows for observing trends over time, as well as comparing groups of health centers with similar service offerings, geographic location, and patient characteristics. At the systems-level, HRSA and technical assistance providers use UDS data to evaluate performance metrics for health centers on an individual and collective basis, make strategic decisions on the focuses of funding and technical assistance, and inform the general public about HRSA and health center activities.
Housing and Homeless Status in UDS

Why track Housing Status?
Housing status and health outcomes are linked. Often, improvement in one area contributes to the stability in the other. Nationally recognized and evidence-based best practices such as Housing First and Harm Reduction are grounded in this notion.

Knowing and understanding the living situation, service needs, and environmental conditions of a patient will help health centers provide the best care to meet their needs. The services of other health, housing, and homeless service providers are enhanced by not only tracking housing and homeless status, but also by sharing those statuses securely with other organizations.

Where in UDS is Housing Status?
UDS offers rich and quite detailed insight into the important operations of health centers. Among the data elements collected are persons who experienced homelessness at the time of service and their current living situation.

Figure 1 shows UDS table 4, lines 17 through 23 that collect data on homelessness and living situation. While only health centers serving patients experiencing homelessness through an
an award under section 330(h) of the Public Health Service Act must report on living situations for UDS purposes, all health centers should consider it best practice to collect and track the housing status and living situations of patients experiencing homelessness for internal reporting and inter-health center cooperation.

It is critical that health centers, clinicians, and staff are all aware of the nuances and impacts of these different housing statuses and how patients individually experience homelessness. Housing and homelessness are primary social determinates of health (SDOH) and impact patients’ health in different ways. A brief description of each living situation listed in Figure 1 can be found on pages 41-42 of the 2020 UDS Manual, as well as in the table below. While helpful definitions, they are not intended to fully describe the situations and eligibility requirements necessary to participate in these programs, service offerings, specific time limitations, and permanent housing availability. Health centers should familiarize themselves with these nuances. Several resources from the U.S. Department of Housing and Urban Development (HUD) may serve as refreshers or introductions; a brief related to housing first and permanent supportive housing (PSH) is of particular importance.

**Asking the Right Questions**

To best serve patients experiencing homelessness or living in a supportive housing environment (who have likely formerly experienced homelessness), health centers must ask the right questions. To start, review the intake and assessment forms: do they ask about experiences of homelessness? Do they ask about living situation? Do the responses include all of the situations listed in Figure 1? Some assessments may not be detailed enough to be able to elicit the nuances of the different categories in UDS.

For patients experiencing homelessness, it is especially important to understand and document the length and number of experiences of homelessness, as well as the disabling conditions. Documentation from a health center could prove instrumental in securing permanent supportive housing through the local Coordinated Entry System (CES). Health center and acute care provider partnerships with local homeless service providers and Continuums of Care (the local organizing bodies of homeless services), facilitated by secure data sharing and collection, strengthen both the housing and health systems, enhance patient services, and achieve better and more durable health and housing outcomes. A HRSA-funded webinar explored this topic in depth and included perspectives from health centers on homeless and housing services and how their participation has created opportunities to better serve patients in supportive housing and experiencing homelessness.
# UDS Living Situations and HUD CoC Equivalents

The table on this page connects UDS living situation (from Table 4) to the HUD Continuum of Care (from the Homeless Management Information System Data Standards). The UDS Data Manual description is provided for ease of reference. This table illustrates the similarities in data collection across systems and may assist both health care and homeless service providers understand each other's reporting processes and vocabulary.

<table>
<thead>
<tr>
<th>LIVING SITUATION</th>
<th>HUD COC EQUIVALENTS</th>
<th>UDS DATA MANUAL DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOMELESS SHELTER</td>
<td>Emergency Shelter; Safe Haven; Hotel voucher paid for through public funding</td>
<td>An organized shelter for persons experiencing homelessness. Shelters that generally provide meals and a place to sleep are regarded as temporary and often limit the number of days or the hours of the day that a resident may stay at the shelter.</td>
</tr>
<tr>
<td>TRANSITIONAL HOUSING</td>
<td>Transitional Housing</td>
<td>Transitional housing units are generally small units (six people are common) where people transition from a shelter and are provided extended, but temporary, housing stays (generally between six months and two years) in a service-rich environment. Transitional housing provides a greater level of independence than traditional shelters and may require the resident to pay some or all of the rent, participate in the maintenance of the facility, and/or cook their own meals. Count only those persons who are transitioning from a homeless environment; do not include those who are transitioning from jail or those residing in or transitioning from an institutional treatment program, the military, schools, or other institutions.</td>
</tr>
<tr>
<td>DOUBLED UP</td>
<td>Depending on situation, person may be considered literally homeless or at risk of homelessness</td>
<td>Count patients who are living with others—the arrangement is generally considered to be temporary and unstable, though a patient may live in a succession of such arrangements over a protracted period. Do not count the person who invites a person experiencing homelessness to stay in their home for the night.</td>
</tr>
<tr>
<td>STREET</td>
<td>Place not meant for human habitation</td>
<td>Include in this category patients who are living outdoors, in a vehicle, in an encampment, in makeshift housing/shelter, or in other places generally not deemed safe or fit for human occupancy.</td>
</tr>
<tr>
<td>PERMANENT SUPPORTIVE HOUSING</td>
<td>Permanent Supportive Housing; Permanent Housing (other than RRH) for formerly homeless persons</td>
<td>Report patients who are in permanent supportive housing in this category. Permanent supportive housing usually is in service-rich environments, does not have time limits, and may be restricted to people with some type of disabling condition.</td>
</tr>
<tr>
<td>OTHER</td>
<td>Rapid Re-Housing programs; Prevention programs; Hotel not paid for through public funding; Other</td>
<td>Report patients who were housed when first seen during the year but who were still eligible for the program because they previously experienced homelessness. NCH-funded programs may continue to serve patients who no longer experience homelessness due to becoming residents of permanent housing for 12 months after their last visit as homeless. Include them in this category. Also include patients who reside in single-room-occupancy (SRO) hotels or motels and patients who reside in other day-to-day paid housing or other housing programs that are targeted to homeless populations.</td>
</tr>
<tr>
<td>UNKNOWN</td>
<td>Client doesn’t know; Client refused; Data not collected</td>
<td>Report patients known to be experiencing homelessness whose housing arrangements are unknown.</td>
</tr>
</tbody>
</table>
This report was prepared by the Corporation for Supportive Housing (CSH). For questions, contact us at fedta@csh.org or visit www.csh.org/hrsa