Homeless Alliance for the Lower Shore Continuum of Care (CoC) Policy				
Policy: Prioritiz	zing Chronically and Vulnerable ons in PSH	Effective:		Revised:
Approved by:	Name: Office		Date:	9-9-16

I. Purpose: Effective July 1, 2016, the HALS CoC voted to adopted the provisions of CPD-14-012 to meet the goal of ensuring that homeless individuals and families who have spent the longest time in places not meant for human habitation and in emergency shelters and who have the most severe needs within HALS Continuum of Care are prioritized for permanent supportive housing (PSH). While writing this policy, HUD released CPD-16-11, therefore, that notice was used in preparing this policy to ensure that the HALS CoC met all current HUD requirements.

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If there are no persons within the HALS CoC that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Policy. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within HALS CoC at that time.

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. These projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the grant agreement.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

The definition of chronically homeless included in the final rule on "Defining Chronically Homeless", 2016, requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years. Please note that the HALS CoC does not have a safe haven.

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness.

- 1. CoC Program-funded PSH projects that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.
- 2. Where there are no chronically homeless individuals and families within the HALS CoC, CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Policy.
- 3. CoC Program funded PSH project should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Policy to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within HALS CoC, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
- 4. CoC Program funded PSH projects must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. As some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing, PSH projects are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. PSH projects are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. HALS CoC PSH projects will follow the order of priority for non-dedicated and non-

prioritized PSH beds below as long as it is consistent with their current grant agreements.

(a) First Priority-Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority-Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation or Emergency Shelter without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority-Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation or an emergency shelter prior to entry in the transitional housing.

2. CoC Program-funded PSH projects should follow the order of priority above, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Policy to the extent in which youth meet the stated criteria.

3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Policy. PSH projects are encouraged to follow a Housing First approach to the maximum extent practicable.

IV. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Entry Requirement

CoC Funded PSH Projects must participate in the HALS CoC Coordinated Assessment System.

B. HALS CoC has established a Single Prioritized List for PSH projects.

A major component of Coordinated Assessment is that all CoC Program-funded PSH projects must accept referrals only through a single prioritized list which is maintained by the CoC lead. The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.

C. Standardized Assessment Tool Requirement

CoC Funded PSH projects must use the CoC Funded PSH Program form which includes a standardized assessment tool (see attached forms).

D. Nondiscrimination Requirements

PSH projects must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable. See 24 C.F.R. § 5.105(a).

V. Recordkeeping Recommendations for HALS CoC in adopting the orders of priority

The HALS CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

- **A. Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the CoC Funded PSH projects or CoC Lead is able to determine the severity of needs as defined in Section I.D.3. of this Policy through the use of the HALS CoC standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case conferencing decisions.
- B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. CoC Funded PSH projects must follow the HALS CoC written standards for prioritizing assistance. In accordance with HALS CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

C. Evidence that there are no Households Meeting Higher Order of Priority within HALS CoC.

- (a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the CoC Program-funded PSH project should document how it was determined that there were no chronically homeless households identified for assistance within HALS CoC at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within HALS CoC where chronically homeless households have been identified but have not yet accepted assistance. CoC Funded PSH programs may use the HALS CoC single prioritized list as evidence.
- (b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the CoC Program-funded PSH project should document how the determination was made that there were no eligible individuals or families within HALS CoC that met a higher priority. CoC Funded PSH programs may use the HALS CoC single prioritized list as evidence.