Prince George's County Continuum of Care Coordinated Entry Policy

1. Introduction

The CoC Interim Rule defines several responsibilities of the Continuum of Care (578.7 (a) (8). One of these responsibilities is to establish and operate either a centralized or coordinated assessment system, in consultation with recipients of ESG program funds within the geographic area. This coordinated entry/ assessment system provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. Prince George's County Continuum of Care (CoC) has developed the following Coordinated Entry Written Standards for providing assistance using McKinney-Vento Homeless Assistance funds in accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) CoC Program Interim Rules. As part of the Prince George's County Continuum of Care (MD-600) all Homeless Services Partnership (HSP) member agencies and organizations must participate in the process and accept housing referrals from the Coordinated Entry System.

A coordinated entry/assessment system is defined to mean a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. The basic minimum requirements for the Continuum's coordinated assessment system includes:

- Covers the entire geographic area of the County,
- Is easily accessed by individuals and families seeking housing or services,
- Is well advertised,
- Includes a comprehensive and standardized assessment tool.

The CoC is required to establish and consistently follow written standards for providing assistance. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance;
- Policies and procedures that ensure assistance is provided fairly and methodically; and
- Policies and procedures to ensure continuous coordinated entry system performance, including implementation of HUD's Coordinated Entry data elements to standardize data collection on core components of coordinated entry -- access, assessment, referral, and prioritization.

Coordinated Entry systems are important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, such assessment systems help communities systematically assess the needs of program participants and effectively match

each individual or family with the most appropriate resources available to address that individual or family's particular needs.

Prince George's County's Coordinated Entry process is designed to identify, engage, and assist homeless individuals and families and ensure those who request or need assistance are connected to proper housing and services. Coordinated Entry will ensure that the people who receive housing are the ones who are most in need; not those who are the easiest to serve.

There are three core components to the Coordinated Entry system:

1. Standardized access to housing programs
2. Standardized Assessment that prioritizes people with the longest histories of homelessness and the most extensive needs
3. Coordinated referral that ensures persons are housed as appropriately as possible in the least restrictive environment

2. Overview of the Coordinated Entry System

Most communities, Prince George's County included, lack the resources to meet the needs of all people experiencing homelessness. By utilizing Coordinated Entry, the County ensures that households experiencing homelessness receive the level of assistance that is most appropriate to resolving their homelessness, and that households with the most severe service needs are prioritized for assistance and receive it in a timely manner.

Severe Service Needs are defined as (at least one)

1. Repeated incidents of emergency department (ED) use (defined as more than four visits per year) or hospital admissions; or
2. Two or more chronic conditions as defined in §1945(h)(2) of the Social Security Act; or
3. Frequent and repeated incarceration for crimes related to homelessness i.e. trespassing, public urination

Key elements of Coordinated Entry include:

- A designated coordinated entry team that makes housing referrals within the CoC and has the ***Management*** responsibility to implement the day-to-day workflow of the process;
- Use of standardized assessment tools to assess consumer needs – Housing Prioritization Tool (HPT) and VI-SPDAT;
- Prioritization of consumers with the longest time homeless and the most barriers to returning to housing;
- Referrals based on the results of the assessment tool(s) to homeless assistance programs, mainstream services, behavioral health providers, and other appropriate programs;

- Documentation of VI-SPDAT scores, ranking on the priority housing list, referrals, etc in HMIS or other shared database to ensure transparency;
- Regular – bi-weekly – Coordinated Entry meetings that includes representatives from ES, TH, and PSH providers, Behavioral Health, Street Outreach and other interested parties; and
- A Coordinated Entry Steering Committee (This is a relatively small group of executive-level decision-makers from the major providers and/or funders of housing or services and mainstream service providers that meets quarterly, or more often when necessary) that is responsible for:

    - ***Policy oversight:*** establishing and reviewing policies, procedures and performance benchmarks, measuring performance and identifying system gaps;
    - ***Evaluation*** responsibility to assess the performance of the system and create a feedback loop for policy oversight; and
    - ***Conflict Resolution*** and ***Coordination*** of funding resources.

The implementation of coordinated entry is a national best practice. When implemented effectively, coordinated entry can:

- Reduce the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system-wide diversion and prevention efforts;
- Prevent returns to homelessness by placing people in appropriate housing that meets their needs;
- Reduce or remove the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers;
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness;
- Target limited funding to achieve maximum results.

3. Coordinated Entry System in Prince George's County

Nondiscrimination – All housing assistance made available through the Prince George's County CoC is available to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability and without regard to actual or perceived sexual orientation, gender identity, or marital status and must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws in accordance with 24 CFR 5.105 (a) including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;

- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Data Management/Privacy Protections – The coordinated entry process is designed to ensure adequate privacy protections of all participant information. The CoC has written policies and procedures for obtaining participant consent to share and store participant information for purposes of assessing and referring participants through the coordinated entry process. These are detailed in the Prince George's County's HMIS Policies and Procedures Manual, which is hereby incorporated into this policy.

Training – The CoC will provide training protocols and at least one annual training opportunity to participating staff at organizations that serve as access points or otherwise conduct assessments. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry process, including its written policies and procedures and any adopted variations.

Evaluation – The Coordinated Entry Steering Committee will develop written policies and procedures that describe the frequency of and method used for the evaluations, including how participants will be selected to provide feedback [and specify how many will be included], and must describe a process by which the evaluation will be used to update existing policy and procedures. Evaluations will be conducted bi-annually and will be designed to answer the core questions:

- Does the CoC's implementation of coordinated entry efficiently and effectively assist persons to end their housing crisis?
- Are the housing and services interventions in the CoC more efficient and effective because of coordinated entry?

Marketing & Education –In order to reach all County residents who may be in need of services, the CoC affirmatively markets their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability. The CoC utilizes a number of means to disseminate information about the county's coordinated entry system and educate potential users of the system as well as agencies and service providers who may work with people experiencing or at-risk of homelessness. Special outreach and marketing campaigns utilizing radio, social media and print media have been designed and are utilized to reach specific subpopulations including: domestic violence survivors, transition aged youth, and veterans.

The County's homeless hotline is featured prominently on the county's website as well as being listed in area service guides, and posted in day centers, social service offices, public libraries, and rec centers throughout the county. The street outreach team works closely with area emergency rooms, crisis response, public safety agencies, and public libraries to ensure that they are knowledgeable about the county's coordinated entry system and how to help someone access it. The Coordinated Entry team attends cross-disciplinary meetings with the Departments of Health, Corrections, Education, Social Services, specialty courts, and domestic violence and veteran service providers in order to identify potential system users and to ensure that information on how to access services is well known throughout the county. Additionally, events geared toward the homeless or those at risk of homelessness like the annual point in time enumeration, holiday food and gift giveaway, and homeless services day are advertised widely on social media, in the paper and on local radio stations. DSS keeps a record of these marketing activities

Access, Initial Contact and Engagement

The County has a 24/7 homeless hotline and street outreach teams to ensure that anyone in need of services can easily access them. A no wrong door approach is utilized enabling the homeless to be referred to the hotline or to street outreach (whichever is more appropriate) by day centers, libraries, hospitals, public safety agencies, mental health and social service providers, the religious community, and others.

Homeless Hotline

The County's 24/7 hotline is staffed by people trained in trauma-informed care, and well educated in the County's homeless services and coordinated entry system. Staff screen and assess all callers utilizing the Housing Prioritization Tool (HPT) to determine if they are homeless or at risk of imminent homelessness. All consumers are assisted in being linked to mainstream resources outside the Homeless Services System including: Social Services, Energy Assistance, Somatic and Behavioral Health, SOAR, Employment Programs, Food Pantries, etc. Basic consumer information is entered into HMIS, along with any service transactions provided.

Special populations are identified at this point and appropriate referrals made:

- Veterans: VA and SSVF providers
- Survivors (Domestic Violence, Human Trafficking, Sexual Assault and others): CCSI, House of Ruth, DASH, CAFY, and Trafficking and Sexual Assault Provider partners
- Unaccompanied Youth and Young Adults (13-24): Sasha Bruce Youthwork, Promise Place, MMYF, and St. Ann's
- Returning Citizens: Adams House, Welcome Home, American Justice Reentry & Rehabilitation, Corrections, and the Bridge Cente
- Chronically Homeless and persons experiencing severe somatic and behavioral health challenges: Street Outreach Team, QCI, Crisis Response, Safe Journey House, I Mind, Behavioral Health, Mobile integrated health care, Health Care Alliance, and the CLASP and ACIS teams
- Elderly and Aging: Adult Protective Services, In Home Aide, TDAP, Assisted living and nursing homes, adult day care, and Metro access.

If a consumer meets the criteria for being homeless or at imminent risk of homelessness, hotline staff immediately makes efforts to divert the household from entering the sheltering system through mediation, emergency rental assistance, and/or rapid re-housing. If homelessness for the individual/family cannot be prevented the individual/family will be placed in emergency shelter, provided space is available. Regardless of whether space is available, the individual/family will be referred and contact information provided to the Coordinated Entry team.

Street Outreach

People living on the street or other places not meant for human habitation are linked to an outreach team who triages the case and ensures the consumer's basic needs are being met as completely as possible. They help facilitate obtaining identification, access to behavioral health providers, food and clothing, and remain in contact with the consumer until a housing plan can be implemented. Street Outreach team members enter consumer information in HMIS and in cases where the person is self-reporting more than one year of continuous homelessness or multiple episodes of homelessness they help gather information to prove chronicity.

Survivors

Victims of human trafficking, sexual assault and /or domestic violence including dating violence, sexual assault, or stalking will be served by a separate coordinated entry process that meets HUD requirements as detailed in the Coordinated Entry Notice. This will ensure that confidentiality and therefore safety can be maintained. Victims of domestic violence may enter the coordinated entry process through the street outreach, the county's 24 hour crisis intervention hotline, the 24 hour homeless hotline or through a victim service provider, which as defined in section 401 (32) in the

McKinney-Vento Act, is a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking.

Unaccompanied Homeless Youth and Transitional Age Youth
Because of the unique needs of TAY, the CoC uses a separate coordinated entry process that meets HUD requirements as detailed in the Coordinated Entry Notice. The process includes the use of the TAY VI-SPDAT and accesses resources that the County has developed specifically to address their needs. Youth enter the coordinated entry process through special street outreach teams, the schools McKinney-Vento liaison, the Maryland Crisis Connect Hotline, the juvenile justice system, the homeless hotline, and referral from youth service providers.

Veterans
Because of the unique needs of Veterans, the County uses a separate coordinated entry process that meets HUD requirements as detailed in the Coordinated Entry Notice. The process includes the use of the VI-SPDAT and full SPDAT and accesses resources that the County has developed specifically to address their needs. Veterans enter the coordinated entry process through special street outreach teams, SSVF and GPD programs, the VA, the homeless hotline, and Serving Together office.

Screening and Assessment
Prince George's County utilizes two assessment tools, the HPT as its initial screening tool and the VI-SPDAT as a more in-depth screening and prioritization tool, to guide referrals for emergency rental assistance, rapid re-housing, transitional housing, subsidized and unsubsidized housing, and permanent supportive housing based on consumer need, program eligibility and services offered.

<u>Housing Prioritization Tool (HPT)</u>
The HPT is an initial screening tool used to assign a color code – green, yellow, orange or red – to a household. These colors provide guidance on the appropriateness of certain housing options and indicate what further interventions, if any, may be offered.

Green Color Code
A green color code indicates a household experiencing first time homelessness and having few barriers to housing. These households are linked to mainstream resources, provided tools to self-resolve their homelessness, and, when appropriate, provided with security deposit and/or first month rent assistance or longer term rapid re-housing.

Yellow, Orange, or Red Color Code
All persons with scoring yellow, orange, or red are referred to the Coordinated Entry team and assessed using the VI-SPDAT

VI-SPDAT

In order to maintain consistency and transparency, VI-SPDATs are conducted by trained members of the Coordinated Entry team who are not direct employees of sheltering or housing programs within the CoC. VI-SPDAT trainings are conducted annually and the CoC currently uses three distinct versions of the VI-SPDAT: singles, families, and transitional age youth. All VI-SPDATs are conducted on the individual/family within 3 days of the referral being made by the Hotline or Street Outreach whenever possible. If the person has been placed in emergency shelter the assessment will take place in the shelter. If the person is on the street and/or was not placed in emergency shelter because of lack of space, the Coordinated Entry team will conduct the assessment at a mutually agreed location.

All VI-SPDATS are entered into HMIS. Case managers will use the information provided by the VI-SPDAT to tailor case management and supportive services options. Additionally, the VI-SPDAT score identifies which housing intervention, if any, is best suited to the household.

VI-SPDAT Score	Housing Intervention	Notes
0 – 3	Family and/or landlord mediation. Assistance with security deposit and 1st month rent.	Linkages to mainstream services and supports. Case management focuses on increasing household income, money management, family relationships, and helping the household to self-resolve.
4 – 9	TH-RRH Housing Rapid Re-housing Housing Vouchers	Transitional Housing is prioritized for Unaccompanied Homeless Youth and Families fleeing Domestic Violence. HV and RRH resources are extremely limited. Households should be assisted in self-resolving whenever possible. Other housing options and mainstream supports must be pursued.
10 – 20	Housing Vouchers Permanent Supportive Housing	Because many of the CoC's PSH units are shared 2 or 3 bedroom apartments, street outreach and case management should work to identify other CH individuals with whom the person maybe compatible. Non-chronic households can be considered for PSH that is not dedicated or prioritized for the chronically homeless.

The VI-SPDAT tool allows the CoC to quickly identify which consumers have the most barriers to returning to housing so they can be prioritized for a housing intervention. While each housing intervention has its own standards for entry (detailed in Section: 4) in addition to the VI-SPDAT score some of the criteria used to determine a consumer's placement on the priority list for an intervention include:

- HMIS data, which can help determine chronicity, patterns of homelessness, and prior use of rental assistance.
- The extent to which people, especially youth and children, are unsheltered.
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs.
- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work.

The priority list is updated weekly and is kept as a shared Google document that is utilized by the Coordinated Entry team and available to members of the CoC, and the broader Homeless Services Providers group. Beginning November 1, 2016, the CoC required the VI-SPDAT assessment to be entered into HMIS, in order to begin the process of managing the priority list and coordinated entry referrals to all except DV survivors through HMIS.

Participants in the coordinated entry process are free to decide what information they provide during the assessment process. They will not be denied assessment or services if they refuse to provide certain pieces of information, unless the information is necessary to establish or document program eligibility per the applicable program regulations.

Coordinated Entry Team Meetings/ Referral Protocols

The Coordinated Entry Team determines whether potential participants meet project-specific requirements of the projects for which they are prioritized and to which they are referred. The process of collecting required information and documentation regarding eligibility occurs concurrently with and just after the assessment, scoring, and prioritization processes. However, eligibility information is not used as part of prioritization and ranking.

The Coordinated Entry Team meets bi-weekly to review the prioritized list of homeless consumers and match them to current and upcoming openings within the CoC. The team is composed of representatives from ES, RRH, TH, and PSH providers, the VA, behavioral health providers, the SOAR team, and Street Outreach. Prior to the meeting notice is sent out that includes the minutes from the last meeting, the current prioritized list of homeless households, and any current housing openings within the CoC.

During the bi-weekly meeting the Coordinated Entry Team discusses individual consumers and which program could best serve them. Resources from outside the CoC are discussed and linkages to them provided. Matches are made in priority order from the priority housing list to TH, RRH, and PSH providers. Once the decision is made a referral is completed to the receiving program and the consumer's Housing Navigator arranges a warm hand-off.

Housing Navigators serve as the main point of contact for each individual targeted for a housing intervention. When the consumer is located in a shelter their case manager is their de facto

navigator. If the person is living in a place not meant for human habitation a Street Outreach worker, SOAR specialist or Community Health worker can act as their housing navigator. Navigators provide referrals, offer coordination, or provide in-person support to clients for their mental health, physical health, entitlement enrollment, and other service needs. The level of support provided is based on a client's independence; at a minimum, the housing navigator will serve as the main point of contact for the individual and help collect all documents needed to be placed in housing.

Basic documents to be considered "housing ready" include: 1. Birth Certificate, 2. Social Security card, 3. Government issued photo ID, 4. Proof of any income or zero income statement, 5. Verification of homelessness,and 6. DD-214 if the person is a Veteran.

Referral Rejection Policy

No consumer may be turned away from homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Housing Providers restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy.

Both CoC providers and program participants may deny or reject referrals. All service denials should be infrequent and must be documented in HMIS with specific justification as prescribed by the CoC. Allowable criteria for denying a referral includes:

- Consumer /household refused further participation (or client moved out of CoC area)
- Consumer/household does not meet required criteria for program eligibility
- Consumer/household unresponsive to multiple communication attempts
- Consumer resolved crisis without assistance
- Consumer /household safety concerns
- Property management denial (include specific reason documented by property manager and validated under fair housing laws).

Grievance and Appeal Procedure

If a customer or provider is dissatisfied with the decision of the Coordinated Entry Team they must put their concern in writing and request a meeting with the DSS Director of Homeless Programs. The Director of Homeless Programs will review the written document to schedule a meeting with the customer within 5 business days of receiving the request and will render a decision in writing within 5 business days of the meeting.

4. Housing Interventions and Prioritization

Prioritization Standards

The CoC's order of priority ensures that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority in PSH that is dedicated or prioritized for chronic homelessness.

In PSH that is not dedicated or prioritized for chronic homelessness those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.

The matching and referral linkage process utilizes these prioritization criteria for each project type and takes into account the severity of the needs, length of time homeless, subpopulation characteristics, use of emergency public safety services and other criteria depending on the specific project type.

Rapid Rehousing

Rapid Re-housing (RRH) provides Prince George's County residents who are homeless with short-term housing subsidies allowing them to quickly achieve stable housing and become sustainably re-housed. RRH assistance will be provided on a declining basis and all participants will be reassessed monthly to determine individual subsidy levels based on need and progress towards goals. Assistance will cease as soon as the participant is determined to be stable but may be provided for a period of no more than twelve (12) months. See the Prince George's County Continuum of Care: Rapid Re-Housing Policies and Procedures, incorporated herein by reference.

An applicant shall be eligible to receive RRH assistance if he/she:

1) Is a resident of Prince George's County.
2) Is currently homeless as defined by HUD which includes having a primary nighttime residence that is a publicly or privately operated shelter or transitional housing facility designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
3) Is referred by the HSP's Coordinated Entry Sub-committee,
4) Has a documented VI-SPDAT score between 5 and 9, **AND**
5) Has no other housing option (must be validated by the CoC).

Given that there will be more eligible applicants for RRH funds then limited resources can support, additional criteria will be considered by the HSP's Coordinated Entry sub-committee and priority will be given to candidates who demonstrate the current capacity (or well-planned, potential capacity) to quickly achieve stable housing, **AND** who meet at least one of the following conditions:

- Homelessness status was a result of a *one-time* crisis – financial, health, domestic violence – for whom it can reasonably be assumed will become self-sustaining once the crisis is resolved.
- Reasonable expectation for career advancement or increased income as indicated by tenure in current employment, expected completion of education/vocational programs, achievement of skills and training certifications, or pending military, retirement or social security benefits.
- Documented opportunity of receiving subsidized housing or an assisted living placement within approximately twelve (12) months.
- Referred and case managed by one of the County's problem-solving courts (re-entry, drug, veterans, family and youth).
- Defined as UHY, elderly, Domestic Violence survivor, disabled (including HIV).

Transitional Housing – Rapid Rehousing

An applicant shall be eligible to receive Transitional Housing-Rapid Rehousing if he/she:

1) Is a resident of Prince George's County.
2) Is currently homeless as defined by HUD which includes having a primary nighttime residence that is a publicly or privately operated shelter or transitional housing facility designed to provide temporary living accommodations; or a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings;
3) Is referred by the HSP's Coordinated Entry Sub-committee,
4) Has a documented VI-SPDAT score between 5 and 9, **AND**
5) Has no other housing option (must be validated by the CoC).

Given that there will be more eligible applicants for TH-RRH then limited resources can support, additional criteria will be considered by the HSP's Coordinated Entry sub-committee and priority will be given to candidates who demonstrate planned, potential capacity to achieve stable housing, **AND** who meet at least one of the following conditions:

- Defined as UHY or Domestic Violence survivor.
- Reasonable expectation for career advancement or increased income as indicated by tenure in current employment, expected completion of education/vocational programs, achievement of skills and training certifications, or pending military, retirement or social security benefits.
- Referred and case managed by one of the County's problem-solving courts (re-entry, drug, veterans, family and youth).

Permanent Supportive Housing

All admissions into PSH must come through Coordinated Entry and be accompanied by the CoC's *Verification of Chronic Homelessness Documentation Checklist and Summary* (addendum a). Prince George's County CoC has adopted the provisions and requirements set out in the HUD Notice CPD-14-012 for the Prioritizing Person's Experiencing Chronic Homeless and Other

Vulnerable Homeless Persons in Permanent Supportive as the baseline written standards for operations of Permanent Supportive Housing Programs within the CoC.

PSH Dedicated or Prioritized for PSH

Order of Priority 1: A household should be prioritized first in dedicated or prioritized PSH if all of the following are true:

- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- The length of time the individual or head of household has been homeless is at least 12 months continuously or over a of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- The individual or head of household has been identified as having severe service needs.

Order of Priority 2: A household should be prioritized second in dedicated or prioritized PSH if all of the following are true:

- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least 12 months continuously or over a period of at least four occasions in the past 3 years where the total length of time homeless totals at least 12 months; and,
- The individual or head of household has NOT been identified as having severe service needs; and,
- There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 for dedicated or prioritized PSH.

Order of Priority 3: A household should be prioritized third in dedicated or prioritized PSH if all of the following are true:

- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3; and,
- The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
- The individual or head of household has been identified as having severe service needs; and
- There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1 and 2 for dedicated or prioritized PSH.

Order of Priority 4: A household should be prioritized fourth in dedicated or prioritized PSH if all of the following are true:

- Individual or head of household meets the definition of chronically homeless per 24 CFR 578.3;
- The length of time the individual or head of household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter is at least four occasions in the past 3 years where the total length of time homeless totals less than 12 months; and,
- The individual or head of household has NOT been identified as having severe service needs; and
- There are no chronically homeless households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for dedicated or prioritized PSH.

PSH that is not dedicated or prioritized for Chronically Homeless:
Order of Priority 1: A household should be prioritized first in non-dedicated and non-prioritized PSH if the following are true:

- Household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from a place not meant for human habitation, a safe haven, or in an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and
- The household has been identified as having severe service needs.

Order of Priority 2: A household should be prioritized second in non-dedicated and non-prioritized PSH if all of the following are true:

- Household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from a place not meant for human habitation, safe haven, or emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and,
- The household has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 6 months or has experienced three occasions in the past 3 years of living in one of these locations; and,
- The household has NOT been identified as having severe service needs; and,
- There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1 for non-dedicated or non-prioritized PSH.

Order of Priority 3: A household should be prioritized third in non-dedicated and non-prioritized PSH if all of the following are true:

- Household is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from a place not meant for human habitation, safe haven, or emergency shelter. This includes persons exiting an institution

where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution; and,

- The household has NOT been identified as having severe service needs AND has been living in a place not meant for human habitation, a safe haven, or in an emergency shelter for less than six months or has experienced less than three occasions of living in one of these locations in the past 3 years; and,
- There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1 and 2 for non-dedicated or non-prioritized PSH.

Order of Priority 4: A household should be prioritized fourth in non-dedicated and non-prioritized PSH if the following is true:

- Any household that is eligible for CoC Program-funded PSH meaning that there is a household member with a disability and they are coming from transitional housing where they entered directly from a place not meant for human habitation, emergency shelter, or safe haven.
- There are no eligible households within the CoC's geographic area that meet the criteria under Order of Priority 1, 2, and 3 for non-dedicated or non-prioritized PSH.

Move Out Strategy

The Coordinated Entry Team will routinely screen all CoC PSH programs to identify participants living in a CoC PSH program and certified by the CoC as appropriate for transition from a high acuity level of support into other less restrictive housing opportunities to create opportunities for placement of new high acuity admissions from the CoC by name registry.

Verification of Chronic Homelessness Documentation Checklist and Summary

First priority for Permanent Supportive Housing (PSH) is reserved for chronically homeless persons. To be considered chronically homeless, the Head of Household (HoH) must meet at least one of the specific elements of each of the following criteria:

1. **Housing Status**
    a. Currently homeless and has been continuously homeless for one year or longer
    b. Currently homeless and has experienced four or more occasions of homelessness, totaling 12 months or more, in the past three years
    c. Has been residing in an institutional care facility for fewer than 90 days and his/her housing status was either a. or b. before entering that facility
2. **Disability**
    a. Developmental Disability
    b. HIV or AIDS
    c. Physical, mental, or emotional impairment that meets all of the following criteria:
        i. Is expected to be of long-continuing or indefinite duration, and
        ii. Impedes the individual's ability to live independently, and
        iii. Is such that the ability to live independently could be improved with more suitable housing

To confirm program eligibility, please complete this form in its entirety.

Head of Household Name: _____ Date: _____

Referring Staff & Organization: _____ VI-SPDAT Score: _____

Disability – as defined by section 401(9) of the McKinney-Vento Homeless Assistance Act (43 U.S.C. 11360(9)).

Third Party Documentation is required. Please indicate the type of verification supplied and attach to this form.

☐ Written verification from a ***licensed professional*** certifying that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently
☐ Written verification from the ***Social Security Administration***
☐ Receipt of a **disability check**
☐ *Temporary Option – Staff Observations of a disability can be used for program entry, but must be confirmed by one of the above written standards within 90 days of program entry.*

Current Living Situation – To be considered chronically homeless, the individual must meet one of the following homeless conditions the night before entering the program.

Documentation and Details must be provided by completing the *Chronic Homeless Summary* (attached).

☐ Lives in a place not meant for human habitation or an emergency shelter.
☐ Has been residing in an institutional care facility for fewer than 90 days and met the homelessness criteria above before entering the facility (including but not limited to jail, substance abuse or mental health treatment facility or hospital).

Homeless History – To be considered chronically homeless, the individual must meet one of the following two homeless history conditions. (Documentation and Details must be provided by completing the *Chronic Homeless Summary* (attached)).

The individual must have been living in a place not meant for human habitation, or an emergency shelter:

☐ **Continuously for at least 12 months,** without a break of 7 or more consecutive nights
☐ **On at least 4 separate occasions in the last 3 years,** where the combined occasions equal at least 12 months

Notes: Stays in institutional care facilities for fewer than 90 days do not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was residing in an emergency shelter or place not meant for human habitation immediately before entering the institutional care facility.

A single encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break

Criteria for Documentation of Homeless History: You do not need to complete this page. It is for reference only.

Notes to Providers:

- At least 9 of the 12 months of homelessness or 3 of the 4 incidents of homelessness must be certified by third-party documentation. Three months or one incident can be self-certified.
- A single encounter in a month is sufficient to consider the household homeless for the entire month unless evidence of a break.
- In extreme cases self-certification of homelessness for more than 3 of 12 months or 1 of 4 incidents of homelessness is allowable if third-party documentation cannot be obtained.
    - Attempts to obtain 3rd party documentation must be thoroughly documented along with the reasons why 3rd party documentation was not obtained; and
    - This is limited to rare circumstances. No more than 25% of households served in a program during an operating year can be self-certified.

Current Living Situation	Suitable Documentation
Streets or other place not meant for human habitation	• **Written Third Party** (one or more of the following) o HMIS record of calls to Hotline and/or street outreach contacts o Signed letter on letterhead from street outreach or homeless service provider o Signed letter on letterhead from referral sources including: feeding centers, churches, somatic and behavioral health providers, crisis response, police, and libraries. OR • **Self-Declaration** (both of the following): o Signed declaration of homelessness o Written explanation by staff of attempts to secure 3rd party verification
Emergency Shelter (includes hypothermic, church-based, domestic violence and County shelters)	• **Written Third Party** (one or more of the following) o HMIS record of shelter stay o Signed letter on letterhead from the shelter provider OR • **Self-Declaration** (both of the following): o Signed declaration of homelessness o Written explanation by staff of attempts to secure 3rd party verification
Hospital, Jail, or Other Institution If the client's stay was 90 days or less and the client was in shelter or on the streets prior to entry, the time at the institution is counted as time homeless. If the client's institutional stay is over 90 days it is counted as a break in homelessness.	• **Written Third Party** (one or more of the following) o Letter or discharge paperwork from hospital or other institution, including admission and discharge dates o Referral from Dept of Corrections, Offender Reentry Program or one of the County's Specialty Courts o Record of institutional stay pulled from institutional database *AND*, to document homelessness, at least one of the types of documentation required for streets or shelter homelessness related to the client's housing status immediately prior to stay in the institution, or identification as homeless upon intake at the institution.

Chronic Homelessness Summary: Please complete this form in its entirety.

In the table below, chart the HoH's housing situation for one year or three years, depending on the category by which s/he is being qualified. Attach sufficient documentation for each change in housing situation. Up to 3 months (or one episode) can be documented through self certification.

The HoH is eligible because s/he has experience (check one)

☐ Continuous homelessness on the streets or in shelters for 1 year or longer (document a least the past 1 year)

☐ 4 or more occasions of homelessness totaling 12+ months on the streets or in the shelters in the past 3 years (document the past 3 years)

	Start Date	End Date	Duration	Location (Type)	Location (Provider name or location description)	Documentation	Attached
Episode 1				□ Place not meant for habitation □ Emergency Shelter □ Institution< 90 days		□ HMIS or Institutional record □ Housing/ Service Provider □ Outreach/ Referral Provider □ Client Self-Certification	□ Yes □ No
Episode 2				□ Place not meant for habitation □ Emergency Shelter □ Institution< 90 days		□ HMIS Institutional record □ Housing/ Service Provider □ Outreach/ Referral Provider Client Self-Certification	□ Yes □ No
Episode 3				□ Place not meant for habitation □ Emergency Shelter □ Institution< 90 days		□ HMIS Institutional record □ Housing/ Service Provider □ Outreach/ Referral Provider □ Client Self-Certification	□ Yes □ No
Episode 4				□ Place not meant for habitation □ Emergency Shelter □ Institution< 90 days		□ HMIS Institutional record □ Housing/ Service Provider □ Outreach/ Referral Provider □ Client Self-Certification	□ Yes □ No

Certifications

I, the Head of Household named below, certify that the timeline documented above is accurate to the best of my recollection.

Head of Household Name (printed): _____ Signature: _____ Date: _____

I, the Staff named below, certify that the timeline documented above is accurate as the HoH described it during the interview(s) conducted on the following date(s): _____

Staff Name (printed): _____ Signature: _____ Date: _____