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Prioritizing Vulnerable Households



The Florida Housing Coalition, Inc., is a nonprofit, statewide membership organization whose mission is to **bring together housing advocates and resources** so that all **Floridians have a quality affordable home** and suitable living environment.



WE'RE PROUD TO OFFER PROFESSIONAL
CONSULTING SERVICES

In the areas of affordable housing, fair housing, ending homelessness, & related issues

Presenter Information

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Webinar Logistics

- Participants are muted
- Enter your questions in the box in your webinar panel
- Handouts are available with this webinar
- Forgot to ask a question or want to ask privately? Email me at plancher@flhousing.org
- This webinar is being recorded and will be available at www.flhousing.org
- A survey will immediately follow the webinar; ***please*** complete it! Thanks!



Agenda

The Why's and How's of Prioritization

Verifying Homeless History

Thinking Outside of the Box

To-Dos





The Why's & How's of Prioritization

Identify

Assess

Refer

Prioritize

House

What We Know

- It's easier to serve people on a “first come, first serve” basis
- Some tenant selection processes screen-in people who are easier to serve and who will most likely be successful

Shifting to a prioritization process helps to ensure that the most hard-to-house individuals and families with the longest episodes of literal homelessness and most severe service needs do not get screened out.

This is who your PSH projects should be targeting.



Strategy

- Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness
- Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness

<https://www.hud.gov/sites/documents/16-11CPDN.PDF>



HUD's Order of Priority in CoC Program-funded PSH

According to HUD's Office of Community Planning and Development (Notice: CPD-16-11)

<https://files.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

1. *Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness*
 - Based on length of time living in a place not meant for human habitation, SH, or ES; and
 - Severity of the individual's or family's service needs

2. *Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness*
 - First Priority
 - Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs
 - Second Priority
 - Homeless Individuals and Families with a Disability with Severe Service Needs.
 - Third Priority
 - Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.
 - Fourth Priority
 - Homeless Individuals and Families with a Disability Coming from Transitional Housing.





CoC's should have an Order of Priority documented in their written standards



Coordinated Entry is essential to developing a single and prioritized list for all CoC PSH projects.



Standardized assessments are necessary to provide universal screening, creating consistency and standard when determining acuity.

Prioritization



Implement an admissions preference for chronically homeless persons for CoC Program-funded PSH beds in a percentage of turnover.



Contractually, required to serve the chronically homeless unless there are no chronically homeless persons.



Order of priority based on both length of time and severity of service needs.



House the most vulnerable individuals first

Length of Time Homeless



Acuity/Service Needs



Prioritization



Risks

4. In the past six months, how many times have you...

- a) Received health care at an emergency department/room? ☐ Refused
- b) Taken an ambulance to the hospital? ☐ Refused
- c) Been hospitalized as an inpatient? ☐ Refused
- d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ☐ Refused
- e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ☐ Refused
- f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ☐ Refused

THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE

Have you been attacked or beaten up since you've become homeless? ☐ Y ☐ N ☐ Refused

Have you threatened to or tried to harm yourself or anyone else in the past year? ☐ Y ☐ N ☐ Refused

IF ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

ASSESSMENTS

Do you currently live in an apartment, shelter program, or other housing because of your physical health? ☐ Y ☐ N ☐ Refused

Do you have any chronic health issues with your liver, kidneys, heart, or lungs? ☐ Y ☐ N ☐ Refused

Are you currently in a program that specifically helps people that live with HIV or AIDS, would that be of help to you? ☐ Y ☐ N ☐ Refused

Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ Y ☐ N ☐ Refused

If you are sick or not feeling well, do you avoid getting housing? ☐ Y ☐ N ☐ Refused

FOR FEMALE RESPONDENTS ONLY: Are you currently pregnant? ☐ Y ☐ N ☐ Refused

IF ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.

Has drinking or drug use led you to being kicked out of your current housing or program where you were staying in the past? ☐ Y ☐ N ☐ Refused

Has your drinking or drug use make it difficult for you to stay in your current housing? ☐ Y ☐ N ☐ Refused

IF ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.

Have you ever had trouble maintaining your housing, or been kicked out of a housing program?

What are you assessing & why?

- ✓ Appropriate referrals
- ✓ Level of severity
- ✓ Potential for morbidity



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High Acuity

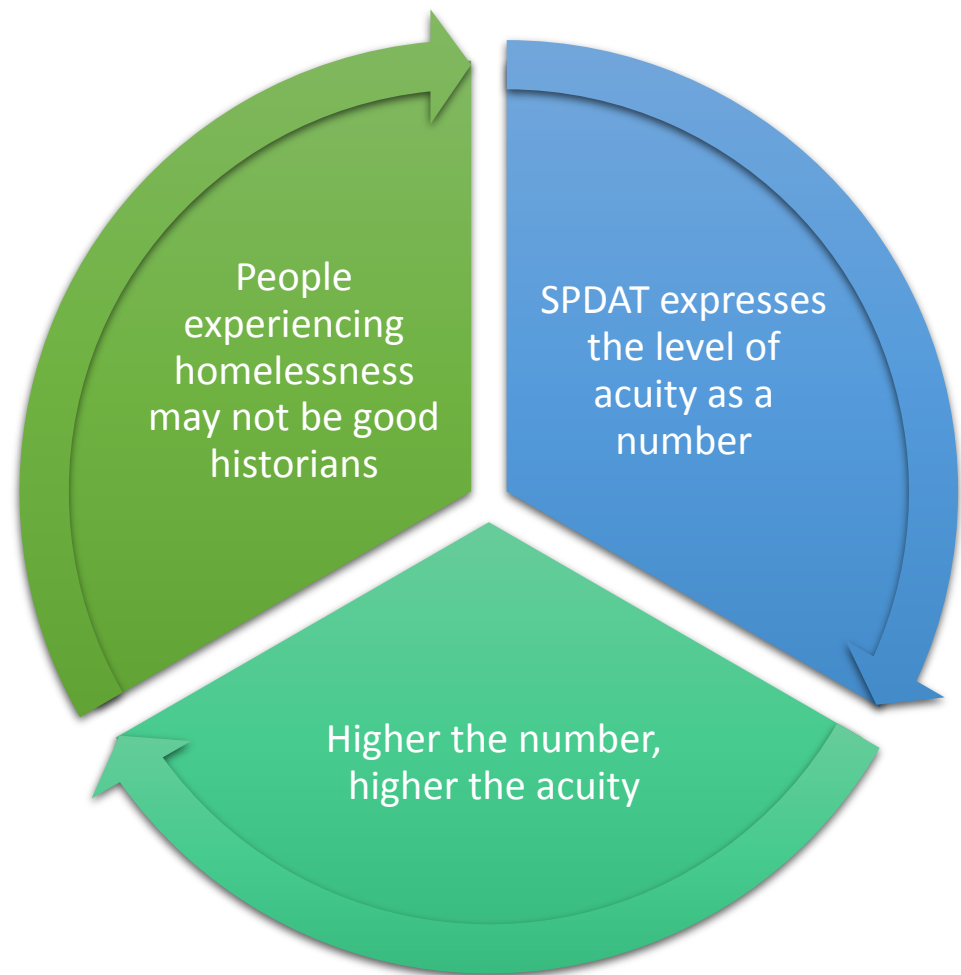
acute [uh-kyoot]

[SYNONYMS](#) | [EXAMPLES](#) | [WORD ORIGIN](#)

adjective

- 1 sharp or severe in effect; intense:
acute sorrow; an acute pain.
- 2 extremely great or serious; crucial; critical:
an acute shortage of oil.
- 3 (of disease) brief and severe (opposed to [chronic](#)).
- 4 sharp or penetrating in intellect, insight, or perception:
an acute observer.
- 5 extremely sensitive even to slight details or impressions:
acute eyesight.

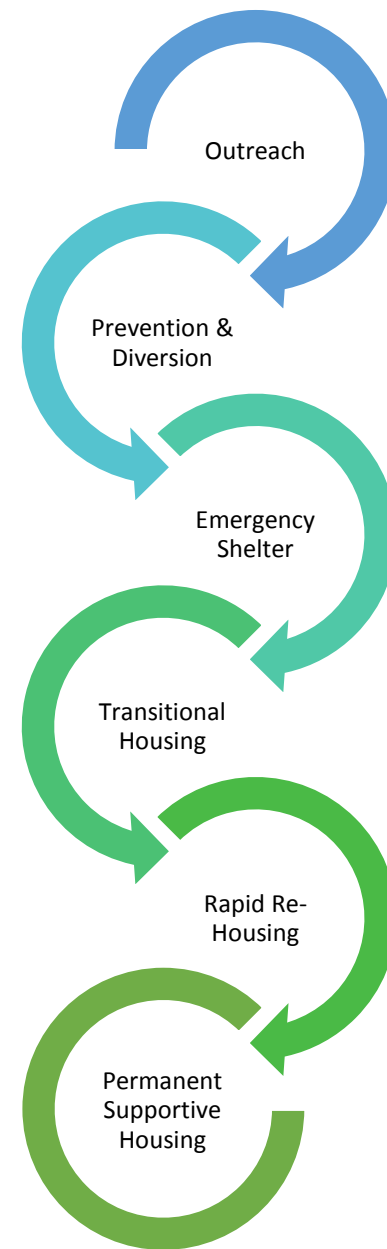
Determining Severity

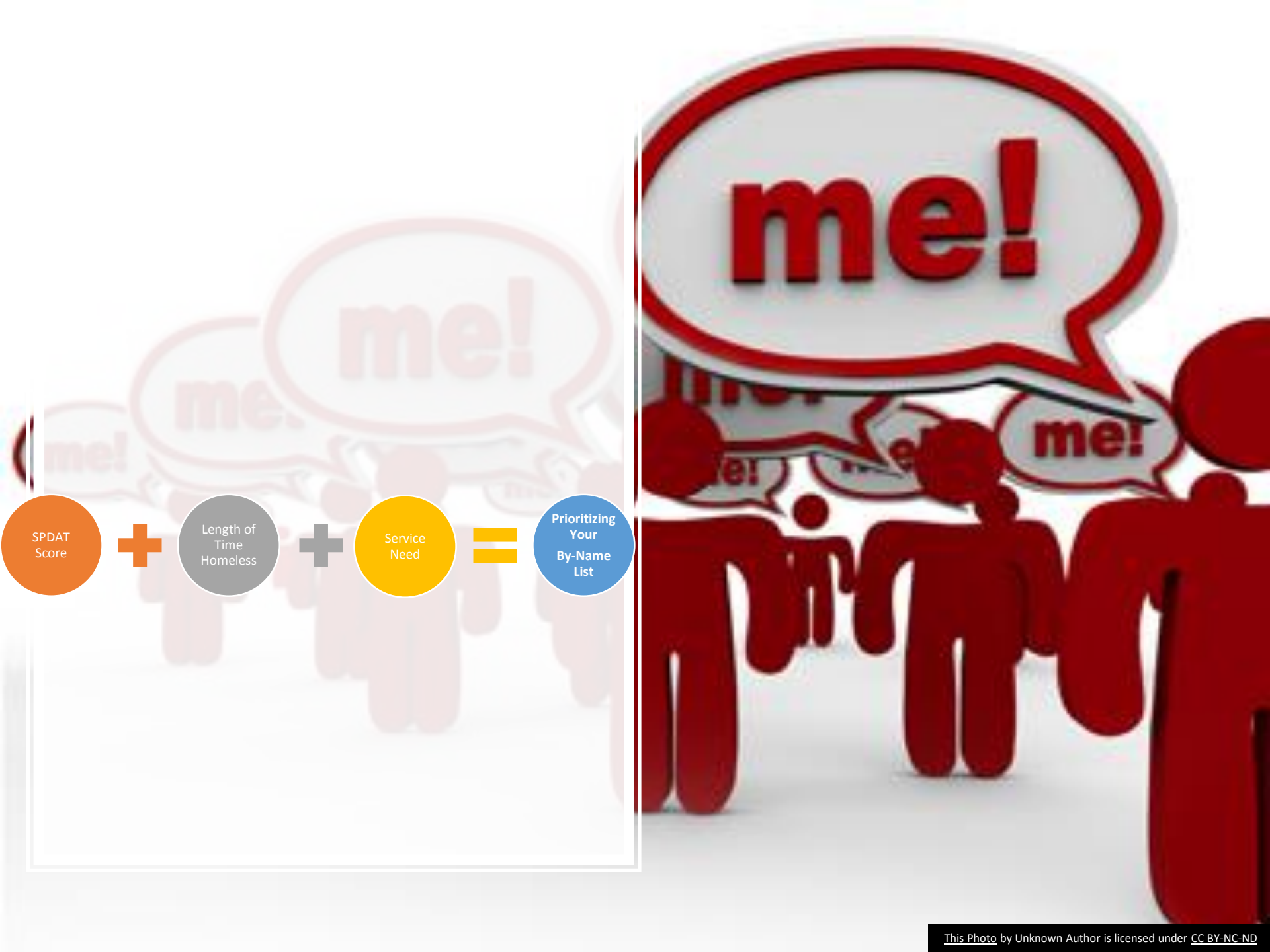


Prioritizing for All Interventions



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By-Name List

- By-Name list is not linear
- Can identify the most vulnerable for priority housing
- Community effort
 - Clear and defined roles
- Strategically planned and coordinated effort
 - Plan for long-term sustainability

By-Name List Continued

- Documented policies and procedures
- Developing guidelines and timeframes for an inactive list
- Categorize by priority population or project-type
- Must be in “real time”
- Frequent occurrence



Verifying Homeless History

Code of Federal Regulations
(CFR)

<https://www.law.cornell.edu/cfr/text/24/578.103>

Recordkeeping requirements: 24 CFR § 578.103

(4) *Chronically homeless status* (<https://www.law.cornell.edu/cfr/text/24/578.103>)

- The [recipient](#) must maintain and follow written intake procedures to ensure compliance with the [chronically homeless](#) definition in [§ 578.3](#).
- The procedures must:
 - Require documentation at intake of the evidence relied upon to establish and verify [chronically homeless](#) status.
 - Establish the order of priority for obtaining evidence as third-party documentation first, intake worker observations second, and certification from the person seeking assistance third.



CFR Record Keeping Requirements Continued

For paragraph (1) of the “Chronically homeless” definition in [§ 578.3](#), evidence that the individual is a “homeless individual with a disability” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act ([42 U.S.C. 11360\(9\)](#)) must include:

(A) Evidence of [homeless](#) status as set forth in [paragraph \(a\)\(3\)](#) of this section; and

(B) Evidence of a disability. In addition to the documentation required under [paragraph \(a\)\(4\)\(i\)\(A\)](#) of this section, the procedures must require documentation at intake of the evidence relied upon to establish and verify the disability of the person applying for [homeless](#) assistance. The [recipient](#) must keep these records for 5 years after the end of the grant term. Acceptable evidence of the disability includes:

- (1)** Written verification of the disability from a professional licensed by the [state](#) to diagnose and treat the disability and his or her certification that the disability is expected to be long-continuing or of indefinite duration and substantially impedes the individual's ability to live independently;
- (2)** Written verification from the Social Security Administration;
- (3)** The receipt of a disability check (*e.g.*, Social Security Disability Insurance check or Veteran Disability Compensation);
- (4)** Intake staff-recorded observation of disability that, no later than 45 days from the application for assistance, is confirmed and accompanied by evidence in paragraph (a)(4)(i)(B)(1), (2), (3), or (5) of this section; or
- (5)** Other documentation approved by HUD.



Homeless History

- Your CoC
- Other CoCs
 - Need a ROI
- Providers who do not participate in HMIS data entry
 - Food banks
 - Meals
 - Non-CoC funded projects
- Law Enforcement
- Employers

Medical History

- Hospitals
- Behavioral Health Services
 - Managing Entities
 - Crisis Stabilization Units
 - Residential Treatment Facilities
 - Recovery Residences
 - Mental Health
 - Substance Use Treatment
 - Supportive Services
 - Clubhouse

Medical History Continued

- Developmental Disability Services
- Chronic Health Services
- Physical Disability Services
- Healthcare for the Homeless
 - FQHC

Criminal History

- Local Law Enforcement
 - Documentation of living in public places
 - Law enforcement can write letters to document homeless history (scan into HMIS)
 - Arrest Record
 - Jail History
 - Jail
 - Prison
 - Jail Diversion

CLIENT NAME OR HMIS CLIENT ID: _____


| YEAR: | CONFIRMATION | COMMENTS |
|-----------|--------------|----------|
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |
| YEAR: | CONFIRMATION | COMMENTS |
| January | | |
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| YEAR: | CONFIRMATION | COMMENTS |
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| October | | |
| November | | |
| December | | |

COMPLETED BY (NAME, TITLE, AGENCY): _____

PHONE: _____ E-MAIL: _____

SIGNATURE _____ DATE _____





Thinking
Outside
of the Box



HMIS Paper Trail

CoC Program HMIS Manual

A GUIDE FOR HMIS USERS AND SYSTEM ADMINISTRATORS
U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

RELEASED SEPTEMBER 2018



Documenting in HMIS



OBSERVATIONS



HISTORIES



WHERE THE PERSON IS
LIVING



WHO THEY ARE
RECEIVING SERVICES
FROM IN THE
COMMUNITY



WHERE ELSE THEY'VE
LIVED

Evaluating Multi-System High Utilizers

Highest Utilizers
Highest Acuity
Longest Homeless
Histories

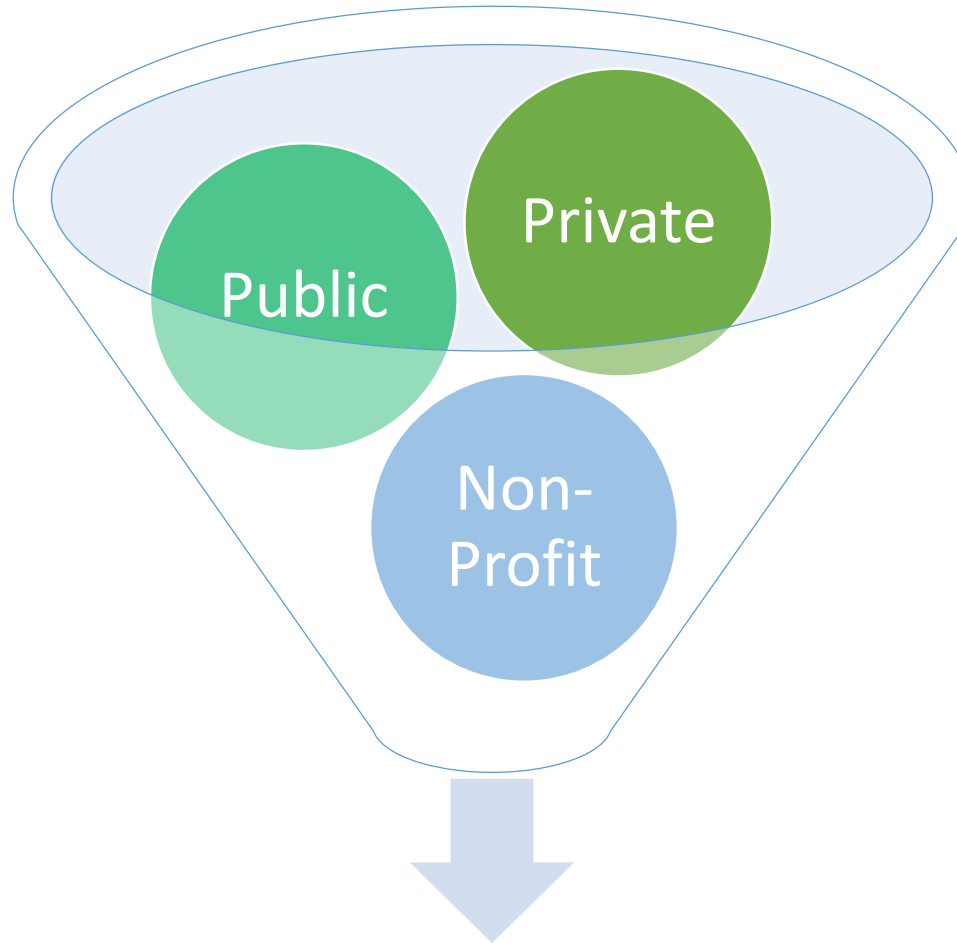
SPDAT Score

Medical History

Criminal History



Multi-System Contributions

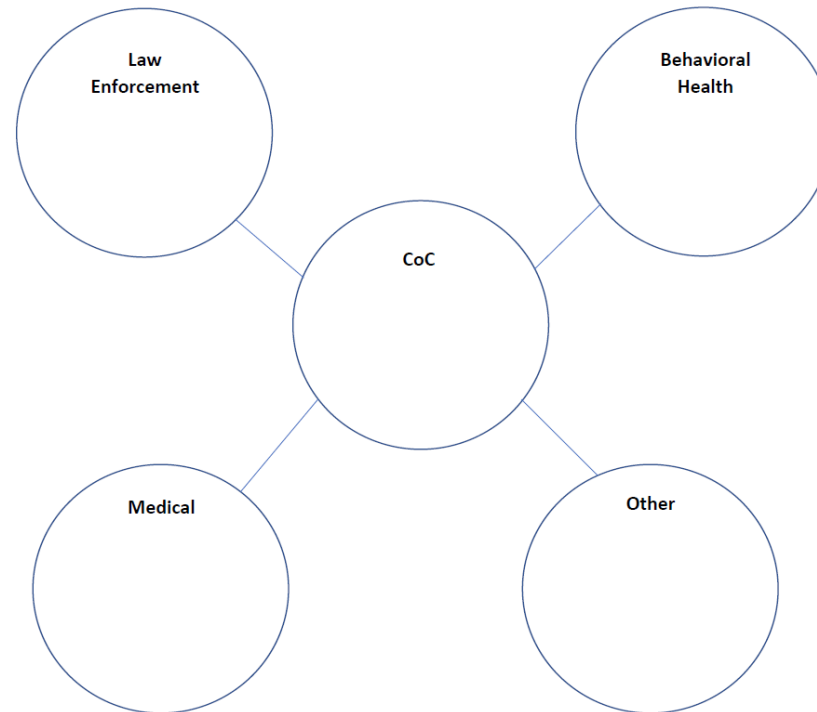


Total Financial Cost to the Community

Who is Present for the By-Name List Meetings?

- Are your multi-system providers at the table?
- Is care coordination happening at your by-name list meeting?
- Is there a strategy to address the highest utilizers of multiple systems?
- Are current service providers outside of the homeless system at the table?

WHO'S AT THE TABLE?
A SELF-ASSESSMENT FOR DEVELOPING A ROBUST BY-NAME LIST COMMITTEE





To Do's

Assess RRH & PSH Availability



IS YOUR VACANCY REPORT
UPDATED REGULARLY?



DO YOU HAVE SOMEONE
IN THE PIPELINE FOR ANY
POTENTIAL VACANCIES?



WHAT DOES YOUR
UTILIZATION RATE LOOK
LIKE?



ARE THESE THINGS
DISCUSSED IN
PREPARATION FOR NEW
HOUSING APPLICANTS?

Create a Strategic & Targeted Approach

Identify

Identify your service systems



Identify

Identify your funders



Identify

Identify your direct service providers



Identify

Identify your overlapping consumers



HIPAA Compliant Data Sharing

- Every system has their own database.
 - Who is overlapping?
- Where is the person located right now, in real time?
- Do you have current ROIs to talk between systems and coordinate services and housing?
 - In some situations, care coordination plans can be discussed.





Join Us For Our Next Webinar

Next Tuesday, May 21st



Housing Trust Funds

<http://www.flhousing.org/event/webinar-housing-trust-funds/>



Take the Survey



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AFFORDABLE HOUSING CONFERENCE
HOME MATTERS
IN FLORIDA

SAVE THE DATE!

AUGUST 26-28, 2019 | ROSEN CENTRE HOTEL | ORLANDO

<http://flhousingconference.org/registration/>

