**Proposed policy: Adoption of HUD Notice CPD 16-11**

*August 1, 2017*

**Proposed Change: Adopt Updated Notice on Prioritizing Persons Experiencing Chronic Homelessness and other Vulnerable People in Permanent Supportive Housing (HUD Notice CPD-16-11)**

Replace “Priorities for PSH” section on pages 35 – 37 of the CT 503 Policies with the following**:**

***Purpose: This policy provides information to Coordinated Access Networks (CANs) and Permanent Supportive Housing (PSH) projects receiving Continuum of Care Program funds regarding the order in which eligible households should be served. This policy reflects the new definition of chronic homelessness as amended by HUD’s Final Rule on Defining Chronically Homeless and updates the orders of priority that were previously established in CT 503 policies. This policy is intended to ensure that the individuals and families who have been homeless the longest and who have the most severe service needs are prioritized for PSH and to support progress towards ending chronic homelessness in Connecticut.***

**Requirement to dedicate or prioritize PSH beds to people experiencing chronic homelessness:**

All CT 503 CoC-funded PSH beds are required to dedicate or prioritize 100% of their beds to people experiencing chronic homelessness. When filling vacant beds, CoC-funded PSH projects must seek referrals only through their local CAN from the *Statewide By-Name List* maintained by the local CANs and monitored by the Connecticut Department of Housing (CT DOH) and should be filtered for each CAN’s homeless population for prioritization decisions.

This by-name list uses the order of priority established in HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Relevant guidance from the Notice appears below, and the full Notice is available at:

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

The notice defines which chronically homeless people get priority access to PSH beds and how to prioritize PSH beds when no chronically homeless persons exist within the geographic area.

**Accepting Referrals through a Single Prioritized List for PSH**

All CoC-funded PSH projects are required to accept referrals ONLY from the *Statewide By-Name List* that is maintained by each CAN and monitored by CT DOH, and should be filtered for each CAN’s homeless population for prioritization decisions. The single prioritized list is updated frequently to reflect the most up-to-date and real-time data as possible.

This requirement does not include homeless veterans or homeless youth, who have separate processes for prioritization for PSH projects that are dedicated to these populations.

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

When selecting participants for housing, CANs and CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness are required to use the following order of priority that has been established by the CT 503 CoC and the *Statewide Coordinated Access Network Leadership Committee*, which is consistent with HUD Notice CPD-16-11:

* People who meet the HUD definition of chronic homelessness and have a VISPDAT 2.0 score of at least 8 for individuals, a Family VISPDAT 2.0 score of at least 9 for families, or a Next Steps score of at least 8 for homeless youth. Housing Placement Teams will determine prioritization within this category based on the VISPDAT score, the length of history of homelessness, and other knowledge of the individual or family that may help measure severity of service needs.
* Applicants will be prioritized based on VI SPDAT score and a consensus of severity of service needs from the local Housing Placement Committee. For example, applicants with a higher VI SPDAT score will be prioritized over other applicants with a lower VI SPDAT score.
* Exceptions to the specified order must be approved by consensus at the local CAN Housing Placement Committee. For example, an exception might be made by the Housing Placement Committee to prioritize an individual who has been living in an unsheltered location for 14 months and has a VI SPDAT 2.0 score of 17 over an individual who has been living in shelter for 15 months and has a VISPDAT 2.0 score of 13. When the Housing Placement Committee feels that the VISPDAT 2.0 or Next Step score does not reflect the individual’s true service needs, a full SPDAT may be requested or required by the local CAN Housing Placement Committee before matching the homeless individual to a PSH program. For example, it may be helpful to conduct a full SPDAT when someone has 22 months of homelessness but has scored a 2 on the VISPDAT. When there is no consensus in the Housing Placement Committee for an exception, approval should be sought by the HUD grantee and/or funder of the program with the opening. CAN Housing Placement Committees should document all decisions, including the rationale for any exceptions to prioritization in meeting notes.

Recipients must follow the order of priority while also considering any target populations served by the project as identified in the project application submitted to HUD. For example, a CoC Program-funded PSH project that targets homeless persons with a serious mental illness should follow the order of priority to the extent to 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, the recipient should follow the order of priority for PSH when no chronically homeless person exists on the By-Name List (see below).

Recipients 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. CT CT 503 recognizes that 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 and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CANs and providers should continue to make attempts to engage those persons that have not accepted an offer of PSH and these chronically homeless persons must continue to be prioritized for PSH until they are housed.

**Prioritizing access to PSH when participants are transferred from a different PSH project:**

Existing PSH participants being transferred from a different CTCT 503 PSH project are exempt from the order of priority established in HUD Notice CPD‐16‐11. Such transfers should be considered both within and across CAN’s and Sub-CoCs to best serve the needs of PSH participants and/or ensure efficient use of PSH resources. All PSH transfers must be coordinated through and approved by the appropriate local Coordinated Access Network(s) CAN(s) to ensure consistency with local priorities and that any resulting PSH vacancy is filled using the order of priority established in this policy and HUD Notice CPD‐16‐11, except in cases where existing CT CT 503 PSH participant households exchange units. In all cases, PSH units must be prioritized for eligible applicants residing in the CT CT 503 covered geography over eligible applicants residing in another CoC.

**Order of priority for PSH when no chronically homeless person exists on the By-Name List or wants to live in the jurisdiction where the vacancy is:**

When no chronically homeless person or no chronically homeless person who meets a project’s HUD-approved target population criteria (e.g. families with children, youth under 25, veterans, domestic violence, mental illness, substance abuse, or HIV/AIDS) exists on the *Statewide By-Name List* that is maintained by the local CANs, and monitored by CT DOH and should be filtered to each local CAN for prioritization decisions, CANs and recipients of CoC Program-funded PSH are required to follow the order of priority below when selecting participants. CT DOH will continue to work with CANs to match eligible applicants to vacancies in their preferred geographic area, and homeless people may decline referrals that are inconsistent with their geographic preferences. Projects are required to follow the order of priority below when there is no eligible chronically homeless applicant who wishes to live in the geographic area (local CAN region) where the vacancy exists.

**(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 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 as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

**(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 for at least 8 months and has been identified as having severe service needs as demonstrated by a VI SPDAT 2.0 score of 8 or higher, a family VISPDAT 2.0 score of 9 or higher, or a Next Step score of 8 or higher, or as described in Section II of the Appendix to this document.

 **(c) 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.**

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 prioritized by the length of homeless history where the individual or family has not been identified as having severe service needs.

 **(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, or in an emergency shelter. 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, an emergency shelter, or a safe haven prior to entry in the transitional housing.

The bed will continue to be a dedicated or prioritized 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 the sub- CoC’s geographic area at that time.

**Appendix**

**Section I. Recordkeeping Requirements:**

CANs and recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority must be demonstrated by:

1. **Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in this policy using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.
2. **Evidence that the Recipient is Following the CoC’s Written Standards for Prioritizing Assistance.** Recipients must follow the CoC’s written standards for prioritizing assistance, as described in this policy. Recipients must also document that the CoC’s revised written standards have been incorporated into the recipient’s intake procedures (see Sample CT CT 503 Written Intake Procedures) and that the recipient is following its intake procedures when accepting new program participants into the project.
3. **Evidence that there are no Households Meeting Higher Order of Priority within CoC’s Geographic Area.**

**(a)** When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document that there were no chronically homeless households identified for assistance within the CAN’s geographic area 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 the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. The recipient of PSH may refer to a single prioritized list maintained by the applicable CAN 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 recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CAN’s geographic area that met a higher priority. The recipient of PSH may refer to a single prioritized list maintained by the applicable CAN as evidence that there were no households identified within the CAN’s geographic area that meet a higher order of priority.

**Section II. Severity of Service Need Requirements**

For the purposes of this policy, severity of service needs must be documented in a program participant’s case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual or family. CT CT 503 uses the VI-SPDAT 2.0 to determine severity of service needs for individuals the Family VI-SPDAT 2.0 to determine severity of service needs for families, and the Next Step Tool to determine severity of service needs for youth. The full SPDAT may also be used to determine severity of service needs when the local Housing Placement Teams believe that these other tools do not reflect the individual or family’s true severity of service needs. Housing Placement Teams may also use their direct knowledge of the individual or family to supplement the information provided by these tools to help determine the severity of service needs. Examples of other direct knowledge may include high utilization of crisis services, high risk of continued trauma, or high risk of harm or exposure to very dangerous living situations. Administrative data may also be used to help determine severity of service needs.