

GLHRN CoC Grant Application

(One project per application)

FUNDING 2018 HUD NOFA
CoC Program interim rule at 24 CFR 578

GRANT PERIOD 2019-20

Application due to matt.stevenson@lansingmi.gov by 12 noon Friday, August 17, 2018

Application organization must have tax-exempt status under 501(c)(3) of the IRS

Date of Application: August 17, 2018

PART I: Program Information

Renewal Reallocation Project Non-DV Bonus Project DV Bonus Project
Consolidation Transition Expansion

Organization: One Church One Family

Contact Person: Dr. Joan Jackson Johnson Title: Executive Director

Telephone: 517-256-5989 Email: OCOFNPHC@gmail.com

Project Grant Name: Ending Family Homelessness Through Rapid Rehousing

Minimum # Units (see table): 18

Renewal only: Previous Year Award Amount: \$ \$ 250,701 Amount Requesting: \$243,333

Circle the Program Component for Which You Are Requesting Funds:

*Permanent Supportive Housing * Transitional Housing * **Rapid Rehousing** * Joint TH-RRH
* DV-RRH * DV-Joint TH-RRH * DV-Coordinated Entry * HMIS * Coordinated Entry

A. Are other funds leveraged with the requested funds?

Yes: No: If yes, please identify the amounts and sources for all leveraged funds.

Amount \$ 10,000 Source: Grant - City of Lansing

Amount \$ _____ Source: _____

B. This grant requires a 25% cash or in-kind match. Please describe in detail:

total needed - **\$62,953**

a) type (cash or in-kind), Amount

Cash Match: Wages and transportation costs for Housing Inspectors. Value: \$3,380.00; City of Lansing General Fund grant: Value: \$10,000; total cash match is **\$13,380.00**

In Kind Match: **\$49,573.00** Sources: Participants are provided opportunity to attend City of Lansing sponsored programs including: Mobile Food Pantry (food), Connect for Kids (outreach), Feed the Babies and Keep them Dry (outreach), Office space for Case Manager (Administrative)

Office Support (Receptionist, copier, internet), Housing Search and Counseling through Case Manager(Administrative); Financial Empowerment Center financial counseling for participants.

b) Source of match and how it will be documented.

Cash Match: Housing Inspector wage & time reports, travel information will be documented. City of Lansing match will be documented with copy of an approved City of Lansing Grant/Contract.

In Kind Match – City of Lansing – Match will be documented with reports showing how many families were served at the Mobile Food Pantry, Connect 4 Kids, and Feed the Babies and Keep them Dry events. Other reports will demonstrate the value of the office space, Counseling, Financial Empowerment counseling provided.

C. Does/Will the agency follow the Orders of Priority as defined in CPD-16-11 (See Exhibit A of this application)? Yes: X No:

D. How many households will be housed during the funding year? 40 families

Part II: Narrative

Please be concise. Use bullets where possible.

1. Describe the **target population** for the Project. Specifically identify who the project will serve. i.e. individuals; families; chronic; Special populations. What is the **average acuity level**? The target population for the project are literally homeless families with at least one child under 17 years of age, with VI-SPDAT scores of 4-8, and F-SPDAT scores of 27-53. Families who are Domestic Violence Survivors who meet the criteria outlined above will receive priority in this initiative. Chronically Homeless may be served, however, other PSH programs are a better fit for high needs families.
 2. If the Project has admission preferences for different sub-populations, please explain. The project focuses on the sub-population of families with at least one child under age 17.
 3. Provide examples of how the **Project outcomes** will contribute to improving the CoC's system-wide performance, as measured by HUD's system performance measures below:
 - **Reducing the length of time people are homeless.** The singular program focus is rapidly rehousing qualified households using a Housing First model. Currently this program has an average LOT (length of time) to housing of 31 days. This is very close to the HUD 30 day target. Staff establishes relationships with landlords who have the capacity to rapidly house families. The program model reduces the wait for housing by eliminating arbitrary barriers, obtaining ID's, DHHS funds, etc.
 - **Increasing discharges to permanent housing.** In order to increase exits to permanent housing OCOF: works with the Lansing Housing Commission and MSHDA to obtain Section 8 vouchers, ensures LHC utilizes their public housing preferences to house these participants ahead of others; and works closely with private landlords to find other permanent affordable housing options. Participants are encouraged to attend the Rent Smart program which teaches them how to be "good tenants" and is endorsed by landlords.
 - **Preventing returns to homelessness (reducing recidivism)** Recidivism is reduced by working with MSHDA and Lansing Housing Commission to go to a permanent, affordable dwelling with vouchers upon program exit. Participants are also encouraged to re-contact the OCOF RRH program if they are encountering difficulties. Participants also learn about system resources to avoid recurrence of homelessness including Rent Smart.
 - **Increasing client income:** The program provides counseling, education and resource opportunities to participants to increase his or her income. The Case Manager works with the Coordinated Entry Agency (CEA) and other Community partners to ensure participants are connected to community resources including: DHHS, Social Security, Michigan Works, Health Insurance, Medicaid, etc. The case manager provides information on job training programs and maintains a relationship with Michigan Works.
- 1) Using Exhibit B-Describe the Project's implementation of the **Housing First** approach. Include 1) eligibility criteria; Applicants may enter the program with no income, with sobriety issues or issues with treatment compliance, and regardless of criminal justice system involvement or lack of follow through in a previous program. Non-judgmental approaches of case management staff seek to establish a viable working relationship in which participants address root causes and achieve housing stability.
 - 2) **process for accepting new clients;** OCOF accepts new participants who meet the basic eligibility criteria and program focus outlined above, based on a referral from the CEA and homeless shelters who coordinate with the CoC in the Greater Lansing Area. There are no additional pre-conditions related to income, addiction status, previous program transgressions, etc. Usually limited funding is the primary barrier. In working with clients, if they are more capable and able to access alternative housing resources outside of OCOF

RRH, they are encouraged to proceed, with follow up.

- 3) process and criteria for exiting clients as it pertains to substance use, income, criminal records (with exceptions for restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Include descriptions of program policies and procedures to address situations that may lead to termination. How will the project assist clients in finding decent housing? Program participant may be removed from the program if they are engaging in unlawful activities that threaten the children's welfare and safety. However, CPS referrals are made in such cases. These are very rare instances and case managers work closely with families to educate them and link to resources that may help. None of the criteria listed above are cause for termination. Clients are assisted in finding housing through a landlord list, connections to Rent Smart staff and follow-up.
4. Explain how the **needs assessment** process ensures that participants are directed to appropriate services. The Needs Assessment process ensures that participants are directed to appropriate services as it includes the SPDAT, a tested and best practice tool endorsed by homeless networks nationwide to match the right family to the right resource. A more in-depth questionnaire assessment tool used by OCOF provides the RRH counselor with information regarding the individual family unit. It encourages a one-on-one, give and take discussion to review history and identify the most beneficial and appropriate services in a "wrap-around" focus. How are participants connected to **mainstream resources**? Participants are connected to mainstream services through referrals, one-on-one assistance to complete applications, a warm hand-off referral via telephone, text, etc. with personnel at mainstream resources, as well as case manager's instruction on how to access mainstream resources. Are there **MOUs or letters of commitment**? (These must be dated between May 1, 2018 and September 18, 2018.) Include collaborations with other programs or agencies. For renewals, how successful have these collaborations been? Yes, there are collaborations with other mainstream agencies. MOUs are created with the City of Lansing's programs that provide in-kind services and will be renewed for the new grant year. A CoC-wide MOU through HMIS establishes the ability to share information among agencies, including the CEA. (See Mainstream Resources definition in glossary)
5. How will clients be assisted in maximizing their ability to live independently? What **criteria** are used to evaluate participants' readiness to "graduate" or **transition** from the project to other permanent housing? The OCOF RRH program is a short and medium-term rental assistance program meant to provide between three to six months of rental assistance, thus "graduation" is inherent in the program model. Families know from the beginning that assistance is temporary, so it is meant to resolve the immediate homeless crisis and they do not become overly dependent on it. The primary criteria used is the number of months the family has received assistance, which has some flexibility, and the establishment of a bank account in which they save their earnings to have at the end of the program when they will need to pay their own rent. They also are strongly encouraged to participate in the Financial Empowerment Center programs to establish a realistic budget, connected to ongoing financial assistance through DHHS, evaluated as to presence of a disability by referrals to the Ability Law Center and Social Security and connected to food programs, health benefits/Medicaid, and informal networks that provide help for low-income persons.
6. CoC policies require that participants be **referred from the Coordinated Entry Agency** (CEA). What is your estimate of the % of referrals you accept from the CEA? Please explain

how you track/verify this information. 100% of the Referrals will come thru the Coordinated Entry Agency (CEA) as shelters who contact us are told to refer people to the CEA as well. A referral form is used by the CoC-GLHRN Network. This way we maximize our ability to rapidly rehouse qualified households while ensuring the agencies most likely to deal with qualified households are included in the referral process.

7. How will the project **engage those with the most severe needs or vulnerabilities, disabilities or limited English proficiency** per the GLHRN CoC/HUD prioritization policy? Describe any Outreach efforts. Reaching participants throughout the County that may not otherwise have known of the Project? OCOF's relationships with the homeless population and coordinated efforts with the CEA and GLHRN enables OCOF to reach those who are most vulnerable and with the most severe needs. Through the City of Lansing and the Financial Empowerment Center, Refugee Development Center, Disability Network Capital Area agencies in particular, OCOF has access to knowledgeable staff and interpreters who minimize language and cultural barriers that may exist in the effort to provide Rapid Rehousing to qualified families. Some staff have disability background who can act as advisors or are immigrants themselves who have informal ties to these local LEP communities.

8. Are there any **outstanding Civil Rights matters** or financial obligations to the federal government? Yes _____ No **X** Please explain your experience in managing federal grants. (50 words or less)

9. Who is the agency contact person knowledgeable about **Fair Housing** and HUD priorities? Name: Dr. Joan Jackson Johnson Contact # 517 256-5989

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ONLY Renewal Projects, complete questions 10-12

10. Are the agency **reports turned in on time Yes, (100%)**? Is the agency **HMIS data error free? Yes (100%)**? Are the agency monthly Financial Status Reports correct? **Yes (95%)**?

11. **Project cost-effectiveness** – what was the average cost per person or family served in your project? (Take the cost to run the project including match divided by the actual number of households served per project year). Cost including match - \$259,181 + \$64,795 (cash \$13,380) & in-kind (\$63,240) match = \$323,976/66 housed as of 8/9/18 \$4,909 per family. Please note the Project year is not yet complete and this include \$63,240 of in-kind match in the equation.

12. Attach the agency's response letter to **any findings or concerns** identified by the City during the **last monitoring/site visit** of the agency. Please provide any CAP (Corrective Action Plan) requested by the City or CoC if applicable. There were no unresolved findings or CAPS in the previous year. This process is not yet completed for the current year 17-18. A budget line amendment was granted by HUD in August 2018 to increase the Rental Assistance line due to serving more families than originally in the grant.

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ONLY Reallocation, New Bonus and DV Bonus Projects, complete questions 13-17

13. Attach (one page or less) the general Objectives/Mission of the Organization and the Organization's **experience in providing the services** for which funding is being requested, including populations served.
14. Describe the plan to assist clients with **barriers to housing** (poor rental history, criminal history, bad credit, etc.) to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.
15. Describe how the **project design** will fit the needs of project participants: 1) to help maintain housing; 2) to meet other client needs that contribute to instability and homelessness; 3) to **establish performance measures** for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.
16. Describe a plan for **rapid implementation of the project** documenting how and when the project will be ready to house the first project participant. Provide a detailed schedule of proposed activities for 30 days, 60 days, 120 days, and 180 days, if applicable, after grant award.
17. My agency is **willing to be trained** in processes and programs used by the CoC to manage and administer the HUD grant including but not limited to Homeless Management Information System (HMIS), the Coordinated Entry Agency (CEA) and the assessment tool (SPDAT). Agree: _____ Disagree: _____

DV-Bonus applicants only (18 – 20): N/A – not a bonus applicant.

18. Do you have a **client-level database** that is capable of meeting HUD’s Annual Performance Reporting requirements? (see document on GLHRN website for clarification)

Yes No

19. What are the **issues facing DV survivors in accessing local CoC** permanent housing assistance programs? Support your response with local data.

20. How do you **address/improve safety for the DV populations** you serve?

For further information, please see the HUD Notice of Funding Availability at:

<https://www.hudexchange.info/resource/5719/fy-2018-coc-program-nofa/>

Part III: Budget

Budget may also be submitted in an Excel Spreadsheet – contact HRCS for document.

	HUD CoC Expenses					
	PH: PSH	PH:RRH	TH	SSO	HMIS	
Rental Assistance		182,664				
Leasing						
Supportive Services*		52,189				
Operating Costs						
HMIS						
Total Admin (sub-recipient only)		8,480				
Sub Total (HUD amt request)		243,333				
Cash Match (all line items except Leasing)		13,380				
In-Kind Match (all line items except for Leasing)		49,573				
Grand Total		306,286				
25% match = \$62,953						
Shaded areas not eligible for funding in designated categories. Match should total 25%						

	*Supportive Service breakdown
Salaries	
Fringe Benefits	
Contractual services	51,189
Travel	1,000
Supplies/materials	In Kind
Utilities	In Kind
Repairs/Maintenance	In Kind
Financial assistance to clients	In Kind
Total	52,189

Program Income*	
Source	Amount
	0
Total	

*Program Income is funds generated by project activities such as participant contributions toward their rent.

HUD Priorities

Strategic Resource Allocation – maximize use of mainstream resources and develop partnerships.
Ending homelessness for all persons.
Creating a systemic response to homelessness.
Using a Housing First approach.

GLHRN Priorities

Prioritize Permanent Housing including PSH and Rapid Rehousing
Prevention of Homeless through intervention
Supportive Services with targeted case management and wrap around services to lead to self-stability
Shelter services
Essential Services for vulnerable sub populations
Prioritize the chronically homeless

Renewal Project Name	Grant Number	Project Type	# of Units (# of beds for TH)	Funding
Shelter Plus Care	MI0195L5F081710	PH	36	\$302,772
Permanent Supportive Housing 2	MI0196L5F081710	PH	70	\$696,359
Sober Center TH Program	MI0198L5F081710	TH	10	\$144,944
Permanent Housing for Families	MI0199L5F081710	PH	4	\$70,383
Permanent Supportive Housing Bonus Program	MI0376L5F081706	PH	17	\$171,855
Ingham County - PSH 1	MI0409L5F081704	PH	12	\$136,734
Ending Family Homelessness through Rapid Rehousing	MI0417L5F081704	PH	18	\$251,813
Hope Housing	MI0483L5F081702	PH	10	\$139,708
Ingham County - PSH 2	MI0506L5F081702	PH	12	\$137,929
Fresh Start RRH	MI0581L5F081700	PH	5	\$60,036
Rapid Rehousing for Youth	MI0582L5F081700	Joint TH & PH-RRH	9	\$169,057

Glossary:

Acuity: A term used to describe the level/severity of need /risk of a person experiencing homelessness and to assign the most appropriate housing or service intervention based on that need. The higher the need the higher the acuity.

Case Management: Assessing housing and service needs, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant. Conducting the initial evaluation including verifying and documenting eligibility; counseling; developing, securing and coordinating services; obtaining Federal, State, and local benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning a path to permanent housing stability.

Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's centralized or coordinated assessment system.

DV: Domestic Violence

Emergency Health Services: Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living.

Emergency Mental Health Services: Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living. ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.

Engagement: The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.

HARA: Housing Assessment and Resource Agency, it is the coordinated assessment point in the CoC and is currently administered by VOA

Leasing : Component of CoC grants -the lease is between the recipient of funds(agency) and the landlord.

Leveraged funds: Leverage is the non-match cash or non-match in-kind resources committed to making a CoC Program project fully operational. This includes all resources in excess of the required 25 percent match for CoC Program funds as well as other resources that are used on costs that are ineligible in the CoC Program.

Leverage funds may be used for any program related costs, even if the costs are not budgeted or not eligible in the CoC Program. Leverage may be used to support any activity within the project provided by the recipient or Subrecipient.

Low Barrier programs: An approach to quickly and successfully connect individuals and families experiencing homelessness to programs without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize stability as opposed to addressing predetermined treatment goals prior to program entry. Housing First is an illustration.

Mainstream Resources: Community resources that are available to any eligible person and are not financed by HUD dollars. Examples include SSDI/SSI, cash assistance, disability services, Michigan Works, Unemployment Agency, Mental Health, substance use, Legal Services, health benefits such as Medicaid, Elder services, home help services, community colleges, local schools, food assistance, informal networks, churches, other non-housing related non-profits.

Rental Assistance: Under this interim rule, rental assistance is an eligible cost for permanent and transitional housing, and this rule clarifies that the rental assistance may be short-term, up to 3 months of rent; medium-term, for 3 to 24 months of rent; and long-term, for longer than 24 months of rent. This section provides that rental assistance may include tenant-based, project-based, or sponsor-based rental assistance. This section also provides that project-based rental assistance may include rental assistance to preserve existing permanent supportive housing for homeless individuals and families. Given that the availability of affordable rental housing has been shown to be a key factor in reducing homelessness, the availability of funding for short-term, medium-term, and long-term rental assistance under both the Emergency Solutions Grants program and the Continuum of Care program is not inefficient use of program funds, but rather effective use of funding for an activity that lowers the number of homeless persons.

Supportive Services: Eligible costs of services to support the special needs of program participants. Eligible costs consist of assistance with moving costs, case management, child care, education services, employment assistance and job training, housing search and counseling services, legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, and transportation.

Transportation: Eligible costs of travel by outreach workers, social workers, medical professionals, or other service providers' takes place during the provision of eligible services under this section. The costs of transporting unsheltered people to emergency shelters or other service facilities are also eligible.

EXHIBIT A



U.S. Department of Housing and Urban Development
Office of Community Planning and Development

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Special Attention of:
All Secretary's
Representatives

Notice: CPD-16-11
Issued: July 25, 2016
Expires: This Notice is effective until it is
amended, superseded, or rescinded

Issued:
All Regional Directors for
CPD

Cross Reference: 24 CFR Parts 578 and
42 U.S.C. 11381, *et seq.*

Expires:
All CPD Division Directors
Continuums of Care (CoC)
Recipients of the Continuum of Care (CoC)
Program

**Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other
Vulnerable Homeless Persons in Permanent Supportive Housing**

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I. Purpose

This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining “Chronically Homeless” (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. CoCs that have not previously adopted the orders of priority established in Notice CPD-14-012 are also encouraged to incorporate the orders of priority included in this Notice into their written standards

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (Opening Doors)*, in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Although progress has been made there is still a long way to go. In 2015, the United States Interagency Council on Homelessness extended the goal timeline for achieving the goal of ending chronic homelessness nationally from 2015 to 2017. In 2015, there were still 83,170 individuals and 13,105 persons in families with children that were identified as chronically homeless in the United States. To end chronic homelessness, it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds funded through the CoC Program for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 59,329 in 2015. This increase has contributed to a 30.6 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2015. Despite the overall increase in the number of dedicated PSH beds, this only represents 31.6 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a “first-come, first-serve” basis or based on tenant selection processes that screen-in those who are most likely to succeed while screening out those with the highest level of need. These approaches to tenant

selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

B. Goals of this Notice

The overarching goal of this Notice is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within a community are prioritized for PSH. By ensuring that persons with the longest histories of homelessness and most severe service needs are prioritized for PSH, progress towards the Obama Administration's goal of ending chronic homelessness will increase. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice revises the orders of priority related to how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Definition of Chronically Homeless final rule. CoCs are strongly encouraged to adopt and incorporate them into the CoC's written standards and coordinated entry process.

HUD seeks to achieve two goals through this Notice:

1. Establish a recommended order of priority for dedicated and prioritized PSH which CoCs are encouraged to adopt in order to ensure 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.
2. Establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that 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.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients of CoC Program funds—the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are strongly encouraged to incorporate the order of priority described in this Notice into their written standards, which CoCs are required to develop per 24 CFR 578.7(a)(9), for their CoC Program-funded PSH. Recipients of CoC Program funds are required to follow the written standards for prioritizing assistance established by the CoC (see 24 CFR 578.23(c)(10)); therefore, if the CoC adopts these recommended orders of priority for their PSH, all recipients of CoC Program-funded PSH will be required to follow them as required by their grant agreement. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Lastly, where a CoC has chosen to not adopt HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

D. Key Terms

1. **Housing First.** A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.
2. **Chronically Homeless.** The definition of “chronically homeless”, as stated in Definition of Chronically Homeless final rule is:
 - (a) 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)), who:
 - i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
 - ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;
 - (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;
 - (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.
3. **Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.
 - (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:
 - i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

- ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.
- iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.
- iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should 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. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

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 CoC's geographic area 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 Notice, if it has been adopted into the CoC's written standards. 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 the CoC's geographic area at that time. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC).

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. All recipients of non-dedicated CoC Program-funded PSH are encouraged to change the designation of their PSH to dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the CoC's geographic area who meet that criteria. Projects located in CoCs where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified area. For example, if a Balance of State CoC has chosen to divide the CoC into six distinct regions for purposes of planning and housing and service delivery, each region would only be expected to prioritize assistance within its specified geographic area.¹

The number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to 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”, which was published on December 4, 2015 and went into effect on January 15, 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. HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Where a CoC has chosen to not incorporate HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

As a reminder, recipients of CoC Program-funded PSH are required to prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the 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 Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

¹ For the State of Louisiana grant originally awarded pursuant to “Department of Housing and Urban Development—Permanent Supportive Housing” in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

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

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH 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 CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area.²
3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded 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 Notice 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 the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
4. 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. HUD 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. CoC Program-funded PSH providers 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

² For the State of Louisiana grant originally awarded pursuant to “Department of Housing and Urban Development—Permanent Supportive Housing” in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

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. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

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

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, 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 Notice, as adopted by the CoC, 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 Notice, and as adopted by the CoC. HUD 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 are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see [FAQ 1895](#)). Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed.

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

A. Coordinated Entry Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system (referred to in this Notice as coordinated entry or coordinated entry process) that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use a coordinated entry process to ensure that there is a single prioritized list for all CoC Program-funded PSH within the CoC. The [Coordinated Entry Policy Brief](#), provides recommended criteria for a quality coordinated entry process and standardized assessment tool and process. Under no circumstances shall the order of priority be based upon diagnosis or disability type,

but instead on the length of time an individual or family has been experiencing homelessness and the severity of needs of an individual or family.

B. Written Standards for Creation of a Single Prioritized List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated entry system a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoCs coordinated entry process, which should also be informed by the CoCs street outreach. Adopting this into the CoC's policies and procedures for coordinated entry would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. 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

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. The [Coordinated Entry Policy Brief](#), provides recommended criteria for a quality coordinated entry process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH 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 CoCs that have Adopted the Orders of Priority in this Notice

24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The 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 recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice 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.
- B. 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 adopted by the CoC. In accordance with the 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 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 how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC³ planning and housing and service delivery approach, the smaller defined geographic area within the CoC'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. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that 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 recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD Exchange Ask A Question (AAQ) Portal at: <https://www.hudexchange.info/get-assistance/my-question/>.

³ For the State of Louisiana grant originally awarded pursuant to “Department of Housing and Urban Development—Permanent Supportive Housing” in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.



EXHIBIT B

Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.¹

This checklist was designed to help you make a quick assessment of whether and to what degree housing programs — and entire systems — are employing a Housing First approach. Robust tools and instruments are available elsewhere to quantitatively measure program quality and fidelity to Housing First. This tool is not meant to take the place of those more rigorous assessments, but is intended to help Continuums of Care, individual housing and services providers, funders, and other stakeholders to communicate about, and quickly assess, alignment with key Housing First approaches.

Core Elements of Housing First at the Program/Project Level

For your homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. This portion of the checklist can help you assess the extent to which your local programs are implementing Housing First. You can use this tool for trainings or planning sessions, during a site visit or program audit, as a guide when reviewing funding applications, or for many other uses.

- Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.
- Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”
- People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units

Quick Screen: Does Your Project Use Housing First Principles?

- 1) Are applicants allowed to enter the program without income?
- 2) Are applicants allowed to enter the program even if they aren't “clean and sober” or “treatment compliant”?
- 3) Are applicants allowed to enter the program even if they have criminal justice system involvement?
- 4) Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

include special physical features that accommodate disabilities.

- Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
- Housing and service goals and plans are highly tenant-driven.
- Supportive services emphasize engagement and problem-solving over therapeutic goals.
- Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.
- Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
- Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
- Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Core Elements of Housing First at the Community Level

Housing First should be adopted across your community's entire homelessness response system, including outreach and emergency shelter, short-term interventions like [rapid re-housing](#), and longer-term interventions like [supportive housing](#). You can use this part of the checklist to assess the extent to which your community has adopted a system-wide Housing First orientation, as well as guide further dialogue and progress.

- Your community has a coordinated system that offers a unified, streamlined, and user-friendly community-wide coordinated entry process to quickly assess and match people experiencing homelessness to the most appropriate housing and services, including rapid re-housing, supportive housing, and/or other housing interventions.
- Emergency shelter, street outreach, and other parts of your crisis response system implement and promote low barriers to entry or service and quickly identify people experiencing homelessness, provide access to safety, make service connections, and partner directly with housing providers to rapidly connect individuals and families to permanent housing.
- Outreach and other crisis response teams are coordinated, trained, and have the ability to engage and quickly connect people experiencing homelessness to the local coordinated entry process in order to apply for and obtain permanent housing.
- Your community has a data-driven approach to [prioritizing housing assistance](#), whether through analysis of the shared community assessment and vulnerability indices, [system performance measures](#) from the Homeless Management Information System, data on utilization of crisis services, and/or data from other

systems that work with people experiencing homelessness or housing instability, such as hospitals and the criminal justice system.

- ❑ Housing providers and owners accept referrals directly from the coordinated entry processes and work to house people as quickly as possible, using standardized application and screening processes and removing restrictive criteria as much as possible.
- ❑ Policymakers, funders, and providers conduct joint planning to develop and align resources to increase the availability of affordable and supportive housing and to ensure that a range of options and mainstream services are available to maximize housing choice among people experiencing homelessness.
- ❑ Mainstream systems, including social, health, and behavioral health services, benefit and entitlement programs, and other essential services have policies in place that do not inhibit implementation of a Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require treatment completion or sobriety.
- ❑ Staff in positions across the entire housing and services system are trained in and actively employ evidence-based practices for client/tenant engagement, such as motivational interviewing, client-centered counseling, critical time interventions, and trauma-informed care.

Additional Resources

- [Implementing Housing First in Supportive Housing](#) (USICH, 2014) – discusses supportive housing and Housing First as tools for ending chronic homelessness and helping people with disabilities live independently in the community.
- [Webinar: Core Principles of Housing First and Rapid Re-Housing](#) (USICH, 2014) – describes the core components of the Housing First approach and the rapid re-housing model and how both work together to help end homelessness.
- [Four Clarifications about Housing First](#) (USICH, 2014) – clarifies some common misperceptions about Housing First.
- [It's Time We Talked the Walk on Housing First](#) (USICH, 2015) – advances our thinking on Housing First.
- [Housing First in Permanent Supportive Housing](#) (HUD, 2014) – provides an overview of the principles and core components of the Housing First model.
- [Permanent Supportive Housing Evidence-Based Practices KIT](#) (SAMHSA, 2010) – outlines the essential components of supportive housing, along with fidelity scales and scoresheets.

ⁱ Lipton, F.R. et al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," *Psychiatric Services* 51(4): 479-486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.