Continuum of Care

Shifting of Prioritization of Permanent Supportive Housing

Housing For All = A Stronger Montgomery

Completed by the Montgomery County Continuum of Care
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PURPOSE: This policy outlines how individuals experiencing homelessness in Montgomery County will be prioritized for permanent supportive housing programs through the Coordinated Entry System.

BACKGROUND

On average, there are more than 350 single adults identified as homeless in Montgomery County's Coordinated Entry System (CES) at any given time. We recognize there is no one-size-fits-all solution, but Montgomery County is committed to ending homelessness for all by 2023. An "end to homelessness" means Montgomery County will have a systematic approach to ensure homelessness is prevented whenever possible, or if it can't be prevented, it is a rare, brief, and a one-time only experience. Our CES seeks to create a pathway to housing for everyone.

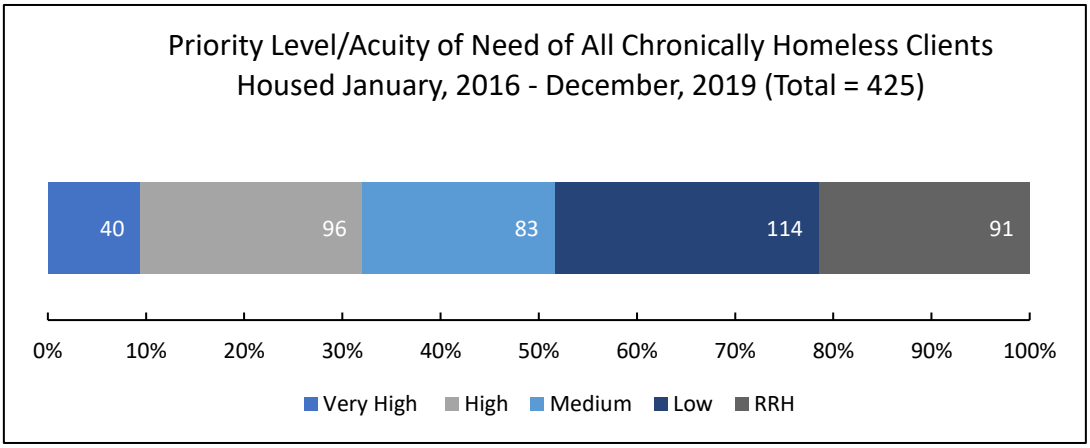
Since 2016, Montgomery County CES policies have aligned with the U.S. Interagency Council on Homelessness' goal of ending chronic homelessness by prioritizing individuals and families who meet the federal Department of Housing and Urban Development's (HUD) definition of chronic homelessness for permanent supportive housing (PSH). To date, we have housed over 425 individuals experiencing chronic homelessness. Most of the individuals were housed through the Inside (not Outside) Initiative to End Chronic Homelessness.

Single Adult Prioritization-Current			
VI SPDAT	**Housing Resource**	**Full SPDAT**	**Housing Resource**
0 to 3	No Housing Support	0 to 19	No Housing Support
4 to 8	RRH	20 to 34	RRH
9+	PSH	35 to 60	PSH

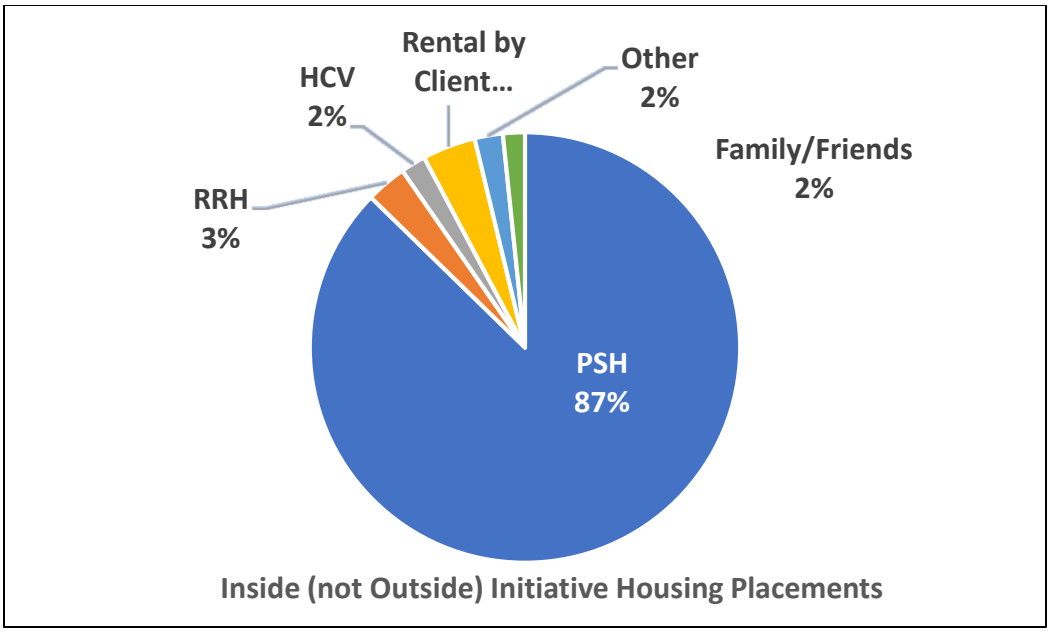
This previous prioritization used the VI-SPDAT and Full SPDAT scores to determine housing intervention type. Clients who meet the HUD definition of chronic were prioritized for available vacancies. While this prioritization structure led to a significant number of people getting placed in housing, it also created a few challenges or unintended consequences.

The following two charts illustrates these challenges.

- Clients meeting the HUD definition of chronicity are prioritized for housing over the clients who are vulnerable but do meet the HUD definition of chronic. The policy for prioritization for permanent supportive of housing was based on the assumption that there was significant overlap in vulnerability and chronic homelessness. The chart above demonstrates that this assumption was faulty. As you can see only approximately 50% of individuals housed through the Inside (not Outside) Initiative had high acuity/vulnerability based on VI-SDPAT or Full SDPAT scores. This means that clients who we assessed as highly vulnerable but non-chronic are only prioritized for housing if there are no individuals meeting the chronic definition waiting for a housing match. These non-chronic but highly vulnerable individuals are stuck waiting while clients who score lower on the VI-SPDAT or Full SPDAT but meet the HUD definition of chronic received a referral before them.



- Given limited resources, the goal of coordinated entry is to provide the least amount of intervention for the shortest period of time that ensures the individual will not return to homelessness. Based on the principle of progressive engagement, individuals should be provided with the lowest level of intervention appropriate to meet his/her needs first. If the individual is determined to have more significant needs, s/he may be transferred from a less intensive intervention like Rapid Rehousing to a more intensive program like Permanent Supportive Housing. Throughout the Inside (not Outside) Initiative, this principle was not applied. The chart on the left shows that despite 21% of individuals with a VI score indicating rapid rehousing as the best housing match (per previous chart), only 3% were placed in rapid rehousing.



The goal in the County has always been to provide permanent housing placements for individuals experiencing homelessness who are most at-risk of dying on the streets or in temporary shelter. When the Inside (Not Outside) effort to effectively end chronic homelessness began, the focus on persons meeting the HUD chronic definition was viewed as the most direct way to connect permanent housing placements for those most at-risk. However, now that the CoC has effectively reached functional zero in our efforts to end chronic homelessness, this prioritization no longer works. Please see appendix one for additional details.

SHIFTING PRIORITIZATION

On Wednesday February 27, 2019, the Interagency Commission on Homelessness (ICH) adopted a new policy that shifts the priority for Permanent Supportive Housing (PSH) from chronic homelessness to highly vulnerable. The purpose of the policy shift is to prevent people with extreme vulnerabilities from needing to remain in shelter or on the streets for twelve months before qualifying for PSH. The Continuum of Care (CoC) understands that PSH is the most expensive housing intervention and should be reserved for those with the greatest needs. This shift in prioritization will ensure that resources are used most effectively and individuals with the greatest needs are matched quickly to an appropriate housing placement. PSH will be reserved for individuals with a disability and significant needs as determined by the common assessment tools employed through the CES.

Based on our experience and the data, Montgomery County CES believes this is the right strategy to reach our bold goal of ending homelessness in Montgomery County. That said, given our shared value of continuous improvement, the CES may need to adjust this policy

based on new testing, learning, refining, and data analysis to ensure policies and initiatives are working as designed and to address any unintended consequences.

CES Ad-Hoc Committee

Under the auspices of the ICH, the CES Ad-Hoc Committee was formed to develop an implementation plan for the shift in prioritization for PSH. The group consisted of the chair and co-chair of the Systems Coordination Committee (previously known as Operations), representatives from emergency shelter, street outreach/in-reach, scattered site permanent supportive housing, and site-based permanent supportive housing at various levels including case managers, program directors and agency leadership.

The focus of the CES Ad-Hoc Committee was to analyze the data, review existing policies and create an implementation plan to prioritize individuals with the greatest needs for PSH even if chronic status cannot be confirmed. After several meetings, the group developed this new policy, updated the assessment tools, and determined the ten vulnerability indicators that will be used to make appropriate housing placements.

Policy Overview

Permanent Supportive Housing (PSH) projects provide housing and supportive services to assist individuals with a disability, who are experiencing homelessness return to living independently in private housing. The goal of this policy is to ensure that PSH is targeted to the most vulnerable individuals.

- The approved policy shift applies only to PSH.
- Those individuals with high vulnerability and service needs will be prioritized for PSH using length of time homeless as a tie-breaker. We believe these individuals are the most likely to become chronically homeless, so the goal is to house them before that happens.
- If an individual meets the HUD definition of chronically homeless before they can be housed through CES, they will be prioritized over non-chronic vulnerable persons for HUD-funded permanent supportive housing programs only.

Please note: Many terms used in this policy may not be familiar to all. An explanation of terms is provided in Appendix II.

Policy in Detail

The shift in prioritization combines the principles of housing first and progressive engagement to end a person's homelessness. This will help ensure individuals receiving

PSH are those with the greatest needs. Shifting prioritization from chronic to vulnerability will also help us serve those that may be high service users, have multiple issues related to their vulnerabilities, and could benefit from PSH but who would not otherwise meet the federal definition of chronic.

We also wanted to make sure that individuals who are most vulnerable are housed before they become chronically homeless. The Committee identified 10 vulnerability indicators to use as benchmarks for assessing vulnerability for housing prioritization. They are:

1. Poor Access to Mainstream Services: Is the person able to access Medicaid, SSI/SSDI, or other mainstream benefits?
2. Poor Engagement with Services: How willing is the person to accept housing and services?
3. Currently unsheltered
4. Poor Management of ADLs (Activities of Daily Living): Is the person able to manage activities of daily living like cooking and cleaning without assistance?
5. Veteran designation
6. Risk / History of Exploitation: Is the person vulnerable to sexual, financial, or other types of exploitation due to gender identity, ethnicity, developmental disabilities, etc.?
7. Mental Health as defined by the Montgomery County Housing Support Services Acuity Scale.
8. Substance use as defined by the Montgomery County Housing Support Services Acuity Scale.
9. Cognitive Deficits as defined by the Montgomery County Housing Support Services Acuity Scale.
10. Medical Conditions as defined by the Montgomery County Housing Support Services Acuity Scale.

HOW WILL PRIORITIZATION WORK FOR PSH?

Individuals with a disability and high service needs are first prioritized using the VI-SPDAT or Full SPDAT for housing placement. This will identify the most appropriate housing intervention (PSH, RRH or self-resolved). Those individuals scoring a 13+ on the VI-SPDAT or the equivalent on the Full SPDAT will be prioritized for high intensity permanent supportive housing (PSH). Individuals scoring between an 8 and 12 on the VI-SPDAT or the equivalent on the Full SPDAT will be prioritized for mid/low Intensity PSH.

High Intensity	Clients scoring VI SPDAT 13+
Mid to Low Intensity	Clients scoring VI SPDAT 8-12

Next the CES staff will use the Montgomery County Housing Support Services Acuity Scale and other HMIS data elements to determine how many of the ten vulnerability indicators the person may possess. Individuals with the highest number of vulnerability indicators within each of the two bands will be prioritized for the next available housing resource. Client will receive ONE point per an indicator when scoring in the highest band. For mental health, substance use, cognitive deficits and medical conditions this means a score of 200 or more. For all other indicators this is a score of 4-5. For example, if a person scores a 200 on both the Mental Health and Substance Use indicator on the Acuity Scale, s/he would receive two points.

Note: Length of time homeless will be a tie breaker when there are multiple clients who have the same number of vulnerability indicators. Length of time homeless is not a stand-alone scoring consideration.

PSH Program Matching

As housing resources become available, clients will be matched based on the following chart.

PSH Program Type	Eligible VI Scores
24/7 on Site Staff **High Intensity Single Site PSH**	13 and above
High Intensity Scattered Site PSH	13 and above
Mid to Low Intensity Scattered Site PSH	8-12

The following example demonstrates how the new prioritization policy will be implemented.

For example, Let's assume there are two Seneca vacancy openings and we have three clients identified as High Intensity (scoring 13+).

Client A – VI SPDAT 16, has 4 vulnerability indicators, 8 months of homelessness, wants project-based unit

Client B – VI SPDAT 14, has 4 vulnerability indicators, 28 months of homelessness, wants project-based unit

Client C – VI SPDAT 13, has 6 vulnerability indicators, 4 months of homelessness, wants project-based unit

All three clients are on the top band/pool which is high intensity, and thus eligible for this housing opportunity.

The first Seneca vacancy will be assigned to **Client C** as this client has the most identified vulnerability indicators (6 identified vulnerability indicators). The second Seneca vacancy will be assigned to **Client B**. Even though both client A and B have the same number of vulnerabilities (4 identified vulnerability indicators), client B has a longer documented length of time homeless.

Who Benefits from the Flexibility Afforded by the New Policy (Case Examples)?

A 55-year-old woman, Jane, sleeps outside and is disengaged from all or most services. It is evident that she has a serious mental illness, but the provider is unable to get a formal diagnosis as she refuses to speak to anyone unfamiliar. The Outreach worker just started working with Jane six months ago, but Jane is a poor historian and cannot tell the worker how long she has been homeless. Without a formal diagnosis and confirmation of length of time homeless, we cannot confirm that she meets the definition of chronic homelessness. Given her extreme vulnerability, under our new policy she can now be prioritized for PSH without meeting the chronic definition.

Jim is an 82-year-old man who has been staying in the shelter for the last 13 months. He has been diagnosed with cancer and is receiving chemotherapy. While he has the length of time, cancer is not considered a disability, therefore he does not meet the definition for chronic homelessness. However, under the new policy emphasizing vulnerability and length of time, he can now be prioritized for locally-funded PSH.

Chronic Homeless Clients

Case managers will continue to document clients who are meeting the HUD definition of chronicity with a documented disability and email Coordinated Entry Data Specialist for tracking purposes. When defining chronically homeless we will be continuing to adhere to the HUD definition. Third party verification or self-verification will be considered as the length of time homelessness for a maximum of 3 months. All other verification of length of time will be based off HMIS records.

For locally-funded programs – A program can accept a client without the documentation of disability, but a provider needs to obtain the disability document within 45 days of acceptance.

For HUD Funded CoC program – Documentation of disability is required before a program accepts the client.

VACANCY

In order to successfully match referred clients to housing programs, housing programs must report vacancies and complete the Montgomery County, Maryland Permanent Housing Vacancy form in HMIS. When possible, notification of a unit vacancy should be provided at least one month before the unit is available for a client, but at the latest as soon as the unit is vacated by the current occupant.

APPENDIX I

Table 1.0 tells us that out of the 425 Chronic housed individuals, 13 clients were housed with RRH, 371 individuals were housed into PSH, and the other 41 individuals were either housed into room rentals, housed with family, housing choice vouchers or into RRP (The Residential Rehabilitation Program).

Table 1.0 CH Priority (Housed) 2016-2019 (Total 425)

Agency Assigned	Count of Chronic Priority (Housed)
Core Services IDDT program	1
Cornerstone RRP	1
Home Crest House	1
HOPWA	1
Housing Choice Voucher	8
Montgomery Arms	1
Moved to his country	1
PSH	371
Rapid Re Housing	13
Rental by client	17
(blank)	
Living with family	7
Nursing home	3
GRAND TOTAL	425

APPENDIX II

Terms used throughout this policy are defined below

Coordinated Entry System

Coordinated Entry is a centralized and streamlined system for accessing housing and support services and is required by the U.S. Department of Housing and Urban Development (HUD)for all Continuums of Care. HUD promotes some key strategies to address homelessness, such as ensuring that all low-barrier access to services, implementation of a common assessment tool to ensure uniform decision-making, and prioritization of housing and services to the most vulnerable.

The Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT)

In 2015, the County officially adopted two measurement tools – the "Vulnerability Index–Service Prioritization Decision Assistance Tool" (VI-SPDAT) and the "Full-Service Prioritization Decision Assistance Tool" (SPDAT). Both the VI-SPDAT and Full SPDAT serve as the common assessment tool for the Montgomery County CES and is used to determine the most appropriate housing intervention for households experiencing homelessness.

The VI-SPDAT and full SPDAT are administered by provider staff and clients are given a score that represents their expected service needs for Permanent Supportive Housing and Rapid Rehousing.

The scoring and priority levels are as follows:

Priority	VI-SPDAT	SPDAT
Very High (Priority 1)	16+	50+
High (Priority 2)	14-15	45-49
Medium (Priority 3)	13	40-44
Low (Priority 4)	9-12	38-39
Rapid Rehousing	4-8	20-37

Montgomery County Housing Support Services Acuity Scale for Adult Only Households

The Montgomery County Housing Support Services Acuity Scale for Adult Only Households is a screening tool developed by Montgomery County Services to End and Prevent Homelessness to identify and assess a person's level of independence and support needed in a variety of areas related to housing stability, income and benefits, health, and access to

supportive services/resources. Scores in the Montgomery County Housing Support Services Acuity Scale for Adult Only Households can also be used to help identify clients who are ready to consider other housing options with community-based supports outside of the supportive housing program. It also speaks to the severity of a presenting issue, as a higher score represents more complex, co-occurring issues that are likely to impact overall housing stability.

Housing First

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, housing first is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. (National Alliance to End Homelessness https://endhomelessness.org/resource/housing-first/)

Progressive Engagement

Progressive engagement refers to a strategy of providing a small amount of assistance to everyone entering the homelessness system. For most households, a small amount of assistance is enough to stabilize, but for those who need more, more assistance is provided. This flexible, individualized approach maximizes resources by only providing the most assistance to the households who truly need it. This approach is supported by research that household characteristics such as income, employment, substance use., etc. cannot predict what level of assistance a household will need.
https://endhomelessness.org/resource/progressive-engagement-stability-conversation-guide/

Chronic homelessness (HUD Definition):

HUD defines chronic homelessness where an individual who meets the following criteria:

- **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: [An individual who can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)),

post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability]

  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least **12 months** [one year] or on at least 4 separate occasions in the last 3 years,[where each homeless occasion was at least 15 days] **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 (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute 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 the institutional care facility;**

- 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 (1) of this definition, before entering that facility; or
- 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 (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless. https://nlihc.org/resource/hud-publishes-final-rule-definition-chronic-homelessness

Disability (HUD Definition):

A Physical, Mental, or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, substantially impedes the individual's ability to live independently, and could be improved by the provision of more suitable housing conditions.

Documenting Verification of Disability

Per HUD requirements, all PSH participants must have a long-term disabling condition that includes substance use disorder, serious mental illness, developmental disability post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. The condition must be documented with third-party documentation. Third party verification is accepted through the following options:

- 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; OR
- Written verification from the Social Security Administration; OR
- The receipt of a disability check; OR
- Intake staff-recorded observation of a disability that, no later than 45 days of the application for assistance, is confirmed and accompanied by evidence; OR
- Other documentation approved by HUD

The full policy can be reviewed at https://www.hudexchange.info/resource/1928/hearth-defining-homeless-final-rule /