

Housing, Matching & Referral-Prioritization Policies

Matching, Referral, and Prioritization Policies

[Santa Clara County CoC]

Match to Program Type

Santa Clara County uses the VI-SPDAT to determine the best type of housing intervention for the individual or household being assessed. Those who are identified to have high acuity are referred to permanent supportive housing. Those with moderate acuity are referred to rapid rehousing. People who are assessed to be low acuity most likely will be able to resolve their homelessness without a housing intervention. Since Santa Clara County has limited housing capacity, housing interventions will be prioritized for those who most need it. Individuals and households with low acuity will be referred to other, non-permanent housing interventions. This could include deposit assistance from an Emergency Assistance Network provider, making sure they are connected to public benefits, and referring to other services in the community.

Prioritization

Santa Clara County has a significant shortage of housing opportunities compared to the need. Thus, the coordinated assessment system will triage people and house those who are most in need first. Permanent Supportive Housing placements will be prioritized for those who have been homeless on the streets or in emergency shelter for at least a year and with the highest acuity, thus serving those who are most in need and most at risk if they remain on the streets, first.

Using VI-SPDAT scores, individuals/households are assigned to the most appropriate type of housing intervention (permanent supportive housing, rapid rehousing, or no housing intervention). Within those groups, individuals and households will be prioritized based on:

Permanent Supportive Housing Prioritization Criteria:

- 1) VI-SPDAT Score – Those who have been on the street, in emergency shelter, and/or places not meant for human habitation for at least a year with the highest acuity will be served first.
- 2) Length of Time Homeless – Among those with the same VI-SPDAT score, individuals/households who have been homeless the longest will be prioritized first.
- 3) High Use of Services – Among those with the same VI-SPDAT score and the same length of time homeless, individuals/households will be prioritized based on the level of utilization of County services, with those with the highest utilization served first.

To reflect our commitment to serve those most in need and most at risk, the CoC will work with all CoC funded permanent supportive housing projects to phase in turnover beds to be dedicated or prioritized for the chronically homeless.

Rapid Rehousing Prioritization Criteria:

- 1) VI-SPDAT Score – Those with the highest score within the rapid rehousing range will be served first.
- 2) Risks Score – Among those with the same VI-SPDAT score, individuals/households with the highest Risks sub-score in the VI-SPDAT will be prioritized first.
- 3) Length of Time on the Community Queue – Among those with the same VI-SPDAT score and the same Risks score, individuals/households will be served in the order they completed the assessment.

Housing Referrals

Matches to Housing Opportunities

Matches are facilitated by staff in the Office of Supportive Housing (OSH). When a permanent housing program has a space available, the designated OSH representative will use the community queue in HMIS to identify the household or individual to be referred by:

- 1) Filtering the community queue based on the type of housing intervention (permanent supportive housing or rapid rehousing) so that it pulls a list of individuals/households that have matched to that type of housing.
- 2) Filtering the community queue based on the eligibility criteria of the housing program.
- 3) Prioritizing the community queue based on the prioritization methodology described above.

The OSH representative will then make a referral in HMIS to the permanent housing program. OSH staff will provide human judgment and discretion in making referrals based upon the prioritization and match-making methodology laid out in this document. Discretion may include taking into account a client's known preferences when making matches, avoiding referrals to programs where an individual/household has had a serious violation in the past, and addressing inconsistencies or concerns in the assessment or eligibility information entered in HMIS. Any match that requires some flexibility outside the methodology described here requires approval from a senior manager in the OSH.

Housing Program Inventory

All participating housing providers will enter their program inventory and eligibility criteria in HMIS. Program staff will work with the HMIS system administrator and OSH to make sure program information stays up to date. Additional eligibility criteria will be used to pre-screen individuals and households on the queue for basic eligibility.

Updates to Assessments

As long as individuals/families remain homeless, they should complete the VI-SPDAT annually to capture changes in their circumstances. In addition, individuals/households may complete an update whenever they experience a significant change in their circumstances. The update would include an HMIS update and a new VI-SPDAT.

Permanent Supportive Housing – Matching and Prioritization

[DC]

The following represents the uniform process utilized across the community for prioritizing placement into permanent supportive housing for single individuals. The VI-SPDAT and SPDAT will be the ONLY tools used to assess individuals at the point of entry. The assessment scores will be used to triage individuals into the appropriate category of intervention.

For individuals that score 10 or above on the VI-SPDAT, or that score 35 or above on SPDAT, which signals a recommendation for permanent supportive housing, individuals will be prioritized based on the following criteria (*only going to the next level as needed to break a tie between two or more individuals*):

1. Assessment Score: The first prioritization criteria will expedite placement into housing for individuals with the most severe medical needs who are at greater risk of death. This score would be based on questions 1-50 of the VI-SPDAT, with a maximum score of 20, or all 15 domains of the SPDAT, with a maximum score of 60.

2. Unsheltered Sleeping Location: The second prioritization criteria is the location where the individual sleeps, based on question 13 of the VI-SPDAT version 1, or responses to the “Involvement in Higher Risk and/or Exploitive Situations” and “Self Care & Daily Living Skills” components of the SPDAT. Unsheltered individuals will be given priority over sheltered individuals.

3. Length of Time Homeless: The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest, based on question 1 of the VI-SPDAT version 1 or the “History of Housing & Homelessness” domain of the SPDAT.

4. Overall Wellness: The second prioritization factor targets individuals with similar medical needs as criteria number 1, who will be prioritized when they have behavioral health conditions or histories of substance use, which may either mask or exacerbate medical conditions. This score will be based on questions 21 through 50 of the VI-SPDAT version 1 (i.e., the "Wellness Domain"), or the combined responses to the “Mental Health & Wellness & Cognitive Functioning,” “Physical Health & Wellness,” “Substance Use,” “Medication” and “Experience of Abuse and/or Trauma” domains of the SPDAT.

5. Date of VI-SPDAT Assessment: The final prioritization criteria will be the date of the individual’s assessment, giving priority to the earliest date of assessment.

Rehousing:

The following represents the uniform process utilized across the community for prioritizing placement into rapid rehousing for single individuals. The VI-SPDAT and SPDAT will be the ONLY tools used to assess individuals at the point of entry. The assessment scores will be used to triage individuals into the appropriate category of intervention. Individuals that score between 5 and 9 on the VI-SPDAT, or that score between 20 and 35 on SPDAT, which signals a recommendation for rapid rehousing, who express interest in rapid rehousing will be prioritized through the process described below. Assessors should describe the core components to rapid rehousing through the following standardized messaging:

- RRH is designed to facilitate movement into market rate housing as quickly as possible while providing the support needed to achieve that goal
- Time-limited support and financial assistance to pay rent so that when the program ends, participants are able to pay the full rent independently.
- The length of rental assistance and support depends on each person’s individual needs.
- Financial assistance provided is on a case-by-case basis
- Assistance in identifying and accomplishing other short term goals outside of housing, such as employment, connection to benefits, legal assistance/referrals, personal financial planning services, transportation services, etc.
- Able to connect participants with longer term community resources to help maintain housing as well.

Among rapid rehousing referrals, the following process will be used to prioritize for placement -
For individuals that score 5 through 9 on the VI-SPDAT, which signals a recommendation for Rapid Rehousing, individuals will be prioritized based on the following criteria (*only going to the next level as needed to break a tie between two or more individuals*):

1. Date of VI-SPDAT Assessment: The first prioritization criteria will be the date of the individual's assessment, giving priority to the most recent date of assessment.

2. Unsheltered Sleeping Location: The second prioritization criteria is the location where the individual sleeps, based on question 13 of the VI-SPDAT. Unsheltered individuals will be given priority over sheltered individuals.

3. Length of Time Homeless: The third prioritization factor is the length of time an individual has experienced homelessness, giving priority to the person that has experienced homelessness the longest (based on question 1 of the VI-SPDAT).

Based on the quantity of available units, rapid rehousing will be targeted through an equal distribution of VI-SPDAT scores. If 10 rapid rehousing openings become available, 2 individuals scoring 9, 2 individuals scoring 8, 2 individuals scoring 7, 2 individuals scoring 6 and 2 individuals scoring 5 would be referred for placement. The equal distribution of rapid rehousing placements will prioritize by VI-SPDAT score recommending that intervention. If 3 rapid rehousing openings become available, 1 individual scoring 9, 1 individual scoring 8, and 1 individual scoring 7 would be referred. Similarly, if 11 openings became available, 3 individuals scoring 9 would be referred, with 2 individuals from VI-SPDAT scores of 5 through 8. For veterans served through SSVF, SSVF will continue to prioritize placements from the universal registry for all eligible individuals with military service history recommended for rapid rehousing (scoring 0-9 on VI-SPDAT). Due to the amount of funding currently available for the program, a limited number of direct referrals may be made.

Prioritization standards

[Minnesota Statewide]

The matching process and eventual referral linkage process will take into account a set of prioritization criteria for each project type. The order of client priority on the prioritization list will under no circumstances be based on disability type or diagnosis. CoC's will establish priority for each project type based on the severity of the needs, length of time homeless, or subpopulation characteristics, depending on the specific CoC component type. CoC's that do not adopt and comply with these priority standards must provide documentation that demonstrates different local needs warrant an alternative approach to service strategy prioritization.

1. Individuals and families will be referred to ***Rapid Re-Housing*** according to the following prioritization criteria:

- At least **75%** of available RRH resources must be filled with individuals or families that score for RRH based on the VI-SPDAT as determined by each CoC. CoC's may enact more rigorous standards.

2. Individuals and families will be referred to ***Transitional Housing*** according to the following prioritization criteria:

- At least **75%1** of available TH units within a CoC must be filled with households that score for TH based on the VI-SPDAT **AND** meet the criteria of at least one of the priority groups identified below:
 - **Youth** – All individuals between the ages of 15-24 who present as a household. This can include unaccompanied youth (household size of one), and multiple youth who are seeking assistance together.
 - **Youth Parents** – Women and men between the ages of 15-24 who are the parent of at least one child and are seeking assistance with that child(ren).
 - **Domestic Violence survivors** – Individuals and families with at least one person who identifies a domestic violence experience as the primary reason causing their housing crisis.
 - **Persons being released from correctional facilities** and were homeless before entering prison/jail **Pregnant women** - Women who are pregnant, regardless of their age or whether they have any additional children.
 - **Persons in the early stages of AOD addiction recovery** - Individuals and families with at least one person who recently began receiving services to assist in their recovery from alcohol or other drug addiction. This can include (but is not limited to) people who were recently released from a treatment center or other institution.
 - **Veterans (choosing Grant and Per Diem - GPD)**

3. Individuals and families will be referred to **Permanent Supportive Housing** according to specific prioritization protocols as defined by each CoC which must include the following attributes:

- Chronic homelessness as defined by HUD
- Long-Term-Homeless as defined by State of MN
- Longest history of homelessness
- Most severe service needs as determined by the VI-SPDAT score

Low barrier policy

CoC providers will make enrollment determinations on the basis of limiting barriers to enrollment in services and housing. No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Funders restricting access to projects based on specific client attributes or characteristics will need to provide documentation to the CoC providing a justification for their enrollment policy. CoC projects offering Prevention and/or Short-Term Rapid Rehousing assistance (i.e. 0 – 6 months of financial assistance) may choose to apply some income standards for their enrollment determinations.

Priority Policy – PSH

[Maine]

Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1st Priority:

Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; **and**
2. The CoC Program has identified the chronically homeless individual or head of household as having severe service needs.

2nd Priority:

Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

3rd Priority:

Chronically Homeless Individuals and Families with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
2. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

4th Priority:

All Other Chronically Homeless Individuals and Families.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

1. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at

least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and

2. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in the next section may be followed.

Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

CoC Program-funded *non-dedicated and non-prioritized* PSH should offer housing to chronically homeless individuals and families first, but minimally are required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless.

1st Priority:

Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and has been identified as having the most severe service needs.

2nd Priority:

Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

3rd Priority:

Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.

An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

4th 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 coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing – all are eligible for PSH even if they did not live on the streets, emergency shelters, or in a safe haven.