**VCEH Coordinated Entry**

**Permanent Supportive Housing (PSH) Policy**

**Access & Referral for Permanent Supportive Housing:**

Each Local Coordinated Entry Partnership will maintain a local Permanent Supportive Housing Prioritization list.

Primary Reason: Availability of PSH is based on having both a subsidy/unit AND services. Service capacity is inherently local and thus necessitates a local list.

* Use the coordinated entry process to refer onto a PSH prioritization list – e.g., housing barriers assessment must be completed. Only assessment partners and the local lead agency can refer directly to the list.
* This list can use unique IDs in place of names, etc., for confidentiality purposes
* The list can be generated in and exported from HMIS, and others can be added to the list outside of HMIS (e.g., those working with a DV provider). Adding to the list need not wait for a monthly review meeting.
* The Lead Agency is responsible for providing support to manage the list(s)
* The list should be (re)generated/updated and reviewed at least monthly. Review of the list should be done by all local PSH providers.
  + As services and vouchers become available, Permanent Supportive Housing agencies anticipate openings and review list.
  + Review of the list should consider eligibility for specific services/subsidies, how agencies can work together to enroll a client
* Agencies providing PSH can and should enroll folks from the prioritization list in between meetings, as needed.
* There is shared accountability for enrolling households into a PSH project from the top of the list
  + There are limited legitimate reasons that can be considered when not enrolling the top client: eligibility for program, client choice/preference
* A state PSH prioritization list can be generated, as needed
* The Local CE Partnership Agreement needs to be in place. Respective agencies need to sign the agreement. Client Release of Information needs to be in place.

**General Prioritization Agreed Upon by VCEH CE Committee:**

1. Chronic Homelessness, then PSH Prioritization Points (Longest History of Homeless + Most Severe Service Needs)
2. NonChronic Homelessness + Disability, then PSH Prioritization Points (Longest History of Homeless + Most Severe Service Needs)
3. NonChronic Homelessness without Disability, then PSH Prioritization Points (Longest History of Homeless + Most Severe Service Needs) – It is not anticipated that these households would be eligible for most PSH programs

Where clients are equally ranked on the list, priority will first be given to those who are unsheltered, then those in emergency shelter/safe haven, then those in transitional housing.

This prioritization follows the guidance from HUD on PSH Prioritization.

**Permanent Supportive Housing Prioritization Points**

This information will be captured through the VCEH Housing Barriers Assessment.

“Longest History of Homelessness” will be considered as the cumulative time spent homeless (over lifetime)

Mark “1” for 1 -2 years of homelessness

Mark “2” for 2 – 5 years of homelessness

Mark “3” for more than 5 years of homelessness

Mark Here: \_\_\_\_\_\_\_\_\_

The following list is intended to identify households with the “Most Severe Service Needs”. Check all those that apply, include all members of a household unless otherwise stated:

One or more trips to the Emergency Room in the past year

One or more stays in a psychiatric facility (lifetime)

One or more stays in prison/jail/correctional facility (lifetime)

One or more stays in a substance abuse treatment facility (lifetime)

One or more stays in another type of residential facility (including a nursing home or group home) (lifetime)

Was in foster care as a youth, at age 16 years or older

Had one or more experiences of homelessness before the age of 25 (adults in household)

Current open case with Family Services (DCF child welfare)

No cash income during the past year

Survivor of domestic/sexual violence or trafficking

Currently unsheltered or living in a place unfit for human habitation

Household member living with HIV/AIDS

Acute care need (e.g., severe infection, acute diabetic condition, mental health crisis)

Count up checked boxes, Total Here: \_\_\_\_\_\_\_\_\_

Total Longest History Homeless + Severe Service Needs:\_\_\_\_\_\_\_\_\_\_

Prioritization is different than eligibility verification. For the purposes of prioritization, self-reported information is sufficient.

*Engagement in services is something that is negotiated at the point of enrollment, it is not to be considered in the context of prioritization.*