

**BROWARD HOMELESS CONTINUUM OF CARE FL-601  
COORDINATED ASSESSMENT AND HOUSING PLACEMENT  
PRIORITIZATION WRITTEN STANDARDS**

**Approval Date: September 8, 2016**

**Version: 1.2**

## COORDINATED ASSESSMENT AND HOUSING PLACEMENT PRIORITIZATION

### Introduction:

The Coordinated Assessment and Housing Placement (CAHP) system is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, prioritize persons with severe service needs for the most intensive interventions, and provides for a centralized referral process for Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH) Transitional Housing (TH), and Shelter plus Care (S+C) programs. The CAHP system is modeled after a housing first approach, and will thus work to connect households with the appropriate housing opportunity, as well as any necessary supportive services as quickly as possible. The Homeless Management Information System (HMIS) is used to manage all data and information used in these processes.

The CoC Interim Rule establishes these coordinated assessment responsibilities and establishes basis minimum requirements for a CoC coordinated assessment in (578.7 (a) (8)). In addition, HUD Notice CPD-14-012 issued on July 28, 2014 provides provisions and requirements for Broward CoC to adopt as the baseline written standards for operations for the prioritization of persons experiencing chronic homelessness and other vulnerable homeless persons in Permanent Supportive Housing (PSH) and record keeping requirements for documenting chronic homeless status.

The purpose of the Broward CoC CAHP is to achieve the following goals:

- 1) To assist in assessing individuals and families (collectively referred as “clients”) consistently to determine program eligibility;
- 2) To create a more streamlined process for accessing and providing assistance to clients who are currently or at imminent risk of experiencing homelessness;
- 3) To decrease the time housing providers spend processing requests for assistance; and
- 4) To improve data collection and quality that supports data-driven decision-making based on client level needs.

Broward CoC currently has various agencies that work together as part of the CAHP system to facilitate multiple points for access and appropriate assessment for subpopulations, while maintaining standardized processes and intervention tools. The entire system uses a “no wrong door’ approach, while doing so through a standardized process from initial engagement to successful housing placement. The major advantages of this decentralized model is that it increases the capacity to handle large number of clients over a vast geographic area. All sites are coordinated as they use the same assessment forms, HMIS system, referral process, and have equal access to the same set of resources. The CAHP system is broken down in two distinctive stages:

1. Multipoint Coordinated Intake and Assessment Process; and
2. Housing Placement.

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### Multipoint Coordinated Intake and Assessment Process:

Intake: Broward County CoC uses a hybrid centralized and decentralized intake model as the first point of entry to screen clients and then refers them to select agencies for further assessment and referrals. Intake into the system includes: a homeless hotline (First Call for Help of Broward aka 2-1-1); a domestic violence help line (Women in Distress of Broward County); a street outreach team (TaskForce Fore Ending Homelessness); three very large county-funded emergency shelters, collectively known as the Homeless Assistance Shelters (HACs); Safe Haven, and an interfaith community-based shelter network (Salvation Army). These organizations represent the most common and well-known ways that individual and households can access homeless assistance services and housing opportunities to reduce homelessness.

Standardized Assessment: Broward County CoC uses a phased assessment processes to determine the appropriate housing intervention needed that include the Level 1 Assessment and the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) tool that helps determine client(s) acuity level.

The first phase in the process involves asking the client a set of questions to determine which programs or services are most appropriate to meet their needs and prioritize them for various services. Level 1 Assessment determines client(s) eligibility for services based on HUD’s Criteria of Defining Homeless (Category 1, Category 2, Category 3, and Category 4). Category 4 clients (victim(s) of domestic violence) are referred immediately to Women in Distress of Broward County. Please see Appendix A for details on the Criteria for Defining Homelessness.

The intervention tool is used to determine each household’s housing and service needs. Households that are housed, and in need of resources, may receive information and referral to resources, including affordable housing. In addition, they may also receive prevention and diversion assistance to help resolve any issues related to housing.

Those clients that are found to be in Category 1 (Literally Homeless) or Category 2 (Imminent Risk of Homelessness) are referred to one of the three (3) HACs, TaskForce Fore Ending Homelessness, Safe have and Salvation Army for a VI-SPDAT assessment.

The second phase uses the VI-SPDAT tool. The VI-SPDAT is designed to quickly assess the health and social needs of those experiencing homelessness and helps identify the best type of support and housing intervention that is appropriate for the client(s). The tool is not only used to determine each household’s housing and service needs, but also to provide a common approach to prioritizing households for various housing program referrals. Referrals to additional services are made based on the following factors:

- I. Results of the assessment tool process;
- II. Bed availability and number of people on intervention priority lists;
- III. Established system-wide priority populations; and

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- IV. Program eligibility admission criteria, including populations served and services offered.

After the VI-SPDAT is administered to a literally homeless client, the following happens:

- I. The case worker who completes the VI-SPDAT places the household on the housing prioritization for referral to the identified RRH, TH, PSH, or S+C programs;
- II. As housing program openings become available, the Broward CoC lead prioritizes households for referral to various programs based on the Housing Placement Prioritization process. This detailed process is explained below;
- III. The Broward CoC lead sends the referral via HMIS to the identified agency. Agency case managers begins to work with the client to find housing and appropriate support services; and
- IV. After appropriate housing is identified, agency staff administer ongoing assessment and case management as appropriate.

The CAHP System uses the criteria mentioned Appendix C (Housing Prioritization tool) as well as Appendix D (Prioritization Standards) to accurately match client needs to resources.

HMIS and Housing Placement Prioritization List(s): The housing eligibility assessment and referral process is built into the Broward CoC HMIS System to promote accuracy and transparency across service providers. All assessment and VI-SPDAT are recorded in the HMIS within 48 hours of when the information was first collected. The primary purposes of using HMIS for CAHP is to store client data and enable case management personnel to use HMIS as a referral platform for housing and services providers. Additionally, HMIS is also used in this process to provide data on client outcomes to case management personnel, housing service providers, and shelter staff to monitor homeless prevention and housing. Finally, HMIS serves as a communication platform for coordinated entry sites to view client assignments and share information on the households they serve and reduce unnecessary duplication.

The HMIS lead staff then produces a HMIS generated single housing placement prioritization waiting list which is then reviewed by the Broward CoC Lead. Clients are subsequently referred to the appropriate housing programs. Broward CoC NOFA, County funded, and ESG funded PSH, RRH, and TH programs can only accept referrals through the single, prioritized PSH, RRH and TH waiting list that are created through Broward CoC CAHP system. In addition, no agency other than the Broward CoC Lead will operate PSH, RRH, or TH project waiting list(s) outside of the CAHP system.

Housing Placement Prioritization: Broward CoC has adopted the provisions and requirements set out in HUD Notice CPD-14-012 for prioritizing housing placement for persons experiencing chronic homelessness and other vulnerable homeless persons in its PSH program. The following link provides the definitions and more details that are used to prioritize the placement of chronically homeless clients: <https://www.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf> . (Please see attached pdf file in Appendix E)

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Agencies within the Broward CoC have agreed to prioritize clients who are chronically homeless for the PSH beds not already dedicated to chronically homeless within the CoC that become available through turnover, such that:

1. Agencies will hold turnover beds open for a period of 14 calendar days while searching for clients who are chronically homeless
2. Search methods can include consulting existing waiting lists and coordinated assessment information.
3. Agencies will make efforts to help clients who are chronically homeless address program requirement barriers that might otherwise exclude them from qualifying
4. If a chronically homeless client cannot be found within the 15-day time period, the turnover bed will be filled by the normal agency process

Broward CoC will prioritize clients who are referred to the centralized PSH wait list through its coordinated intake and assessment process as follows. (Please see Appendix E Notice: CPD-14-012 for additional details):

1. Prioritizing PSH Beds Dedicated to Serve Chronically Homeless Clients:

- I. First Priority – Chronically Homeless clients with the longest history of homelessness and with the most severe service needs
  - i. Continual twelve (12) month or on at least four (4) separate occasions in the last three (3) years where the cumulative total length is at least twelve (12) month
  - ii. Streets, safe haven or shelter

**CH + Longest History + Highest Acuity**

- II. Second Priority – Chronically Homeless clients with the longest history of homelessness

**CH + Longest History**

- III. Third Priority – Chronically Homeless Clients with most severe service needs

**CH + Highest Acuity Score**

- IV. Forth Priority – All Other Chronically Homeless Clients

- i. Four (4) separate occasions in the last three (3) years where the cumulative length is less than 12 months
- ii. Streets, safe haven or shelter

**CH**

**Veterans who are determined ineligible for housing services provided through the US Department of Veterans Affairs (VA) will be prioritized respectively in every category (I-IV) that is listed above. Veterans who are eligible for VA housing services will be referred to VA first and will not receive priority outside of the categories mentioned above.**

**If no chronically homeless clients can be identified to prioritize for the PSH beds dedicated for the chronically homeless population, then the Broward County prioritization list based on clients VI-SPDAT scores will follow the categories for Prioritizing PSH Beds that are not for Dedicated**

2. Prioritizing PSH Beds that are not for Dedicated Chronic Homeless Clients

- I. First Priority – Homeless clients with a disability and most severe service needs
  - i. Streets, safe havens, shelter for any period including
  - ii. Clients exiting an institution where they have resided for less than ninety (90) days and were on the streets, safe have, shelter immediately before the institution

**Homeless + Disability + Highest Acuity**

- II. Second Priority –Homeless clients with a disability with a long period(s) of continuous or episodic homelessness
  - i. Streets, safe have, shelter for continuously for at least six (6) months or on at least three (3) separate occasions in the last three (3) years where the cumulative total is at least six (6) months including
  - ii. Clients exiting an institution where they have resided for ninety (90) days or less and were on the streets, safe have, shelter immediately before the institution and were there continuously for at least six (6) months or on at least three (3) separate occasions in the last three (3) years where the cumulative total in at least six (6) months

**Homeless +Disability + Longest/Longest Episodic**

- III. Third Priority – Homeless clients with disabilities coming from places not meant for human habitation, safe havens, or emergency shelters (Note: Clients from transitional housing are excluded from the third priority)

**Homeless + Disability**

- IV. Fourth Priority – Homeless clients with a disability coming from transitional housing
  - i. Must have been on streets or in an emergency shelter or safe haven prior to moving into transitions housing, except
  - ii. If the homeless individual or if family is a domestic violence household and currently in transitional housing – they did not have to be on streets, shelter or safe haven prior to be in the transitional housing

**TH + Disability or DV victim**

**Prioritization of Tie Breaker:** If there are two (2) or more homeless clients that have the same VI-SPDAT score, then the following criteria will apply:

1. Veteran Status

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2. Unsheltered Sleeping Location
3. Medical Vulnerability (Those with severe medical needs who are at a greater risk of death)
4. Overall Wellness (Behavior health, mental health, history of substance use, or other behavioral health conditions that mark or exacerbate medical condition)
5. Length of Time of Homelessness (Prioritize those experiencing homelessness the longest)
6. Date of VI-SPDAT (Prioritize those experiencing homelessness the longest)

Housing Navigators: Clients will be referred to the two (2) Housing Navigators located at the North and Central HACs, who in turn will assist individuals and families to locate and obtain permanent housing. Eligible clients will have incomes of 30% to 50% or below Area Median Income. Typically the point of entry will be those clients that come from the emergency or transitional shelters, places not meant for human habitation and youth exiting transitional housing into permanent housing. The role of the Housing Navigators is to achieve the following goals:

1. Prioritize which clients should receive what type of housing assistance intervention, and assist in determining the intensity of case management services more efficiently;
2. Prioritize the sequence of clients receiving those services;
3. Help prioritize the time and resources of provider case managers;
4. Allow Team Leaders and program supervisors to better match client needs to the available inventory;
5. Assist Team Leaders and program supervisors to support Frontline Workers and establish service priorities across their teams;
6. Provide assistance with case planning and encourage reflection on the prioritization of different elements within a case plan; and
7. Improved data management: Track the depth of need and service responses to clients over time.

Housing Prioritization for Rapid Rehousing: Clients as well as those veterans who are not eligible for Supportive Services for Veteran Families (SSVF) can be referred to RRH program if they express an interest in the program. Client(s) interest in the program is gauged through a standard script (Appendix C, Page 15). Based on the quantity of available units, RRH placement will use the following prioritization process:

1. RRH will be targeted through an equal distribution of VI-SPDAT scores. For example, if 20 RRH openings are available, 4 clients scoring 9, 4 clients scoring 8, 4 clients scoring 7, 4 clients scoring 6, and 4 clients scoring 5 would be referred for placement.
2. For clients with the same VI-SPDAT score prioritization will be based on the following tiebreaker criteria. Please only go down to the next level as needed to break a tie between two or more clients:
  - I. Unsheltered Sleeping Location: Priority given to unsheltered client over sheltered client;

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- II. Length of Time Homeless: Priority given to client that has experienced homelessness the longest;
- III. Date of VI-SPDAT Assessment: Priority given to the most recent date of assessment;
- IV. Overall Wellness: Priority given to client with medical needs when they have behavior health conditions or histories of substance use, which may either mask or exacerbate medical conditions; and
- V. Medical Vulnerability: Priority given to client with severe medical needs who are at greater risk of death.

Housing Providers: All agencies in Broward CoC that provide housing to those clients experiencing homelessness must:

1. Identify if the housing intervention is PSH, RRH, or TH;
2. Housing Providers must notify the Broward CoC Lead when they have open and current housing inventory;
3. Housing Providers must follow the Housing Prioritization process for PSH, RRH and TH;
4. Matches will be made via the HMIS and email;
5. Housing Providers will receive five (5) referrals for every one opening/vacancy they have. This helps promote choice on behalf of client referred and the Housing Provider;
6. Upon receiving the referrals, the Housing Provider will first contact the Housing Navigator(s) to coordinate contact with client and set up intake appointments;
7. Housing Providers must communicate to the Broward CoC Lead when each match does not lead to successful program entry and provide the reasons why they were not housed so that client(s) can be un-assigned from the HMIS Provider in the HMIS;
8. Housing Providers must communicate to the Broward CoC Lead when each match leads to a successful program entry and provides the date the client moves into housing; and
9. Update the client status in HMIS.

### Record and Financial Recordkeeping Requirements:

Agencies that are required by Federal, State, and County regulations and/or statutes participate in Broward CoC must adhere to the following requirements:

1. Recordkeeping Requirements:
  - I. All records containing personally identifying information must be kept secure and confidential;
  - II. Programs must have written confidentiality/privacy notice a copy of which should be made available to participants if requested;
  - III. Documentation of homelessness ((following HUDs guidelines as mentioned in 24 CFR 576.500 (b)). Documentation of Homelessness must follow HUD's guidance, listed below in order of preference below and also explained in Appendix D:

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- a. Literally Homeless (Category 1): third party verification; written observation by an outreach worker; or certification by the individual or head of household seeking assistance stating he/she was living on the streets or in a shelter.
- b. Imminent Risk of Homelessness (Category 2): a court order resulting from an eviction action notifying the individual or family they must leave within 14 days; OR for an individual or family leaving a hotel or motel evidence they lack the financial resources to stay; OR a documented written or oral statement that the individual or family will be literally homeless within 14 days AND self-certification or other written documentation that the individual lacks the financial resources and support needed to obtain permanent housing.
- c. Chronically Homeless Individuals and Families with the most Service Needs (Category 3): third party verification; written observation by an outreach worker; or certification by the individual or head of household seeking assistance stating he/she was living on the streets or in a shelter.
- d. Fleeing or Attempting to Flee Domestic Violence (Category 4): For Victim Service Providers: An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence and they lack resources. Statement must be documented by a self-certification or certification by the intake worker.

For Non-Victim Service Providers: Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and Certification by the individual or head of household that no subsequent residence has been identified; and Self-certification or other written documentation that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

- IV. A record of services and assistance provided to each participant;
- V. Documentation of any applicable requirements for providing services/assistance;
- VI. Documentation of use of coordinated assessment system;
- VII. Documentation of use of HMIS; and
- VIII. Records must be retained for the appropriate amount of time as prescribed by HUD.

Please see Appendix B for details on Recordkeeping Requirements based on Homeless Category.

### 2. Financial Recordkeeping Requirements:

- i. Documentation for all costs charged to the grant;
- ii. Documentation that funds were spent on allowable costs;
- iii. Documentation of the receipt and use of program income;
- iv. Documentation of compliance with expenditure limits and deadlines;
- v. Retain copies of all procurement contracts as applicable; and

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- vi. Documentation of amount, source and use of resources for each match contribution.

Nondiscrimination Requirements: All agencies that participate in the Broward CoC regardless of their funding source and the type of service/housing that they provide must comply with the nondiscrimination provisions of Federal civil right 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.

**Appendix A**

**Criteria for Defining Homeless**



# Homeless Definition

<b>CRITERIA FOR DEFINING HOMELESS</b>	<b>Category 1</b>	Literally Homeless	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u></li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	(2) Individual or family who will imminently lose their primary nighttime residence, provided that: <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>(ii) No subsequent residence has been identified; <u>and</u></li> <li>(iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	(3) Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: <ul style="list-style-type: none"> <li>(i) Are defined as homeless under the other listed federal statutes;</li> <li>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;</li> <li>(iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; <u>and</u></li> <li>(iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	(4) Any individual or family who: <ul style="list-style-type: none"> <li>(i) Is fleeing, or is attempting to flee, domestic violence;</li> <li>(ii) Has no other residence; <u>and</u></li> <li>(iii) Lacks the resources or support networks to obtain other permanent housing</li> </ul>

Appendix B

Recordkeeping Requirements



# Homeless Definition

RECORDKEEPING REQUIREMENTS  	<b>Category 1</b>	Literally Homeless	<ul style="list-style-type: none"> <li>• Written observation by the outreach worker; <u>or</u></li> <li>• Written referral by another housing or service provider; <u>or</u></li> <li>• Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter;</li>   <li>• For individuals exiting an institution—one of the forms of evidence above <u>and</u>:                         <ul style="list-style-type: none"> <li>○ discharge paperwork <u>or</u> written/oral referral, <u>or</u></li> <li>○ written record of intake worker’s due diligence to obtain above evidence <u>and</u> certification by individual that they exited institution</li> </ul> </li> </ul>
	<b>Category 2</b>	Imminent Risk of Homelessness	<ul style="list-style-type: none"> <li>• A court order resulting from an eviction action notifying the individual or family that they must leave; <u>or</u></li> <li>• For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay; <u>or</u></li> <li>• A documented and verified oral statement; <u>and</u></li>   <li>• Certification that no subsequent residence has been identified; <u>and</u></li> <li>• Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing</li> </ul>
	<b>Category 3</b>	Homeless under other Federal statutes	<ul style="list-style-type: none"> <li>• Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; <u>and</u></li> <li>• Certification of no PH in last 60 days; <u>and</u></li> <li>• Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved two or more times in the past 60 days; <u>and</u></li> <li>• Documentation of special needs <u>or</u> 2 or more barriers</li> </ul>
	<b>Category 4</b>	Fleeing/ Attempting to Flee DV	<ul style="list-style-type: none"> <li>• <i>For victim service providers:</i> <ul style="list-style-type: none"> <li>○ An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker.</li> </ul> </li> <li>• <i>For non-victim service providers:</i> <ul style="list-style-type: none"> <li>○ Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; <u>and</u></li> <li>○ Certification by the individual or head of household that no subsequent residence has been identified; <u>and</u></li> <li>○ Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.</li> </ul> </li> </ul>

## Appendix C

### Housing Prioritizing Tool

Housing Prioritization Tool

A - Transitional Housing/Transitional Living Program

B - Light Rapid Re-housing

C - Heavy Rapid Re-housing

D- Permanent Supportive Housing

Instructions: A trained case manager or other clinician should ask the questions in italics. Additional italicized instructions within each question are meant for the staff member administering the tool. If the household's answer has a letter next to it, the staff member should place that letter on the score line in the question and prepare to tally the number of each letter at the end. If an answer has multiple letters next to it, both of those letters should be entered onto the score line. If no letter is associated with their answer, leave the score line blank.

#### PREVIOUS HOMELESS EPISODES

**1. Is this your first episode of literal homelessness in the past five years?**

(Explain definition of literal homelessness - staying in emergency shelter, transitional housing, and other place not fit for human habitation, etc.).

Yes (B)            No

Score (letter): \_\_\_\_\_

IF YES, SKIP TO END OF QUESTIONNAIRE (SCORING SECTION).

**2. Does household meet HUD definition of chronic homelessness?**

Ask household:

- Do you (if an individual) or the head of household (if a family) have a disability?
- Have you been homeless for longer than a year?
- Have you been homeless four times in the past three years?

Explain any documentation that will be necessary.

If household answers yes to questions 1 and 2 or 1 or 3, answer to question is "yes."

Yes (C, D)            No

Score (letter): \_\_\_\_\_

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IF YES, SKIP TO END OF QUESTIONNAIRE (SCORING SECTION). Apply vulnerability index and use score to help determine eligibility. Offer choice between permanent supportive housing and heavy rapid re-housing. See additional directions at the end of questionnaire.

**3. How many episodes of homelessness have you experienced?**

Two (C)      Three or more (A, D)

Score (letter): \_\_\_\_\_

**4. How long was the longest of your previous episodes of homelessness?**

Less than six months    Six months - less than a year (A, C)

A year or more (D)

Score (letter): \_\_\_\_\_

**5. Have you ever become homeless after being served by a rapid re-housing program?**

Yes, once (C)    Yes, more than once (D)      No

Score (letter): \_\_\_\_\_

**HOUSEHOLD CHARACTERISTICS**

**1. For youth 24 or younger: What is preventing you from being able to reunite with your family/legal guardian?**

Case manager or other trained staff should engage the youth and make the final judgment if youth truly appears to be unreunifiable with family, then answer the question below.

Can the youth be safely reunified with their family or other guardian?

Yes    No (A)

Score (letter): \_\_\_\_\_

**2. For staff to answer for youth 24 or younger: Is the youth too young to legally sign their own lease?**

Yes (A)      No

Score (letter): \_\_\_\_\_

**3. For families: Are you currently working with Child/ Welfare/Children's Services/Family and Children's Services?**

Yes (A)      No

Score (letter): \_\_\_\_\_

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**4. Are you currently recovering from substance abuse issues and seeking a sober environment to recover in?**

Yes (A) No

Score (letter): \_\_\_\_\_

**5. Are you re-entering society from prison or jail?**

Yes (A) No

Score (letter): \_\_\_\_\_

**6. Does you have any safety concerns (e.g., related to domestic violence)?**

Explanation of different program types and program set-ups may be necessary. Information about data or information required, data sharing, etc. should also be shared with the client.

Yes No

List concerns here:

*Call the police if necessary. Refer to domestic violence provider if applicable.*

**SCORING**

**1. Enter Total Score:**

Take any question weights into account.

Number of (A) s: \_\_\_\_\_

Number of (B) s: \_\_\_\_\_

Number of (C) s: \_\_\_\_\_

Number of (D) s: \_\_\_\_\_

Scored For (Choose intervention that matches the letter that showed up the most):

If the household scores for "D", apply vulnerability index to determine their place on the vulnerability list. For families, prioritize according to score, then prior number of episodes of homelessness.

**2. Look at List of Programs and Criteria**

Use individual program criteria list (separate - should be created by community) to determine which program within the scored-for intervention the household should be referred to.

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Decisions should be made based on population served, services offered, bed availability, and proximity.

### 3. Incorporate Consumer Choice

*Read the following script (modify as necessary):*

Based on your answers, I would recommend (insert program) for you. This program offers these services (e.g., case management, rental subsidies, employment training, etc.). Current average length of stay in the program is \_\_\_\_\_. \_\_\_\_ % of people exit this program for permanent housing. Right now, the current wait list is \_\_\_\_\_ many people long, which means you might have to wait \_\_\_ days before you are admitted. Are you interested in this program? (If no data is available, use national data.)

*If no, move to second choice program.*

If the consumer not interested in intervention at all, go back to #1, choose second-choice intervention, then choose best program within that.

Placed In: \_\_\_\_\_

**Appendix D**

**Prioritization Standards**

<b>Intervention</b>	<b>Key Elements of Program</b>	<b>Prioritization Criteria</b>
Transitional Housing	<ul style="list-style-type: none"> <li>• Intensive services and housing, usually including employment/education focus</li> <li>• Last for up to two years</li> <li>• Housing in in unit owned or otherwise controlled by the program</li> <li>• May offer a completely sober or “dry” living environment</li> </ul>	<p>For families and individuals: multiple previous episodes of homelessness in a transitional stage of life (e.g., recent dramatic life changes) and at least one of the following characteristics:</p> <p>For Individuals:</p> <ul style="list-style-type: none"> <li>• In recovery seeking a supportive or sober living environment</li> <li>• A young adult under the age of 18 that cannot be reunified with family</li> </ul> <p>For Families:</p> <ul style="list-style-type: none"> <li>• Child welfare involvement</li> </ul>
Light Rapid re-housing	<ul style="list-style-type: none"> <li>• Rapid movement from state of housing crisis into an apartment where they are on the lease (or have all the rights and responsibilities of a tenant)</li> <li>• One-time financial assistance or up to subsidy three months</li> <li>• Sample assistance program " Deposit and first months' rent if on their own lease, first months' rent if moving in with someone else; for families, more money or a longer subsidy upfront may be necessary</li> <li>• Households should receive a shallow subsidy</li> </ul>	<ul style="list-style-type: none"> <li>• Any first-time homeless individuals or families</li> </ul>

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	<p>(approximately \$300-\$500 per month) and be reassessed for need at 3 months; if they are falling behind, subsidy should be extended.</p> <ul style="list-style-type: none"> <li>• Follow-up case management services tailored to household need</li> <li>• Linkages to mainstream resources and services</li> </ul>	
<p>Heavy Rapid re-housing</p>	<ul style="list-style-type: none"> <li>• Rapid movement from state of housing into an apartment where they are on the lease (or have the rights and responsibility of a tenant)</li> <li>• Sample assistance program: “Deposit and first month’s rent if on their own lease, first month’s rent if moving in with someone else; for families, more money or a longer subsidy upfront may be necessary.</li> <li>• Households should receive a rental subsidy and be reassessed for need at 3 months; will most likely need subsidy for a total of 6-12 months, and possibly for up to 24 months</li> <li>• Average cost of approximately \$3000-\$5000 per household</li> <li>• Follow-up case management services tailored to household need, likely to last around</li> </ul>	<p>For Individuals and families: Previous episodes of homelessness that lasted six months or more</p> <p>Or</p> <p>Previously unsuccessful with “light” rapid re-housing once.</p>

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	<p>a year (possibly up to 24 months)</p> <ul style="list-style-type: none"> <li>• Linkages to main stream resources and services</li> </ul>	
<p>Permanent Supportive Housing</p>	<ul style="list-style-type: none"> <li>• Wraparound services, often including a focus addressing on mental health, substance abuse, and behavioral needs</li> <li>• Subsidizing housing available for the entire lifetime of household, usually through provision of a permanent subsidy</li> </ul>	<p>For individuals and families: Scores high on VI-SPDAT And: <u>For individuals:</u> (if chronic homelessness is effectively nonexistent in the community) return to homelessness from rapid re-housing more than once. <u>For families:</u> prioritize according to number of episodes of prior homelessness.</p>

**Appendix E**

**Notice: CPD-14-012**

**Please open the attached pdf file for details to Notice on prioritizing persons experiencing chronic homelessness and other homeless persons in permanent supportive housing and recordkeeping requirements for documenting chronic homeless status.**



CPD-14-012.pdf