



NEW PSH PRIORITIZATION PROCESS

SHIFTING OUR FOCUS FROM CHRONIC TO VULNERABLE

BACKGROUND



- On average, 350 people are identified as homeless on Montgomery County's Coordinated Entry List at any given time.
- We are committed to ending homelessness for all by 2023.
- We strive to connect people with permanent housing by providing the least amount of assistance for the least amount of time that ensures the person does not return to homelessness.

STATUS QUO

Population of Adult Only Households Experiencing Homelessness



Monthly
Addition 37

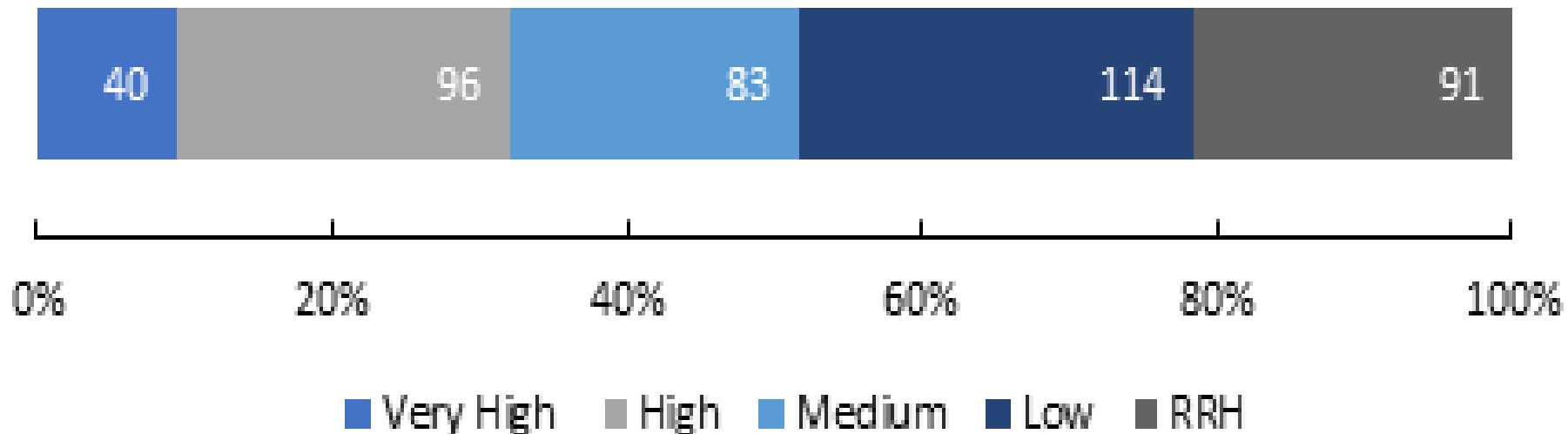


**Active Homeless by
2023: 2,178 Total**

INSIDE (NOT OUTSIDE) INITIATIVE

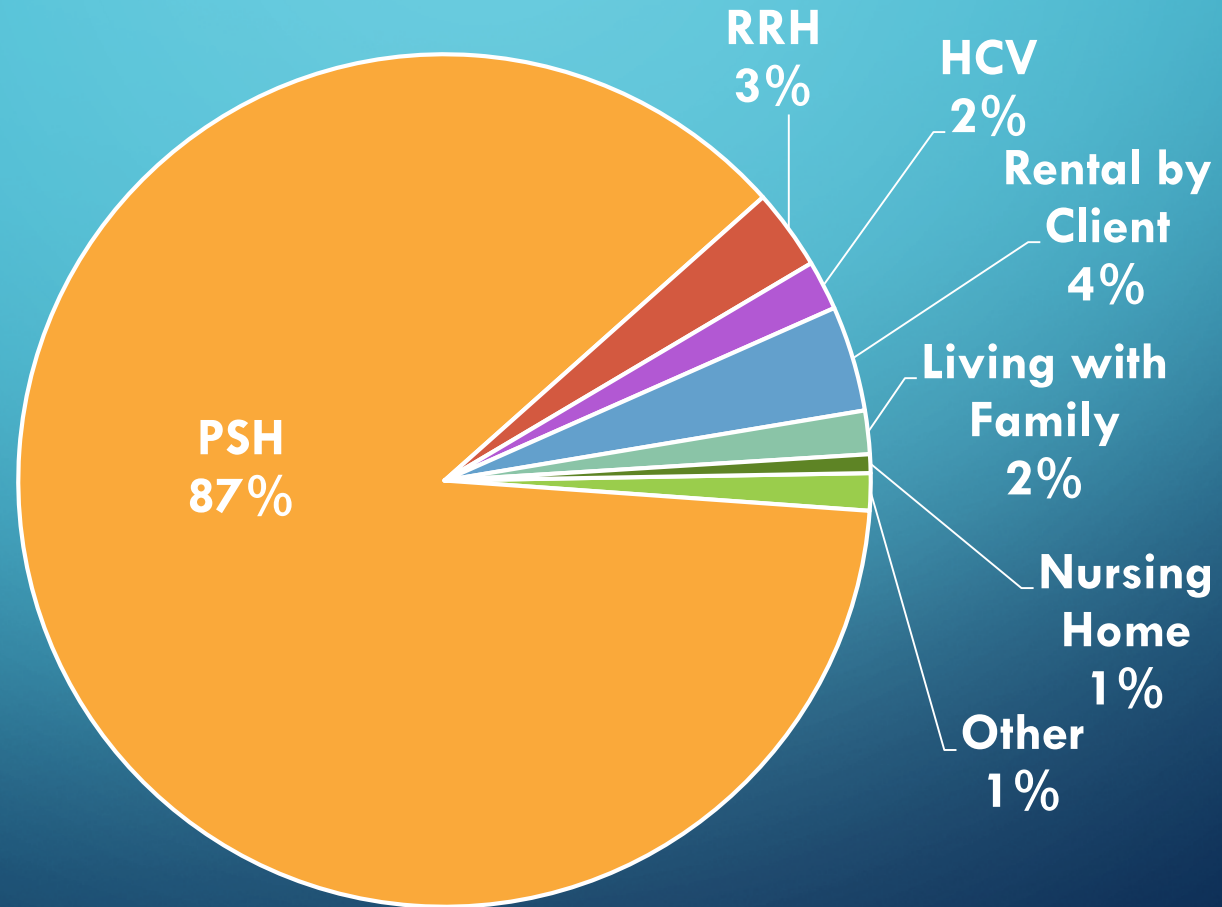
VULNERABILITY OF CHRONICALLY HOMELESS ADULTS

Priority Level/Acuity of Need of All Chronically Homeless Clients Housed January, 2016 - December, 2019 (Total = 425)



INSIDE (NOT OUTSIDE) INITIATIVE

HOUSING PLACEMENTS BY TYPE



DETERMINING THE NEW POLICY



In February 2019, ICH voted to shift the priority for PSH from chronic to vulnerability



Ad hoc committee formed to implement the new policy

Group members including frontline staff, program directors, shelter, outreach, and housing providers

Reviewed data and assessment tools to determine the best approach



Acuity Scale revised to ensure consistency and inter-rater reliability

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 Permanent Supportive Housing.
- Those individuals with high vulnerability and service needs will be prioritized for Permanent Supportive Housing 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.

DEFINING VULNERABILITY

- Poor Access to Mainstream Services: Is the person able to access Medicaid, SSI/SSDI, or other mainstream benefits?
- Poor Engagement with Services: How willing is the person to accept housing and services?
- Currently unsheltered
- Poor Management of ADLs (Activities of Daily Living): Is the person able to manage activities of daily living like cooking and cleaning without assistance?
- Veteran designation

DEFINING VULNERABILITY

- Risk / History of Exploitation: Is the person vulnerable to sexual financial, or other types of exploitation due to gender identity, ethnicity, developmental disabilities, etc.?
- Mental Health as defined by the Montgomery County Housing Support Services Acuity Scale.
- Substance use as defined by the Montgomery County Housing Support Services Acuity Scale.
- Cognitive Deficits as defined by the Montgomery County Housing Support Services Acuity Scale.
- Medical Conditions as defined by the Montgomery County Housing Support Services Acuity Scale.

HOW IT WORKS

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

- The VI-SPDAT or Full SPDAT will be used to determine the most appropriate housing intervention
 - Full SPDATs should only be used if the person is not scoring for PSH due to inaccurate self report of vulnerability
- PSH is divided into two categories
 - High Intensity and Low/Mid Intensity

PROGRAM MATCHING

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

DETERMINING VULNERABILITY

01

8 of the 10 vulnerabilities will be determined by indicators on the Acuity Scale

- For Mental Health, Substance Use, Medical Condition, and Cognitive Deficits, the individual must score 200 on the Acuity Scale

02

Veteran status will be verified through CES

03

Unsheltered status will be verified by outreach providers

HOUSING PLACEMENTS

- Program vacancy is determined to be either High Intensity or Low/Mid Intensity
- If the program vacancy is High Intensity, the CES Specialist will pull all clients with a VI score of 13 or above
- CES Specialist will determine who has the highest number of vulnerability indicators
- If two or more people has the same number of vulnerability indicators, the person with the longest length of time homeless will be referred

EXAMPLE

Let's assume there are two Seneca vacancy openings and we have 20 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

RESULT

- 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.

DOCUMENTING CHRONIC STATUS

- 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 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.

DOCUMENTING DISABILITY

- **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 fund programs** - Documentation of disability is required before a program accepts the client.

A decorative graphic on the left side of the slide, consisting of a network of light blue lines and small circles, resembling a circuit board or a neural network diagram. The lines are vertical and horizontal, with some diagonal connections, and the circles are placed at various points along these lines.

QUESTIONS?