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## **Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in CoC Funded Permanent Supportive Housing**

### **Purpose**

This policy is intended to implement Notice CPD-14-012 issued by the Department of Housing & Urban Development on July 28, 2014. The prioritization orders described in this policy apply to CoC funded permanent supportive housing projects that are:

- 1). dedicated or prioritized for those persons/households who meet the HUD-definition of chronically homeless, per the terms of the program's grant agreement(s); and
- 2). not dedicated or prioritized for the chronically homeless. This policy summarizes Notice CPD-14-12; program providers are encouraged to read all of the Notice and use the Notice and the HUD FAQs as their default guidance. Any questions should be directed to the HUD Project Coordinator.

### **Background**

Notice CPD-14-012 provides guidance to Continuums of Care (CoCs) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. This Notice also establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

The Notice establishes two orders of priority aimed at ensuring that PSH funded through the CoC targets two groups who need it the most: chronically homeless and those with the most severe service needs who do not yet meet the definition of chronically homeless. The Notice applies to both "dedicated" PSH beds and "prioritized" PSH beds, as well "non-dedicated and non-prioritized" PSH beds. A PSH bed is considered "dedicated" when the project committed to exclusively serving persons experiencing chronic homelessness for the duration of the grant. These projects were often funded under special NOFA requirements, as a Samaritan Housing Bonus, or PSH projects funded in 2013 and 2014 which were required to exclusively serve chronically homeless. A PSH bed is considered "prioritized" when the project has prioritized persons experiencing chronic homelessness in some or all of its beds. Since 2013, these have been tracked through the project application field which required project applicants to identify beds that would be prioritized for use by persons experiencing chronic homelessness. This information is now incorporated into the grant agreements for those programs. Questions regarding a particular program's status as it pertains to these definitions should be directed to the HUD Project Coordinator.

### **When determining the order of priority, programs should note and observe the following:**

- HUD does not expect programs to hold vacant beds open indefinitely while waiting to locate chronically homeless persons with the longest histories of homelessness and most severe service needs. Programs are encouraged to exercise due diligence and document their efforts to locate persons that would have been considered the highest priority. There is no specific timeframe for holding a bed vacant.
- Because ending Veteran homelessness is also an extremely high priority, HUD encourages programs to further prioritize Veteran households. Therefore, when considering multiple households of the same priority ranking, if one of them has Veteran status, that household should be prioritized first.
- CoC-funded PSH beds that are targeted to specific subpopulations (such as persons with severe mental illness) are encouraged to follow the order of priority to the extent that their chosen subpopulation meets

the criteria. They are not required to select persons with the longest history of homelessness and most severe service needs if they do not otherwise qualify as part of their target subpopulation.

- CoC funded programs must utilize the Coordinated Assessment System including the waitlist contained therein as per the Coordinated Assessment Policies and Procedures. The El Paso CoC utilizes a standard assessment tool, Vulnerability Index Service Prioritization Decision Tool (VI SPDAT).

### **Definitions**

**Chronically Homeless:** The definition of “chronically homeless” currently in effect for the CoC Program is that which is defined in the CoC program interim rule at 24 CFR Parts 91 and 578, which states that a chronically homeless person is:

- a) An individual who:
  - I. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
  - II. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter continuously for least one year or on at least four separate occasions in the last 3 years, where the cumulative total of the four occasions is at least one year; and
  - III. 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 USC 15002), posttraumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- b) 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 (I) of this definition, before entering that facility; or
- c) 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 (I) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

### **Severe Service Needs**

- a) For the purposes of the Notice, this means an individual for whom at least one of the following is true:
  - I. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
  - II. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs I. and II. above should be identified and verified through HMIS VI SPDAT. The determination is not necessarily based on a specific diagnosis or disability type, but on the overall severity of need of the individual.