



Key Considerations for Serving Chronically Homeless Persons in CoC-Funded Permanent Supportive Housing

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Introduction

On July 28, 2014, the U.S. Department of Housing and Urban Development (HUD) issued [Notice \(CPD-14-012\)](#) on *Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (PSH)*. The Notice encourages Continuums of Care (CoCs) and recipients of HUD CoC Program funding to prioritize persons who experience chronic homelessness for admission to CoC Program-funded PSH. The Notice also provides guidance on the different criteria that should be used for this prioritization process.

As a result of this guidance many communities are now discussing how to create more PSH for persons who are chronically homeless including dedicating new or existing housing exclusively for this subpopulation or prioritizing PSH beds that are not already targeted to chronically homeless persons. Although many new PSH projects funded through the CoC Program are already targeted to chronically homeless persons, other possible strategies could include changing the program design of existing or renewed Legacy Shelter Plus Care or Supportive Housing Program grants to target or prioritize these units.

As CoCs and PSH providers begin to explore the implications of implementing this guidance, below are some key considerations for assessing and leveraging the services and supports that are necessary to meet the needs of chronically homeless persons. Most important is the question of what is a PSH provider's best role in terms of service provision. That is, does your agency currently already deliver PSH services and just need to enhance them to meet the needs of persons who are chronically homeless and/or do you need to cultivate new partnerships in order to provide these critical services?

How can my agency learn more about the support service needs of chronically homeless persons?

Generally speaking, people who experience chronic homelessness have high rates of mental illness, substance use disorders, and chronic health conditions, often with one or more of these co-occurring. These conditions are typically exacerbated by extended periods of time living on the streets or in shelters. Some tools that measure a household's vulnerability are being used as part of a CoC's Coordinated Assessment system to help determine which homeless individuals in a community may be in greatest need for PSH based on the severity of their service needs. However, a more thorough assessment of an individual's psychiatric, substance use, medical, and homelessness/ housing history, as well as reasons for past housing loss and risks to housing stability, is critical to determining the specific types of services and supports an individual who has experienced chronic homelessness will need in order to be successful in PSH, and to developing a plan to meet those needs.

PSH providers may already be skilled in conducting these types of assessments, or may need to either add this capacity, or rely on new or existing partnerships with health and/or behavioral health organizations to conduct these types of assessments. As an individual's service needs often change over time, this capacity should include the ability to conduct initial as well as ongoing assessments of service needs, in addition to the ability to adapt the type, frequency, and intensity of services based on identified needs.

Will the services my PSH project currently provides be able to meet these service needs?

Some of the services and supports persons who are chronically homeless may need – such as education on tenancy rights/responsibilities, service linkages, basic case management and assistance accessing community resources – may not be very different from what the PSH project already offers its tenants. However, assistance with medication and symptom management, and developing a plan to manage potential crises in order to preserve a tenancy with a person who is chronically homeless and has a serious mental illness, may not be part of the current service package. PSH providers should consider what it will take in terms of staff development, training, and skill building to address these needs effectively and whether they have the expertise and resources to accomplish this.

Is my agency funded to provide new or different services for chronically homeless persons?

If a PSH provider wants to add or change the services provided to tenants, an important consideration is whether delivering new types of services will require the provider to access new types of services funding. Many of the services needed by chronically homeless individuals to access and maintain housing that are available in your community are likely to be funded through some combination of Medicaid and other state/local dollars (e.g., mental health, substance use). Providers should consider the requirements that come along with any new funding source and assess whether they have the organizational capacity, including financial resources/management capacity, to meet them. For example, in order to become a Medicaid provider, certain qualifications apply regarding provider characteristics (e.g., type of provider organization and individual practitioners delivering services, type of setting in which services are delivered), as well as organizational infrastructure (e.g., record-keeping and service documentation, billing under a fee-for-service vs. cost-reimbursement or grant funding mechanism) that may require substantial changes to an agency's operations. In some instances, a provider may already deliver some Medicaid services, but not all of the

services that people who experience chronic homelessness may be eligible for and/or need. In this situation, a provider may wish to become eligible to provide other Medicaid-funded services.

If my agency can't meet these service needs, how can my agency develop partnerships to access appropriate supportive services?

PSH providers may also want to consider developing and/or expanding existing strategic partnerships with service providers in the community who have the skills, expertise, and resources (including funding) in order to increase supportive services capacity to meet the needs of chronically homeless individuals. Many organizations who administer PSH programs opt to manage the housing side of things and partner with one or more organizations who specialize in community-based health and/or behavioral health service delivery to provide the services and supports to the individuals who live in their PSH program. This strategy can allow the PSH provider to ensure that tenants have access to a full range of quality health care and support services from a variety of providers to meet individual needs, culture, and preferences.