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SNAPS In Focus: Prioritizing Persons with the Highest Level of Need in Permanent Supportive Housing

In a perfect world, there would be enough affordable housing and supportive services to ensure that no one has to experience homelessness. But what do you do when there are not enough resources to achieve that vision? At the local level, this is all too familiar. Every day you are having to make decisions about who to serve when there simply are not enough beds and resources to serve everyone. This is also a dilemma that HUD and its Federal partners have been grappling with in recent years, particularly as appropriated funds become more and more limited. Here at HUD we are working hard to secure additional resources, as reflected in the President's FY 2016 Budget request, to make sure that communities have the necessary resources to end homelessness locally.

Although the *Opening Doors* goal of ending chronic homelessness has been pushed back to 2017 we cannot afford to wait for those resources. The most important thing that communities can do to maximize resources is to ensure that all homelessness assistance is prioritized for homeless households with the highest needs. HUD recently published a [policy brief on coordinated entry](#) that talked about this more broadly. Today, however, I want to focus on prioritization in permanent supportive housing.

We know that permanent supportive housing is the most intensive solution that HUD has to combat homelessness. Research has consistently found that permanent supportive housing is the most effective solution for people experiencing chronic homelessness. It is not a one-size-fits-all approach and should only be offered to those households that truly need that level of support. Most people experiencing homelessness may need some level of assistance but do not likely need permanent supportive housing. Yet, unless there is a systematic way to prioritize households with the highest needs, this is often not who receives this type of assistance.

For this reason, HUD published the [Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status](#) (Prioritization Notice) in July 2014. The Prioritization Notice established an order of priority for households served in permanent supportive housing and provided uniform recordkeeping requirements for all recipients of CoC Program-funded permanent supportive housing to document the chronically homeless status of program participants. HUD has received significant feedback since publishing the Prioritization Notice and has recently posted [Frequently Asked Questions](#) to address the most common questions and concerns.

As you know, the original goal of *Opening Doors* was to end chronic homelessness by 2015. Progress towards this goal has been slower than we hoped, due in large part to budgetary constraints which have made it necessary to push the goal back two years. While insufficient resources has been a significant challenge, we can also look at our existing stock of permanent supportive housing as reported on the 2014 Housing Inventory Count and see that despite making significant gains on the number of permanent supportive housing available, the overall percentage of those permanent supportive housing beds funded under the CoC Program that are dedicated to serving persons experiencing chronic homelessness is only 30 percent. Far too many CoCs and recipients continue to place people in permanent supportive housing on a first-come-first serve basis, rather than prioritizing those who have the most significant needs. Additionally, where CoCs and providers continue to not fully implement a Housing First approach, unnecessary barriers that screen out those households who need the assistance the most continue to persist.



The overarching intent of the Prioritization Notice is to move CoCs and recipients of CoC Program funding for permanent supportive housing in a direction where chronically homeless persons and other high need households are prioritized for assistance above other eligible households. I also want to be clear—we are not saying prioritize chronically homeless *individuals* over all other household types. To the extent that a recipient of CoC Program-funded permanent supportive housing is targeting unaccompanied youth, for example, HUD would only expect for the recipient to first serve any unaccompanied youth that met the definition of chronically homeless and if there are not any youth within the CoC that meet that criteria, to then prioritize those unaccompanied youth with the highest needs in accordance with the Prioritization Notice. HUD strongly encourages CoCs to incorporate the process described in the Prioritization Notice into their written standards, making it a requirement of all recipients of all CoC Program-funded permanent supportive housing to use this priority order to fill vacancies.

We will not end chronic homelessness as a nation unless we systematically prioritize persons experiencing chronic homelessness and do so in a manner that ensures persons with the longest histories of homelessness and most severe services needs get housing first. Therefore, the Prioritization Notice establishes two orders of priority—one for beds that are either dedicated or prioritized for persons experiencing chronic homelessness and another for those that are not—both of which aim to prioritize persons with the longest lengths of time homeless and the most severe service needs. Recipients should examine their program design to ensure that it adheres to Housing First principles and that barriers to program entry have been removed to the greatest extent possible.

We recognize that serving people experiencing chronic homelessness and other highly vulnerable populations may require enhanced services that will increase costs, staff training and support needs, and present other challenges for providers. Recipients are encouraged to explore partnering with community resources to meet the needs of their new tenants. New or expanded partnerships with agencies with the expertise and resources to serve this population and a shared goal of stabilizing housing may be essential to ending chronic homelessness in your community.

Recently the Department of Health and Human Services (HHS) published two new documents that provide guidance on how services that are provided in permanent supportive housing can be covered and financed through Medicaid. These documents include [Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants of Permanent Supportive Housing](#) and [Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices from the Field](#). Shortly after the documents were released, the U.S. Interagency Council on Homelessness posted a blog by Richard Cho: [Medicaid Can Pay for Services for People in Permanent Supportive Housing](#). The blog helps to summarize what you can find in these HHS resources and how Medicaid can be used to finance permanent supportive housing for the chronically homeless. I would encourage you to read his message along with the HHS documents because, as Richard states, “We need more Continuums of Care and homeless services providers to learn to speak the language of Medicaid.” HUD expects CoC-Program funded recipients and CoCs to closely examine opportunities to help clients access Medicaid and other mainstream supportive services as quickly as possible. CoC-Program funding should not be used to pay for Medicaid-eligible services for Medicaid-eligible clients.

We believe that ending chronic homelessness is possible but it cannot be done without you. Thank you for all that you do in your community’s efforts to end homelessness.

As always, thank you for your commitment and hard work.

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