



July 12, 2013

SNAPS Weekly Focus: Giving Priority to Chronically Homeless Persons

Welcome to week two of SNAPS Weekly Focus! Last week's message talked about changing the way we do business. This week I am going to talk in more detail about one of the changes that you can make within your CoC or permanent supportive housing (PSH) project that will help to end homelessness for the most vulnerable people we serve – persons experiencing [chronic homelessness](#).

The first goal of [Opening Doors](#) is to finish the job of ending chronic homelessness by 2015. We are now at year three - and while we have seen annual reductions in the number of chronically homeless persons counted during the Point-in-Time count each year, we still have a long way to go and will not meet the goal by 2015 without implementing new strategies. In 2012, there were still 99,894 people identified as chronically homeless in the United States, according to the [2012 PIT Estimates of Homelessness: Volume I of the 2012 AHAR](#).

PSH is designed to provide housing and services for people who are homeless and disabled – in other words, it should be used to house those that, without this type of assistance, would continue to live on the streets. Unfortunately, we know that this limited and intensive resource is not always being prioritized for the population that has been on the streets the longest. Only about 40 percent of CoC-funded PSH serving single-person households is currently **dedicated** (i.e., serving this population is a requirement of the grant agreement with HUD) to persons experiencing chronic homelessness. The remaining 60 percent are serving homeless persons with disabilities, but are not necessarily serving or prioritizing persons experiencing chronic homelessness.

In order to make the progress we *want* and *need* to make towards ending chronic homelessness, we need to make a change in the way we operate our PSH. In particular, HUD is asking CoCs and PSH providers to prioritize chronically homeless persons and persons that are the most vulnerable in all PSH units as they become available, for both individuals and families.

Starting with the FY2013 CoC Program Competition, HUD will begin looking to CoCs and recipients of CoC Program PSH funds to move away from a “first come, first served” approach to filling program vacancies. Instead, available PSH units should **first** be offered to persons who are chronically homeless *and* who meet the other criteria required by the program. For example, if you have a PSH project that currently targets individuals with mental illness and a unit becomes vacant through turnover, you should first offer the unit to a chronically homeless person with a mental illness. If no persons within the CoC meet the definition of chronically homeless, the unit can then be made available to other eligible persons, ideally those that are most likely to become chronically homeless if they do not receive PSH.

HUD will issue additional guidance later this summer about how to implement this type of prioritization strategy. Later this week you will hear from representatives from a CoC where implementation of a prioritization strategy has made a tremendous impact on reducing the number of chronically homeless persons in their continuum. USICH also recently discussed this topic on its [blog](#).



Over the next eight weeks, you'll hear more about other strategies that your CoC can implement to make further progress at meeting the goals of *Opening Doors* such as adopting Housing First, partnering with your PHA(s), and implementing a coordinated assessment system.

As always, thank you for your service to people who are homeless and at-risk of homelessness.

Ann Marie Oliva
Director, Office of Special Needs Assistance Programs

[View Guest Blog: Working Together to End Homelessness](#)