

# Coordinated Entry and DHHS Permanent Supportive Housing Program

## **An Overview**

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# PSHP

PERMANENT SUPPORTIVE HOUSING PROGRAM

*Formerly Shelter Plus Care (SPC)*

**PSHP is a Federally Funded Permanent Supportive Housing voucher program specifically designed for individuals who have a severe and persistent disability.**

- It helps individuals homeless individuals with severe disabilities with obtaining and maintaining independent housing.
- It does this by helping participants pay rent for an apartment.
- Individuals on the program pay 30% of their adjusted total gross monthly income to the landlord. We cover the rest.

# Who is eligible?

PSHP provides assistance to adults with severe and debilitating disabilities who are homeless.

What is a qualifying disability?

Per federal regulations, a qualifying disability is a:

1. Physical, mental or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
  1. Is expected to be long-continuing or of indefinite duration; **and**
  2. Substantially impedes the person's ability to live independently; **and**
  3. Could be improved by more suitable housing.

# Who is eligible?

In Maine, PSHP vouchers are prioritized for those diagnosed with a Psychiatric Disability, Chronic Substance Abuse and/or Co-Occurring Disorders, and HIV/AIDS according to the following homeless priorities:

1. Chronically Homeless
2. Maine-defined Long-Term Stayer
3. Literally Homeless
4. Moving from a Transitional Housing project for formerly homeless
5. Fleeing/Attempting to Flee Domestic Violence

# What is Homelessness?

HUD, in regard to PSHP, is defined as when an individual or family lacks a fixed, regular, and adequate nighttime residence, meaning they:

- Have a primary nighttime residence that is a public or private place not meant for human habitation;
- or**
- Are living in a publicly or privately operated shelter designated to provide temporary living arrangements, such as homeless shelters, transitional housing, and hotels and motels paid for by charitable organizations or government programs;
- or**
- Are fleeing, or attempting to flee domestic violence and have no other residence and lack the resources or support networks to obtain other permanent housing.

## What if my client is in the hospital, but homeless before they got here?

\*An individual that is or has stayed in an institutional setting, such as a hospital, jail, or substance abuse/mental health treatment facility for fewer than 90 days that otherwise meets the homeless definition is still considered literally homeless.

Nor does it count as a “break” in homelessness.

Verification of witnessed prior-homelessness must be provided in order to be eligible as Literal Homeless.

# What is Chronic Homelessness, and how is it different than Literal Homelessness?

As defined by HUD, to be considered Chronically Homeless, an individual or family must:

Be homeless for at least 12 months\* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described

*\*An individual that has stayed in an institutional care facility, including a hospital, jail, or substance abuse/mental health treatment facility for fewer than 90 days that otherwise meets this definition is considered chronically homeless.*

# How to Apply

**All referrals must be assessed and prioritized by the Hub where they reside or are applying through first.**

**Step 1:** Contact a local Access Point in your service hub.

**Step 2:** Be Accessed

**Step 3:** Prioritization and Case Conferencing.

**Step 4:** Referral to Available/Suitable Resource and Application.

## What Changed?

- In the past, program LAAs could accept applications from anyone, anywhere, as long as the individual was eligible.
- With Coordinated Entry, we can no longer accept applications sent by anyone. When we have resources (vouchers) available, we will notify the applicable Hub, and they will refer someone to us to fill out an application.

## What is Coordinated Entry?

Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a “Centralized or Coordinated Assessment System”.

Per HUD, their primary goals for coordinated entry is that “assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. “

Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

## Core Elements

**Access:** Engaging individuals experiencing housing crisis, assessing emergency needs and triage to emergency shelter services when necessary.

**Assessment:** Uniform, person centered assessment of individuals vulnerability and needs.

**Prioritization:** Determining an individual's priority for housing and supportive services based on length of time homeless and barriers to finding resources.

**Housing Intervention and Referral:** Connecting individuals to the housing intervention best suited to resolve their housing crisis and consistent with community prioritization goals

## Coordinated Entry System

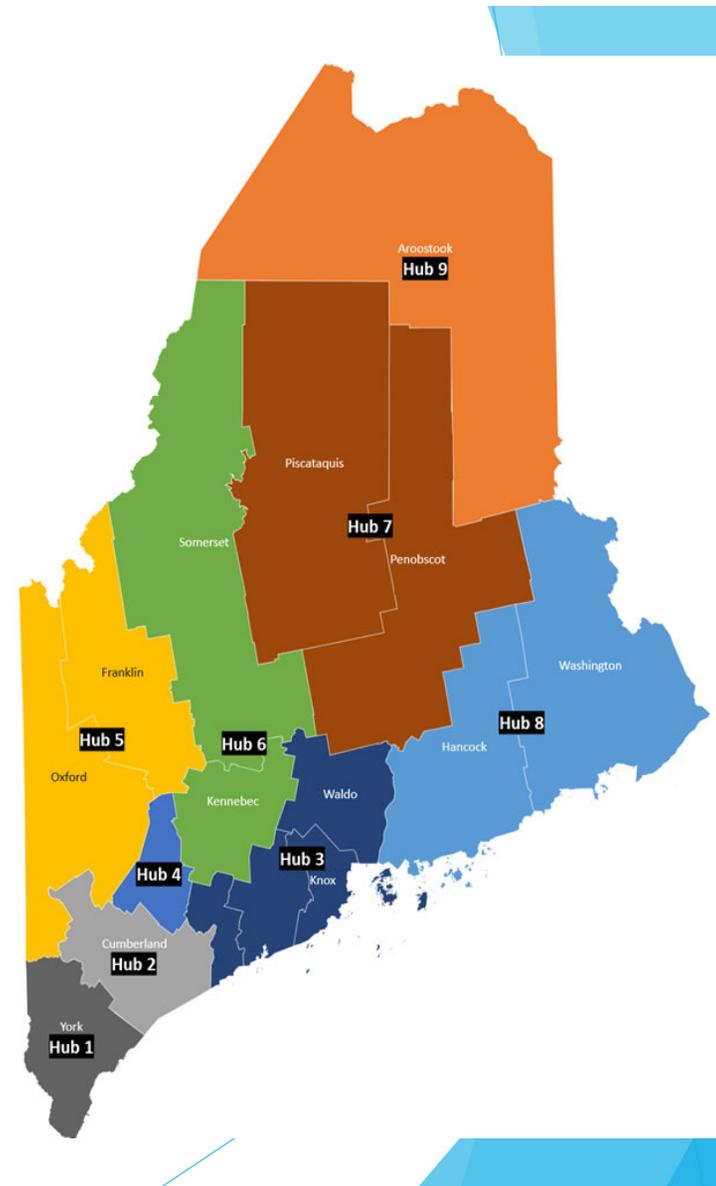
Coordinated Entry is a "consistent, streamlined process for accessing the resources available in the Maine Continuum of Care (MCoC) homeless crisis response system."

Through coordinated entry, the MCoC ensures that housing resources and supportive services are used as efficiently and effectively as possible. This is done by assessing households experiencing homelessness quickly and uniformly to connect them to the best available housing resource whenever possible.

In order to accomplish this across such a vast geography, Coordinated Entry will operate locally within the state's Service Hub structure. Maine has a total of 9 Service Hub areas, each covering one or more counties. Some towns are assigned to Hubs outside their county where that made more sense in terms of access to resources.

## Coordinated Entry Service Hubs

- **Hub 1: York**
- **Hub 2: Cumberland**
- **Hub 3: Midcoast** (Sagadahoc, Knox, Lincoln, Waldo, and Towns of Brunswick and Harpswell)
- **Hub 4: Androscoggin**
- **Hub 5: Western: Oxford, Franklin** (and Towns of Livermore and Livermore Falls)
- **Hub 6: Central: Somerset and Kennebec**
- **Hub 7: Penquis: Penobscot and Piscataquis**
- **Hub 8: Downeast: Washington and Hancock**
- **Hub 9: Aroostook**



## Step 1: Access Points

Each of the 9 Service Hub areas will have designated access points as well as hub partners to help ensure that a household experiencing homelessness in any county will have access to the Coordinated Entry System.

Per the Maine CES Policy, “The goal of establishing localized access points and partners in each of the Service Hubs is to reduce the number of households who do not know where to turn or who to call when they are experiencing homelessness, and to reduce the need for households to leave their communities of origin to seek crisis housing and services in more populated areas of the state.”

## List of Access Points, as of 10/31/2023

Access Points are government-funded shelters, PATH outreach teams (some) and other providers in each of Maine's Service Hubs that are responsible for completing the Coordinated Entry assessment with participants seeking access to housing resources within a hub, entering that information into HMIS or using otherwise agreed upon means for data submission, and participating in case conferencing as appropriate.

**Individuals that are unable to contact an Access Point should be directed to Maine's 211**

## Step 2: Assessment of Needs

Access Point staff will complete a standardized assessment tool. This tool will gather information necessary to prioritize you for resources. It will look at:

- The household's emergency needs and will attempt to identify other natural supports or alternatives to homelessness through a housing problem-solving. If none are found,
- Length of time homeless
- Housing barriers
- Other key factors necessary to prioritize households for the resources available.

## Step 3: Prioritization and Case Conferencing

The Maine CoC will use the data collected through the Coordinated Entry assessment process to prioritize people experiencing homelessness in the state of Maine for housing resources.

Households will be prioritized based on the numeric score that is produced by the assessment tool. This score is based primarily on a household's length of time homeless (days) in the last three years. Once accessed, the individual will be placed on the by-name list for the hub.

The assessment tool also considers additional criteria that may further prioritize a household based on the following:

- Length of Time Homeless
- People actively fleeing domestic violence
- People experiencing unsheltered homelessness
- Barriers to accessing housing

# Case Conferencing

This is the local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.

The purpose of case conferencing will be as follows:

- Ensure that all households experiencing homelessness in the Service Hub geography are identified, added to the by-names list, and assessed for housing resources
- Ensure that all households on the by-names list, as they near the top (within 1-20 on list), have an identified service provider that has committed to supporting the household at the time of referral with elements of the process like application and lease-up
- To discuss the housing needs and preferences of those households nearing the top of the list so that Hub Coordinator is equipped with enough information to make referrals in real time, outside of case conferencing meetings, as they are contacted by housing providers

## Step 4. Referral and Application

**PSHP program staff will identify when an opening is available and notify the applicable CES Hub Coordinator of the opening and any applicable information.**

Once notified, the CES will gather the top name(s) of qualifying individuals from the by-name list for the number of slots available and will notify the individual and/or their designated provider.

The Individual will have 15 business days to complete and submit an application packet (available on our website and by request), including all required supporting documentation.

If approved, your file will be forwarded to the local administrative agency (LAA), who will officially notify you of your award by mail.

# Questions?

Additional Resources:

- ▶ [HUD Exchange: Defining “Chronically Homeless” Final Rule Webinar](#)
- ▶ [HUD Exchange Chronic Homelessness Resources](#)
- ▶ <https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/coc-and-esg-homeless-eligibility-overview/>

DHHS COC Permanent Supportive Housing Program – Central Administrative Agency Contact

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# Local Administrative Agencies

## **ANDROSCOGGIN, FRANKLIN, & OXFORD COUNTIES**

### **Common Ties Mental Health Services**

P.O. Box 1319

Lewiston, ME 04243

Tel. 207-795-6710 Fax: 207-795-6714

## **YORK, CUMBERLAND, KNOX, LINCOLN, SAGADAHOC, & WALDO COUNTIES**

### **Shalom House, Inc.**

106 Gilman Street

Portland, ME 04102

Tel. 207-874-1080 Fax: 207-874-1077

## **AROOSTOOK, HANCOCK, PENOBSCOT, PISCATAQUIS, & WASHINGTON COUNTIES**

### **Community Health & Counseling Services**

P.O. Box 425

Bangor, ME 04402-0425

Tel. 207-947-0366

## **KENNEBEC AND SOMERSET COUNTIES**

### **Kennebec Behavioral Health**

67 Eustis Parkway

Waterville, ME 04901

Tel. 207-873-2136 Fax: 207-660-4532