Permanent Supportive Housing (PSH)

Who: Permanent Supportive Housing Coordinated Entry Outreach Lead
Skylar Diamond
716-893-7222 X305
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What:
Permanent Supportive Housing or PSH is a long-term supportive housing intervention that combines rental assistance with intensive case management. In our COC, these HUD funded beds are split between Single Point of Access (SPOA) Beds and Non-SPOA Beds. Whether its SPOA or non-SPOA, these programs must take a Housing First approach in an attempt to get individuals off the street with the lowest amount of barriers possible. The only one real requirements for PSH programs are as follows:

1) Meets homeless defintion as per HUD
2) Falls under COC’s PSH Order of Priority (will be discussed later)
3) Individual experiences a qualifying disability which can range from Severe and Persistant Mental Illness (SPMI), substance use, to other physical/medical conditions.

How:
Making a referral to the PSH CE system is as simple as entering the client’s information into HMIS with a PROPER ROI. HMIS is routinely checked by both Skylar and Homeless Alliance of WNY (HAWNY) in order to update the priority list.

The client will be added to the list based on their documented length of time homeless as well as their V-ISPDAT/VI-F-SPDAT score. Ideally uploading this information to HMIS (i.e. in form of PDF) is the preferred method of sharing. However if needed, that information can also be faxed to Skylar at 716-855-2110.

In order to be referred through PSH, Skylar Diamond needs to have the VI-SPDAT/VI-F-SPDAT score as well as documented homeless history and proof of current homelessness. If you have a client who has spent the majority of their time street homeless, there are ways to try to verify that information. If a client is street homeless, the person gathering homeless history may use a written statement from a 3rd party community member (not friends/family) who is able to verify that the person is homeless and where the person was sleeping. This can not be “the client told me that they were sleeping……” this must be “I know the client is sleeping ……” This must be because the person has actually seen the client’s sleeping spot and confirm that is it indeed where the client is staying. Please feel free to contact Skylar with any issues or questions regarding gathering appropriate and acceptable HUD homeless history.

Unfortunately the rule of thumb used is: “a person is NOT chronic until proven otherwise”
This is in part due to HUD requirements for that definition & our COC’s goal to end chronic homelessness.

Where:

A client can enter the Coordinated entry process several ways:

1) The client may come in contact with an outreach worker who will administer the proper paperwork that will ensure the client is brought to the CE priority list.

2) A client can also go to the Harbor House to meet with a worker, either during their stay at night, or during their new day time hours: 7am-3pm. During the day time hours, the clients would meet directly with Coordinated Entry staff.

3) A client may also go to the Greyhound station located at 181 Ellicot where Matt Urban has an outreach satellite office. The office hours there are Monday-Friday 1PM-2PM and Friday from 6AM-7AM.

When:

A client may enter the Coordinated Entry process at any time. The length of time homeless does play a part in the Coordinated Entry process for PSH. The client may end up on the priority list of PSH if they have 6+ months homeless time, or a very high V-ISPDAT/VI-F-SPDAT score along with a disability. However, homeless time is NOT a requirement for RRH and therefore those with less than 6 months homeless time are also added to the priority list.

PSH Order of Priority:

1. First priority goes to chronically homeless families and individuals. The order of referral is based upon the score on the V-ISPDAT/VI-F-SPDAT
2. Homeless individuals and families with a disability and with a cumulative time homeless for more than 12 months in 3 years and order of referral is based upon V-ISPDAT/VI-F-SPDAT score
3. Homeless individuals and families with a disability and homeless continuously or episodically for more than 6 months but less than 12 months in 3 years AND score and 8 or above on the V-ISPDAT/VI-F-SPDAT. Order of referral is based upon V-ISPDAT/VI-F-SPDAT
4. Homeless individuals and families with a disability coming from places not meant for human habitation of emergency shelters and scored 8 or above on the V-ISPDAT/VI-F-SPDAT
5. Homeless individuals and families with a disability coming from transitional housing and scored 8 or above on the V-ISPDAT/VI-F-SPDAT
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<tr>
<th>Prioritization</th>
<th>Subpopulation</th>
<th>Secondary Prioritization</th>
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<td>1</td>
<td>Chronic</td>
<td>1. VI Score</td>
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<td>2. Length Time Homeless</td>
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<td>2</td>
<td>Non-Chronic; homeless MORE than 12 mo. in 3 years w/DISABILITY</td>
<td>1. VI Score</td>
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<td>2. Length Time Homeless</td>
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<td>3</td>
<td>Non-Chronic; homeless between 6-12 mo. w/DISABILITY &amp; VI Score MORE than 8</td>
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<td>4</td>
<td>Non-Chronic; VI score 8 or MORE w/DISABILITY</td>
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<td>5</td>
<td>Non-Chronic; VI Score 8 or MORE w/DISABILITY &amp; residing in TH</td>
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