

## **PSHP Resource Allocation Policy**

### **September 2024**

Maine's CoC Permanent Supportive Housing (PSH) rental assistance program is designed to promote the federal Housing and Urban Development's (HUD) community-wide commitment to ending homelessness; quickly rehouse homeless individuals/families while minimizing trauma and dislocation; promote access to and utilization of Maine's Medicaid funded supportive services; and foster self-sufficiency among individuals/families experiencing homelessness.

The program currently serves those chronic and literally homeless with a serious mental illness, substance use disorder, and HIV/AIDS or a related disease. The PSH program also prioritizes subpopulations to be served, including veterans; persons fleeing domestic violence; families; and eligible homeless youths. In alignment with HUD guidelines, the PSH program is client-centered and strives to remove barriers to housing based on applicants' financial, behavioral health and substance use, and/or tenancy/legal histories. The program adheres to and promotes a Housing First approach to ending homelessness. It encourages rapid placement and stabilization in permanent housing and a low-barrier approach through client-centered service methods.

The PSH program accepts referrals from Maine's Coordinated Entry System (CES) in alignment with Maine's Continuum of Care's (MCoC) order of priority. DHHS administers this program through a Central Administrative Agency (CAA) who utilizes a network of local nonprofit mental health agencies or Local Administering Agencies (LAAs). These agencies assist local participants with linkage to MaineCare supportive services, including communication with a participant's landlord and conducting HQS inspections, in addition to administering rental assistance. To encourage long-term stability and improve housing outcomes, LAA's support pursuing mainstream resources such as primary healthcare, behavioral healthcare, community-based resources, and educational and employment opportunities when serving persons experiencing homelessness. As part of an ongoing commitment to ending homelessness for all, DHHS and its subcontractors will work with the 9 HUBs.

#### When Openings Become Available

1. The CAA and the Department will determine that the openings correspond to the PSHP grant agreement's current targeted allocations and fit within the financial resources of the program.
  - On the 20<sup>th</sup> of every month, the CAA will review the grant portfolio to determine the recommended number of opening(s) for referral.
  - The CAA will review the recommended openings with the program manager at OBH.
  - Together they will review the following information:
    - Any unit attrition that may have occurred during the month
    - Projected number to be served by the grant
    - Rate of expenditure to determine if any over-leasing may be possible
    - The CAA will communicate openings to the Hub Coordinators
  
2. Out of the total number of PSHP openings, a subset of 160 are dedicated by the grant for chronically homeless individuals and households. If an available opening corresponds to one of these slots, the CAA will request that the Hub Coordinator make the appropriate referral.
  - The definition of chronically homeless appears in the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) rule as

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
  - Has been homeless and living as described 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 who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility\*\*; or
  - A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

#### Notification of Openings to Coordinated Entry System

3. Once an opening is confirmed, the CAA will notify the respective Hub Coordinator within 2 business days as agreed upon in the DHHS Internal Referral Policies and Procedures.
  - When an opening occurs, the CAA will notify the respective Hub Coordinator of the opening(s) via email and inform them of the following:
    - # of Referrals Desired
    - Preferred slot Size (i.e. SRO, 2BR)
    - Location
    - Category needed, if applicable.

#### Hub Referrals to the CAA

4. The Hub Coordinator will send the CAA a list of the names of the referred households in writing via email preferably within 2 business days, but no later than 15 business days of receiving the notification of openings.
5. If the CAA has not received a referral from the Hub Coordinator within 15 business days or the referral received did not meet the attributes of the available resource as described above, the CAA will follow up with the Hub Coordinator.

#### **Allocation Determination and Method**

The PSHP has established that 70% of available resources will be allocated to Hub 2 and Hub 7, and 30% of available PSHP resources will be allocated to the remaining Hubs (1, 3, 4, 5, 6, 8, and 9).

This target is based on Hub population size and the rate of return to homelessness amongst the Hubs. We will closely monitor it and will adapt if needed. Due to the maturity of the program, the allocation of available openings will remain constrained and subject to funding availability.

The Department as grantee of the PSHP has discretion to shift the allocation of available resources in the event of a public health emergency or natural disaster.