Prioritization Options
Miami-Dade Homeless Trust (CoC)/Miami-Dade County, City of Miami, and City of Hialeah
ESG Entitlement Jurisdictions

Overall rationale for prioritization changes:

- Need to prevent large inflow to crisis assistance system by targeting ESG prevention assistance to the people most likely to enter street or sheltered homelessness
- Need to increase targeting of RRH resources to those with the most severe service needs, levels of vulnerability, and longest stays (already prioritized for PSH) to take advantage of new resources to have an impact on homeless census and align with HUD requirements to prioritize people with more severe service needs and levels of vulnerability
- Advancing Equity. According to 2018 American Community Survey Estimates and 2019 CoC PIT data, Black or African American people represent 17.7% of Miami-Dade County’s population, 19.9% of the people and families in the county with incomes below the poverty line, and 59% of the households experiencing homelessness.

Prevention
HAND Criteria for ESG-CV Round 1:

- Has received a three-day notice; AND or letter from landlord verifying the tenant’s right to housing will be terminated within 21 days;
- has proof of loss of employment since March 1, 2020, (either letter or unemployment benefits)
- Household income is below 50 percent of the Area Medium Income, based on HUD criteria.

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<thead>
<tr>
<th>Recommended Modifications</th>
<th>Notes/Rationale</th>
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<td>Narrow eligibility criteria to 30% AMI or below (a shift back from the increase to 50%)</td>
<td>There are approximately ~435,000 individuals county-wide in poverty (just below 30% AMI thresholds locally), and poverty rates in the County, City of Miami, and Hialeah are 16%, 24.3%, and 23.7% of the populations, respectively. With such few ESG resources available for homeless prevention, we recommend against opening up eligibility to people between 30-50% AMI and increasing the pool, because demand just among people with 30% AMI will exceed available resources. In addition, this can help to further the goals of advancing racial equity in the community because Black people in Miami-Dade County are disproportionally represented in the population experiencing poverty.</td>
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<td>Change eligibility criteria ‘has received a three-day notice; AND/or letter from landlord verifying the tenant’s right to housing will be terminated within 21 days’ to:</td>
<td>HUD McKinney-Vento regulations (used for ESG) factors for being at-risk of homelessness:*</td>
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|   - Meets at least one of HUD’s at-risk of homelessness criteria | (1) Has moved frequently because of economic reasons  
(2) Is living in the home of another because of economic hardship  
(3) Has been notified that their right to occupy their current housing or living situation will be terminated  
(4) Lives in a hotel or motel  
(5) Lives in severely overcrowded housing  
(6) Is exiting an institution or system of care  
(7) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness. |

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1. Per 2019 ACS estimates
Using #3 as a criterion for eligibility effectively excludes people in several of the other at-risk categories.

**Add prioritization for individuals or families who meet:**
- At least one factor related to the likeliness that the HH will enter shelter or the street without assistance, AND
- At least one factor related to the urgency of the situation

**Factors related to likeliness that the HH will enter shelter or the street:**
- If the household has previously experienced homelessness (pull information from HMIS?)
- If the household has any prior evictions (formal actions taken by the landlord that resulted in loss of housing)
- Geographic factors – people from the most common zip code(s) of people prior to entry to shelter or other part of the homeless system
- Households fleeing DV

**Factors related to the urgency of the situation:**
- Households with eviction proceedings underway
- Vulnerability to illness/death in the time of COVID – CDC definition of high-risk includes older adults and those with specific underlying health conditions
- Households with high levels of rent and utility arrears and large sums that need to be paid immediately in order to keep housing

Several of the suggested factors can also help to further the goals of advancing racial equity in the community because they disproportionately affect people of color.

*Individuals are families are considered at-risk of homelessness for the purposes of ESG if they have income below 30 percent of AMI (expanded to 50% for ESG-CV funds), have insufficient resources immediately available to attain housing stability, and meet at least one of the following risk factor for homelessness:

1. **Has moved frequently because of economic reasons** (2 or more times in the 60 days prior to the application)
2. **Is living in the home of another because of economic hardship** (doubled up)
3. **Has been notified that their right to occupy their current housing or living situation will be terminated** (Must be in writing and the termination must be within 21 days after the date of application for assistance)
4. **Lives in a hotel or motel** (not paid for by federal, state, or local programs or charitable organizations)
5. **Lives in severely overcrowded housing** (2 or more in an efficiency apt. or SRO, or other unit with more than 1.5 persons per bedroom)
6. **Is exiting an institution or system of care** (such as a health-care facility, mental health facility, foster care or other youth facility, or correction program or institution)
7. **Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.**

**RRH/PSH**

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<td>Combine the orders of priority for PSH and RRH so that the highest priority individual will be referred for the next available unit they are eligible for, regardless if it is PSH or RRH</td>
<td>HUD <a href="https://www.hud.gov/laws/notice">Notice CPD-17-01</a> states that the CE system must ensure that people with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance (all assistance, not just PSH) before those with less severe service needs and lower levels of vulnerability. In addition, HUD has consistently stressed in recent messaging and written products that RRH programs must adapt and become more flexible (average length of assistance, intensity of services, use as a bridge to other options) in order to be able to serve people with higher needs</td>
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**Automate Coordinated Entry referrals through HMIS and ensure that all referrals come through CE and use the same orders of priority**

Automating referrals will increase efficiency and allow for a faster pace of referrals, expanding CE’s ability to manage the large number of referrals that will be necessary to use new ESG resources. Ensuring that all referrals to ESG and CoC RRH programs come through CE and use the same orders of priority will ensure that resources are targeted to the individuals with the greatest need, and that access to resources is not impacted by how or where individuals experiencing homelessness enter the system (e.g. through a provider that has both shelter and RRH).

**Update prioritization system**

Possible prioritization factors:
- People at high risk for serious illness or death from COVID-19 (per the CDC definition updated June 25)*
- People experiencing chronic homelessness
- People with high crisis system utilization (justice system, foster care (recent or as a child), child welfare [family that has current/recent involvement with the system], emergency department, etc.)
- Length of time homeless
- VI-SPDAT score for prioritization (could use either score or threshold, such as 8+, instead of actual score)
- People fleeing DV who cannot (because of a lack of vacancies) or do not want to be served by specialized DV providers
- People experiencing unsheltered homelessness

*People at high risk for serious illness or death from COVID-19 (per the CDC definition updated June 25) are older adults (the older, the more vulnerable), as well as people of all ages with one or more of the following underlying medical condition that puts individuals at a higher risk of serious illness or death from COVID-19:

- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index [BMI] of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus