Assessing Whether Your Continuum of Care Has Achieved the Goal of Ending Chronic Homelessness

The U.S. Interagency Council on Homelessness and the Department of Housing and Urban Development, in partnership with other Council member agencies, have adopted specific criteria and a benchmark for ending chronic homelessness, in order to guide communities as they build systems needed to achieve the goal. The following questions can help you assess your Continuum of Care's (CoC's) progress.

Questions that Assess Whether Your CoC Has Achieved the Criteria

1. **Has your CoC identified and provided outreach to all individuals experiencing or at risk for chronic homelessness, and prevented chronic homelessness wherever possible?**

   a. Does your CoC conduct outreach and in-reach on a regular basis, including: at least weekly outreach to known locations or other areas where people who are unsheltered may be located; and at least weekly in-reach to shelters and other homelessness assistance programs[1]?

   b. Does your CoC's outreach and in-reach strategy involve proactively looking for persons that are newly homeless or new to your CoC?

   c. Do all of the entities responsible for outreach in your CoC collect data on all persons they encounter, and is that data entered into HMIS or another data system so that relevant data can be immediately included on the active list?

   d. Do your outreach, in-reach, and engagement efforts cover the entire CoC's geographic area?

   e. Are your outreach, in-reach, and engagement efforts connected to the coordinated entry process?

   f. Are all necessary partners engaged in your CoC's outreach, in-reach, and engagement efforts?[2]

   g. Does your CoC have a single data system (i.e., HMIS, active list) that identifies and tracks all persons known to be experiencing chronic homelessness (and those at risk of becoming chronically homeless), including:

      i. Unsheltered individuals living in a place not meant for human habitation (the street, in cars, campsites, on beach/deserts/riverbeds, etc.)

      ii. Individuals in shelters, safe havens, seasonal/overflow beds, hotel/motel paid for by homelessness provider

      iii. Individuals in transitional housing

      iv. Individuals entering an institution (jail/prison, hospital) who are on your list (literally homeless prior to entering the institution) that are expected to be in the institution for less than 90 days

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[1] Outreach may be more intense in "hot spots" with high concentrations of individuals experiencing homelessness, and significantly less intense in rural and mountainous regions, for example. In fact, outreach in hard-to-reach or less-populated areas may consist of a regularly scheduled scanning for encampments and evidence of sleeping outside, so that an outreach team may be deployed.

[2] The CoC should partner with Health Care for the Homeless (HCH) grantees, Projects for Assistance in Transition from Homelessness (PATH) grantees, other outreach organizations, law enforcement, prisons, jails, and hospitals to conduct both in-reach and outreach.

h. Is the single data system updated on at least a monthly basis and reviewed to make prioritization decisions?

i. Are all projects providing housing and services to persons experiencing homelessness in your CoC contributing data to your data system (HMIS, active list)?

j. Is there a written procedure or workflow for the active list that specifies for each data source who provides the data, what data they should provide, when data should be provided, and by what means data should be provided?

k. Does the CoC identify and track people who are close to meeting the definition of chronic homelessness and prevent their entry into chronic homelessness through effective housing and services interventions?

2. **Does your CoC have the ability to provide access to shelter or other temporary accommodations immediately to any person experiencing unsheltered chronic homelessness who wants it?**

a. Does your CoC have the capacity to immediately offer some form of low-barrier shelter to every individual experiencing chronic homelessness who wants it?

b. Is access available to all persons experiencing chronic homelessness regardless of sobriety, income level, criminal history, or other unnecessary barriers?

c. Are individuals experiencing chronic homelessness who decline low-barrier shelter continually engaged and, when appropriate, offered low-barrier shelter again while they are being assisted with permanent housing placement?

d. Does the CoC use rapid re-housing and/or transitional housing as bridge housing for people experiencing chronic homelessness[3]?

3. **Has your CoC implemented a community-wide Housing First orientation and response that also considers the preferences of the individuals being served?**
a. Are the majority of emergency shelters, street outreach providers, and other parts of the crisis response system within the CoC aligned with a Housing First response[4]?

b. Do program screening and selection practices encourage the acceptance of individuals regardless of their sobriety or use of substances, completion of treatment, or participation in services?

c. Is there a streamlined and user-friendly community-wide process for connecting individuals experiencing chronic homelessness to permanent housing assistance and options immediately upon identification as chronically homeless?

d. Do the majority of permanent supportive housing, rapid re-housing, or other permanent housing dedicated for people who have been chronically homeless operate with Housing First and harm reduction practices?[5]

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[3] Stays in transitional housing could affect a persons' ability to access dedicated permanent supportive housing. Therefore, such stays should be limited to only those situations where the household has already been enrolled in permanent supportive housing and is actively seeking a unit.

[4] In order to provide choice to all people experiencing chronic homelessness, there may be a limited number of programs, such as abstinence-focused programs, that may not be implementing all of the principles of a Housing First approach. However, such programs should embrace as many Housing First principles as possible and should be working in partnership with other programs within the larger community's Housing First response.

[5] See previous footnote.

4. **Has your CoC assisted individuals experiencing chronic homelessness to move swiftly into permanent housing with the appropriate level of supportive services and effectively prioritized people for permanent housing?**

    a. Does your CoC have the capacity and resources to connect individuals experiencing chronic homelessness to permanent housing within a 90-day average from the point in which they are identified as chronically homeless?

    b. Are persons experiencing chronic homelessness who have not yet accepted housing assistance offered permanent housing assistance at least every two weeks?

    c. Are individuals experiencing chronic homelessness quickly connected to SSI/SSDI benefits, health and behavioral health care, social supports, employment opportunities, workforce programs, and other supportive services that promote health and long-term housing stability, as necessary?

    d. Does your CoC follow HUD's prioritization guidance or other prioritization policies and procedures to ensure that permanent supportive housing is prioritized for households based on vulnerability factors such as length of time homeless and severity of needs?

    e. Does your CoC use rapid re-housing and other forms of permanent housing placement assistance to quickly house individuals experiencing chronic homelessness when they are awaiting a permanent housing subsidy?

5. **Does your CoC have resources, plans, and system capacity in place to prevent chronic homelessness from occurring and to ensure that individuals who experienced chronic homelessness do not fall into homelessness again? Or, if they do, are quickly reconnected to permanent housing?**

    a. Does the CoC have an adequate level of resources and the capacity to provide appropriate services that will, whenever possible, prevent chronic homelessness?

    b. Are there sufficient permanent housing assistance options that are currently available or will become available over the next twelve months to assure movement into permanent housing within an average of 90 days from the point of identifying persons as experiencing chronic homelessness?

    c. Does the CoC have an adequate level of resources and appropriate plans and services in place to promote the long-term housing stability of all people formerly experiencing chronic homelessness who have entered permanent housing?

    d. If individuals fall back into homelessness, is there a system in place to quickly reconnect them to permanent housing?

    e. Does the CoC have partnerships with community-based and mainstream resources to support ongoing stability, wellness, and crisis intervention, when needed, for persons formerly experiencing chronic homelessness?

For More Information

You can find more guidance on strategies to end chronic homelessness on our [website](#), including:

- [10 Strategies to End Chronic Homelessness](#)
- [Fact Sheet on Ending Homelessness for People with Complex Needs](#)
- [Supportive Housing Opportunities Planner (SHOP) Tool](#)
- [Primer on Using Medicaid for People Experiencing Chronic Homelessness](#)
- [Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Emerging Practices](#)
- [Fulfilling the Dream: Aligning State Efforts to Implement Olmstead and End Chronic Homelessness](#)