

COMMUNITY SOLUTIONS

Chronically Homeless Person- An individual or family with a disabling condition who has been continuously homeless for a year or more or has had at least four episodes of homelessness in the past three years.

Homeless Veteran - An individual experiencing homelessness who has served on active duty in the United States Military, regardless of discharge status.

Functional Zero (Veterans) - At any point in time, the number of veterans experiencing sheltered and unsheltered homelessness will be no greater than the current monthly housing placement rate for veterans experiencing homelessness.

Functional Zero (Chronic) - At any point in time, the number of people experiencing sheltered and unsheltered chronic homelessness will be no greater than the current monthly housing placement rate for people experiencing chronic homelessness.

Housing Placement Rate - The twelve (12) month rolling average of veterans and/or chronically homeless people that were placed into housing. This number is used to ensure that a community remains at functional zero. The monthly housing placement rate should be greater than or equal to the community's monthly housing placement goal, which is derived from the community's Take Down Target.

Take Down Target - The total chronic/veteran homeless population, plus projected inflow, that will need to be housed in order to end chronic/veteran homelessness in your community within the set timeframe. Take down targets allow communities to set monthly housing placement goals - and measure progress against those goals - in order to stay on track towards ending veteran/chronic homelessness.

Housing Placement Tool - A platform containing automated feedback loops and aggregate dashboards to collect all housing placements across the community in order to accurately track progress towards ending chronic and veterans homelessness system-wide.

Gap Analysis Tool - An Excel-based platform that allows communities to set their Chronic/Veteran Take Down Targets. The tool allows communities to develop strategies for reducing or eliminating gaps in assets by implementing one or more gap closing strategies.

Common Assessment Tool (CAT) - A set of questions used by outreach workers to quickly assess people based on acuity. The CAT is used to understand the needs of a person experiencing homelessness and to assign the most appropriate housing or service intervention based on that need. An assessment tool is considered "common" if all agencies and organizations in a community agree to use the same tool. A CAT must be backed by data, and its recommendations must be based on solid research.

Coordinated Entry/Coordinated Assessment and Housing Placement System (CAHP) - The process by which all homeless people are moved from the streets to the best housing option for their needs. A CAHP consists of a set of common procedures and tools used by partnering organizations and agencies within a community to identify, assess, prioritize, and match individuals and families experiencing homelessness with appropriate housing and service interventions.

Vulnerability Index - Service Prioritization Decision Assistance Tool Prescreen (VI-SPDAT) - The VI-SPDAT is a Common Assessment Tool that meets the CAT requirements necessary for integration within a CAHP System as part of Zero: 2016. The VI-SPDAT is designed to help a community calibrate their response based on the individual, not merely the general population category into which they may fall (e.g., vulnerable, chronically homeless, etc.). Communities may consider using the VI-SPDAT as their CAT, but it is not required. The VI-SPDAT was co-developed by Community Solutions and OrgCode Consulting.

Vulnerability Index (VI) - A street outreach tool developed by Community Solutions and rooted in leading medical research, the VI helps determine the chronicity and medical vulnerability of homeless individuals and prioritizes them for housing according to the fragility of their health. The field has evolved considerably since the VI's introduction, and Community Solutions now recommends the VI-SPDAT as a more comprehensive assessment than the VI alone.

Coordinated Outreach and Access Points - A shared process for identifying, assessing (with a CAT), and engaging the highest need/acuity clients across the largest possible geographic reach and with minimal duplication of outreach services.

Continuum of Care (CoC) - Local groups (414 nationally) set up to administer HUD funding to end homelessness in communities throughout the country.

Permanent Supportive Housing - (Long-term, not time limited, low-income housing with support services): Intended for individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.

Rapid Re-Housing - (Time limited rental assistance with moderate service supports): Intended for individuals or families with moderate health, mental health and/or behavioral health issues, who are likely to be able to achieve housing stability over a short time period through a medium or short-term rent subsidy and access to support services.

Point-in-Time Count (PIT) - A HUD required count of sheltered and unsheltered homeless persons on a single night in January. Continuums of Care must conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night. Continuums of Care also must conduct a count of unsheltered homeless persons every other year (odd numbered years). Each count is planned, coordinated, and carried out locally.

Registry Week - An intensive week-long blitz to learn the names of every homeless person in the community with enough information to triage them into the appropriate permanent housing option. Communities will use this information to develop by-name files on each person experiencing homelessness on their streets to help connect people to available subsidies and appropriate housing options as quickly as possible.

Homeless Management Information System (HMIS) - A local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.