

Defining Chronically Homeless Final Rule Webinar, Combined Q & A Transcript

Regions 1 and 2 – 01/13/2015

Moderator: Hello everyone my name is Dan Fox. I am with the Cloudburst Group, and I am a national HUD TA provider, and you are viewing the recording of the Defining “Chronically Homeless” Final Rule webinar questions and answers for Regions 1 and 2. So just to let you know who you’re hearing from today, the presenters who are answering the questions are Marcy Thompson, she’s a senior advisor with the office of the Deputy Assistant Secretary for Special Needs, and we also have Brett Gagnon, she is with the SNAPS office and she is a Senior SNAPS Program Specialist. The other two ladies you’ll hear from during the Q & A are the resource advisors, and they’re Lindsey Barranco, she’s with the Cloudburst Group. She is the Regional TA Coordinator for Region 1, and you’ll also hear from Kat Freeman also with the Cloudburst Group, and she is the Regional TA coordinator for Region 2. And these two ladies are helping triage the questions.

So one final note here. This recording does not contain any of the actual content that the presenters gave during the webinar; so if you somehow manage to find the question and answer recordings before the main webinar then just search for the Defining Chronically Homeless Final Rule webinar. You’ll want to watch that first. Otherwise what you’ll hear is - this will transition right over to the end of the presentation and the beginning of the Q & A.

Marcy Thompson: Okay so with that it’s now time to turn it over to the Q & A; so I’m going to turn it over to Lindsey and Kat.

Kat Freeman: Hi everyone, this is Kat. So the first question is related to documentation. And the question is “If someone is chronically homeless and is housed in permanent housing for a short period of time such as six months or something, and then they become homeless again, will they lose their chronic homeless status or will they still qualify as long as they need the 12 month total homeless over four occasions in the last three years rule”?

Brett Gagnon: So I think that that is something that we are still working on, a policy on and we hope to have out in the next month or so; so hang tight for the answer on that one unless Marcy you want to add anything.

Marcy Thompson: No I think that's true, it is one of those situations we want to – we need to research a little more.

Brett Gagnon: But it is already in our queue.

Kat Freeman: Okay. So this question is related to institutional stays. Marcy, could you provide clarification on if a client who went into an institution including jail for more than 90 days that that would constitute a break?

Marcy Thompson: Yes so if a person enters an institution and they're there for 90 days or more that entire period counts as a break. So let's say they're in there for five months, we've had a couple of folks ask "Could we count the first 90 days as not a break and then exclude the remaining time" and the answer is no. You would have to count the entire period once it goes over 90 days or more the entire period would be counted as a break.

Kat Freeman: Okay. And to kind of follow up on that if the one day in shelter counts as a month of homelessness guidance; is that true only if there are no breaks lasting more than seven days in the month?

Brett Gagnon: That's correct unless – that's true unless there's evidence of a break. So if say somebody spent a night in an emergency shelter on May 15 but then there is evidence of a break beginning May 20 then you could really only count that first 15 or 19 days of that month towards a person's status.

Kat Freeman: Okay, thank you.

Lindsey Barranco: Okay, I'm sorry, this is Lindsey. We had a couple questions about disability as well. First is there a specific list of only specific types of disabilities that would qualify, and as a follow-up to that is a HUD provided form that professionals should use when verifying disability?

Brett Gagnon: I'll go ahead and take that one. There is not a list but our statute does permit any physical, emotional or mental impairment. It also includes substance abuse as a disability so long as it's a long continuing and indefinite duration. And it includes developmental disabilities as well.

Lindsey Barranco: Okay and is there –

Brett Gagnon: There is not a standard form at this point in time. I know some communities have developed standard forms and we certainly would encourage CoC's to do so but at this time HUD has not developed a form and it's not on our list to do at present.

Lindsey Barranco: Okay

Kat Freeman: Okay. Brett, related to the documentation can you clarify what you mean by 12 months? Is that something that's continuous or combined for over the three days or is it 365 days or is it 360 which is 12 X 30. How are you calculating that 12 months? Is it a January 1 to December 31 type of thing or is it the prior 12 months from whatever date the client presents?

Brett Gagnon: Sure we can answer that, I'm actually going to let Marcy take a stab at it but we had several conversations about 365 versus 12 months and I'll let Marcy kind of answer why.

Marcy Thompson: Well I mean I think that we recognize that trying to document 365 days was – would be virtually impossible and we wanted to provide – we wanted to create a uniform documentation standard that was also not completely impossible or unreasonable and so we went with one day out of the month – one encounter out of the month as counting for the entire month. So if you're looking, as Brett was talking through the record keeping requirements, if you're looking at the last you know, if it were summer now and you look back the last 12 months you would want to see a contact with that person every month for the last 12 months or you would need to find at least 12 months over the last four year or the last three year period and you would want the times to be separated by, you know, at least three breaks so there were four occasions. Also, we've had some questions about do you round up? I am going to go out on a limb, I think Brett weigh in if you disagree, but I would say that yes you round up, in most circumstances. If they are really unique circumstances and you're unsure, you could always submit a question to the AAQ to err on the side of caution.

Brett Gagnon: I would agree, so I guess if – I would say if your first record – if you're going January to December – that's somebody's year - if the first record is from January [Inaudible 00:08:51, distorted audio] 30th, let's say, and then your record for the following December is December 2nd, I would say - and based on what Marcy said and I think she would agree with me, that you don't have to wait for a final record on December 30th to wait and see, for instance.

Lindsey Barranco: So we had a couple questions about transitional housing and rapid re-housing, we had a couple requests that you just kind of restate or clarified the exception for individuals in transitional housing with regards to the breaks in homelessness.

Marcy Thompson: Sure so we – so there really is – it really is a very limited group of folks that we're referring to where their status would not be impacted. So let's say using the example that I talked about a few minutes ago that somebody has gone through coordinated entry and they've been identified as somebody that is in need of permanent supportive housing and then they are referred to a program. The program – you know, they go through intake at that permanent supportive housing program and that program has documented their eligibility and all of that and now it's just a matter of that person locating a suitable unit. We know that a lot of times in a lot of communities, finding housing even with a subsidy is not something that happens overnight in many situations. So in order to, you know, if that person, let's say is under a bridge we would want to get them inside as quickly as possible. So if there is a transitional housing bed that's vacant, you could use that transitional housing bed to house that person in that interim period while they're looking for a unit but during that time they should be actively looking with the permanent supportive housing provider to locate a unit and ideally that time period would be 90 days or less and that's generally what we would define as bridge housing. But there isn't really a time limit, if it's more than 90 days that's not – that isn't going to be a problem. But again there should be an active process of locating during that period. And the other point to make is that while they're in that transitional housing bed they're not – unless they are asking to do so, they're not really participating in the program. During that time there shouldn't be any requirements from the transitional program that while they're there they have to do X, Y and Z. It really is just a place to stay for that time period.

Lindsey Barranco: And similar question there were a couple questions about whether or not a community residence would be counted as transitional housing or as an institution?

Marcy Thompson: Well I think – and I want for Brett to add on here but I think the safest bet to determine whether or not a program would be considered transitional housing versus an institution if it's not – because we understand that for example some transitional housing programs funded through us that are really substance abuse treatment programs for example. How is the project

identified on housing inventory count? If it's identified on housing inventory count as transitional housing then that is what it's going to be considered when operationalizing the definition. If it's an institution it will not be counted, it wouldn't be included on the housing inventory because it wouldn't be considered housing. If it's funded through us, if it's a transitional housing program that's funded through CoC funded transitional housing then it has to be considered transitional housing. If it's funded through another source even if it's called transitional housing but it's – it is more of an institutional setting and you would not identify on the HIC as transitional housing, that's okay. Is that right Brett?

Brett Gagnon: Yeah it sounds about right. If it's – I think it does. I'm still wrapping my whole head around it but yes. If it's – we don't define community residence so the definition really gets the terms that we define which are emergency shelter, transitional housing, and safe haven. Not everything that's not funded by us will quite neatly fit into our definitions but as Marcy said, if it's not funded by us, your community has probably made a determination on what it is and there's guidance in the housing inventory count instructions about how to consider things that aren't funded by us but are probably going to be transitional housing. One of those key requirements is that it's meant for people who are homeless, that's usually a good indicator. And if you think it should be transitional housing and it's not included on your HIC currently, then go ahead and contact your CoC and have a conversation.

Lindsey Barranco: And then one more transitional housing question just to clarify that the veteran stays at GPD programs do not count as TH, if you can clarify that but they are included in continuous or as an episode. So a little bit of clarification on GPD beds...

Marcy Thompson: So the time spent in the GPD beds does not count towards the veterans length of time homeless; so if a veteran for example was homeless for a month before being identified by the VA and you know kind of brought into the VA healthcare system for assistance and then they spend another 10 or 11 months in GPD. That time would not count towards that persons length of time homeless and if they then become chronically homeless. The exception really only applies when the veteran was chronically homeless before; so at that point of initial intake they are chronically homeless. That status is maintained throughout the entire time that they are assisted by the VA. So that they might you know served, so that when they go into GPD they maintain their status and they are then eligible for HUD-VASH or for example that might be targeted to chronically homeless persons as well as for CoC program funded permanent supportive housing that's obviously funded through the CoC.

Kat Freeman: Great, actually I've got a question that is kind of related to that. Would a client stay, would a youth stay in a basic center or shelter from runaway and homeless youth count as a break?

Brett Gagnon: So my understanding of the basic – the BCP program is that it funds really two arms, emergency shelter and homelessness prevention. And if we're talking about the emergency shelter arm of the funding then we actually consider time spent in BCP as time spent in an emergency shelter and so that means that the time spent there is time spent in an emergency shelter and would count towards the 12 months either continuous or cumulative.

Kat Freeman: Excellent, thank you. Brett, continuing on -

Brett Gagnon: And can I just clarify that that we actually have clarified in technical assistance, a guidance document that we just published on youth and the homeless definition which you can find on the HUD Exchange.

Kat Freeman: Great, thank you. And Brett, when you were talking earlier you used the term intake worker were you referring to a specific defined role as an intake worker or were you more broadly meaning the person who was working with the client to determine their chronic homeless status?

Brett Gagnon: I am really, we don't define intake worker which is I know funny because we seem to use it a lot, that's really going to be anybody who is doing the client's eligibility for the program and who's collecting the documentation. It could be one person I guess – it could be one person, it could be a couple of people for a program but it's really who is determining eligibility at intake for the project.

Kat Freeman: Okay. All right and can you provide clarification on the documentation of a disability needed for a client that has been – that is looking for housing prior to the 1/15/2016 date? What kind of a document of disability is needed if any?

Brett Gagnon: For permanent supportive housing projects, which are the only types of projects that are required to document disability in our homeless assistance portfolio, the documentation has not changed from what's currently in place. So I don't expect to see a difference

between the 15th and when the CoC program was implemented in the – with the fiscal year 2012 funds. It's the same documentation we published in the homeless definition final rule.

Kat Freeman: Okay excellent. And we also have a question regarding the 2015 CAPER, how does the new chronic homeless definition apply to the 2015 CAPER that is currently being worked on?

Brett Gagnon: Right so there's always sort of been – you get your - and Dan jump in if I get this wrong but you get your CAPER data from HMIS. And HMIS is at the CoC level and based on the CoC definition; so my understanding is that there's always been a little bit of a disconnect between the chronic definition. Now it should start to go away over the next few years as we - as both programs have the same definition, but I think we understand that at least for a year the definition is going to be in your CAPER, a little bit of the old and a little bit of the new and it will iron itself out as the years go on. Does that sound right Marcy or Dan?

Marcy Thompson: That sounds right to me.

Dan Fox: Sounds good to me.

Lindsey Barranco: Do we have time Dan for one last question? Is that Okay?

Dan Fox: Yeah, we have four minutes left here.

Lindsey Barranco: So I know a couple of you have asked about HMIS. So there was a question about what the requirements are around having this data in HMIS and updating HMIS; so maybe, Dan, you could give a summary of the HMIS status.

Dan Fox: Well as Brett said earlier there will be further guidance coming out about chronically homeless – the chronically homeless definition as it relates specifically to how this might be achieved through HMIS; so a lot of that we're going to reserve for future webinars; however I did - the part of your question that you're asking and I did see a couple Q & A here about, you know, more of a black and white what is required from vendors. It's important to note that HUD has been working with vendors around these issues and ways that this might be identified or reporting

mechanisms that might be used; however, there's not a currently a requirement that's placed on vendors to pull out reporting in a specified format like, you know, there would be for the APR or something like that.

Lindsey Barranco: Okay and also Marcy we're getting a lot of questions sort of asking "what programs does this definition apply to?" So if you could just clarify the programs that this definition applies.

Marcy Thompson: Yeah, so in addition to the Con Plan that Brett was talking about a few minutes ago the only CoC program component type in which projects are required to serve – may be required to serve chronically homeless persons is permanent supportive housing, and it's really only in permanent supportive housing projects that have beds that are identified as either dedicated or prioritized. So if a project – if a rapid re-housing project or a transitional housing project or an SSO or any other CoC program component type serves persons that are chronically homeless the recordkeeping requirements do not apply. However, for rapid re-housing, let's say, because rapid re-housing can be used as a bridge to permanent supportive housing it can be used in that situation where there might not be permanent supportive housing yet but you know that eventually that that is the plan for this person but there is rapid re-housing available. You could house a chronically homeless person in rapid re-housing for a period of time until there's a vacancy available for permanent supportive housing. And like I said earlier they wouldn't lose their status, but in that situation if you know that they're going to be going on to permanent supportive housing at a later date, it may be good to get that documentation at that point because once they go into permanent supportive housing that documentation will be needed.

Brett Gagnon: And I would just add that those are HUD requirements. Locally, we do require both CoC and ESG recipients to have written standards for prioritizing assistance and it may be, for example, that your ESG recipient or your CoC has decided to prioritize chronically homeless individuals and families for rapid re-housing even if the permanent supportive housing voucher isn't necessarily on the other end. And in that case locally you may have to collect the record keeping requirements but that would be a local requirement and not necessarily a HUD requirement.

Kat Freeman: Okay and I've got one last question so if a community has – this question is really around how often should a community be trying to identify their chronically homelessness under their new definition. So as you stated in the presentation if a community doesn't have – hasn't identified chronic homeless then obviously they move on to their next population but how often should a community be more targeted and try to figure out the definition? That would be an ongoing process, is that correct?

Marcy Thompson: Yeah I mean I think part of what we would consider to be comprehensive outreach engagement would be you know having an outreach strategy that has outreach workers going out on a very regular basis so I would say preferably, weekly perhaps to go out and try and locate households, depending on the geographic area which may not be feasible, but I think that would be part of the documentation why more frequent outreach wasn't necessary, but certainly I would say you want to be able to demonstrate there is ongoing, team street outreach occurring and including to places where homeless persons don't necessarily frequent, that they're not necessarily there frequently so going out places where you wouldn't ordinarily – where you wouldn't think that they would necessarily be to make sure that you're identifying anybody that could be considered chronically homeless.

Kat Freeman: Okay so I think that wraps up the questions that we have for you Brett and Marcy.

Marcy Thompson: Okay, all right. Well great, thank you Kat and Lindsey for the Q & A session, and thanks, Dan for helping get us through the slides. As Dan said earlier we will make sure that the transcript is – the Q & A and the transcript from one of the webinars will be posted on the HUD exchange and we will also make sure that the questions that are asked that we did not respond to – that we address the topics that come up in FAQ documents that we will make available soon. So thank you everybody for your time and I hope you have a great rest of your day. Thank you.

[End of audio]

Region 3 – 01/07/2015

Moderator: Hello everyone. My name is Dan Fox. I'm a national HUD TA provider with the Cloudburst Group, and this is a recording of the question and answer session from the Region 3 Defining "Chronically Homeless" Final Rule webinar. Just as a reminder, the presenters who are answering the questions are Marcy Thompson; she's a senior advisor with the Office of the Deputy Assistant Secretary for Special Needs, and Brett Gagnon. She's with the SNAPS Office, and she's a Senior SNAPS Program Specialist. We will also hear from Kelli Barker from Abt Associates. She is the regional TA coordinator for region 3, and she is the woman who is triaging the questions.

So, one final note here, this recording does not contain any of the actual content that the presenters gave during the webinar. So, if you somehow managed to find the question and answer recordings before the main webinar, just search for the defining chronically homeless final rule webinar. You'll want to watch that first. Otherwise, what you'll hear is - this will transition right over to the end of the presentation and the beginning of Q&A.

Marcy Thompson: All right, so, thank you for hanging in there, and I think we will now start the Q&A portion of this discussion so I'm going to turn it over to Kelli.

Kelli Barker: Okay, great, so, we have gotten in about 16, 17 questions so far. So, we will try and get through as many as we can. What I have done is grouped them by subject. So, we will start off on the whole concept of occasions of homelessness and what constitutes a break. So, the first question is does staying with a friend for less than seven days during a period of homelessness constitute a break?

Marcy Thompson: No, it does not constitute a break. The reason that we included - we recognized that people sometimes whose primary residence is living in a place not meant for human habitation, for example, may have the opportunity to spend a couple of nights in a hotel or spend a couple of nights with friends or family. We do not want that to count against them. So, any period of time of less than seven nights does not count as a break regardless of where if they are staying any place that is not one of those three locations.

Kelli Barker: Okay, let's see. Can a continuous period of homeless, so 12 months or more, be re-evaluated for occasions if there is a break? I'm not entirely sure what that means. Does that make sense to you?

Brett Gagnon: I'm not 100 percent sure I'm going to understand or answer what this person thought. If you have evidence of 12 month continuous through your HMIS and through the interview it has not come up right away that they are with a break, there is no need to go looking for breaks to re-evaluate. If through the HMIS you find a break such as a stay in a transitional housing project or maybe they have discharge paperwork that shows they were in an institution for more than the 90 days, in that case, you may want to start look over a little bit more closely at the person's history and start looking more actively for a break. If there is no obvious evidence of breaks within a person's 12 month continuous, then there is no need to go looking for breaks. Does that sound right, Marcy?

Marcy Thompson: Yes, the only thing I would add is if you are a community that at a point in which a person, let's say is going through a coordinated entry and is initially entered into HMIS, that maybe documents a little bit more at that point before the point of project entry and you know that they are somebody that would have met the definition based on continuous 12 months and then suddenly there is a break, I think that at that point, even though you have already assessed them as meeting the 12 month continuous and you did not need to go back looking for breaks, it would be then a good idea to then go back and work with the person to see if you can identify additional breaks in the last three years.

Kelli Barker: So, an elaboration on that question, if a person is in an emergency shelter, safe haven, or place not meant for human habitation for at least 12 months within three years but only had two breaks, can you confirm that they would not be considered chronically homeless?

Brett Gagnon: That is correct. They would not be.

Kelli Barker: So, also, a clarification is needed. If a client with a disability lived in a shelter, safe haven, uninhabitable space, etc. for 12 months, must they remain homeless and take no less than four breaks for homelessness within three years? I think that is just a little clarification needed there. It sounds like their understanding is that they have to remain homeless over 12 months and take no less than four breaks for homelessness.

Brett Gagnon: So, I think - It's an either or. In both cases, you have to have a qualifying disability, but it is either 12 months continuous. So, when you present you have the last 12 months continuously in one of those locations or it is 12 months over four occasions in the past three years.

Marcy Thompson: Yeah, I think that the emphasis of us talking about this four occasions is because the current definition includes the 12 month continuous or the four occasions, but the new definition also requires the four occasions equal 12 months. So, it is still an either or.

Kelli Barker: Okay, so, we will switch to the topic of - we've had quite a few questions on documenting disability and what qualifies an individual to meet this definition in terms of the disability portion of the definition. So, the first one is adults with a disability, okay, the question is on a statement that was made earlier, which was adult with a disability that cannot live independently but housing would improve the situation. That person is confused. If this was a single adult, how could they live independently?

Brett Gagnon: So, that is what the provider, the professional who is licensed to treat, they have to document that they have a disability, that impedes their ability to live independently, and that it could substantially be improved by housing, and it's a long continuing or indefinite duration. I think that is exactly where permanent supportive housing comes in because permanent supportive housing is going to have the services that can wrap around that person and help them obtain and maintain housing, hopefully permanently.

Kelli Barker: Okay, the next question is can a copy of a psychiatric evaluation suffice as proof of disability if it does not specifically state that it prevents their ability to live independently, the disability to prevent their ability to live independently?

Brett Gagnon: It cannot. In order to use the first bullet on the disabling condition – on the documenting disability slide, the licensed professional has to document all three things, that they have the disability, that it is of a long, continuing, and indefinite duration, and that it substantially impedes their ability to live independently and could be improved by housing.

Kelli Baker: Okay, the next question is can you speak to the identification of disabled during the point in time street count?

Marcy Thompson: So, I do not think that that is necessarily any different than it has been in past years. I think neither Brett nor I are probably the experts on the point in time count, but in the counts that I have done in the past, there are certain ways in which you could ask a question in order to try and gather whether or not the person has a disability, but it is still self-report at that point. There is no requirement that you obtain documentation of that disability at the time of the count.

Brett Gagnon: Right, it is important to keep in mind that the record keeping requirements that we talked about today, that is just for when you are trying to determine and document if someone is eligible for PSH. Point in time counts still remain entirely self-report.

Kelli Barker: Okay, so, the next question is regarding the disability criteria. The person has two questions about the reference to serious mental illness. The first question is, actually it looks like they only listed one question. The question is do we have to document the consumer's actual diagnosis to show that they have a mental health diagnosis that is categorized as an SMI from the DSM or can we have something in the file that just verifies that the person has a mental health diagnosis?

Brett Gagnon: You are going to need to document enough of the disability, if you are using the first bullet on that slide, and this is important to keep in mind because if it is another form, if it is certification from the Social Security Administration, we should trust that the social security payment is made for the disability as long as it is a disability social security payment. But if you are using the first bullet, we need to know enough about the disability to know that the person who is signing the paperwork and the degree that they have is actually licensed to treat it. So, we do not need to know, in your specific question, exactly what the mental health diagnosis is, but we will need to know that it is a mental health diagnosis and that the person who is signing it is licensed by your state to treat the mental health diagnosis, or we would need to know that it is a physical disability and then you could match it up with the person who is signing is licensed and qualified by the state to treat that physical disability.

And I think that second question, Kelli, was whether a person, it can be a physical disability or just a mental health diagnosis or does it have to be a mental health diagnosis. The definition of disability is physical, mental, or emotional impairment. So, it can be any of the three, any one of the three. It can also be a diagnosis of HIV/ AIDS or a developmental disability, which manifests before the age of nine, if I remember correctly.

Kelli Barker: Okay, and then on that, I don't know if this is the same person that asked – does that diagnosis meet - can a person that has a physical disability and just a mental health diagnosis meet the disability criteria for a shelter plus care program or does the mental health diagnosis have to be the actual disability?

Brett Gagnon: So, I think that this might, it is going to depend. A lot of the shelter plus care programs that have now renewed under the CoC program are limited to serving a certain population, and that is where Marcy was talking about you are looking for chronically homeless individuals who also serve your subpops that's in your grant agreement. So, that is all going to depend on your grant agreement and who your grant agreement says that you can and should be serving.

From a straight up disability perspective, it can be physical, mental, or emotional. Though your project may be limited to persons with serious mental illness.

Kelli Barker: Okay, and then kind of a question – Okay. On rare occasions when a provider has to depend on a staff worker's observation of the disability until it is confirmed, is there a specific credential required for that staff person? For example, do they need to be licensed, QMHP, or are there no credentials needed?

Brett Gagnon: There is no credential needed for the intake personnel.

Kelli Barker: Okay, so let us move on from the disability. There are a lot of questions coming in now, which I don't - I haven't been able to look at all of those, but I will go through those at the end. Let us move to documentation because there are a lot of questions on documentation. The first is what documentation is needed to illustrate that no chronically homeless person existed in the community and; therefore, a program moved to then serve a high need population?

Marcy Thompson: So, I think that the more thorough that you can be in your documentation practices around that the better. And, so, documenting what the community's outreach methodologies are, how frequently outreach is done, being clear that that outreach covers the entire geographic area. If there are people that are identified as chronically homeless, that they are just going to take some more time to engage, documenting that clearly, documenting that an offer was made and they have declined it. I think being very explicit about what attempts were made to identify. This, again, in a community that is doing coordinated entry and is doing prioritization and is working off of this list of everybody within your community that is able to be prioritized, there should be something that you can just pull from that on a regular basis. But, again, the more detailed that you can be and really I think what you do not want to have walk away from if we were looking at the file is to think that the last time that we went out and did outreach was a while ago or we only did outreach for a small portion of the geographic area. So, that could lead us to believe that maybe there could have been other persons within the community but they have not been identified yet. So, really documenting what attempts were made I think is important. Brett, do you want to add anything?

Brett Gagnon: Well, in some communities you might have to work with your coordinated entry to do that because in some communities that information may not be at the project level but you will want to make sure you are working with your coordinated entry providers to ensure that you also - when they refer you somebody that is not chronically homeless, their documentation on why they did that.

Kelli Barker: Okay, so, the next question is somebody who is the CoC lead agency, they want to know what options for third party documentation are available to us if no other agency in the region documents homelessness? In other words, I think what they are asking is who is responsible for documenting homeless.

Brett Gagnon: This is why I want to remind folks, one, you want to be as broad as possible in who we consider a service provider. So, as I mentioned, when I was going through my portion of the slides, local law enforcement might be an excellent resource. Somebody in the school system might be able to be an excellent resource to say that "I know that this child and their family was sleeping in an encampment for this month". Shopkeepers sometimes can be excellent resources. It does not have to be a homeless service provider. It just has to be somebody who can give you their professional judgement that this person was sleeping in this location at this point in time. Did you want to add to that, Marcy?

Marcy Thompson: That sounds right.

Kelli Barker: So, I think that pretty much answers the next question which was clarifying third party documentation, or it leads into this question. Can the clarification be verbal? It says our local police will not document in writing. Can a third party from churches or businesses be counted because - if they allow a client to sleep on their property?

Brett Gagnon: I think we might want to get back to you on that one.

Kelli Barker: Okay, the next question is can you confirm that unaccompanied youth can now be considered chronically homeless?

Marcy Thompson: Yes, they can, and they could be counted as chronically homeless under the prior definition as well. So, to be considered chronically homeless, it is either the adult head of household, if there are adults in the household. If there are no adults in the household and the household is only comprised of one or more minors, that could qualify and they met - either the unaccompanied youth or the youth identified as head of household met all of the criteria, they could be considered chronically homeless.

Kelli Barker: The next question, if a person identified as chronically homeless and highly vulnerable and refuses a housing placement, should they remain a priority or can a CoC limit the number of offers of housing provided to them?

Brett Gagnon: I would say, Brett might want to chime in here as well in terms of what is allowable versus kind of what HUD would encourage, and it certainly would be our recommended policy is that you would make the offers continuously throughout. I think if there becomes a point when there is somebody that is still chronically homeless and the last offer was made from a long period of time ago, the project or a project would not be able to meaningfully document why they are not serving that household. I mean I think that we would expect for communities to continue to make the offer until we get a yes and continuously engage and build trust with all of the clients within your community.

Brett Gagnon: I would agree with that. I would say that that person is a priority as we turn the new dedicated unit opens up and depending on how the CoC's written standards are written, that person may also be the priority for the non-dedicated.

Kelli Barker: Okay, next question, does chronic substance abuse qualify as a type of disability?

Brett Gagnon: It does. Substance abuse is still a disability according to HUD. I know it is not with Social Security, but it is for HUD into our programs. So, as long as the substance abuse meets the other criteria, that is long continuing and indefinite duration and substantially impedes their ability to live independently and you have somebody that is willing to certify that, then substance abuse is a disability for our programs.

Kelli Barker: Okay, and then a quick example question or sample scenario, for the example for a person living in a place not meant for human habitation for nine months. He then goes to jail

for less than 90 days, and then returns to where he was staying on the streets for another three months. Would he be considered continuously homeless?

Marcy Thompson: Yep.

Kelli Barker: Yep, okay.

Marcy Thompson: They would meet the 12 month standard. They would be over the 12 month standard.

Brett Gagnon: Yep. Because let's not forget that that time spent in the institution can - because it was fewer than 90 days, can count towards the 12 months. So, if the person spent a month in jail, then that would actually end up being 13 months.

Kelli Barker: Okay, great example. So, let's move to some questions about transitional housing. I have quite a few on that. So, the first one is someone asked to clarify a statement made earlier about GPD beds. Is it true that veterans maintain their chronically homeless status while staying in GPD?

Marcy Thompson: Yes, that is correct, and they maintain their status and are eligible for both HUD VASH, where chronically homeless persons are a priority as well as for CoC PSH that is dedicated or prioritized for the chronically homeless, but it is only - just to clarify, it is only if they were chronically homeless when they initially entered at the initial point of intake. So, the time spent in GPD does not count towards the veteran's total length of time homeless. So, if they were not chronically homeless prior to entering GPD, they do meet the definition even if they are then in GPD for 12 months. That time does not count.

Kelli Barker: So, the next question is can a person enter PSH prioritized for CH if they are currently a TH client but were CH prior to entering TH? That is a lot of acronyms. Do you want me to read that again?

Brett Gagnon: No, I think if I understand the question, it's somebody was in a non-dedicated permanent supportive housing unit and wants to move to a dedicated permanent supportive housing

unit, can do they do that? So long as they were chronic prior to entering the non-dedicated. Does that sound right?

Kelli Barker: I think so, yeah, that sounds right.

Brett Gagnon: Okay, then the answer to that is yes because the CoC program permits transfers between PSH to PSH as long as the person met the eligibility criteria for the one that they are transferring into prior to entering the original. So, what that second PSH provider will need is documentation that the person was chronic prior to entering the original non-dedicated permanent supportive housing placement. You also want to document those reasons for the transfer, and then everything should be okay. You will want to make sure it is the client's choice as well to switch programs.

Kelli Barker: Okay, if an individual moves into TH temporarily while waiting for a PSH, how long does HUD consider it to be temporary?

Marcy Thompson: So, in the FAQ that we have put out, we have put an FAQ out in March. We published about 25 frequently asked questions related to the prioritization notice. And the last couple in that document were related to this policy around using transitional housing beds for this interim period. We did not specify a period of time because we understand that it is going to vary community by community, but the expectation is that the permanent supportive housing program is actively working with that client to find a suitable unit. So, I just want to be very clear that it is not that they are waiting for permanent - they are not waiting for permanent supportive housing in the sense that they are on a waiting list. They are actively looking for a unit because they have a voucher or because they have been offered tenant-based rental assistance through CoC and they are looking for a unit. So, I just want to make that distinction that those are different scenarios, but there is no time limit. I think the FAQ said we would hope that it is within 90 days, because again you should be actively looking for permanent supportive housing with that client, but that was not a hard cap.

Brett Gagnon: And it should not be longer than the normal length of time it takes you to find other folk housing.

Kelli Barker: Okay, so, the next question addresses clarifying with TH and Safe Haven. So, the question is, "Is a person residing in transitional shelter still considered homeless? If so, it seems to be a contradiction that time spent in a transitional shelter is counted as a break and does not count

towards their total time of homelessness. This is particularly troublesome seeing how most safe havens are actually home and time spent in safe haven or a house does not affect one's chronic status."

Marcy Thompson: So, I think we would, Brett might want to address if there is a distinction between transitional housing and transitional shelter. I do not know that there is, but assuming they are talking about transitional housing, although that person would still be counted for the purposes of the point in time count, that person would still be counted as homeless. So, although they are still homeless, they are not coming from or they are not residing in a place not meant for human habitation, an emergency shelter, or a safe haven. So, for the first part of the question, the answer would be that they are homeless but they cannot be considered chronically homeless.

For the second part of the question, I just want to clarify that when we talk about safe havens in the definition, we are talking specifically about safe havens as HUD has defined them. So, under the old, legacies, our old support housing program, there was a separate component type that was called the Safe Haven. And those are not homes or somebody's house. That is really going to be a facility-based project that is specifically for single adults with a serious and persistent mental illness. And there are other qualifying factors that a safe haven would have to meet in order to meet that standard. And I think there are because under the CoC program, it is not its own component anymore. Under our grandfathering clause, old safe havens that were awarded under our old programs can continue to be renewed, but we are not funding any new safe havens. So, in total, the last time I checked, there were less than 200 of those projects in the country. So, just to be clear, I think there are some projects that are serving, for example, victims of domestic violence that may consider themselves or call themselves a safe haven. That is not the same as what we are defining a safe haven here. Brett, do you want to add anything?

Brett Gagnon: I do. The chronic definition is sort of based – it's not "sort of", it is based around HUD's definitions of emergency shelter, safe haven, transitional housing - our definition would be what is excluded. We do not actually define transitional shelter anymore. We define emergency shelter and transitional housing. We have asked that those transitional shelters sort of look at themselves closely and evaluate whether they are an emergency shelter or transitional housing. And, so, I think you will want to look on your housing inventory count. If it is funded by us under the emergency shelter program, it is most likely going to be emergency shelter, although there are a few caveats to that. If it is funded under the CoC program, it is going to be transitional housing. If it is not funded by us, the HIC gives communities guidance about what to consider and then asks the CoCs to designate whether it is emergency shelter or transitional housing. So, you will want to look at your HIC to figure out exactly how those beds are classified and then whether time spent in them count towards the chronic definition or not.

Kelli Barker: Okay, so we have about two more minutes left. So, I just want to throw in, and we have lots and lots of questions, so, I just want to throw in one or two final questions. The first is regarding the effective date of this rule. So, the question is what if someone who already has a voucher who is in the process of looking for an apartment under the old definition is not able to find one by the 15th? Do they lose the program on the voucher?

Marcy Thompson: They do not. If they were offered and they accepted the voucher, or again, there is an actual vacancy in a permanent supportive housing TBRA project, for example, and they have already one through the process of determining eligibility, under the old definition, they do not need to be reassessed even if they do not find a unit prior to January 16th.

Kelli Barker: Okay, and then two final quick questions. One is just regarding HMIS and I know you had said that there would be another webinar that goes into much more detail about how this affects HMIS, but the question is were the specs for flagging chronically homeless, were they already given to centers and is there a deadline for vendors to produce that flag in a report?

Brett Gagnon: So, I know that our last set of the standards were developed with this definition in mind and correct me if I am wrong, Marcy, but the flag is 3.17, and it is a combination of self-report and data that is in the HMIS, which is why you cannot use it for documentation because of that self-report piece, but it is my understanding that the HMIS already have that functionality.

Marcy Thompson: Right, and 3.17 is the length of time data element, and then there are other data elements related to disability or special needs that I think also come into play, but like Brett said, the data standards that were released in 2014, we knew then that this was the direction we were moving in. So, we made the data element such that we would not have to revise it once the final definition finally came out.

Brett Gagnon: Dan, I know you work with HMIS a lot more often. Did we miss anything?

Dan Fox: I'll just mention that everything, of course, you ladies said is correct about 3.17 and whatnot, but the vendors have an ongoing group that is facilitated by HUD to receive guidance specific to the more technical aspects. And from that perspective, I was just trying to answer the question regarding what have vendors been required to do. And vendors have been provided with

some suggestions, some of them including report of maybe how they could look at the data in the system, but HUD has placed no requirement on vendors to build up a report in a specific kind of format, which is what I felt that person was asking in their question.

Brett Gagnon: Great, thanks.

Marcy Thompson: Kelli, do we want to take any more questions or no?

Kelli Barker: I am so sorry. I was on mute. Yeah, just closing it out all by myself. So, yeah, I don't think we have enough time for any more questions, but, so, I just wanted to remind everyone that this will be recorded and one of these six or seven webinars that are offered around the country will be recorded. We will take the best of all of them and put that on HUD Exchange. We will also post the slides there. I believe they are already posted there. The link to the slides is in your chat box if you did not already see that. So, that is already available to you. If you have any questions, we had a lot of questions we were not able to get to, so, please submit those questions to the HUD Ask a Question help desk. And, again, a link to that is also in your chat box. So, grab that now.

Marcy Thompson: Can I make just a couple comments just quickly? We will post a recording of one of the webinars. We will pick whichever one I think we did the best job on perhaps, but either - the content of all six webinars is exactly the same except for the Q&A. So, we will pick one webinar to post, but we will also provide the transcript from the Q&A from each webinar so that everybody has access to those, and we will also the Q&A that we received during the webinars to then do FAQ's that we will publish in the near future.

Kelli Barker: So, thanks everyone for attending. And that is it, I believe. So, have a good rest of your day. Thanks a lot, everyone.

Marcy Thompson: Thank you.

[End of audio]

Regions 4 and 6 – 01/12/2015

Moderator: Hello everyone, my name is Dan Fox. I'm a National HUD TA Provider with the Cloudburst Group, and this is the recording of the questions and answers from the Defining "Chronically Homeless" Final Rule Webinar for Regions 4 and 6.

Just as a reminder, the presenters that day were Marcy Thompson, Senior Advisor of the Office of the Deputy Assistant Secretary for Special Needs, and Brett Gagnon with the SNAPS Office, and she's the Senior SNAPS Program Specialist.

You'll also hear from two other folks, Irene Peragallo with CSH, she's a regional TA Coordinator for Region 4, and Louise Rothschild, She's with Abt Associates, and she's the Regional TA Coordinator for Region 6. And both of these ladies were helping the triage questions.

So one final note here, this recording does not contain any of the actual content that the presenters gave during the webinar. So if you somehow manage to find the question and answer recordings before the main webinar, then just search for the Defining Chronically Homeless Rule Webinar. You'll want to watch that first. Otherwise, what you'll hear is, this will transition right over to the end of the presentation and the beginning of the Q and A.

Marcy Thompson: So now, I will turn it over to Louise and Irene so we can start the Q and A portion of the discussion.

Louise Rothschild: Okay, we have a bunch of questions on a few different topics. I think we're going to start with questions on institutional stays. Irene, you were collecting those.

Irene Peragallo: Yeah, thanks Louise, okay so we did get quite a few questions about – around institutional stays and the 90 days or more information. So I'll start off with the example someone gave of someone staying in transitional housing for 90 days. Do those 90 days count toward the cumulative count or toward an episode, even though it's, as 90 days in transitional housing.

Marcy Thompson: They do not, so even if it's only 30 days in transitional housing, the time in transitional housing, even though – it's important to point out that folks that are living in transitional

housing are considered homeless for purposes of, obviously for the point in time count. But they would not be considered chronically homeless. So that time spent in transitional housing, even if it's fewer than 90 days, does not count towards a person's length of time homeless.

Irene Peragallo: That kind of segues into our next question in terms of whether, so transitional housing for example, is not necessarily considered an institutional care facility, so someone did ask you guys to give some more examples about what an institutional care facility might be defined as, and if that includes jail and prison.

Brett Gagnon: It's going to include jail and prison, it's going to include hospitals, it's going to include mental health institutions or mental health hospitals. Where it can get a little bit tricky, and where we, right now, look at everything on a case by case basis is there's sometimes sober living facilities that are integrated into the community, or substance abuse treatment or mental health treatment facilities that have been integrated into the community. And they don't look like a traditional, old school, "institution." Some of them are funded by us and our transitional housing, and some of them are funded in different ways. So we plan on coming out with some additional guidance about what is an institution, but right now we're looking at those sort of case by case and individually.

Irene Peragallo: That does answer quite a few questions that we got in and around the type of facilities included there. So we also had a question asking for some clarification around exits from institutions, 90 days or less, does this mean that the client can come directly from that institution if they've been there for fewer than 90 days. And they do not have to go to shelter or street upon exit, for example, like the night before, or do they, before being considered homeless?

Marcy Thompson: As long as they were – as long as they met the definition of chronically homeless prior to entering that institution and they've been there for fewer than 90 days, they can come directly from the streets to the shelter or safe haven. They can go directly into permanent supportive housing, that way they do not have to go back to shelters.

Brett Gagnon: Or Marcy, correct me if I'm wrong, or let me ask you a clarifying question, if somebody had 11 months, let's say, in an emergency shelter, and then spent two months in an institution, would they sort of age into chronicity at that point?

Marcy Thompson: Brett, you're putting me on the spot [laughs]. I think that yes, I think that we've said it would be considered the same, do you agree?

Brett Gagnon: I do.

Irene Peragallo: We cleared that one, well done. And circling back to one of our earlier questions. If someone is in an institution longer than 90 days, for example six months, does that time count towards the total time? And if not, do the first 90 days count toward the total time, or toward an episode.

Brett Gagnon: No, no, no, if someone spends 90 days or more in an institution, all of that time counts as a break, and none of it counts towards the person's time spent street, shelter, or safe haven, not even the first 90 days.

Irene Peragallo: Okay, thank you both. I am going to keep revisiting some of your questions that are still coming in and asking for clarification. So while I review those around this topic and a couple others, Louise, why don't I pass it on to you?

Louise Rothschild: Sure thing, I have a bunch of questions about disability that we'd like to go through. The first is, could you discuss how projects go about verifying disability, we had a couple questions about that.

Brett Gagnon: Sure, it could start with a simple conversation with a client about whether or not they're currently receiving a disability check, either through SSA or let's say through the VA, is another common one we hear. And if they have that, and they can provide a copy of that, that would be sufficient, if they don't have that, are they seeing a current health professional, how's their mental health? Do you have a certification, would their provider be willing to provide one? And then if they aren't currently seeing someone, you'll want to make an appointment with somebody to go ahead and diagnose that disability. I think the point being here is that it all has to come from a third party, none of it can come from the client themselves.

Louise Rothschild: Would you consider a disability documentation for veterans as appropriate third party documentation?

Brett Gagnon: You mean like from the VA or Veterans disability checks?

Louise Rothschild: Yes.

Brett Gagnon: Yes.

Louise Rothschild: Great. We had a couple questions about the significance in the change of the wording. Do you want to talk about that at all?

Brett Gagnon: Sure, I can start and then Marcy jump in if you have anything to add. We aren't sure that a lot of places are really going to notice the change. But really, it used to be disabling condition, which included actually most of the conditions that are considered a disability, but our eligibility for permanent supportive housing is regulatorily required that individuals or heads of household have a disability, so we made the change to be consistent. And the big change is that it is expected, the disability is expected to be long continuing or of indefinite duration. And the previous disabling condition definition did not have that caveat, though we expect most of our people who are determined chronically homeless, very easily meet that extra condition.

Louise Rothschild: Okay, and just to clarify, we did have a question that the disability does have to be with the adult or head of household, it cannot be with a child in the household.

Brett Gagnon: That is correct, for the chronic definition. For PSH, though it's not dedicated to chronic, in that case it can be any member of the family with the disability, but to be defined as chronically homeless, that one person, that adult head of household or minor head of household where no adult is present, has to meet all of the criteria, including length of time and disability.

Louise Rothschild: Okay great, and one last question before I throw it back to Irene, can you talk about, is there a time limit on how old a diagnoses can be?

Brett Gagnon: That's a good question. I'm not sure about that one, you might have to answer that one. Anything you would have Marcy?

Marcy Thompson: No.

Brett Gagnon: I'll have to get back to you on that one.

Louise Rothschild: Okay. Irene.

Irene Peragallo: Thanks Louise, so Brett and Marcy, we are getting quite a few questions around transitional housing and rapid rehousing, and requested that the distinction be revisited, the explanation of the distinction be revisited as it counts toward chronic homelessness.

Marcy Thompson: Sure, so first, I think rapid rehousing is probably a little bit easier, so under the CoC Program, rapid rehousing and permanent supportive housing are both considered permanent housing. And the rule allows, the CoC Program interim will allow for permanent housing to permanent housing transfers. And so because of that, we have had put out policy guidance that has said that if somebody enters a rapid rehousing program, and they are chronically homeless at that point. So they already meet all of the criteria complete with the rapid rehousing. If they are determined to need the permanent supportive housing, at a later date, regardless of how long they've been in the rapid rehousing program. You know, up to two years, they're eligible to essentially transfer into a permanent supportive housing program, including the dedicated beds if they were considered chronically homeless beforehand.

So this really allows communities to use rapid rehousing as a bridge if you have persons that you know are going to need permanent supportive housing, but there isn't something available yet, you can use rapid rehousing up to the – really up to the two year limit, until there's an available unit. Transitional housing is, obviously a separate component under the CoC Program rule, and the statute limited the locations in which people could be coming from, as places not meant for human habitation, safe haven, or emergency shelter. And we did not expand it to include transitional housing. I think one of the things that we would say is that if you have, in your community, a lot of people that are eligible for permanent supportive housing and waiting for permanent supportive housing, but you have lots of transitional housing. And you are finding that that's an extra – you know you have extra beds or less limitations there, that is a really good strong signal that reallocation might be a good choice, either to rapid rehousing to use it as more as a bridge, or to permanent supportive housing.

So with transitional housing, just to be clear, that those with time spent in transitional housing does not count towards the total length time homeless. And so if somebody is on the streets, say for three

months, they enter transitional housing for two months, go back to the street, that two month period is not counted. At that point, they only have three months of time spent in place not meant for human habitation, in a safe haven, or in an emergency shelter. And they will not be eligible for entry into permanent supportive housing dedicated to the chronically homeless, because they will no longer be considered chronically homeless once they're in the transitional housing program. Brett, do you want to add anything?

Brett Gagnon: No, I think you've covered it.

Irene Peragallo: I would ask a follow up to that in terms of how GPD fits. We've had some questions asking if someone enters GPD, not chronically homeless, is their time in GPD count toward homelessness? If they're in GPD for longer than 90 days, is that considered a break.

Marcy Thompson: So the time in GPD does not count, so they have to have been chronically homeless when they first entered that care. And so if they were already chronically homeless when they go in to GPD, they maintain that status. But let's say they only had nine months of homelessness at the point which they entered the VA Health Care System, their total time is still just nine months, it doesn't accumulate during the time that they're in GPD. In terms of, they were chronically homeless, they go into GPD, there is no time limit, there is not a 90-day cap of how long they maintain their status. They will maintain it throughout the entire time in which they're served. They might first be served not in GPD, they might first be served in other VA programs, move on to GPD, and then eventually move on to HUD VASH. They maintain the status throughout, but none of that time is calculated towards their length of time homeless.

Irene Peragallo: Thank you for that. On a related question on the topic of traditional housing, some folks are seeking clarification that if you're a HUD funded transitional housing program, does that mean that the transitional housing program should prioritize or must prioritize chronic families first?

Marcy Thompson: Say that again Irene?

Irene Peragallo: If a transitional housing program is receiving HUD funding for their transitional housing, must they document – must they prioritize chronic families?

Marcy Thompson: So I would – so our prioritization guide is only around permanent supportive housing. That chronically homeless household should be prioritized both in dedicated and non-dedicated beds. I think that if you have transitional housing beds and you are prioritizing chronically homeless families, I think you just have to be really cognizant of the fact that that will limit their eligibility for permanent – it won't limit their eligibility necessarily for non-dedicated permanent supportive housing, but it will limit their eligibility for dedicated beds. And so I don't want to advise you on that kind of one way or the other, but just be cautious that if your community chooses to do that, it will impact their eligibility moving forward. Brett, do you want to add anything?

Brett Gagnon: No, that's exactly – that sounds exactly right.

Irene Peragallo: Okay, Louise, do you have some questions on tap?

Louise Rothschild: I do, we have a lot of questions about documentation. We'll start off with I think some of the easier, less complicated ones. Someone wanted to know if self-certification needs to be notarized.

Brett Gagnon: Uh-huh, that's a good one, and I should have mentioned it in my presentation. No, self-certification is not required to be notarized. It just has to be a statement that the program participant or the head of household signs as true and complete. We recommended on the homeless definition side and a similar recommendation might follow for the chronic definition, that communities develop maybe standard forms that you want to use across the CoC for self-certification or thinking about whether or not we want to forms for chronic status. We haven't made that decision yet, but in the meantime, you might want to have your own community forms that all the providers in the community could use, but it doesn't have to be notarized.

Louise Rothschild: Okay. There are a couple of questions also about the timing of documentation of disabilities for permanent supportive housing. One person wanted to know if that documentation needs to be done prior to intake, and another person wanted to know what happens if someone is admitted to a program, signs a lease, and the documentation doesn't come through?

Brett Gagnon: Uh-huh, so for length of time, you would want the documentation sort of at intake, so before a person moved in. For disability, if they have the documentation, then you should have it at intake as well. But we realize that a lot of folks don't come with the documentation of their disability and so that's why we said if an intake worker will certify that it appears that somebody has

a disability, that you can then follow-up with that third party documentation within the first 45 days. But if, after 45 days, you don't have documentation of that disability, then CoC funds can no longer be used to serve that person in permanent supportive housing or that family.

Louise Rothschild: Could – to clarify, could the funds could have been used for the time up to the 45 days though?

Brett Gagnon: I believe so, yes.

Louise Rothschild: Okay.

Brett Gagnon: Does that sound right Marcy?

Marcy Thompson: Yes. Do you want to add anything Brett about the – if they don't have the third party documentation for the entire homeless period, at the point of intake, and they're under their 25% cap?

Brett Gagnon: Oh yeah, yeah. So if say someone comes in and you have maybe five months documented for length of time, not for disability, for length of time on the streets, in a shelter, or in a safe haven, and you're under, remember, 25% of your folks can be up to the full 12 months certified entirely self-certification. So you could go ahead and admit that person, that would count as one of your folks who is up to 12 months self-certification. But if, as you get to know the client and you have time to reach out to more sources, or you receive things back from let's say emergency shelters that don't participate in HMIS or local law enforcement or other sources, and you're able to fill in some of the extra months. And you get to the point where now you have nine months of that person's file documented through third party certification, then that person no longer counts as your 25%, because you have the nine months documented now through third party, even though you maybe didn't have it originally. Anything to add to that Marcy?

Marcy Thompson: Nope, I think that covered it.

Louise Rothschild: We had another question about whether or not the documentation of attempts to verify to count toward actual documentation.

Brett Gagnon: For length of time or for disability?

Louise Rothschild: For disability.

Brett Gagnon: For disability no, ultimately you need that third party documentation.

Louise Rothschild: Okay, and someone else wanted to know whether or not if they had like a Nurse Practitioner or someone of sort of the medical profession or a psychiatrist or something who is on staff at a CoC Agency, can that person provide disability documentation?

Brett Gagnon: They can as long as they're licensed to treat whatever disability it is that they are confirming. And so they're going to want to certify one, the disability, two, that it's long continuing, indefinite duration, and three that it substantially impedes the individual's or head of household's ability to live independently.

Louise Rothschild: Okay, and one last question, someone – actually one or two people wanted to know how they should be documenting when beds or units are given to non-chronically homeless persons instead of a chronically homeless person because of availability.

Marcy Thompson: So I would suggest that you be as thorough in your documentation as possible. So for example, if your CoC, for example, has coordinated entry, has a by name list, and it is updated on a regular basis, you could probably use that as a very – as an easy solution of documentation. But you could also just keep very thorough notes about what the outreach efforts were that demonstrates that outreach is conducted, that covers the entire CoC geographic area. So that should anybody come and look in your files, it is very clear that every attempt was made to locate persons that might be chronically homeless, including persons that might be living in places that are not near services or whatever. And I think again, just being as thorough as possible, or as detailed as possible.

Louise Rothschild: Okay, great, Irene, do you have additional questions?

Irene Peragallo: I do, so we've had a few questions come in about the applicability of the new definition to ESG projects and how it should be reflected and documented in the CAPER.

Brett Gagnon: So my understanding is that the CAPER comes from HMIS data, and so that's going to be pulling from the flag and the disability self-report. Does that sound right? Louise, you might know more about that than I do.

Louise Rothschild: Yeah, I think that's right, but I'm not particularly as familiar with the CAPER as I am with the APR.

Brett Gagnon: Gotcha, so for the CAPER, that's my understanding. For ESG in general, and I'll cover this even if it wasn't asked cause it's been asked in other forums, does it apply to eligibility for ESG. And the answer to that is no, at least from HUD perspective. ESG does not have chronically homeless for any of their eligibility requirements by regulation. However, your locality may make it an eligibility requirement, they may prioritize chronically homeless for certain types of assistance, such as rapid rehousing, if they're using it as a bridge. And then in that case, you would have to document it. But from a regulation level, the definition does not apply to ESG.

Irene Peragallo: Okay thank you. So we've had a few questions asking to clarify the break of seven nights, specifically if six of those seven nights do count toward the cumulative days homeless, and only seven and above do not specifically. Are there any – like when you go over seven days or ninety days or over, are any of those days counted or not counted at all, or all days in a break are not eligible to be counted toward a continuous?

Marcy Thompson: I think for the first question, anything under seven days or seven nights is not counted, regardless of where they're sleeping. If it's less seven nights, that time does not count as a break and that time would be included in the cumulative length of time homeless. If somebody does have a break so of either seven nights or more, or they have been in an institution for longer than ninety days, and I think Brett touched on this earlier. None of the time is counted towards length of time homeless. If they have been in an institution for five months, you do not count the first ninety days as homeless, and then just count the last two, you would have to count the whole five months as a break.

Irene Peragallo: And we have a pretty specific question as to the timing of grants and the applicability of the definition. If CoC grant was awarded in 2014 but begins in 2016, is the program still required to meet this definition.

Marcy Thompson: Yeah, so the rule applies, regardless of funding year, the rule applies to any new participant that are served in permanent supportive housing funded under the CoC program, beginning January 16 and beyond. So any program participant that enter permanent supportive housing after that date, must meet the new definition. And one – Brett may have said this earlier, but the 25% limit in terms of the 25% cap of – versus who's documentation can be 100% self-certification, that is only on – the 25% cap is based on new participants. So obviously more than 25% of your current participants, and on January 16, more than 25% will not be under the new definition, because they will have already been housed. So I just wanted to clarify that as well.

Irene Peragallo: Thank you, with that I'm going to double check with Louise and see if she has any that she has prioritized in the queue, we do have several questions, and we may not get to every single question, so we're trying to kind of lump them together and be able to at least generally answer our remaining questions. Louise, do you have any that you would like to turn to now?

Louise Rothschild: Not at the moment, I think we've gotten through most of the more significant ones. A lot of people are having questions about the process of intake and documenting disability and documenting homelessness, and who can do what. I don't know if they're, in the last few minutes, if there's sort of a clear explanation for them of who is supposed to do what and when.

Brett Gagnon: I can start Marcy, and then if you want to fill in, just jump on in. All documentation needs to be obtained at intake to the program. And then again, you have the two different pieces, length of time, and then disability. I'll start with disability because it's sort of the easiest to sum up. Disability must be third party. Again, it has to be obtained at program intake. If you don't have the third party documentation at program intake, but the intake worker does in fact, believe that there is a disability, then the intake worker can certify that he or she believes that there is a disability and then the program can work on obtaining the appropriate third party documentation within 45 days. If you're not able to obtain it within 45 days, then the person is not chronically homeless at that time, and no more CoC program funds can be used.

Now we move to the length of time. When you're looking at length of time, the order of priority is third party documentation first, intake worker observations second, and then written certification by the individual or head of household seeking assistance, third. So that means for any time on the

street, in an emergency shelter, in a safe haven, or in an institution for fewer than 90 days, you're going to be looking for third party first, and then intake worker, and an HMIS record counts as third party, intake worker for the current stay observation second, and then self-certification third. For all clients, at least nine months of the twelve months should be documented by third party documentation except for those 25% per project per operating year where up to the full twelve months of length of time homeless can be self-certification.

Now if you're qualifying somebody by the twelve months over four occasions over the past three years, you're going to have to also document breaks. Breaks can be third party, but they are not required to be third party. So all breaks can be self-certification if you would like. Does that help, anything to add Marcy?

Marcy Thompson: No, the only thing that I would just reemphasize is the point that you made earlier, who can be a third-party source. And I think just if you have somebody that is your third-party source, but say it's not a homeless services provider, so it's maybe a health care professional or somebody else, that when they are documenting their knowledge. What would count, is Dr. Smith has been seeing Joe every month for a period of time, and Dr. Smith can write a letter that says that – even if Dr. Smith never actually physically witnessed where Joe is living, if he can write a letter that says, I met with Joe this month, January, February, June and July, let's say. And during those periods, Joe reported that he was living under the bridge, that can count. What would not count would be Dr. Smith saying Joe came in to see me today and he reports that he's been homeless for the last twelve months. But this is the first time that Dr. Smith has encountered Joe, and that is completely just based on Joe's word. So I think that's the – we want you to use other outside sources or other professional sources, but that's kind of the expectation around how do you utilize that.

Irene Peragallo: Okay I think that's – now that we are over our 2:30 eastern time, it looks like that's all the time we have for questions, and I know that some are still coming in. We will refer you over to the ask a question desk, you'll see the link there in your resources slide to be able to – if you want to copy your question real quick before the webinar ends, you can just paste it over there and submit that question. And then, Dan gave some instructions earlier on making sure that you write in the chronic homeless definition and those will get routed over to the appropriate AAQ desk staff to get answered. So if there's any other comments, that Dan or Marcy or if anybody wants to close us out, we're going to go ahead and sign off as far as Q and A.

Marcy Thompson: This is Marcy, I just have one final point and then we can all sign off, just so that folks know, there will be, as you know this is the fourth of six of these webinars. The content of the webinars are all the same, the Q and A has obviously has been different. We will post a recording

of one of the webinars on the HUD Exchange. But we will also make available the Q and A session from each of the webinars so that everybody has access to the same information. So just think was an important point. And I think with that, we can say goodbye. Thank you everybody for joining us, and I hope you have a great rest of your day.

[End of audio]

Regions 5, 7, and 8 – 01/14/2015

Moderator: Hello everyone. My name is Dan Fox. I'm a HUD national TA provider with the Cloudburst Group, and this is the recording of the question and answer session from the Defining "Chronically Homeless" Final Rule Webinar for Regions 5, 7 and 8. Just as a reminder; the presenters that are actually answering the questions are Marcy Thompson, Senior Advisor with the Office of the Deputy Assistant Secretary for Special Needs and Brett Gagnon. She's with the SNAPS office and she is a Senior SNAPS Program Specialist. You're also going to hear from Susan Starrett with CSH. She is the Regional TA Coordinator for Region 5, and Natalie Matthews who is with Abt Associates, and she is the Regional TA Coordinator for Regions 7 and 8, and you will hear them triaging questions.

So, one final note here. This recording does not contain any of the actual content that the presenters gave during the webinar, so if you somehow manage to find the question and answer recordings before the main webinar, then just search for the Defining Chronically Homeless Final Rule Webinar. You will want to watch that first. Otherwise, this will transition right over to the end of the presentation and the beginning of the Q&A.

Marcy Thompson: Thank you for hanging in there. I will now turn it over to Natalie and Susan so that we can start the Q&A.

Natalie Matthews: Great. Thanks so much, Marcy. Sorry, Susan. Were you going to go first?

Susan Starrett: No. Go ahead.

Natalie Matthews: Okay. Great. We have quite a few questions that came in, and the first set of questions we were going to focus on were the definition questions that we received. Folks did ask for a clarification about what defines an occasion and, in particular, how many days in a given month does a person need to be homeless for that to be considered one occasion?

Marcy Thompson: What we have said in the record-keeping requirements is that one day in the month will qualify the household. We will assume or you can safely assume that the household has been homeless for that entire month, unless there is clear evidence of a break in that month. There is no minimum number of days in which each occasion must last.

Brett Gagnon: If I can just jump on because I've seen a few other questions related to this, but it doesn't have to be around the same time every month either. You can have one occasion in the middle of the month and then the next occasion documented at the beginning of the next month and then the next one at the end. They don't have to line up right around the same time each month. It's just one day in each month.

Natalie Matthews: Okay, great. Thank you, guys.

Susan Starrett: We had a lot of questions that came in around third party documentation and folks giving a lot of examples of what may or may not be third party documentation. I'm hoping maybe you can clarify this a little bit for us. So, I will just go through each example and ask you to tell us whether that is considered third party documentation or not. Is the HMIS records considered third party documentation?

Brett Gagnon: Yes. I'm sorry I was not more clear about that. HMIS is considered third party documentation. The regulation establishes a few standards that the HMIS has to meet in order to be considered third party. Most HMIS's meet those standards easily. So, in general, yes.

Susan Starrett: And what about written or oral verification from a family or friend? Is that considered acceptable third party documentation?

Marcy Thompson: So, that's a question that has come up a couple of times and we are still working through what that policy will be and if and when that source would be acceptable.

Susan Starrett: And what about someone else who is experiencing homelessness? So say that they were living in the same encampment with someone, could that count as third party documentation?

Marcy Thompson: I think it's the same. I would say it's the same thing, that this is one of those questions that we need to think on a little bit more, think about the situations where that might be an acceptable source.

Susan Starrett: The last question we had around third party documentation is around Fair Housing and wondering if the requirement for third party documentation conflicts with Fair Housing laws, especially where it might be obvious that a person has a long-term disability and you're requiring that third party documentation.

Brett Gagnon: Right. In general, you can't ask or document a disability until after a person is in a project. The one exception to that, and we've worked with our Fair Housing office on this, is where Disability is required for program entry and because having a qualifying disability is required statutorily to determine chronic status and also for entry into a permanent supportive housing, it is not a conflict to document that disability prior to entry to permanent housing.

Susan Starrett: Great. Thanks. Natalie?

Natalie Matthews: Great. Thanks, Susan. A couple more questions related to definition. We had some questions around institutions and so the first one was if there was any clarification or examples that you all could provide about what defines an institution and what you have in mind for that.

Brett Gagnon: Sure. I think the easiest ones are jails, prisons, hospitals, mental health institutions in the sort of old fashioned sense of the term or the more hospital-like sense of the term. Where it can get a little tricky is as the mental health community and the substance abuse community has moved more into community-based treatment. Each of those we have to kind of look at on a case by case basis, and as we look at our case by case basis's, we're trying to compile guidance around that, but we don't have a standard answer for those types of models yet. In that case, I would suggest submitting an Ask a Question and we can work through it with you on a case by case basis. Because some of them are funded by us as transitional housing, and I would say in that case it's transitional housing not an institution. But the ones that aren't funded by us can be a little tricky sometimes.

Natalie Matthews: Great. Thank you. Likewise, a couple folks asked if you all could repeat the guidance that was given on if people are in an institution for 90 days or less, just sort of how that factored into determining episodes and breaks for chronic homelessness.

Marcy Thompson: If an individual was living in a place not meant for human habitation, in a safe haven, or in an emergency shelter and then they enter an institution and they are there for fewer than 90 days, that entire period of time counts as a single occasion of homelessness. So if, for example, they were in one of those places not meant for human habitation, an emergency shelter,

or safe haven for three months and the end up going to jail for two months, that is considered five months of continuous homelessness. If they were coming from another location and they go into an institution; that would not be the same thing. So the period in an institution has to be bookended, so to speak, by the period not meant for human habitation, an emergency shelter or safe haven.

Natalie Matthews: That's perfect. That answers a few questions that we had about both the break and also about where folks have to be both before and after that institution. So that's great. Susan, I'll turn it back over to you for the next set of questions.

Susan Starrett: Great. So, we had a question from Natalie McCleskey in Ohio. Thanks for joining us, Natalie. Her question is around the CPD notice 14-012, which is the prioritization notice, and in that notice it says that "chronically homeless with less than 12 months of homelessness," but obviously that's not consistent with the new final definition. So, can you talk about what changes might be made to that prioritization notice?

Marcy Thompson: Yeah, so we recognize that it's not — Remember, there are two orders of priority. There's an order of priority specifically for dedicated and prioritized beds and there's an order of priority for non-dedicated beds or for dedicated beds when there are no chronically homeless persons within the CoC geographic area. So, we would certainly suggest that, for dedicated and prioritized beds, that for now that you're prioritizing—All chronically homeless households at this point would need to have the 12 months of consecutive or cumulative over the four occasions and we would encourage you to then further prioritize based on severity of need, based on what you had determined through your common assessment tool, as well as length of time homeless that you consider. For example, if somebody has been homeless for ten years, that might factor into their level of priority in the chronically homeless population. To the extent that there is nobody that meets the definition of chronically homeless within the CoC, so it's really just that first tier under Order of Priority A in that notice, and then you would follow the Order of Priority B to prioritize at this point. Some of the changes include what I had mentioned earlier that we intend to include in the updated notice will be to make sure that we are little bit more broad around that second order of priority so that we're not saying that it needs to be a specific number of occasions, just that it's less than four, but that the total cumulative period of homelessness is more than 12 months. That's one of the most critical ones that I know that we're going to be making.

Susan Starrett: Great. And do you think, at least right now, that there will be any sort of waiver process for a project that would need to fill a vacancy with a non-chronically homeless family if there aren't any eligible chronically homeless in the area?

Marcy Thompson: No, we are not requiring a waiver to do that. However, as I had talked about earlier, be sure to document very, very clearly what—You want your documentation to be able to demonstrate that the CoC’s outreach, for example, is comprehensive and that, based on the outreach strategy that exists within the CoC, they are able to identify anybody that would be chronically homeless and that at that point in time there isn’t anybody that meets that definition. I would just be very specific, and if it’s in the situation where there are chronically homeless persons that are eligible for your project but they are currently resistant to being assisted, I would document very carefully and thoroughly what efforts to engage—and you might even want to document what dates an offer was made and why they declined it at that time.

Susan Starrett: Great. And just one more kind of follow up to that around the size of the geographic area. Are you talking about the entire continuum of care or, for example, if there’s a large balance of state, is there a specific like region or area that makes the most sense for them to be able to document that within?

Marcy Thompson: So Brett, certainly I want you to jump in on this as well. I think that the expectation is that within the CoC there’s full coverage, that your outreach plan covers the full geography. However, if you’re in a CoC, for example, where it’s broken into regions and your coordinated entry, perhaps, is broken into different regions, it would be acceptable for that to occur within that geographic area. Does that sound right to you, Brett?

Brett Gagnon: It does.

Susan Starrett: Great. Thank you. I’m going to bounce it back to Natalie.

Natalie Matthews: All right. Sounds good. So, we also got a few questions related to transitional housing clients. So, some folks just wanted to confirm that clients in transitional housing cannot be considered chronically homeless but its fine to still consider them homeless. Is that right?

Brett Gagnon: That is correct. So, someone’s time in transitional housing doesn’t count toward their chronic status, but it still does count as homeless and they are still counted, for instance, in the annual PIT count and they are eligible for non-dedicated permanent supportive housing in many instances and for other types of homeless assistance.

Natalie Matthews: Great. And related to that, those transitional housing projects, they should not have any chronically homeless people in their point-in-time count then. Is that accurate?

Marcy Thompson: Right. So, persons that are in transitional housing on the night of the point-in-time count are counted as homeless but they are not counted as chronically homeless.

Natalie Matthews: Okay. Perfect. I think that was it that I had for transitional housing questions. So, Susan, I'm guessing that you may have a couple more on another topic to go over?

Susan Starrett: Sure. So, I think we have just a couple of scenarios that people have thrown out and trying to not get too nuanced with this, but hopefully it will help other folks as well. So, if within a project, someone comes in and applying for the housing through the project and there are, let's say, two individuals. Applicant A has only been homeless for three months and Applicant B only homeless for one month. Can you talk about how the project would make decisions about who would get priority and do you have any examples or ways that a project could talk to an applicant about if there is only one bed available, who is eligible for that.

Marcy Thompson: Yeah. I think Brett can probably add some more context around written standards, but I think CoCs are required to have written standards, and this is certainly one of the areas that need to be covered. So it wouldn't necessarily be project by project, but I think the written standards should cover how folks are getting prioritized. The prioritization notice only covers permanent supportive housing and the orders of priority for non-dedicated beds do take into account length of time homeless. In that example, the three month and one month, those persons would not be considered chronically homeless, so just wanted to flag that. Brett, do you want to talk a little bit more about the written standards piece?

Brett Gagnon: Sure. We actually required written standards for both ESG recipients and CoCs, in part to make sure that — Well, first so that communities were prioritizing resources since we know that there aren't enough of our resources to solve the entire problem and end homelessness. So they need to be targeted, and we wanted communities to do this very specifically but also very transparently, so that when somebody presents for assistance, they know why they're prioritized, where they're prioritized, and why certain types of assistance is being offered to them. So, hopefully the written standards are clear enough so that in that instance the person at the coordinated entry

could talk to the person who is not determined eligible for whatever type of assistance or if put on a waiting list at the present moment, can use those written standards to help explain why.

Susan Starrett: Great. Thanks. Another scenario, what happens if someone only has three episodes in the past three years but within those three episodes they totaled 12 months. Would they still be considered chronically homeless even though it's only three episodes instead of four?

Marcy Thompson: Unfortunately not. The statute limited, kind of tied our hands around that by requiring that there be at least four occasions over a period of three years. But that is why we want to make sure that those folks that have 12 months or more of homelessness that are spread out over less than four occasions are prioritized.

Susan Starrett: And does someone maintain their chronic homeless status if they move from one PSH project to another?

Brett Gagnon: For purposes of eligibility, yes. For purposes of counting, no. So, the statute does permit under the CoC program transfers between PSH programs. So, if the person—Even if the person is not currently in a dedicated chronic project, for instance, they could dedicate their transfer to a dedicated chronically homeless project as long as they were chronically homeless prior to entering that original permanent supportive housing project.

Susan Starrett: Natalie, do you have another set?

Natalie Matthews: Yes, we did have a couple of related transitional housing questions that came in as we were responding to those questions a couple moments ago. So just for clarification, this is another example provided. If someone is in a transitional housing project for a full year, we understand that they would still be considered or counted as homeless. Would it be possible for them to be chronic then in that case if they were in the transitional housing project for a full year? Would that count as 12 months homeless for eligibility purposes?

Marcy Thompson: So, no. If a person is chronically homeless when they enter transitional housing, they are no longer considered chronically homeless for the entire period of time that they are in that transitional housing project, including if it is fewer than 90 days. Any time, if it's seven nights or more in transitional housing, that is the entire period of time in which they are in transitional

housing is considered a break. When they come out of that transitional housing project, they are not considered—they cannot be considered chronically homeless except for in those limited occasions that I spoke about earlier and there's the FAQ in the chat box related to that. On the Veterans example that I gave earlier, if a Veteran enters the VA healthcare system and they enter any sort of VA funded transitional housing program—so it might be GPD, it might be another project type that funded under the VA, that is when an exception would apply. The exception does not apply to Veterans that go into transitional housing that is not funded by the VA. I just wanted to make that point as well.

Natalie Matthews: And the one last related transitional housing question that is flagged on the screen for us, if a person is in transitional housing for less than 90 days, does the time still count for chronic homeless status?

Marcy Thompson: No. Like I mentioned a minute ago, it's not the same. And Brett talked about this a little bit earlier, the distinction between an institution and transitional housing. So it would not—it isn't considered the same and the entire period would be excluded.

Natalie Matthews: Great. Thank you. It's just about 2:30. Susan, I'm not sure if you wanted to do one other set of questions that you may have.

Susan Starrett: So, we just had maybe one more unless Marcy and Brett want to stay on longer. We had a question come in about how to calculate a month. So, if a person is in a shelter on the last day of a month and then also the following day, which would be the first day of the following month, does that count as two months that someone would be experiencing homelessness?

Brett Gagnon: I would—and Marcy, you can correct me if I speak incorrectly, but yes, it would count for—Let's say they're in the end of January and the beginning of February, that could count for January and February, assuming that there's no evidence of a break in February. If there's evidence of a break, say later in February/middle of February, then only the first let's say 15 days could count up until that break.

Susan Starrett: All right. I think that is the last question that we have time for today. So I will turn it back over to Marcy Thompson and Brett to close us out.

Marcy Thompson: All right. Thank you Susan and Natalie for triaging those questions for us. I think Dan mentioned earlier that we will make sure to get a transcript of all of the Q&A sessions from each of the webinars posted on the HUD exchange as well as the recording of the webinar, but we will also be using these questions to inform FAQs that we will be working on to also put onto the HUD exchange. So be on the lookout for that. Thank you, again, for taking the time out of the day to join us, and if you have—if you think of further questions after today that you want to make sure you get answered, please submit to the HUD exchange. Thank you.

[End of audio]

Region 9 – 01/06/2015

Moderator: Hello everyone. This is Dan Fox. I'm a National HUD TA Provider with the Cloudburst Group and this is the recording of the question and answer session for Region 9 from the Defining "Chronically Homeless" Final Rule Webinar. And just as a reminder, the presenters that day who were answering questions were Marcy Thompson, Senior Advisor with the Office of the Deputy Assistant Secretary for Special needs. And Brett Gagnon, with the SNAPS Office, she's a Senior SNAPS Program Specialist. Also on the phone that day, triaging questions was Chris Pitcher, he's with ICF and he's a Regional TA Coordinator for Region 9.

So one final note here, this recording does not contain any of the actual content that the presenters gave during the webinar. So if you somehow managed to find the Question and Answer recordings before the main webinar then just search for the Defining "Chronically Homeless" Final Rule Webinar. You'll want to watch that first. Otherwise, what you'll here is this will transition right over to the end of the presentation and the beginning of the Q & A.

Marcy Thompson: Okay, thank you for hanging in there and we will now, I'm going to turn it over to my colleague, Chris Pitcher, to help with the Q & A portion of the discussion.

Chris Pitcher: Thank you, Marcy. Thank you everyone for joining us. My name is Chris Pitcher. I am a HUD TA provider and I serve as the Regional Coordinator for Region 9, which we call the Pacific Region, which covers California, Nevada, Arizona, Hawaii and the territories. Thank you for joining us this afternoon and this morning, depending on where you are.

I'm going to ask a few questions of our panelists from HUD. If you have questions, please enter them in the question toolbox and we will go until 3:30 east coast time - or 5:30 east coast time this afternoon answering questions. If we don't to your question we are going to be looking at all the questions from all the different sessions on this as we go.

So our first question is, what is the logic or rationale for limiting the definition of chronically homeless only to those with a disability and long-term, multiple instances of homelessness? Many folks surveyed specifically during the annual point and time count are reluctant to identify any disability and are therefore excluded from the definition and services when in fact, they may be in great need.

Additionally, in limiting the definition to those with a disability, those who are just long-term homeless without an identified disability would also be excluded. So any rationale that we can provide would probably be helpful.

Marcy Thompson: I can start and Brett can jump in. So the statutory definition of chronically homeless has always required that the household has a disabling condition and permanent supportive housing, eligibility in permanent supportive housing for any population, so this is for dedicated and non-dedicated permanent supportive housing, requires that the household has a disability, and have a homeless individual with a disability. So that was not something that was new in the final rule. It's something that we have had to do to be consistent with the statute. Also, the statutory definition and the definition as always used historically has focused on long-term homeless population, folks that have a large number of episodes. One of the things that we know from data that we've seen coming in and from talking to communities over the years is that a lot of times the folks that have been homeless for a really long time that have a disability and have really high barriers are often harder to help to get into housing and harder to – it's harder for them to maintain housing. And when given the option, a lot of providers have opted to instead serve households that are eligible and meet the definition of chronically homeless -- that have met the definition of chronically homeless that has been in effect for a long period of time. But in some instances that could be somebody that was homeless less than a month over a three-year period. And so we know that there's a limited number of permanent supportive housing beds and out of all the permanent supportive housing beds funded through the CoC program, there's only a third of those that are actually dedicated to be chronically homeless. So we really want to make sure that, to the extent that in your community there are these folks that are living in your community, that they be prioritized first. If there aren't any people, homeless people in your community that meet the definition of chronically homeless, then congratulations, then that is when you can absolutely and should be using your beds prioritize the next most eligible or vulnerable population. Brett, do you want to add anything?

Brett Gagnon: Nope, I don't think so.

Chris Picher: All right thank you, Marcy, for that and Brett. We have a few questions here about needing more clarification on seven nights break. So I'm not sure if you want to give a brief recap of the seven-night break?

Brett Gagnon: Sure, I can go ahead and do that one. Essentially what we did is we didn't want to penalize folks who primarily lived on the streets or in emergency shelters who maybe were able to get a little bit of money to spend the night in a hotel or who were able on a really cold night to stay

with friends or family. So we said anything less than seven nights sleeping in a place meant for human habitation or not in an emergency shelter or a safe haven is not considered a break. And that time that was spent sleeping in the hotel, let's say, the four days, can actually be counted towards a person's total time living in one of those locations. Anything to add, Marcy?

Marcy Thompson: No, I don't think so. Chris do you think that there were other questions about breaks that we didn't cover yet?

Chris Pitcher: I don't think so, I think you got it. If not, we'll get more questions, I'm sure. We have a question about folks who are chronically homeless, that they're most likely to be successful in permanent housing. This question is specifically, are continuum of care or programs required to place them into any available housing?

Marcy Thompson: So I think the question is, are they required to use all available housing to serve the chronically homeless?

Chris Pitcher: Yes, yes, it really goes more toward prioritization and how we prioritize our chronically homeless folks.

Marcy Thompson: We don't currently – there's no requirement from HUD or general requirement that all permanent supportive housing beds need to be dedicated to the chronically homeless. Through NOFA competitions often bonus funds and reallocated, reallocation projects have been limited to persons that are chronically homeless. Those projects are generally limited to that population and then other projects that CoCs have deemed to be dedicated to the chronically homeless population. That said, starting in 2013, in the 2013 competition we did start encouraging communities to prioritize their non-dedicated permanent supportive housing resources so that if communities sense that there are chronically homeless households in a community as much of the permanent supportive housing as possible should be going to that population. But we recognize that there are persons that are homeless that have been homeless for a really long time as I described earlier, that just don't meet the four occasions through no fault of their own. Having some beds available for them is a good idea. We also put out a notice last year around prioritization that provides more guidance around that in terms what communities are required to do in the last couple of Continuum of Care NOFA rounds, both the CoC application and the project application, projects have made commitments to how many beds, how many turn over beds they would be prioritizing. So, at a minimum, that is what needs to be prioritized for the chronically homeless.

Chris Pitcher: Thanks, Marcy. We seem to have a few comments and questions around just how essential the episodic requirement is to the Chronic Homeless definition?

Brett Gagnon: And by that do you mean how many, how important is it that there be four occasions and not just let's say, two or three?

Chris Pitcher: That's correct, yes.

Brett Gagnon: It's super important because that's a statutory piece of the definition so while the total time has to total 12 months, if you're gonna, if it's not a continuous 12-month occasion, it must be over four occasions over three years in order to meet the Chronic criteria and that's due to statutory requirements that we could just not write our way around.

Marcy Thompson: And I will add, and I think Brett mentioned this earlier as well, but, you know, part of why we've left the breaks, why we're allowing for the breaks to be 100% based on self-certification is so that when the case worker is working with the individual to document their homeless history, you know, to the extent that you can talk through any time in which they stayed with a friend or any time that they might've stayed in a hotel for a week or a period of time, they might, in their mind, they were technically homeless that entire time. They were still going back to their encampment at the end of that stay. They might not immediately think of those breaks so I think it's good for the case workers to talk through it with them and help to see if they can identify any of those periods to try and get those to the four occasions.

Chris Pitcher: Thank you, Marcy. There are several questions around transitional housing and I think it might be useful to re-state about someone's chronic homeless status and a service of transitional housing and what that does. And also there was a specific question about, is there any length between someone who's chronically homeless going into transitional housing and that falling under a 90-day institutional rule?

Marcy Thompson: So the second question I can answer more quickly. We, in the preamble we actually addressed that specific question. We do not consider stays in transitional housing to fall under the institutional care facility category. And I think that you would look at your, how that project or how those beds are reported on the housing inventory count. If they're reported as transitional

housing, then that is what it would be considered to be. I think, you know, if it's funded through HUD then certainly if it's transitional housing then that's what we would consider it to be. But if it wouldn't qualify in the HIC then maybe. Then maybe you should submit a question to the help desk.

I think a couple of clarifications around transitional housing. One point that I forgot to mention earlier. If somebody is chronically homeless prior to entering the transitional housing program, when they enter that transitional housing program they, upon exit from that transitional housing program they would most likely be eligible for non-dedicated permanent supportive housing but they would no longer be considered chronically homeless because they're coming from a transitional housing program and they are not coming from a place not meant for human habitation, an emergency shelter or a safe haven. Another exception is for VA, for Veterans that are going through the VA Health Care System, we've put out a memo back in 2013 which specifies that, because of the way the VA Health Care System works, eligibility and chronic homeless status is determined at the initial point of intake. And so the veteran would maintain their status throughout their length of – the time in which they were receiving care from the VA. Even if they entered GPD Program which is transitional housing, they would not lose their status and they could be served in either HUD-VASH or CoC funded permanent supportive housing including CoC funded beds. This does not apply to veterans that enter CoC funded transitional housing. It only applies to VA Health Care System. Brett, do you want to add anything?

Brett Gagnon: I do, just because I just saw a question pop in about whether people enter transitional housing are even homeless and so I do want to clarify that we're just talking about chronic status right now. So people who are living in transitional housing are generally not considered chronically homeless but people who are living in transitional housing are considered homeless under category one of our homeless definition and they are eligible for resources that are available to people residing in transitional housing, such as non-dedicated PSH. Just to be clear the transitional housing clarification we're talking about today is just around the definition of chronically homeless and those beds that are dedicated.

Chris Pitcher: That's a good clarification on that, Brett. I think another twist on that that I've seen in a few questions is, if I have a chronic homeless Vet, if I go into transitional housing I lose it. But if I go back to the streets, do I get any credit for that chronic homelessness prior?

Brett Gagnon: So if you go into transitional housing and you're there more than seven nights, which hopefully you are then that will count as a break in terms of your chronic status because the only time that can count toward chronic status is stays in emergency shelters, safe havens, or in places not meant for human habitation, or if you're in an institution for less than 90 days or not living in one

of those places for less than seven nights. So time in transitional housing cannot count toward time, towards chronically homeless.

Marcy Thompson: But the time, just to add to that. The time that they were homeless prior to entering the transitional housing program, so if they were on the street prior to that, that time will count toward their cumulative period of time but they will no longer have been continuously homeless for any period of time.

Brett Gagnon: So in that instance you're going to look for twelve months over four occasions.

Chris Pitcher: Let's change our sights onto documentation. I think folks are a little curious about the comment of using HMIS to document chronic homelessness and if using screen shots or printing things out is enough documentation for using HMIS in that manner.

Brett Gagnon: Uh-huh exactly, and the details of that we're going to get into in the HMIS and chronic webinar, which we haven't set up yet. So don't worry, you haven't missed anything if you don't know what I'm talking about. But every community is going to look a little bit different. Every community's HMIS is set up a little bit differently. Some communities have fully opened HMIS'. Some have completely closed and a lot have some combination in between. So exactly what's included in the case file is going to look different in every community. I would say as long as the screen shot shows the person's name and the date that they stayed and that it's an emergency shelter that that probably would be okay. In other communities it's going to be a report from the HMIS administrator that shows the same thing. But a lot of those details we'll get into in the next series of webinars.

Chris Pitcher: Thanks, Brett. This is kind of a reverse of a question we asked earlier which is, if we have dedicated chronic homeless beds, must they be left empty until we find someone who qualifies in this new definition?

Marcy Thompson: No. Absolutely not. We expect for Continuums of Care to, you know, be able to do everything that they can do to go out and find folks that would meet the definition, that they are doing outreach on a regular basis and hopefully through coordinated entry they're identifying folks on a single list that is being used to prioritize folks for housing. If there are no households that meet the definition of chronically homeless at the point in which there are beds available, the CoC and the specific program are absolutely able to serve another eligible household. We do not want the beds to be held open or held vacant indefinitely waiting for people to basically age into chronicity.

But when you do that you want to make sure that you are documenting what outreach that you've been doing and what attempts you've made to go out and locate folks that are chronically homeless.

Chris Pitcher: Thank you, Marcy. Another question about documentation and this is very specific is whether case managers in a supportive services only project, for instance, qualifies as the professional source, for documenting chronic homeless status.

Brett Gagnon: Yes, for the length of time living on the streets, in an emergency shelter, or in a safe haven. Unless they're certified, to treat the condition, they couldn't document the disability side but they certainly could document the time homeless side and I actually didn't touch on this earlier and I should mention now. Be as broad as you can be with the other housing and service providers. A lot of CoCs we know maybe don't have strong outreach programs, or even if they do but they work very closely with their local law enforcement, for example. So law enforcement might know those folks who are sleeping in an encampment and might be able to certify to that and that would be absolutely acceptable third party documentation as well. You might also have strong relationships with your business community and a shop owner might be able to certify to something so please use that flexibly.

Marcy Thompson: The only thing I would add to that is when you're looking for those third party sources, if you have somebody that is in the community that can certify that they've seen that person living in that location for a period of time, they will need to document each month, they will need to indicate, rather, each month that they have seen that person. They can't just say I saw that person living there today and they told me they've been there for 12 months. That would not be sufficient. They would need to say "we've seen John every month. He's been here since January" and be able to certify to that, those specific months.

Chris Pitcher: Thanks, Marcy and Brett. This is a statement, I'll state it as a question, that I hear often that we don't have outreach programs or a lot of our emergency shelter programs using HMIS. That really limits how permanent supportive housing programs can document length of time homeless and episodes of homelessness in a system. Do you have any thoughts and strategies for communities who find themselves in that situation?

Brett Gagnon: Sure, I would agree that that makes it a little bit more difficult. The nice thing about HMIS and the reason we want you to use it to the extent that you have to date it because it's there, it's already been collected. But if your street outreach providers aren't participating in HMIS or you – one, encourage them to. But if they don't, develop relationships and as you're interviewing

the person they might say, I work with this street outreach worker or I know this person and then you'll have to call that organization or that street outreach worker and then they can sign, send you a letter that says "yes, I met with this person on each of these dates". And if they're in separate months, each month would count one month toward the 12 months. In that case you'll have to use the paper referral system.

Chris Pitcher: I think it underscores the importance of having a fully developed HMIS that has deep participation and the coordinated entry system that gets those providers that aren't necessarily naturally part of the HUD funded continuum of care into the data system so you can coordinate care.

I have a clarification that's needed around rapid re-housing so if a client is in a rapid re-housing program, does the time within that program count towards any bit of homelessness? Are they considered homeless still?

Marcy Thompson: So, no. In order to be considered chronically homeless coming from a rapid re-housing project they would have to have met a length of time requirement prior to entering the rapid re-housing project. So once they enter the rapid re-housing project, that clock, you know, technically stops. But because it's a permanent housing to permanent housing transfer they're still eligible to go into permanent supportive housing including dedicated beds.

Brett Gagnon: And just let me clarify one more thing about that. They're chronic for purposes of eligibility into PSH but they're no longer chronic in terms of counting. They're not even homeless in terms of counting. So they're not going to show up on your PIT count. But we allow rapid re-housing to be used as a bridge so if there's not a permanent supportive housing unit right available but you have that temporary permanent housing assistance you can serve someone in rapid re-housing and then move them in. So that is also important. This came up yesterday as well. Rapid re-housing providers are not required to document somebody's chronic status because they aren't required by HUD required to serve folks who are chronically homeless. But if in your community you're going to be using your rapid re-housing as a bridge to permanent supportive housing, it might be a smart thing to do to have that rapid re-housing provider document that person's chronic status upon entry into that rapid re-housing project because then they'll have to give that to the PSH provider when the client moves into to permanent supportive housing.

Chris Pitcher: Thank you both. This is a very specific question that I haven't seen thus far. If a minor child in the family has a disability and the head of household has the time frame requirements to meet the chronic homeless definition can that family unit be counted as chronically homeless.

Marcy Thompson: No, in order for a family to qualify for a non-single household, so a family to be qualified there needs to be one person who is identified as the head of household and if there are adults and children it needs to be one of the adults in the household that meet all of the criteria. So they have to both have the length of time and the disability. If there's a household where somehow the minor meets all the requirement and the adults does not that household also would also not meet the definition because the statute requires that it's the adult head of household. We also don't specify who the head of household is. We leave that up to the household to tell us that. So there's no requirement that it's the oldest person or that it's the parent. Again if there's more than one adult if any of the adults meets all the criteria, if any of the adults meets all the requirements that can be the head of household. If there's no adults, then it's either the unaccompanied youth or who they identify as the youth head of household. So I think that's an important clarification.

Chris Pitcher: Great thank you. This is a question that crosses many different things and it's about a person who is staying in an emergency shelter but the program also has other types of – the emergency shelter has other programs like transitional housing program attached to it. And they're allowed to stay for a long period of time, say a few years. Does that affect their homeless status because the program itself has different components?

Brett Gagnon: So the program is going to have to report separately on its emergency shelter beds and its transitional housing beds and as long as the person's been staying for a period of time in the emergency shelter side and that's documented then that time would count toward the length of time needed for chronic status. If the person at all moves over to one of the beds that's funded as transitional housing, then the time in that bed is not going to count towards time for chronically homeless status.

Chris Pitcher: So for these large programs that have many different components it's really important to keep that documentation and where folks are being served straight.

Brett Gagnon: Absolutely.

Chris Pitcher: Thanks, Brett. There's a question here to see if HUD is planning to produce any sample letters or documents the community can use to document chronic homelessness, disability and self- certification. Is that something that we're working towards?

Marcy Thompson: So I don't know if - we aren't currently working on any templates at this point but we are working on some guidance materials to help providers more easily determine if somebody is chronically homeless, you know, providing some guidance that has some very clear examples and hopefully some sort of checklist to help make that easier.

Brett Gagnon: And if communities want to develop their own template we recommended that on the homeless definition recording keeping webinar. That's certainly something that might be a good idea to do for chronic status as well.

Chris Pitcher: Thanks, Brett and Marcy. The limit of 25% self-report, does that impact only clients that enter after January 15th or is it retro?

Marcy Thompson: That's a good question. Folks that are in permanent supportive housing prior to January 15th there is no retroactive component to the definition. But I think it's probably for the first year, you know, for the first operating year where there's overlap, you know, we might have to look at that more closely because I think at least, and Brett, correct me if you think I'm going in the wrong direction but I think at least that the 25% in that case would only apply to those the clients who are newly entering.

Brett Gagnon: Yup, as of January 16th.

Chris Pitcher: Thank you again. A lot of questions coming in about point in time. I want to pick one in particular. Do the requirements for establishing documentation around disability - certifying disability and chronic homelessness apply during the point in time count?

Brett Gagnon: So there's guidance in - the point in time count is all self-report. Does that sound right, Marcy?

Marcy Thompson: Yes.

Brett Gagnon: And then there's guidance to that affect in the point in time count notice that we published, I think the same week or the week before we published the definition.

Marcy Thompson: Right and so there's no documentation that's needed for either their homeless history or their disability for the purposes of the count.

Chris Pitcher: Great, thank you. We have lots of questions here and I'm trying to get to them as fast as I can. There have been a lot of questions and I just want to answer now for folks. Will this recording be made available later? The answer is a recording will be made available later. There are, correct me if I'm wrong, eight or seven different sessions that are happening this week and next and there will be a recording made of one of them, which ever one turns out the best probably.

Marcy Thompson: We do plan to have one full webinar that will be posted but we will also make available the Q & A portion of each webinar so that everybody has access to the Q & A portion. Because otherwise the content is the same for each.

Chris Pitcher: We only have a few minutes left. I'm going to pick one last question. That's probably all we can fit in here. A question came up about, again, transitional housing seems to be very popular and what is the definition of transitional housing? Is it just something that HUD defined as transitional housing? I think folks are struggling between what's transitional housing? What's long stay emergency shelter and what's potentially rapid re-housing. Any guidance we have on that as far as it relates to chronic homelessness?

Brett Gagnon: Yep. I found a question about emergency shelter earlier as well. Our regulations define transitional, our CoC regulation defines transitional housing, our ESG regulation defines emergency shelter and then if you're not funded by us then we allow the community to define whether it's an emergency shelter or transitional housing. There are some guidelines but it's basically how you're going to be classified on your housing inventory count. So if you don't know you might want to contact your CoC and see how you're listed and if you think that that classification is appropriate but in general emergency shelter is a place for people to stay. It doesn't necessarily work toward moving people towards permanent housing. There's no maximum length of time, at least by HUD, for how long a person can stay there. Transitional housing for us, on the other hand. It's a place that people go and really it has a goal of working to find people permanent housing and at least HUD funded transitional housing is capped at 24 months in general. And on the HUD side you have to have an occupancy agreement for transitional housing and there isn't one in emergency shelter. So it gets a little bit tricky when you're not funded by HUD but in that case I would say look to your HIC, look how your community has defined you. And if that bed has been defined as an emergency shelter bed then time spent in that location counts and if it's a transitional housing bed it does not.

Chris Pitcher: Great. Thank you, Brett. We have exactly one minute left so I'll do a quick wrap up. Thank you Brett and Marcy -

Marcy Thompson: Chris? Hey, Chris?

Chris Pitcher: Oh, go ahead! Sorry, Marcy.

Marcy Thompson: Can I just make two quick points that I just want to make sure are made before we get off?

Chris Pitcher: Absolutely.

Marcy Thompson: First, there was a question, another question about breaks and I know we said that breaks are a 100% self-certification which is true but you also don't need to, unless there is evidence of a break you don't need to necessarily look for breaks. So if you have found 12 months of continuous homelessness in HMIS for example or through another source you don't have to then find out if there were breaks in between. That 12 months is sufficient to document. I just wanted to make that clear. And then on transitional housing, the policy around transitional housing is not new. It's something that we've been trying to emphasize in the last several NOFAs to make sure that point was clear so that communities understood that, and I would definitely ask for folks to, you know, this is a large part of why we continually ask Continuums of Care to review the resources that they have in their community and if you find that in your community you have long waiting lists for permanent supportive housing, and really short waiting lists for transitional housing because you have a lot of transitional housing capacity then we would certainly, definitely recommend that you consider reallocating to rapid re-housing or to permanent supportive housing because that would probably fit your needs a little bit more. So, thank you, Chris.

Chris Pitcher: You are welcome, Marcy. Thank you very much to everyone who attended. Sorry we went one minute over. Thank you for joining us. Thank you for Marcy and Brett for presenting. Dan, thank you for hosting. For all those in Region 9 thank you for joining us. Those outside, thank you for joining us as well. This is a series so there are several different sessions of this. I believe this is two of seven or two of eight this week and next week.

So if you have any more information or want to attend another one or have folks you know who weren't able to make it today, please have them register for one of the ones upcoming this week or next week. Next week the materials, the PowerPoint presentation we went through today is already on the HUD Exchange. A few weeks after we're done with this there will also be a recording, it may not be this recording but a recording of this up there for you to review as well.

And if you have any questions that we didn't answer or new ones, things that we didn't get to this afternoon because we had lots of questions, please do send those to the HUD Ask a Question and as Dan mentioned in the beginning of this, there is, under Continuum of Care there is a new tab for chronic homeless definition questions. Put your questions there and we'll do our best to answer. Have a good rest of your day and thank you for joining us. Bye.

[End of audio]

Region 10 – 01/05/2015

Moderator: Hello everyone. My name is Dan Fox. I am a national HUD TA provider with the Cloudburst Group. And this is the recording of the Question and Answer session from the Region 10 Defining Chronically Homeless Final Rule Webinar.

Just as a reminder, our presenters that day that were answering questions were Marcy Thompson, she is a senior advisor with the Office of the Deputy Assistant Secretary for Special Needs and we also had Brett Gagnon with the SNAPS and he is a senior SNAPS program specialist. Additionally, we had Michael Lindsay on the phone. He is with ICF. He is the regional TA coordinator for Region 10. And he is the gentleman you will hear triaging questions.

So one final note here. This recording does not contain any of the actual content that the presenters gave during the webinar. So if you somehow manage to find the question and answer recordings before the main webinar, then just search for the Defining Chronically Homeless Final Rule Webinar. You will want to watch that first. Otherwise, this will transition right over to the end of the presentation and the beginning of the Q&A.

Marcy Thompson: Okay. So thank you for hanging in there. That was a lot of information. And we will now start the Q&A portion of the discussion, so get them all in.

Dan Fox: Real quick here before Mike takes over, I am going to jump in and apologize for forgetting to mention this earlier. But we will not be taking verbal questions. Mike and George will be triaging all questions that were entered through the Q&A panel, which is why I brought that panel up earlier. So if you have a question, please make sure you submit it through there. Go ahead, Mike.

Michael Lindsay: Great. Thanks a lot, Dan. And thank you very much Marcy and Brett. Hi everybody. This is Mike Lindsay, Regional Coordinator for Region 10. And I am going to walk through and help facilitate a handful of the questions that we received during the webinar. Marcy and Brett, we did receive quite a few questions, some very good questions, some asking for some clarification, and some asking for some additional information as well. So I am going to go ahead and start off with a couple questions here. And George, if you can keep your eye on new questions that are coming in for the next few minutes.

But the first question that came in is a bit of a clarification and a question. And that is if a break in shelter space is less than seven days then it continues to be a single episode. But are the missing days then included in the calculation towards a year of continuous homelessness?

Marcy Thompson: Yes. So yeah. So as Brett had stated, you are only required to document each month as opposed to days. And you only need to capture one day within each month. If somebody indicates or there is a record that somebody was not homeless or not in one of those situations that we described – if they were in one of those situations for less than seven days, it just gets included in that month and in the total length of time homeless.

Michael Lindsay: Okay. Thank you, Marcy. The next question is if someone is in a shelter for ten continuous months and then they leave the shelter, but they continue to meet with an outreach worker who sees them at least once a month for the next two months and knows that they are sleeping under a bridge. That equals a continuous year in chronic homelessness. Is that correct?

Brett Gagnon: That is correct. And then you would want the street outreach, you would have the HMIS record for the emergency shelter or a written referral from the emergency shelter that they were there for ten months as well as the HMIS record of the street outreach contact or a written

referral from the street outreach worker. And then you would also have 12 months of third party documentation.

Michael Lindsay: Great. Thanks. Brett, moving on to the next question, this goes back to the beginning of the webinar. Can you please confirm that only the head of household can qualify a household as chronically homeless?

Marcy Thompson: Yes. That is true. In order for a household with more than one individual to be qualified as chronically homeless, the head of household that meets all of the criteria. For permanent supportive housing generally, for example, a child or minor member of the household could qualify the household for permanent support housing. But to be considered chronically homeless, an adult head of household has to be the qualifying member unless there are no adults in the family. In those circumstances, a minor accompanied use or unaccompanied use could qualify.

I think it is important to stress that HUD does not define who the head of household is. That is self-defined by the family. If you have a household let us say with a mother and a child and the child is an adult and the child in that family is the person that meets all of the criteria, it is okay to qualify that person as the head of household because they meet the standard as being an adult.

Michael Lindsay: Great. Thank you, Marcy. Moving on to the next question, the next question is why must the cycles of homeless situations be at least four times? Is it possible to meet the length of time homeless for chronic homelessness if the client is homeless for 12 plus months over 3 years, but only had 1, 2 or 3 episodes of homelessness in that three year period?

Brett Gagnon: So if there is only one occasion of 12 months, then you are going to qualify under the 12 months continuous. But if there are 2 occasions that have been separated by a break, even if those 12 months, unfortunately, that person is not going to be defined as chronically homeless. And that is at this point sheerly because of our statutory language. The statute very clearly says either one year or four occasions over three years. So therefore, we have to make it meet four occasions. And that is why Marcy said when we update the prioritization notice we are going to look towards making one of our first orders of priorities, if possible, those that have 12 months but it's not continuous, but it hasn't quite met the 4 occasion test yet.

Marcy Thompson: And we would certainly encourage for providers now, even before the updated prioritization notice comes out to the extent that there are no persons that meet the definition of

chronically homeless within your community that that population that has had 12 months of accumulative homeless, but has had at least one break, but less than the four required occasions that they would be prioritized.

Michael Lindsay: Great. Thank you Brett and Marcy. Moving on to the next question, the next question is regarding eligibility while in transitional housing. The question is regarding chronic homeless status in transitional housing. As the requestor understands it, persons entering transitional housing already identified as chronically homeless do retain this for the purpose of permanent housing placement after the individual's stay in transitional housing is complete. They understand that the time in transitional housing does not count toward chronic homelessness. But if a person is already considered chronically homeless when entering transitional housing, do they not retain the chronic homeless status for the purpose of obtaining permanent housing upon exiting transitional housing?

Marcy Thompson: So for determining whether or not somebody is chronically homeless, they have to be coming from the streets, sorry, they have to be coming from a place not meant for human habitation, an emergency shelter, or a safe haven. If they are coming from a transitional housing, except for in the very limited circumstances that I described earlier, they cannot be considered chronically homeless. Stays in transitional housing – we understand that there has been confusion in the last few years over this, which is why in NOFAs and in written guidance we have been trying to make sure that this is clear that when a person enters transitional housing, even if they are chronically homeless at that point, they will lose their status as chronically homeless when they enter a transitional housing program. And the time there in transitional housing will not count towards their total period of time homeless. It will be considered as a break.

Michael Lindsay: Thank you, Marcy. The next question is focusing on the documentation. And in fact, for clarification, did you say that 9 out of the 12 months must be documented by third parties?

Brett Gagnon: In at least 75 percent of the cases for a project in a given operating year, yes. Nine months of individual or head of household's time spent on street, shelter, or in a safe haven must be documented by third party documentation. Again, we carved out that exception for extremely rare circumstances where somebody might be living in a remote area and has not had access to services. But again, that is extremely rare. And we expect to see it in no more than 25 percent of a project's case file for a given operating year. So yes with one caveat.

Michael Lindsay: Thank you, Marcy. The next question is if a program has an open unit, but no individuals or families have been identified with complete chronic homeless documentation, can they still fill the unit with the next most needy referral? It clarifies in here that it is a permanent supportive housing program.

Marcy Thompson: So dedicated permanent supportive housing can be used to serve a non-chronically homeless household if there are no chronically homeless households identified, or if there are chronically homeless persons that have been identified and they have just not been willing to engage or ready to engage with the caseworker and the caseworker is documenting all of the attempts in which they are making in order to get that chronically homeless household into permanent supportive housing. I think the question about whether or not their document is complete is probably a slippery slope. It would need to be very clear why the documentation is not available beyond just the fact that there isn't third party documentation.

Brett Gagnon: Yeah, I would say if you think that if you have somebody who is chronically homeless who meets all the criteria and it is just a matter of documenting it, then we would probably say go ahead and prioritize that person for the dedicated bed and continue to work on obtaining the documentation. And if the documentation is absolutely not obtainable, then you can document – and you do not have any other folks where you don't have third party for the nine months, then that can be your one household where up to twelve months they are certified through self-certification.

Marcy Thompson: Then you would just simply, very diligently document what attempts you made to get that documentation.

Michael Lindsay: Thank you, Marcy and Brett. The next question is when HUD reviews data in HMIS, what logic is used to determine if a client is chronically homeless?

Brett Gagnon: So at this point, HUD does not review data in HMIS. That would be up to you locally. All HMISs work a little bit differently. Some are open. Some are semi-open. Some are completely closed. In those cases, you might have to work with your HMIS administrator. But when you are looking in HMIS data locally – and this is very basic. Again, we are going to do some other webinars solely dedicated to chronic and HMIS data. I would look at project type. Make sure it is emergency shelter, or a street outreach contact, or safe haven. Then I would look at project entry and exit dates and total them up. So if you have a stay in a safe haven for 15 days in May and no evidence of a break in May, then there is your month of May. Then you look in June. And perhaps the

person has an emergency shelter where they were in and out in one night and you have no evidence of a break, then there is June, so on and so forth.

Marcy Thompson: The other point that I will just mention is as Brett had earlier that HMIS data is also used for reporting purposes. So there are other data elements that the HMIS or the community would use to identify folks that have been flagged as chronically homeless, including data element 3.17, which looks at the total length of time homeless. But all of that data is based on self-report, which is why it is okay to use that for enumeration purposes and for reporting purposes. But it would not be sufficient to document eligibility.

Michael Lindsay: Okay, thank you Marcy and Brett. You have covered a couple of questions along this line. There was a lot of information in the PowerPoint as well. But for the requestor, can you just clarify that for someone who is homeless for six months, but during that six month period had a single stay in a hotel for one night that is not considered a break. And so the six months is only one incident of homelessness and not two.

Marcy Thompson: Yes. That is correct. Same if somebody let us say has been living under a bridge for five months and end up going to jail for sixty days and they come back out. That two months that they were in jail is added to the five months that they were under the bridge previously. That would be considered seven months for the continuous episode.

Michael Lindsay: Thank you, Marcy. The next question is about best practices. The requestor asks if there are any identified best practice approaches to capturing the cumulative 12 months information for the purposes of the annual point in time counts.

Brett Gagnon: I think that might be something we will want to get back to you on. We are not the point in time count experts. But we can certainly consult with the person in our office who is and get back to you.

Marcy Thompson: Yeah, it definitely would be – the PIT count is all again based on self-report at least in terms of – well really, it is all based on self-report. But the unsheltered count, if you are doing an unsheltered count, would be based on the information that you collect from the night of the count asking questions about a person's history of homelessness to identify that they have been homeless in four occasions and if those occasions total 12 months. And looking in HMIS for the shelter count, looking at the data elements such as 3.17. I know that there is guidance in the HMIS data glossary

and some of the guidance that has come out in recent months. And I think that there is some more guidance that will be coming out soon related to that. And then as Brett said, we will be doing some additional guidance around HMIS soon.

Michael Lindsay: Okay. Thanks Brett and Marcy. The next question is another specific example. I am hoping you can provide some clarity for the requestor. If someone is homeless for two years, then is in an institutional setting for five months, but then becomes homeless again, at that point, are they no longer considered chronically homeless?

Marcy Thompson: That is correct. So this is the example that I think Brett and I both talked about. And it really is just the statute boxed us in quite frankly with the four occasions and limited us to that. However, I will say that this is largely a part of why the breaks are – why we have allowed for the breaks to be documented one hundred percent based on self-certification. If you have a client who you know was homeless for the last two years and they were in an institutional setting for five months and are now homeless again, talking to them and trying to identify – was there, your residence, let's say, your primary place of residence has been in an encampment, under a bridge, or wherever - a place not meant for human habitation for the last two years. But were there any other circumstances where you were in an institutional setting or were there any circumstances where you might have stayed with a friend for more than a week or at a hotel for more than a week where you were paying for it on your own to try and back into those two additional breaks that would be needed to identify the four occasions.

Michael Lindsay: Thanks, Marcy. The next question is around documentation of income or documentation of disability. The question is what counts as written documentation from the Social Security Administration? The requestor is assuming that that means proof of SSI or SSDI, but would like confirmation.

Brett Gagnon: Yeah, it is going to be proof of a disability payment from the Social Security Administration. So it has to be clear that that payment is for a disability. What we have heard is that they don't write checks anymore. They just deposit that into bank accounts where that is possible and it shows up as coming from the Department of Agriculture because that is who pays the government's bills or treasury. I forget who pays our bills on paper. But so many communities have had to go back and get the original letter of verification that stated why the person qualified for this payment. And if the person does not have that, then a call to your local Social Security office should be able to get you that.

Michael Lindsay: Thanks, Brett. The next question was a requestor asking about how to collect documentation from a medical provider – disability documentation from a medical provider. And how is that affected by and work with the HIPAA regulations?

Brett Gagnon: Uh-huh. This has come up on the homeless definition desk as well. We do not need to know exactly what the disability is. The documentation just needs to contain enough about the disability so that we know that the person who is certifying it is the appropriate person to be certifying it so that somebody who is licensed to treat mental health issues is not going to be signing something about a physical health disability that really a medical doctor should be signing off on. We will need to know whether it is physical, emotional or just enough that we know so that the person who is signing it is licensed to diagnosis and treat it in that state.

Michael Lindsay: Thank you, Brett. The next question is specific to the community's local HMIS system and what type of documentation or printout should be in the client's files to document an instance of homelessness in their actual client files.

Brett Gagnon: I think that is going to vary community by community depending on how your HMIS is set up. And we can certainly talk about that a little bit more when we have the HMIS and chronic specific webinars. But you might, in the meantime, want to talk to your CoC or your HMIS administrator about what that might look like in your community.

Michael Lindsay: Okay. Thanks, Brett. Next question is about interim housing and whether clients are still eligible if they are in a form of interim housing awaiting a permanent supportive housing placement.

Marcy Thompson: So I have seen a couple of other questions coming in around transitional housing. So I just want to provide a little more clarity around that. So if by interim housing you are referring to transitional housing generally, if somebody – is somebody goes into transitional housing and that is the program that they are being enrolled in, that is where they are going to be served, the plan is that eventually they will exit to permanent supportive housing or to permanent housing. But there is not a unit identified. There is not an actual vacancy associated with that. That would not be considered interim housing. And the chronically homeless person at that time, if they enter that transitional housing program, would lose their chronically homeless status. And I will talk about that just a little bit more in just a moment. But for chronically homeless persons that have identified a vacancy, so there is a permanent supportive housing unit that has become available or a slot that has become available and it is tenant based. And the program participant needs to go out and find a unit, but because of a lot of reasons that we are all aware of, sometimes that might take a minute. We

have not specified how long that interim period of time should be for – ideally, 90 days. But there is no requirement associated with that.

On the maintaining the status in transitional housing, we did discuss this a little bit more in the preamble. So I just wanted to touch on that a little bit more. So we interpreted the statutory definition to clarify that short term stays in institutions do not count as breaks. But also that stays in transitional housing are not the same as stays in institutions. If we are talking about veterans, chronically homeless veterans that are going through the VA's healthcare system and they enter VA funded transitional housing such as GPD, in those circumstances those chronically homeless veterans would maintain their status for either HUD VASH or for CoC funded permanent supportive housing. I did not make that distinction earlier. But I think that it is important. For any other situations, our goal is to get chronically homeless persons into permanent supportive housing as quickly as possible through a housing first approach. One of the things that we have talked a lot about and you hear this time and time again in our NOFA process is around strategic resource allocation. And if in your community you are finding that you have long waiting lists for permanent supportive housing and very short waiting lists for transitional housing and that you have more transitional housing capacity, then that is definitely a signal that some of those transitional housing beds should be converted or reallocated to permanent supportive housing to increase that capacity. I know that that is easier said than done. But that is certainly something that you should be looking at as you are moving forward.

Brett Gagnon: And I would add, interim housing is not a term that is defined by us at all. And it means a lot of different things to a lot of different communities. So what Marcy just mentioned was where you are using transitional housing as interim housing. Some communities may also be using rapid re-housing as a bridge to permanent supportive housing. You do not have a PSH vacancy right away. But you know you are going to have one coming up and you have a rapid re-housing voucher available. Somebody who enters rapid re-housing who was chronic upon entering that rapid re-housing project maintains their chronic status for purposes of eligibility for PSH. So if you are using that as an interim housing option, then that is an option. Ideally, the person never moved. It is just their assistance, which is termed rapid re-housing permanent supportive housing. Then I think in some communities interim housing also means some form of emergency shelter. So you will want to look at the actual housing of the persons living in – or shelter. The place they are living in sort of determines which of our defined buckets it falls into and go from there. If it falls into an emergency shelter bucket, then the time spent there is emergency shelter and counts. And if you are not clear about what that bucket might be, feel free to send us a question through the Ask a Question portal with details about what that housing location is. Your HIC is also another good place to start.

Michael Lindsay: Okay. Thanks, Brett. Thanks Marcy. The last question that came in prior to the Q&A starting was if my original contract specifies only unaccompanied individuals as eligible, do we now have the latitude to accept families as defined here?

Marcy Thompson: Yes. You always have the latitude to err more to serve broader groups, especially if they all meet the definition of chronically homeless.

Brett Gagnon: Families are actually a protected class under our Fair Housing Act. So it is actually not possible to discriminate against families. So we would very much say if you have the capacity to serve families, please do so. And if you have the service package appropriate to serve families.

Michael Lindsay: Okay. Great. Thanks, Brett. Thanks, Marcy. That was all of the questions that came in prior to the Q&A session starting. There have been a number of questions that have come in different variations around the fact that folks lose their chronic homeless status when enrolled or if enrolled in transitional housing. We are not going to go through each of the questions. But is there any additional information Marcy or Brett that you would like to provide around that topic?

Brett Gagnon: I would say that our one exception where you have already been enrolled into a permanent supportive housing project, but taking a minute to find a unit. We have clarified that in a FAQ. So you can find all the details to that through the FAQ on the HUD Exchange. And the rapid re-housing as the bridge is also a FAQ so that you have something in your hands to show your community. And if you cannot find it through the FAQ search engine on FAQ, if you find the FAQ document that we did on the notice earlier in 2015, questions 23 and 24 of that document are related to this policy.

Michael Lindsay: Okay. Thank you, Brett and Marcy. Let me just pause here for a second and check in with George. Martin George, have you been keeping an eye on some of these questions? Are there any that are not specific to transitional housing that we would like to identify here?

George Martin: There are a few, Mike. It is going to take me a minute probably find some to bring out.

Michael Lindsay: Go ahead and see if there any other ones. There is one here Marcy and Brett that is specifically asking if you can repeat the part about documenting a person's chronicity if they are living in a place not meant for human habitation?

Brett Gagnon: So for documenting when someone is living in a place not meant for human habitation so under the bridge or in an encampment, you ideally want third party documentation, which could be through a street outreach observation. So somebody is going out to the encampment. They are entering it into HMIS. Or if they are not, they are willing to write you a letter that said I saw them on this day of this month and this day of this month. In instances where maybe they have not come in for services or they have not been reached out to by a street outreach worker, then you can take up to 12 months through the client's own written self-certification. So the client is attesting that they lived in that encampment for the last 12 months and they are willing to sign that. And you are able to document that you tried to get third party documentation in the case file. Then that would be okay for up to 25 percent of the clients in your project for an operating year.

Marcy Thompson: Ideally, in that situation, you would also be able to document, in the example that Brett gave, the conditions that the person is living in that would give the provider the confidence for them to be able to use their judgement that this person has in fact been most likely living there for the last 12 months.

Brett Gagnon: And if at all possible, you as the intake worker for someone from your agency may want to go out for that current month and see that that is in fact where the person has been or is.

Marcy Thompson: Another important point that I want to make sure that we cover and related to that is what could count as third party documentation is if there is another source or another service provider. It might be a mental health provider. It might be a doctor or somebody that that person has had contact with over the last year. It would be not acceptable third party documentation for a doctor or other service provider to simply say that "I met the client today and they report that they have been homeless for the last 12 months" and sign the letter. That would not be sufficient. But if that person can say "I met with this client in the months of January, February, March and July," then each of those months – and to the best of their knowledge and based on their professional judgement that person was living in a place not meant for human habitation, in a shelter, or in a safe haven during each of those months. You could qualify that source of documentation for those four months.

Brett Gagnon: And the other thing that actually just came up this morning, the regulation does say housing or service provider. But you should probably use service provider a little loosely and think about anybody in your community who might observe folks sleeping in places not meant for human habitation. Local law enforcement could be an amazing resource here as they are out and about doing their jobs that they see folks. Certainly, a statement from them would be third party documentation as well.

Michael Lindsay: Okay. We have a question –

George Martin: Mike, this is George. We had a few questions come in about stays in hotels. I have seen at least one about when a client is paying for a hotel themselves and at least one about when that hotel stay is paid for by an agency and how that affects their status.

Brett Gagnon: If a client is paying for the hotel on their own or through resources from friends or family, if it is for fewer than seven nights, then it is not considered a break. If it is for seven nights or more, then it would be considered a break and you would have to look at qualifying the person based on the 4 occasions over three years with a cumulative total of 12 months. If another agency is paying for that hotel or motel, then HUD, in general, treats that as an emergency shelter stay. And so you would treat that just like emergency shelter. They have been staying in emergency shelter for that period of time. And that length of time counts for their total time in one of those locations.

Michael Lindsay: Thanks, George. We had another question in here about how will the documentation requirements impact a local community's coordinated entry system. And will the coordinated entry programs be required to collect the chronic homeless documentation if the coordinated entry system is prioritizing referrals for permanent supportive housing?

Marcy Thompson: So the short answer is no. At the point that a person is going through a coordinated entry system or process there is no documentation requirement at that point. The community should be using their common assessment tool as well as whatever provider judgement if they are doing case conferencing and that sort of thing to do prioritization to come up with their CoC wide prioritization list. And they could be using HMIS data, the self-reported data that we discussed earlier such as 3.17, which looks at length of time homeless to flag who is most likely to be chronically homeless. But the documentation requirement does not come into the place until the person has been referred to a program and they are awaiting - into an actual program.

Brett Gagnon: That being said, if the coordinated entry collects the documentation....

Marcy Thompson: Right.

Brett Gagnon: ...they should share it with the provider that they ultimately referred the person to. Because ultimately, HUD is going to come out and look at the recipients operating the PSH project and expect them to have all the documentation on hand, or easily attainable.

Michael Lindsay: Okay. Thank you, Brett. Thanks Marcy. Another question is can you please verify that the VA housing programs that the client can be enrolled in and still maintain their chronic homeless status?

Marcy Thompson: Yes. Actually, in 2013 I believe – we can provide the link after the webinar. There was a memo that we published that discussed this very fact that because the way the VA Healthcare System works, the eligibility is determined at initial point of enrollment. So if the veteran is chronically homeless at that initial point of intake, regardless of what program they enter initially, including GPD, they maintain that chronic homeless status throughout their stay and through any of the programs that they go into.

Michael Lindsay: Thank you, Marcy. There are a couple questions in here asking if you can clarify HUD's definition of a family? I think we want to point folks to the HUD Exchange to find the majority of that information. But is there anything specifically that you would like to add that is outstanding today?

Marcy Thompson: Yeah. So when we talk about it for accounting purposes, for example, we typically think of households with children. But for qualifying a household for eligibility purposes for access to housing programs, you have to use the definition of family that was included in the equal access rule, which essentially includes any group of persons that identify as a household. So they do not have to be related. They do not need to be parents with children. It could be any group of persons that is more than a single individual. And also, I noticed a question about if there is a household without children, but there are two adults present, only one of the persons in that household has to meet the chronic homeless criteria. The other person does not. But that one person has to meet both the disability requirement and the length of time homeless requirement.

Michael Lindsay: Great. Thanks, Marcy. I certainly want to be conscientious of time. We are down to about our last five minutes. I am taking a quick scan of the majority of the questions that we did not specifically get to. Most of the topics you and Brett have certainly addressed. But were there any other specific topics in your quick glance of the questions? Any other points that you would like to make sure folks are aware of? Then I will turn it over to you and Dan to close out today's webinar.

Marcy Thompson: Yeah. So I will just run through a couple that I am looking at that I think are good to highlight. So I think I had said during an earlier part of the webinar, there is a question about waiting lists. If somebody is on a wait list right now for permanent supportive housing but they have not actually been selected from that list, they will be impacted by the definitional change. At the point in which they are selected from that wait list, they will need to be reassessed. If it is after January 15, that person will have to meet that definition of chronic homelessness included in the final rule even if they were on the waiting list prior to January 15 and they met the prior definition of chronically homeless.

The case related to disability should not require any different language in disability documentation assuming that your disability documentation is consistent with what is required for permanent supportive housing generally. Then that should be consistent.

If a client has been in transitional housing for 18 months to 2 years, I think we have talked quite a bit about transitional housing so the answer to that would be no.

Is it correct that 12 months equates to 365 days? I think technically it does. But one of the things that we were really trying to clarify was that we were not looking at a specific number of days. We really are just looking for 12 months over a period of time.

There is a question about under what circumstances staff do not need to ask about breaks in homelessness. So in the examples that Brett was giving, if you are able to look through your HMIS and identify 12 months of continuous homelessness, there is no need to start asking about breaks unless there is evidence of at least one break in HMIS. So, for example, there was a transitional housing stay that was indicated in there would be when you did need to ask about those.

There is a question about – I think we kind of touched on this a minute ago. If an applicant has been living in a place not meant for human habitation, but the intake workers do not witness their situation, what documentation would be acceptable? I think what we were saying earlier was that we would

want them to document their current occasion of homelessness of where they are staying right now. But obviously it would be difficult to observe where they have been for the last 12 months. So that could be based on a referral or report from another third party source. Do you want to add anything about that Brett?

Brett Gagnon: Or if you can't obtain those things through the client's own self-certification, which I will also clarify. It is just a written statement by the client that signed. You could have a standard form for that. We get the question a lot if it has to be notarized. It does not have to be notarized because it would be the client's own signature that what they are telling you is true.

Marcy Thompson: And in regards to transitional housing, it does not matter – for VA specific transitional housing, they can be in that GPD program, for example, for the entire two years. And they would maintain their chronically homeless status throughout that period of time and still be eligible for permanent supportive housing. There was a question about that. I am just looking through.

Do you guys identify any additional questions that we did not answer? I think our plan is to – after we get through – we are doing this five more times between now and the end of next week. And our goal is a, to put a recording of at least one of the webinars up on the HUD Exchange, but also include at least a transcript of the Q&A session from each of the webinars so that everybody has access to all of the questions that were asked and that we responded to. And we will also take the questions that were asked and use these to develop frequently asked questions that we will publish at a later date.

Michael Lindsay: The only last question I see and you may have addressed this and I may have missed it. But for the documentation of disability, is it appropriate for an organization to use, for example, internally employed psychiatrists for that third party documentation?

Brett Gagnon: Yeah, I don't see why not as long as that psychiatrist has documented something that they are licensed to treat.

Michael Lindsay: Okay. Thank you.

Marcy Thompson: All right. So thank you everybody for spending the last hour and a half with us today. I hope that it was helpful. Both Dan and I think Brett mentioned, please feel free to submit questions to the HUD Exchange if you have any follow up questions after today's call.

Dan Fox: Thank you all, good questions. Any last words Brett or Marcy?

Brett Gagnon: No.

Marcy Thompson: Nope. That was it. Happy New Year.

Dan Fox: Likewise. Bye all.

Marcy Thompson: Bye all.

Michael Lindsay: Thanks everybody.

[End of audio]