

# Defining “Chronically Homeless” Final Rule Webinar Transcript

## 1/14/2016

Dan Fox: Good afternoon everyone or good morning to some of you. Thank you for joining us for the Defining “Chronically Homeless” Final Rule Webinar. My name is Dan Fox. I am with the Cloudburst Group. I’m one of the National HUD TA providers and I’m going to go through some quick logistical items here before we get underway.

So right off the bat, I want to let everyone know that we do plan to have a Q & A session at the end. Because there are so many folks on the line everyone is muted and we don’t plan to take verbal questions, but I will tell you in a moment how to make sure that you get your questions in to us.

We will definitely be posting a recording on the HUD exchange. We are waiting until all six webinars are complete and we’re going to select the best one from a perspective of the core content and then we’ll also be supplementing that with transcripts of the verbal Q & A from each session so that everyone has access to that. So I just want to let everyone know that this will definitely be on the HUD exchange shortly after we’re done here.

Regarding technical issues some folks have experienced problems with their audio so if you are using your microphone and speakers we find that that is usually the issue so you could go over to the audio pane on the right hand side of your screen there and toggle the radio button to be on telephone instead and that will give you a telephone number and access code to call in on. If you do need a toll free number you can click the additional numbers link in and you’ll get a pop up with an 800 number on it. If nothing seems to be working then simply close out of the webinar and try to log back in using the same link that you were provided with before.

So about questions, as I said we will not be taking verbal questions but the presenters will be verbally discussing questions that we receive. In order to provide us with questions, there’s a pane in the go to webinar software on the right hand side and its labeled questions just use that to submit all of your written questions through. One thing we have noticed is it’s a little tough, just because of the sheer number of questions that we receive, to always understand what your question is about if you don’t give us some context; so if you’re asking about something specific that the presenter is talking about we may not see your question for five or 10 minutes after your question so if you could just give us a little bit of context; so that we know what you’re referring to.

And of course, there are so many folks on the phone today that I imagine we will definitely not get to all Q & A, so as a resource of course there is the Ask a Question portal. A quick note here about the AAQ with regards to the chronically homeless definition specifically. In this case, a special help desk has been created to give folks an opportunity to ask questions just about the chronically homeless definition and hopefully get a quick response. So make sure that when you go into the Ask a Question that you select, in step 2 there, the Continuum of Care Program and then specifically type the phrase “chronically homeless definition” in the subject line and that will help pool managers direct your question to the right folks.

All right, so I want to introduce our presenters today. We have two HUD staff who are intimately involved with the chronically homeless definition. First we have Marcy Thompson; she is a senior advisor with the office of the Deputy Assistance Secretary for Special Needs. I feel like after six webinars I'm finally getting the hang of saying all that in one fell swoop. We also have Brett Gagnon, she is with SNAPS and she's a Senior SNAPS Program Specialist; so with that I'm going to turn this over to Marcy.

Marcy Thompson: All right thanks Dan for the introduction, and yes after six webinars you nailed it, and then also just for walking us through what to expect over the next hour and a half give or take a few minutes. And good afternoon to Region five, seven, and eight as well as anybody else who wasn't able to join one of the prior webinars that is with us today.

So today we're going to be going – we're going to be doing a deep dive into the final rule with the goal being that when you walk away from this webinar you should be ready to begin implementing the new definition required, which is really after tomorrow. We'll start off by walking through a history and evolution of the definition of chronically homeless to help you understand how we arrived at the definition that was included in the final rule. And more details can be found about our thinking around that in the preamble text that was included with the final rule; so you're encouraged to read that as well as if you haven't already had a chance to do that. We'll then walk through the components of the definition itself and provide a summary of the major changes. Brett will then discuss the new record keeping requirements, the applicability of the rule of the consolidated plan as well as some of the HMIS implications that you should be aware of. And then the last thing that we'll talk about before we go into the Q & A is what recipients of CoC program funding can expect in relation to implementation and compliance with the final rule. Next slide please.

So the definition of chronically homeless really is designed to ensure that people with the longest histories of homelessness and the most severe needs are prioritized in permanent supportive housing. Prioritizing this population increases positive outcomes for these households and decrease cost for public systems of care. Next slide.

The first time that we used the term chronically homeless was back in the 2002 NOFA. At the time it was limited to unaccompanied adults who had a disabling condition and who had been homeless in a place not meant for human habitation or in an emergency shelter for either 12 months continuously or over at least four occasions in the prior three years. That definition remained essentially unchanged until 2010, until the 2010 NOFA when we expanded the definition to include families with children and added that persons coming from a safe haven as defined by HUD could also be considered chronically homeless. In 2009 the HEARTH Act codified a definition of chronically homeless which is essentially the same definition that we used in the 2010 NOFA and which was – didn't require a whole lot of change for communities. But we knew that we needed to add more specificity in the regulation and we set out to do just that. We ultimately ended up publishing three proposed definitions for public comment in the interim and proposed rules indicated on this slide.

The first proposed definition was that which was included in the Emergency Solutions Grants and Consolidated Plan Conforming Amendments interim rule. We knew that one of the most confusing areas that we needed to clarify through the regulations was what was meant by an occasion of homelessness. So in that interim rule we attempted to define an occasion by establishing a minimum

number of days, which we decided – which we included as 15 days in which each occasion must last. So in the interim rule an occasion of homelessness was defined as at least 15 days for an individual or family was living in a place not meant for human habitation, in an emergency shelter, or in a safe haven. The comments that we received during that public comment process really highlighted for us the inconsistency between a requirement that someone needs to be homeless continuously for at least 12 months in order to be chronically homeless versus somebody only needing to be homeless for a minimum of 60 days over a period of three years. Next slide.

And around the same time that we were receiving the public comments on that interim rule there was also a lot happening outside of just our rule making process that helps inform the way that we were thinking. In 2010, the administration released Opening Doors, which among other goals established the national goal of finishing the job of ending chronic homelessness by 2015. At the time we believed that we were much further along in relation to that goal because we had been focusing on that population since 2002. But the reality is and was that although bonus funding had been essentially limited to permanent supportive housing for chronically homeless person for many years, to this day only approximately one-third of all of CoC funded permanent supportive housing is actually dedicated to that population.

So when we were working on developing Opening Doors, we used the data that was available to us at the time, which was primarily point in time count data, and we made assumptions about the nature of chronic homelessness. When we thought about the chronically homeless as a population we assumed that most people were meeting the definition based on long and continuous periods of homelessness rather than an episodic pattern of homelessness. However, we conducted extensive data analysis following the release of the 2011 point in time count data, and we also looked at HMIS data from a few communities that had HMIS at the time that were tracking chronic homelessness even though it wasn't required at that time. And what we found was that communities were actually identifying many more people who met the definition based on having experienced the four or more occasions as opposed to the long and continuous periods we had assumed.

What that indicated to us was that, when given a choice, limited permanent supportive housing dedicated to this population could, and probably was in some cases, being used to serve persons for shorter periods of episodic homelessness, while persons with more severe needs and longer histories of homelessness continued to remain on the streets. With this in mind, we knew we needed to take a step back and determine what we really wanted to accomplish. So in the CoC program interim rule we decided to use the statutory definition of chronically homeless which would mean no operational change at the local level and will give us time to explore other alternatives. Then in May 2012 we hosted a convening of national experts here at HUD to discuss other possibilities and specifically focused on whether or not the HUD should establish a minimum duration for each occasion, what constitutes the start and end to each occasion, and whether or not there should be a minimum length of time that must lapse between occasions. We were not seeking consensus from the group, but really just looking for informed opinions that would help insure that the final definition would allow us to target those persons we wanted to serve the most. And also that any definition that was used by HUD could be reasonably operationalized at the local level. So although we were not looking for consensus, by the end of that meeting, almost everyone in the room, and it was made up of researchers – or the meeting included researchers, providers, and other experts in the field, so it wasn't all from one group; so by the end of that meeting almost everyone agreed that the best option

would be one that required 12 months of either continuous or cumulative homelessness. Next slide please.

So with the information that we gathered at the convening, the findings from the data analysis that we conducted, and the comments that we received from the previous proposed rules we included a proposed definition of chronically homeless, a new proposed definition of chronically homeless in the Rural Housing Stability Assistance Program proposed rule. While that was not necessarily the ideal location for the definition of chronically homeless, the timing of that rule allowed us to get the proposed definition out for public comment sooner than developing another proposed definition on its own. This definition proposed the new requirements that the four occasions must total one year. HUD received 177 comments during that final public comment process on the definition and many of the comments that we received indicated to us that there was a lot of misunderstanding regarding HUD's intent. For example, many commenters expressed concern that HUD would require recipients to document every single day of homelessness of the entire period of homelessness. Others were concerned that this new requirement would only serve to make people wait longer for housing. While neither of these concerns accurately reflected HUD's intent, these comments helped us understand where we needed to be more specific and clear in the final rule. Recognizing that the rule making process takes a lot of time we decided to publish the Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status, otherwise known as the prioritization notice, in July of 2014. And the highest priority for dedicated and prioritized permanent supportive housing was for chronically homeless persons at least 12 months of consecutive or 12 months cumulative homelessness over a period of four occasions within the last three years.

We did that, not just to establish an order of priority for Continuums of Care for permanent supportive housing, but also we hoped that the notice would signal to CoCs and recipients the direction that we would be going in the final rules. And it would give communities an opportunity to be targeting that population before required. The notice also established record keeping requirements for all CoC funded permanent supportive housing required to serve persons experiencing chronic homelessness. So when we talk about CoC funded permanent supportive housing that's required to serve the chronically homeless we're specifically referring to any permanent supportive housing that have been identified as either dedicated beds or prioritized beds. Dedicated beds are typically those beds that where the application has indicated that they would exclusively serve the chronically homeless in those beds, most of the bonus projects over the years for permanent supportive housing had that requirement in it. Prioritized beds are those beds in non-dedicated projects where the applicant had indicated that they – as some percentage of their bed turnover over the course of a year, the chronically homeless will be prioritized. All right, next slide.

So again, by the time we published the final rule on December fourth of last year, our hope was that no one would be surprised. It was consistent with the definition that we published in 2013. We included it again in the notice in 2014, so our hope was that CoC and recipients would see that we were continuing down that path.

So now let's walk through the actual components of the final definitions. The rule, the final rule amends 24 CFR 91.5 which is the conforming amendments to the consolidated plan and 24CFR 578.3

which is the CoC program interim rule. So chronically homeless means first a homeless individual with a disability as defined in the act who currently lives in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been living in one of those three locations so either a place that meant for human habitation, a safe haven, or an emergency shelter for at least the last 12 months, or on at least four separate occasions in the last three years where the combined occasion total at least 12 months. Occasions are separated by a break of at least seven nights and stays in an institution of fewer than 90 days do not constitute as a break. Next slide.

An individual who have been residing in an institutional care facility for fewer than 90 days and that all of the criteria in paragraph one which was the – which was what we talked through in the prior slide - of this definition before entering the facility. So what this is essentially saying is that if a person was chronically homeless they met all of that criteria prior to entering the institution they can come and they've been there for fewer than 90 days, they can come directly from that institutional care facility because as if they're coming directly from a place that's meant for human habitation, a safe haven or an emergency shelter. All right, next slide.

And then a family can also be considered chronically homeless when the adult head of household meets all of the criteria on their own. If there is no adult present, a minor can also qualify as chronically – an unaccompanied minor could qualify as chronically homeless as well as a minor head of household if again, there are no adults in the household. The other members of the family are not required to have been with the head of household for the entire period of homelessness because we recognize that family composition could fluctuate. And it should be noted that for the purpose of the final rule the definition of family is that which was included in HUD's equal access rule.

HUD has not defined who should be the head of household. If there is more than one adult in the household presenting for assistance. That can be determined by the household themselves; however, one of the adult members of the household, if there are adults present, have to meet all the qualifications on their own. So if let's say you have two adults presenting and there are two children also in the household one of the adults has a disability and one of the adults has been homeless for the 12 months or more that household would not qualify as chronically homeless. The homeless person with the disability would have to also meet all of the criteria around their length of time homeless. Similarly, if the minor in the household where there are adults present has the disability the household also would not be considered chronically homeless. All right, next slide.

To summarize the major changes, the four occasions must cumulatively total 12 months; however, there is no minimum period of time in which any single occasion must last. The term "homeless individual with a disability" as defined in the act replaced "disabling condition". While the types of conditions that qualify a household as chronically homeless are essentially the same under both terms the term homeless individual with a disability also requires that the condition be of long and continuous duration, substantially impedes the individuals ability to live independently and could be improved by the provision of housing. The reason that we did that is because the standard for eligibility in permanent and supportive housing requires that the person be a homeless individual with a disability. So in order to ensure consistency we adopted that term into the final rules.

Instead of defining occasions by a minimum number of days we instead define them by – are defining them by the breaks between occasions, and a break is defined, again, as at least seven nights, not

residing in an emergency shelter, not residing in a safe haven or residing in a place that is meant for human habitation. So for example, if for seven nights or more the individual has been living with friends and family or is in a hotel or motel where they are paying for it. Stays in institutions of fewer than 90 days do not constitute as a break and if fewer than 90 days the entire – that entire period of time counts toward the total length of time a person has been homeless. So if somebody was – let's say I'm living under a bridge for three months, they end up going to jail for two months - their entire period of homelessness at that point is five months continuous. And then lastly we added record keeping requirements for the CoC program related to documenting chronic homelessness when it's required. All right, next slide.

So before I hand it over to Brett to talk through the record keeping requirements I just want to say a couple of things that what all this really means. First and foremost, our primary motivation in defining chronically homeless as it has been defined in the final rules is to insure that the limited permanent supportive housing resources are first used to serve those persons with the longest histories of homelessness and the highest level of needs. In order to implement the definition it will require that communities exercise due diligence to identify and engage all persons experiencing homelessness with chronic homelessness within their – the CoC's geographic area. Our goal is absolutely not to make people wait longer for housing. It really is to insure that to the extent that they're already persons that have been homeless for that length of time that they are prioritized first. To the extent that there are no persons within the geographic area that meet the new definition of chronic homelessness CoC and recipients of permanent supportive housing can and should prioritize other eligible and high need populations. At no point should beds be held vacant waiting for people to age into chronicity. For now we encourage you to follow the orders of priority included in the prioritization notice but note that we will soon be amending that notice to reflect the final rule. One of the important updates that we intend to include is around insuring priority for those households that have been homeless for 12 months or more but who have had fewer than four occasions. Unfortunately the minimum of at least four occasions were statutory and not something that we were able to eliminate.

HUD also did not change the definition of chronic homelessness as a way to reduce the number of persons that are considered chronically homeless. The decision to include a final definition, to include the definition that was included in the final rule was made back in 2012 really at that convening and we've been working towards that ever since. And we also don't know for sure that it will actually reduce the overall number especially in the first point in time in which it's implemented, which will be in 2016. Because the point in time count is based entirely on self-report this may result in a person being counted as chronically homeless but once they are actually referred to a program an eligibility is being determined they may not be able to verify eligibility at that point. So yes it's true that some people that were previously considered chronically homeless will no longer meet the definition it is also possible that some persons that previously did not meet the definition will now meet it such as persons with multiple short stays in institutions.

And lastly a point around transitional housing. This has been one of the biggest areas of questions that we've gotten in the last few webinars that we've had. So it's important to just provide some clarification. Generally speaking, a person that is considered chronically homeless does not maintain that status when they enter transitional housing. This is not a change in the final rule. This has been the policy really for as long as the definition of chronically homeless has existed. This is because in

order to be considered chronically homeless the person must be coming from a place not meant for human habitation and emergency shelter or safe haven or an institution where they've been there for 90 days or less and they met the definition of chronically homeless prior to entering the institution. Further, stays in transitional housing is seven nights or more would constitute as a break and that time does not count towards a person's total length of time homeless so although persons in transitional housing are considered homeless for the purposes of the point in time count, they are not considered chronically homeless because they are not in fact, coming – they lose that status when they enter transitional housing. And part of that is because when they go to enter permanent supportive housing they are not then coming from one of the eligible locations.

There are a couple of very limited exceptions to this policy and to this rule. So first for VA funded transitional housing, for veterans that enter – for chronically homeless veterans that enter the VA healthcare system their eligibility or their chronic homeless status is determined at that initial point of intake and that they will maintain that chronically homeless status throughout the entire time in which they're under the VA's care. So that includes any time that they spend in GPD, which is the grant and per diem program under the VA and they would be eligible for any HUD-VASH or CoC funded permanent supportive housing dedicated to the chronically homeless. But again that's only if they were chronically homeless prior to entering, and the time in GDP would not count towards their total length of time homeless.

The other is a policy around when transitional housing can be used as bridge housing. So when a – if you have a chronically homeless household that has been selected for a permanent supportive housing program there is an available voucher or an available vacancy and it's just a matter of that person finding a unit let's say, getting whatever documentation they need or actually finding a suitable unit. We know that that can take time; so in that interim period they would be enrolled in the permanent supportive housing program but they would be permitted to temporarily reside in a transitional housing bed that was available for that interim period of time. If you know, where persons are just simply on a waiting list for permanent supportive housing that is not the same thing that would not fall into this category. I believe that they have put an FAQ related to this policy in the chat box for everybody to reference so just wanted to make that clear. But unlike transitional housing when a chronically homeless person is assisted with rapid re-housing, they actually continue to be eligible for dedicated and prioritized permanent and supportive housing because the CoC program interim rule allows for transfers from one permanent housing project to another. So it's not so much that they continue to be chronically homeless; they certainly would not be counted as chronically homeless while being assisted in the rapid re-housing program, but they would maintain their eligibility at the point in which it's determined that they need to – that they would need further assistance and that they need to go on to permanent and supportive housing.

So now I'm going to turn it over to Brett to talk us through the record keeping requirements.

Brett Gagnon: Thanks Marcy and good afternoon and good morning to all of you. Thank you for joining us. We're going to spend the next probably 20 minutes going over the record keeping requirements that were included in the CoC program interim rule. And we included in recordkeeping requirements in the final rule to be clear about what we expected in terms of documentation and Marcy mentioned and many of the commenters on the proposed rule anticipated that every single day or individual or head of household living situation would have to be documented for the entire

year and that's not at all what we intended. Instead, what we published is what we feel is a reasonable standard not every day has to be documented but you do have to document enough to be able to tell when you look at the case file that the individual or family met the definition.

As Marcy mentioned it's not going to look new to folks. These record keeping requirements are very consistent with those that were established in the prioritization notice. And then we move through them it will be important to remember that the chronically homeless definition has two main parts both of which must be documented. The first is the length of time in a place not meant for human habitation, in an emergency shelter, or in a safe haven. And the second is a disability. So let's start to walk through the requirements.

First, we'll start with an over-arching requirement: intake policies and procedures. These are required for all permanent supportive housing projects that are dedicated or prioritized to chronically homeless households. Similar to the record keeping requirements that we established for documenting homeless status; HUD expects that recipients and sub recipients will develop and follow written intake procedures that require first, the documentation of evidence that's relied upon to verify someone's chronic status, and second, that adopt HUD's order of priority for obtaining evidence. And that order of priority is first, third party documentation, second, intake worker observation, and third, certification from the person seeking assistance. Next slide please.

Now we'll start reviewing how to document the individual or head of household's time spent in an emergency shelter, safe haven, or place not meant for human habitation. As a reminder time spent in these locations, or in an institution for less than 90 days must total 12 months, this is either over a single occasion, or over four occasions through three years. This means you're going to have to document two things. First, the location that the person was, and second, the time that they spent there. As stated previously, third party documentation is preferred but we understand that there may be gaps in third party documentation for each person. Meaning there's likely going to be a month or two where the person was living in one of those locations but it wasn't documented by any third party documentation. Therefore, for all individuals or heads of household, up to three months of residing in one of these locations can be documented through the individual or head of household own written self-certification, and let me stop and note here that the self-certification does not have to be notarized. That's a pretty common question.

In limited circumstances all 12 months can be documented by self-certification, but we're going to talk about what that limited circumstance is in just a little bit. Next slide please.

All right, so I mentioned that an intake worker has to document length of time in one of these locations totaling 12 months, and I also mentioned that we do not expect intake workers to document every single day. Instead, the reasonable standard that we settled on was that a single encounter, documented by third-party documentation or intake worker observation, of residing in one of the previously mentioned places in a single month is enough to consider the individual or head of household as homeless for the entire month unless there is evidence of a break. So unless, for sample, there's a record within HMIS that the person stayed in transitional housing during that same month that you also have an emergency shelter stay for instance. If third-party documentation cannot be obtained for a single encounter for a month, and it's not the current month in question because the current month in question could be documented by the intake worker observation, going and seeing



where the person is staying, then the individual or head of household own written self-certification of his or her living situation for that month is okay. However this really needs to be accompanied by intake staff notes that they tried to get third-party documentation, along with the obstacles that you face when you were trying to obtain it. For example, let's say there's an emergency shelter that doesn't participate in your CoC's HMIS, and the client says that that's where they were staying for a certain night in May. We would hope that – we would expect that you would reach out to staff at that shelter either through phone calls and emails, and if they don't get back to you, you would want to document all of your efforts in the case file, and the fact that nobody responded to you. Next slide please.

So when determining whether someone has 12 months continuous or four occasions over three years you'll have to look at breaks. As a reminder, we consider a break as seven nights or more living in a place meant for human habitation or not in an emergency shelter or safe haven. If there has been a break, it can be documented by third-party documentation, for example, an HMIS record or a letter from a friend or family member, but they are not required to be. All breaks can be documented by the individual or head of household's own self-certification that they spent seven nights or more in the location that they said that they did. As a reminder, if a period of time is less than seven nights, it is not considered a break, and the time spent in that place meant for human habitation, or not in a shelter or safe haven, would count towards the individual or head of household 12 months. Next slide please.

Additionally, stays in institutions of fewer than 90 days where the person was living in an emergency shelter, safe haven, or place not meant for human habitation prior to entering the institutions do not count as breaks. And for individuals with time spent in an institution you'll have to document that as well. How you document stays in institutions is the same as we established in the definition of homelessness so it will look really familiar to folks. You can rely on discharge paperwork, or if this is unobtainable, the intake worker's documentation in the case file of an email from an appropriate official at the institution that gives you the length of time the person was there, or something said over the phone, or if this is unobtainable, you can document stays in institution through the individual or head of household's written self-certification, and it will have to be accompanied with notes to the file about how you as an intake worker attempted to obtain third-party documentation.

This type of documentation can be used when a person is exiting an institution and then coming to your program, or for any time less than 90 days spent in an institution over the course of 12 months living in a place not meant for human habitation, a shelter, or in a safe haven. For example, say that the person is presenting in May, and they've been living in an encampment but they tell you that in January and February they were in the hospital, or in jail, then you would use discharge paperwork from the hospital or from jail to document January and February of that person's 12 months.

And then remember that 90 days or more in an institution constitutes a break and when a person is exiting that institution they are not considered chronically homeless. You could also use discharge paperwork that shows that a person was in an institution for more than 90 days as third party evidence of a break, but remember you don't need third-party documentation for breaks. Next slide please.

So we're going to stop for a minute and just think about how this might work and what you see on the side is just suggested, it's certainly not how we would require communities to go through the process and your community or your agency should look for ways that work for you. So let's start with 12 months continuous; so this is when somebody has been staying in an emergency shelter, on the streets, or in a safe haven for 12 months without a break. You can first start by looking at HMIS to determine if there are 12 months of continuous homelessness and no evidence of breaks. So you maybe have each month for the past year you have a stay in an emergency shelter or a street outreach contact and you have no evidence of stays in transitional housing, for example. If you have that and you have an encounter for each of the 12 months and no evidence of a break in HMIS, it's not necessary to ask about breaks. If there aren't 12 months in HMIS but the client reports that they have been living in an encampment for the past year, or living in an emergency shelter or combination of the two, then you're going to want to identify other third-party sources, outreach worker contacts, those emergency shelter providers that aren't participating in HMIS, or if they say they spent time in an institution, documentation from the institution. And then remember for any – up to three months for any person if you can't obtain that documentation it can be documented through the individual's own self-certification. And if there's no evidence of breaks and they don't mention any breaks in your conversation with them you don't need to look for breaks. Next slide please.

Now we'll look at 12 months cumulative and this is very similar to continuous in terms of how you document each month that the person spent in one of the locations except you're going to have to document that there are – there were at least three breaks, thus four occasions. And just as a reminder, I know you're probably going to be sick of it by now, remember that a break is time spent in a place meant for human habitation, or not in an emergency shelter or safe haven seven nights or more, or in an institution for 90 days or more. First, I would start looking in your HMIS and determine if there are 12 months cumulative over the last three years. And if there is, then you can start using your HMIS to look for breaks. Was there time spent in transitional housing during that period of time? If you don't see 12 months in the HMIS over the last three years, you interview the client and you start finding out where they were staying, and see if you can get third-party documentation from those places, from the emergency shelter, again that's not participating in HMIS. And then you're going to want to look for breaks, so again you can start an HMIS as I said earlier, is their time in transitional housing? If you can't find three breaks in HMIS you work with the client to identify where the breaks were. Was there a period of time in the last three years that they were able to stay in a hotel, they had a check that they could pay for their own hotel stay for instance or they were able to stay with friends during January because it was really cold so a friend let them stay there for that month? You'll want to start looking for those breaks and again all breaks can be documented just through the individuals own self certification.

And let me just stop here for a minute and talk about third-party documentation and "housing and service providers". We mean that in the broadest sense possible. We've had a lot of questions about this over the past few weeks, while we've been doing these webinars. Let's say – I've been talking a lot about outreach contact, but your community doesn't have really a lot of street outreach yet, but you work really closely with your local law enforcement, and your local law enforcement, who is out every night, knows that the person was sleeping in an encampment on a given night in February. That local police officer can sign a statement that they saw the person sleeping in that encampment on that night and that can count as third-party documentation for that month. The same goes for business owners, if a business owner has been seeing a person sleeping behind their building every

morning when they come in, then the business owner can sign something that says “Yes I saw this person during this time frame” and that can count for a third-party documentation. We really want to make this as easy as possible for folks so use your judgement but be broad. Next slide please.

Now we’re going to talk about the rare circumstance that I mentioned before we started going through the record keeping requirements. In some situations, it’s not going to be possible to obtain third party documentation for at least nine months of a person living in an emergency shelter, in a safe haven, or a place not meant for human habitation. And in these cases you can document up to the full 12 months through the clients own self-certification. And what we were trying to do here is there are just some folks that have been disconnected from services or living in really remote areas where street outreach hasn’t reached them, we want – and they’ve been there for the length of time that the regulation requires. We want to make sure that they are not not considered chronically homeless simply because of documentation issues. But we expect that this is in really rare circumstances and in fact we limited this no more than 25% of households served by a project in that project’s operating year. And in these cases, up to all 12 months must be certified by the individual or head of household in writing and the case notes need to show that the intake worker has attempted to gain third-party documentation for any of the months involved. And let me just take a minute to say maybe when the person first comes in you can’t get all up to nine months through third party documentation, you can get five or you can get four. So the client signs to the remaining eight or nine or - I can’t do math, the client signs to the remaining seven or eight. But over time as you get to know the client and you have time to reach out to other providers you’re able to document a few more months and you’re able to get up to nine months. Then that person is no longer one of your 25%. That person you would then have nine months of their homeless status documented through third-party documentation, and if you have another person who comes in who doesn’t have all of their documentation then that person could become one of your 25%; so hopefully that makes sense. Next slide please.

And now we’re going to talk about the last piece of chronic status that you have to document and that’s the qualifying disability. This is the same as the standard we established for documenting disability for permanent supportive housing under the SHP program, the shelter plus care program, and the CoC program. It must be third-party, you cannot take a client’s own self-certification that they have a disability as evidence of a disability. And then it can be one of the things on the slide. It can be written verification from a professional licensed by the state to diagnose and treat the disability, as well as their certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual’s ability to live independently. And before I move on to the other three bullets on this slide, I’m just going to talk about the answers to a few questions that have come in over the past couple of weeks. I cannot give you a complete list of the professionals who are licensed in each state to diagnose and treat the condition, it varies state to state. You’re really going to have to look at your own licensing laws to determine who can diagnose which types of disabilities. The exact disability doesn’t need to be written on that verification form but you need to know enough about that disability so that you know the person who is signing it is licensed by the state to treat that disability and to diagnose that disability. So you don’t need to know the exact mental health diagnosis, for instance, but you do need to know that it is a mental health diagnosis and that – so that you can look and see that the degree of the person who is signing it is allowed to diagnose and treat that condition. And also, well – let me move on and then I’ll go to my last point.

The second type is written verification from the Social Security Administration of a disability or a receipt of a disability check, let's say through the VA. The last bullet really gets at, we realize that there are some people who when they come to the program for intake don't have their disability documentation on them, there's probably a lot of people that don't have it on them. In this case - or maybe they haven't been diagnosed yet. In this case, we do allow intake workers to record their observation of a disability in the case file and you can then consider the person chronically homeless if they have the length of time and you can admit them to the permanent supportive housing. But that disability needs to be confirmed and accompanied by evidence of the first three bullets within 45 days. We have heard some folks ask or say it's really hard for us to get it within 45 days, if that's the case – and we've also had people ask are my own mental health professionals on staff or we you have a doctor on staff can that person certify an individual's disability and the answer to that question is absolutely yes. Somebody – your own staff or in house physician or mental health provider, if they're licensed to treat for this disability that the person has, they can sign that certification, that's not a conflict of interest. If after 45 days you are not able to obtain that documentation, then you cannot continue supporting that person with CoC program funds.

In a minute we're going to talk about applicability, but before we do that I just want to recap with a few quick examples. Someone who has spent 12 months continuously between an emergency shelter and an encampment with only short stays in an institution, let's say less than 30 days at a time; that person can be considered chronically homeless and he or she has a qualifying disability. But someone who has been living in an encampment for 10 months let's say, then goes into an institution such as jail for five months, comes back to that encampment and has been living there for three months, that person cannot be considered chronically homeless. Even though their length of time living in a place not meant for human habitation is 13 months because they had a break, a stay in an institution that was more than 90 days, you have to qualify them under the four occasions over three years and this person only has two occasions over the past three years. And so you'll want to work with the person and see if you can find breaks prior to the first break during the original 10 months of staying in the encampment or during the last three months. But if you can't find any then that person is not going to be determined chronically homeless and this is the person that you might want to consider prioritizing for your non-dedicated permanent and supportive housing even before we update the prioritization notice. You can certainly work with your CoC to update your written standards. Alright, next slide please.

Now we're going to talk a little bit – we just spent all this time talking about applicability for the CoC program now let's talk about applicability for the Con Plan, and the definition as Marcy mentioned is now included in the Con Plan rule as well, which means that it's going to apply to all Con plan and action plan narratives for planning purposes, and will be the basis of the data that Con plan communities report on chronically homeless in the CAPER. Next slide please

Just a quick note about HMIS implications. Not to go into a lot of detail here because there's really a lot of detail that we could go into and I'm certainly not qualified to talk to you about the detail with HMIS and we're going to do another whole other webinar on chronic status and HMIS to go through those details with the right people. But a few things to note, the 2014 revised data elements were written anticipating this new definition and so no additional changes should need to be made to your HMIS to capture the new definition.

In terms of how you document chronic status, HMIS does have the ability to flag people that might meet the definition of chronically homeless; however, this flag cannot use this third-party documentation that I talked about earlier as it's based on self-reported data. Instead to use HMIS for documentation purposes, you're going to need individual records from the HMIS that are based on the type of projects, so emergency shelter, safe haven, or street outreach contacts, and then you're going to need to look at the project entry and exit dates. And each of those individual records will then help you create the documentation that you need for the person's 12 months. And usually HMIS cannot be used to document disability status because that is also self-report data.

All right I am going to turn it back over to Marcy who is going to go over when the rule will go into effect and then we will open it up for questions.

Marcy: All right, thanks Brett. So I know everybody is anxious I'm sure to get to the Q & A portion of the webinar so I'll try to get through these final points pretty quickly. The rules if you look in the federal register at the final rule you'll see that it has an effective date of January 4, but the date in which recipients of permanent and supportive housing would need to be in compliance with the final rule, of compliance date is January 15; so what that means is that any program participants that enter permanent supportive housing required to serve the chronically homeless after January 15 must meet the new definition. And there's a couple of points around this that I want to make.

First anybody that's currently residing in permanent supportive housing where they were determined to be chronically homeless prior to entering that permanent and supportive housing they are not impacted. They don't need to be reassessed to be – to determine if they met the new definition of chronically homeless when they initially entered the permanent supportive housing program, so it's not retroactive in that sense.

Where program participants are in that situation where they've been offered a permanent supportive housing vacancy, they've accepted it, and they're just in that interim period of time - Let's say that they were maybe offered earlier this month and they're still trying to secure a unit and they're not going to be housed until perhaps February 1 which is after that compliance date you do not need to redetermine their eligibility. Their eligibility can be based on the old definition of chronically homeless. However, that does not apply to folks that are on a waiting list for permanent supportive housing prior to January 16, 2016. So if you have coordinated entry, and folks are assessed, and in that time they were determined that permanent supportive housing was the best option at the time they were flagged as chronically homeless and they're on a waiting list for permanent supportive housing but they have not actually been selected for actual vacancy, their eligibility will be determined at the point in which that happens and if it's January 16 or later they will have to meet the new definition of chronically homeless that's included in the final rule regardless of when they were put onto that waiting list.

And then for the 2016 time count I'm sure you guys are already aware of this that the point in time count will collect data on chronically homeless persons using this definition. All right, next slide.

So there are a couple of situations where dedicated and prioritized beds that are filled after the compliance date where they might be filled with somebody that is not chronically homeless; so

generally speaking those beds should always be filled with somebody that meets the new definition unless there are no chronically homeless persons within the specified – within the CoC’s geographic area, at the time in which a vacancy is available. It’s important to – one caveat to that is if you’re serving a specific chronically homeless subpopulation. For example let’s say your project has indicated in the project application that you’re going to serve or that you are serving chronically homeless families and when there’s a vacancy it – at that point in time there are no chronically homeless families within the CoC’s geographic area, there might be chronically homeless individuals, but there are no families that meet the definition, you do not need to then serve the chronically homeless single person in the CoC geographic area; you are permitted to then serve the next vulnerable and eligible family household in the dedicated and prioritized bed.

I should also point out that we also recognize that there are times when it might take a few times of offering a chronically homeless person permanent supportive housing. They may not be ready for assistance right away. We do not expect for any project to hold a dedicated bed or prioritized bed to hold it vacant indefinitely waiting for those persons to be ready to be housed. What we do expect is that you serve the next most vulnerable person on your list and if it happens to be that there are no other chronically homeless households except for that person that is resistant, that’s okay, but the next time that that bed turns over that person must get priority. And the exception again, in any situation is that any time those beds turn over you should be looking to – you’ll need to make sure that chronically homeless persons within the geographic area are prioritized. It’s going to be really important that you document this very carefully so if your permanent and supportive housing, you have dedicated beds and at that point in time there are no chronically homeless persons identified within the area or that are ready to go into the permanent supportive housing, you will need to document very carefully what attempts were made to locate persons that met the definition of chronically homeless, what the outreach strategy was, if your community has a by-name list or prioritized list through your coordinated entry; you can use that to demonstrate that at this point in time there were no persons on the list that met this definition. If it’s a situation where there are chronic homeless households that are just resistant, at that point in time you’ll want to document very carefully what attempts were made and how frequently offers were made to that person in order to make it clear how you came to that determination.

Alright, 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 FAQ’s 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]