



Additional Participant Questions and Presenter Responses
Webinar: Understanding the Criteria and Benchmarks for Ending Veteran Homelessness
October 29, 2015

Definitional Questions

What is the definition of chronic homelessness?

The definition of “chronically homeless,” in **effect through January 14, 2016**, in the Continuum of Care Interim Rule at CFR 578.3 is:

(1) An individual who:

- i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and
- iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

On December 4, 2015, HUD published the Final Rule on Defining “Chronically Homeless.” The definition included in the final rule, **which will go into effect on January 15, 2016**, is:

(1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

- (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
- (ii) Has been homeless and living as described in paragraph (1)(i) continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days, and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraphs (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

For the purposes of submitting community claims: the Federal partners will continue to track progress for Benchmark A against the definition in effect as of December 2015, until the new definition has been in effect for a full 90 days. Therefore, only claims submitted May 2016 and later will be required to calculate Benchmark A against the definition included in the Final Rule on Defining “Chronic Homelessness.”

If a Veteran is chronically homeless prior to entering GPD transitional housing, does their stay in GPD negate their chronically homeless status?

In 2013, HUD issued [guidance](#) that stated that because the VA determines whether or not a Veteran is chronically homeless at the initial point of intake to VA homeless services, a Veteran who qualifies as chronically homeless at that time maintains that status throughout the episode of care, even if they are served in GPD. Veterans that entered VA homeless services—including GPD—that met the definition of chronically homeless at that point in time may be served in HUD-VASH or CoC-funded permanent supportive housing that is dedicated for persons experiencing chronic homelessness.

Can you define “permanent housing destination?” For example, do adult foster care, board and care homes, long-term care/nursing homes, or transition-in-place housing count as permanent housing placements?

A permanent housing destination comprises the following response categories as defined in HUD’s data standards (data element 3.12):

- Rental by client, with VASH housing subsidy
- Rental by client, with GPD Transition-In-Place (TIP) housing subsidy
- Rental by client, with other ongoing housing subsidy
- Rental by client, no ongoing housing subsidy
- Staying or living with family, permanent tenure
- Staying or living with friends, permanent tenure
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)
- Moved from one HOPWA funded project to HOPWA permanent housing (PH)

Adult foster care and long-term care/nursing homes are not permanent housing destinations, but board and care homes may be, depending on how it is operated.

NOTE: For the purposes of the Federal benchmarks and criteria, permanent housing destinations differ from permanent housing interventions. Permanent housing intervention is defined as a subsidy or other forms of rental assistance, with appropriate services and supports. Interventions can include HUD-VASH, SSVF, CoC program or ESG-funded rapid re-housing (where rental assistance is provided), CoC program-funded permanent supportive housing, housing choice voucher, or other form of permanent housing subsidy or rental assistance.

Service-Intensive Transitional Housing

What makes “service-intensive” transitional housing different from other types of transitional housing?

In the definitions section of the “Achieving the Goal of Ending Veteran Homelessness: Criteria and Benchmarks” document, the Federal partners defined two types of transitional housing: bridge housing and service-intensive transitional housing. For the purposes of the benchmarks and criteria, service-intensive transitional housing is essentially any transitional housing that is not considered bridge housing.

Service-intensive transitional housing is not a new type of transitional housing, but instead represents the traditional model of transitional housing that has been used by homelessness service systems. In the recently published [Family Options Study](#), service-intensive transitional housing is defined as “temporary housing for up to 24 months with an intensive package of

supportive services.” Service-intensive transitional housing programs may provide a variety of services, including health and mental health care, intensive case management, referral to other social supports like legal, housing and benefits assistance, and employment services. Veterans actively work, with the assistance of these services and supports, to achieve permanent housing.

“Bridge housing” on the other hand refers to the use of transitional housing for short-term stays in instances when the Veteran has already accepted an offer of a permanent housing intervention but has not yet located an appropriate unit. Bridge housing lengths of stay are generally for no longer than 90 days.

Communities are encouraged to use transitional housing as “bridge housing” whenever possible. Ideally, service-intensive transitional housing should be limited to only those circumstances where a Veteran indicates a preference for that type of program.

Criteria 3 for Ending Veteran Homelessness emphasizes the use of transitional housing for “bridge housing” and limiting the use of service-intensive transitional housing to only those circumstances where Veterans were first offered a permanent housing intervention (i.e., subsidy or other form of rental assistance), which they declined, instead preferring (at least initially) the types of assistance and services offered by the service-intensive transitional housing. When determining whether or not a community has met Benchmark B for Ending Veteran Homelessness, only those Veterans that were presented with an actual offer of a permanent housing intervention, but who chose the service-intensive transitional housing, can be exempted from the length of time homeless calculation. Veterans in any transitional housing (either bridge or service-intensive) program where they were not offered a permanent housing intervention prior to entry will *not* be excluded. Finally, to meet Benchmark D for Ending Veteran Homelessness, the number of Veterans experiencing homelessness entering service-intensive transitional housing (non-bridge transitional housing) must be less than the number of Veterans entering homelessness. This includes both those Veterans that were offered an offer of a permanent housing intervention prior to program entry, as well those that did not.

Functional Zero

What is the difference between the definition of “functional zero” used by Community Solutions and the federal criteria and benchmarks used by the federal partners?

For the purposes of their Zero: 2016 initiative, Community Solutions considers a community to have ended Veteran homelessness (i.e., achieved “functional zero”) when the number of Veterans experiencing sheltered and unsheltered homelessness at any point in time is no greater than the community’s monthly housing placement rate. Ideally, a community would never have more Veterans experiencing homelessness than it has the proven capacity to house in any given month. Communities in Zero: 2016 are leading the way in striving toward a higher level of efficiency in the pace of housing placements than is required by the federal criteria and

benchmarks. These communities are also receiving significant investments of federally-funded technical assistance in order to be able to achieve this higher level of efficiency.

The federal criteria and benchmarks for ending Veteran homelessness also measure a community's capacity to assist Veterans to obtain permanent housing quickly, but uses additional measures to make this determination. The federal criteria and benchmarks also look at how quickly Veterans are permanently housed after becoming homeless and the extent to which the community has ended chronic homelessness among Veterans. They were created to allow federal partners to confirm that communities have reached the goal of ending Veteran homelessness. When developing these criteria and benchmarks, the federal partners believed it was important to consider community context when determining whether or not a community has met this goal.

The federal criteria and benchmarks and the Zero: 2016 measure of success are different but also complimentary. The strategies that are key components of Zero: 2016 are also incorporated into the federal criteria and benchmarks. Yet it is possible that a community may be able to demonstrate that either it has met the federal criteria but still have additional work to do in order to meet the Zero: 2016 definition of functional zero, or that it has met the Zero: 2016 definition but has additional work to do in order to meet the federal criteria. Ideally, all communities participating will strive to meet both.

Grant and Per Diem Program

How does GPD fit into the criteria and benchmarks for ending Veteran homelessness? If GPD allows a two-year length of stay, how can communities realistically meet the goal of permanently housing Veterans within 90 days?

The United States Interagency Council on Homelessness, the Department of Housing and Urban Development, and the Department of Veterans Affairs have adopted criteria and benchmarks that are intended to help communities build a system that can rapidly connect Veterans experiencing homelessness to permanent housing.

The federal goal aims to ensure that all homeless and at-risk Veterans obtain permanent housing. Therefore, service-intensive transitional housing—including GPD and other VA and non-VA service-intensive transitional housing programs—should only be used in limited circumstances, and must be based on the Veteran's preference for the type of programmatic supports and/or services that are offered by service-intensive transitional housing. To the maximum extent possible, GPD should be used as short-term "bridge housing" for Veterans who have accepted but are not able to immediately enter permanent housing.

In order for stays in service-intensive transitional housing to be exempted from the length-of-time-homeless calculation for Benchmark B, the Veteran must have been offered a permanent housing intervention (i.e., subsidy or other rental assistance) prior to entering the service-intensive transitional housing program. Veterans that are assisted in service-intensive

transitional housing that were not offered a permanent housing intervention prior to entry will have their entire length of time homeless (including time in transitional housing) included in the calculation.

Additionally, in order for communities to meet the federal Benchmark D for Ending Veteran Homelessness, the total number of homeless Veterans entering service-intensive transitional housing must be less than the number of Veterans entering homelessness, to ensure that permanent housing is prioritized. This includes both those Veterans that were initially offered a permanent housing intervention and those that were not.

Communities that limit the utilization of service-intensive transitional housing are finding that their overall average time from identification to permanent housing is less than 90 days.

How can communities improve their transitional housing programs to bring them more in line with Housing First models?

Strengthening all parts of our crisis response system to ensure that they are grounded within a Housing First model is a federal priority. The success that has been seen in ending Veteran homelessness in recent years is a direct result of the use of a community-wide Housing First approach and investments in permanent housing interventions. Successful communities have been pursuing innovations to bring service-intensive transitional housing programs more in line with the Housing First approach by minimizing barriers to entry, such as sobriety requirements and service requirements, for all Veterans experiencing or at-risk for homelessness. These communities also ensure that, when appropriate, Veterans are given the choice to directly obtain permanent housing and focus on using their transitional housing as bridge housing that emphasizes rapid connection to permanent housing.

For many years, HUD has encouraged Continuums of Care to consider reallocating transitional housing to rapid re-housing and permanent supportive housing, and considers transitional housing to only be necessary in limited circumstances. For CoC-funded transitional housing deemed necessary, providers can ensure it is aligned with the Housing First approach by reducing the number of barriers to entry, as well as limiting requirements for continuation in the program. VA-funded transitional housing programs are being encouraged to make the same kind of changes to adopt low-demand and bridge housing models.

What if a community's transitional housing program(s) continues to operate in the old paradigm of longer stays? Does this impact a community's ability to achieve the criteria and benchmarks?

Communities must work with all transitional housing providers to consider what changes could be made to their programs to more closely align with the Housing First approach and to reduce overall lengths of stay. If a community has GPD or other transitional housing providers who continue to operate with long lengths of stay, those projects may prevent a community from

meeting Benchmark B, which looks at how quickly Veterans exit homelessness to permanent housing without barriers to entry, using Housing First principles and practices.

Lack of Resources/Affordable Housing

How can communities with high-cost, low-vacancy rental markets achieve the goal? What about rural areas with no HUD-VASH allocations, SSVF grants, or other Veteran-specific funding?

Communities with high-cost, low-vacancy rental markets and rural areas with limited permanent housing resources for Veterans face a particular set of challenges in assisting Veterans to obtain permanent housing. Communities should actively engage new landlords, both to accept HUD-VASH vouchers, and also, if the landlord has subsidized housing, to set preferences for homeless Veterans. Public housing agencies with HUD-VASH voucher allocations may also consider project-basing vouchers to create a dedicated housing stock. For more information on project-basing HUD-VASH vouchers, review [Notice PIH-2015-10](#). Other strategies that these communities could consider pursuing are the development of risk-mitigation funds, providing incentives for landlords that agree to house homeless Veterans, and hiring Housing Navigators focused on connecting Veterans to permanent housing.

Data-Sharing and By-Name Lists

Data-sharing, especially between the community and VA, is a barrier to developing a comprehensive by-name list. Is VA issuing any guidance to encourage local VAMCs to share information with communities?

Since the implementation *Opening Doors*, which established the federal goal to end and prevent Veteran homelessness, local communities and VAMCs have been asking for clear guidance on obtaining read-only and direct entry access to HUD's Homeless Management Information System (HMIS). VAMCs and communities participating in coordinated assessment and entry systems, as well as those looking to improve collaboration with community partners, have expressed a need for better integration of data systems. Improved integration will benefit Continuums of Care, and most of all, Veterans.

In consultation with VHA's Office of Privacy and the Office of Healthcare Security Requirements, VA has issued national guidance regarding read-only and direct entry access to HMIS for VA staff:

"Read-Only Access" for VA staff:

VA staff can obtain read-only access to HMIS, as long as the data is used as part of the job responsibilities of the individual obtaining the access; specifically the data accessed is being used to provide needed services and coordinated care to Veterans. Read-only access to HMIS is at the discretion of the data system owner (HMIS approving official) and local VA leadership; access approvals are not at the discretion of local VA Privacy Officers and ISOs.

“Direct Entry Access” for VA staff:

VA staff can directly enter data into HMIS if a ROI is in place and the entry contributes to the job responsibilities of the VA staff entering the data; specifically the data entered is being used to provide needed services and coordinated care to Veterans. The VA is not responsible for how data is used by non-VA entities once entered, regardless of who enters the data or the minimum security requirements of HMIS. The responsibility for the data lies with the owner of the data system. Direct-entry access to HMIS is at the discretion of the data system owner and local VA leadership; access approvals are not at the discretion of local VA Privacy Officers and ISOs.

Security and System Access:

HMIS is a non-VA web based resource. Software uploads to VA desktops are not required; therefore the inherent security controls for the VA browser configurations provide adequate security for the sessions invoked by the VA user’s browser session. There are no IT-related security issues preventing VA staff from obtaining read-only and direct entry access to HMIS. All necessary access agreements need to be developed by the data system owner (HMIS approving official) and coordinated with VA leadership; not local VA Privacy Officers and ISOs.

VA supports and promotes efficient means of data sharing that minimize the burden of data entry on VA staff and is working on several long term solutions to assist with data sharing; specifically a HMIS universal data elements report which will support VA data transfers to community partners with proper releases. Additionally, VA is in the process of developing a national platform to support data sharing between community and VA data systems.

For more information, please read this [white paper](#), detailing successful collaboration between a VAMC and their Community HMIS to establish a data sharing processes to enhance operational planning and increase access to care for homeless Veterans.

Veteran Status and Ineligible Veterans

Is there any guidance available on placing Veterans who do not meet eligibility criteria?

Alternative permanent housing solutions (e.g., CoC-funded permanent housing) should be sought for those Veterans who do not qualify for VA-sponsored programs due to discharge status. CoCs are charged with serving all people experiencing homelessness, including Veterans. HUD has used its CoC funding competitions since 2013 to encourage CoCs to collaborate with their local VA Medical Centers to ensure that CoC-funded providers serving Veterans prioritize those who may not be eligible to participate in VA’s health care system and in VA’s homeless programs and services.

In 2015, HUD provided guidance encouraging CoCs to prioritize Veteran households across all populations. Essentially this means that if two households present for assistance and both meet the eligibility criteria and have the same level of need but one is a Veteran household and the

other is not, the Veteran household should be prioritized first. For more information, see the [SNAPS In Focus on Collaborating to Combat Homelessness Among Veterans](#). Also see USICH's [Quick Guide for Referring Veterans](#).

How are communities addressing difficult-to-house Veterans, including sex offenders or those with a criminal history? Do these Veterans count against our achievement of the goal if there are no resources locally, and the Veteran declines to relocate?

Communities should work with local Public Housing Agencies to remove some of the criminal history barriers that may prevent Veterans from entering subsidized housing, recognizing that some may be impossible to remove due to existing policies (e.g., those required to register as a lifetime sex offender). In cases where communities are unsuccessful in removing barriers and a Veteran's criminal history still prevents them from being eligible for public housing or vouchers, the community should seek alternative housing solutions for those Veterans, such as CoC-funded permanent housing.

Communities must have housing plans in place for all Veterans experiencing homelessness. For those Veterans that have been identified and offered a permanent housing intervention but who have not yet accepted, the housing outreach teams must be engaging with those Veterans on at least a biweekly basis to continue to offer a permanent housing intervention so that when the Veteran is ready, the intervention is available for the Veteran.

Should Veterans who refuse assistance remain on our by-name list?

Veterans who repeatedly refuse assistance despite at least bi-weekly offers of permanent housing should remain on a community's by-name list. The community should continue to engage those Veterans and offer assistance until it has been accepted. For the purposes of meeting Benchmark A for Ending Veteran Homelessness, these Veterans who have been offered but not yet accepted a permanent housing intervention are included in Exempted Group 1.

Questions about Criteria and Benchmarks

If a specific benchmark is not reached (for example, having an average length of time from identification to permanent housing of greater than 90 days), can a community still pass a review if the unique circumstances are explained?

In order to pass the federal review process and be declared a community that has ended Veterans homelessness, a community must be able to demonstrate that it has achieved all of the benchmarks. Taken together, these benchmarks and criteria are indicators of how well a community's system is working to ensure that Veteran homelessness is rare, brief, and non-recurring. In considering these benchmarks, federal agencies will take into account contexts and circumstances specific to local communities.

Under Benchmark A, how would a case worker deal with persons they cannot locate in a two-week period?

Communities should update their by-name lists at least monthly, including recording dates on which Veterans cannot be located. Veterans who are “active” on the by-name list but who have not been located despite regular attempts should not be removed from the by-name list. They should be placed into “inactive” status, since they may show up again in the future.

For Veterans who cannot be located within the 90 days, communities should document outreach attempts to locate the Veteran.

How should communities document that a Veteran was offered permanent housing, but chose to enter service-intensive transitional housing instead? Some communities have requested a waiver form for the Veteran to sign. What do you recommend?

We leave it up to the community to decide how best to document an offer of permanent housing. In reviewing the submission, we do not ask communities to provide documented offers of permanent housing. Instead, we ask that communities submit a written description of the current process and format used to document offers of permanent housing interventions, both for chronically homeless Veterans who have not yet accepted the offer and for Veterans who self-select service-intensive transitional housing prior to moving to a permanent housing destination.

How will shelters be held accountable for implementation of the new criteria and benchmarks, especially being Housing First-oriented and removing barriers to entry?

Emergency shelters are an important part of a community’s homelessness response system. Shelters should be removing barriers to entry as well as limiting requirements placed on persons staying in shelter, as that can also be considered to be a barrier. Shelters should also actively assist in identifying and engaging all Veterans experiencing homelessness, including those experiencing chronic homelessness (which will support the community’s ability to achieve Benchmark A). Communities should work with housing and shelter providers to ensure that the community as a whole has a system in place that can immediately provide shelter to any Veteran experiencing homelessness without preconditions, which will contribute to the community’s ability to achieve Benchmark B. Individual communities should determine the parts of their homelessness response system that do not promote Housing First principles and develop strategies for removing barriers to shelter.

Can you explain the exceptions to the 90-day benchmark?

The following Veterans have exceptions in how their identification-to-permanent housing length of time is factored into the 90-day housing placement average:

- (1) Any Veteran who had been identified and offered a permanent housing intervention, but had not initially accepted the offer: their length of time would only include the time from when they accepted the intervention until they moved into permanent housing, and
- (2) Any Veteran who had been initially offered a permanent housing intervention but chose instead to enter service-intensive transitional housing prior to moving to a permanent housing destination: the length of time spent in the service-intensive transitional housing would not be included in the benchmark calculation.

Process Questions

Does a declaration of ending Veteran homelessness have to come from the CoC?

No. In fact, we ask the person or group submitting the claim to confirm that the submitted information was reviewed and endorsed by key community partners, including the Mayor or other jurisdictional leader, local VA Medical Center Director, Continuum of Care, Public Housing Authority Director, and any other strategic planning bodies overseeing an end to homelessness in the community.

How can I reach out to my local federal representative?

You can find your HUD Field Office or Regional Office [here](#).

You can find your USICH Regional Coordinator [here](#).

You can find your VISN Network Homeless Coordinator [here](#).

Where can I download the criteria and benchmarks?

The criteria and benchmarks are on the USICH website, [here](#).

Do you have an estimate on how long the review process will take?

On average, communities should expect a follow-up response from a representative from the federal review team within 3 weeks from the initial submission date. This timeframe may be longer if the team determines that additional information is needed to support a community's submission. Please take into consideration that responses received in mid-December through early January may be delayed due to the winter holidays.