



Corporation for Supportive Housing (CSH) appreciates the opportunity to comment on HUD's revisions to the definition of "chronically homeless" under Docket FR-5573-P-01 Homeless Emergency Assistance and Rapid Transition to Housing: Rural Housing Stability Assistance Program and Revisions to the Definition of "Chronically Homeless." The chronic homeless definition is highly significant because it indicates the government's interest in targeting assistance to the most vulnerable homeless people and improving their access to federally funded permanent supportive housing programs.

In our view, defining chronic homelessness should take into account the pattern of homelessness as well as other measures of vulnerability, including health status and the use of multiple public systems. We recognize, however, that HUD is constrained by statutory language that defines chronic homelessness as being homeless for 365 consecutive days or having 4 episodes of homelessness over 3 years. We believe it is important for HUD to provide further clarification, as it is doing in the proposed rule, to better align data and the way communities are responding to long-term homelessness. By focusing on improving and specifying the definition of homeless episodes, HUD is attempting to better capture how chronic homelessness is actually experienced by this population and to standardize the way communities across the country are applying this definition.

In general, chronic homelessness is a semi-permanent state of being homeless – residing in homeless shelters, on the streets, and/or other places not meant for human habitation. The actual patterns of chronic homelessness may take many forms, including:

- Long, continuous shelter stays
- Long episodes of street homelessness with occasional encounters with one or more street outreach teams
- Multiple intermediate length street/shelter stays punctuated by brief institutional stays (hospitalizations or residential treatment episodes)
- Many frequent short street/shelter stays with alternating jail, detox, or other crisis service use (e.g. the institutional circuit)

We therefore agree with HUD's general proposition to focus on the cumulative number of days a person experiences homelessness over a three year period. This approach overcomes the shortcomings of choosing an arbitrary number of days that should constitute an episode. We believe this structure will include those whose documented periods of homelessness are significant enough to warrant a chronic designation, but are more chaotic and do not fit neatly into fixed thresholds. Moreover, since HUD's eligibility for permanent supportive housing already requires that the individual also has a disability or health condition, this will further ensure the targeting of individuals who are truly chronically homeless and vulnerable.

Although we advocate for a high bar to ensure that communities are deeply targeting scarce resources we are concerned that 365 days of cumulative homelessness will exclude many people who should be considered chronically homeless and have access to supportive housing. Because long-term homeless people are inherently very vulnerable it is important that we err to the side of inclusivity. Based on our experience working with extremely vulnerable homeless people across the country we believe some of the highest users of public systems, who are also the costliest, may be excluded under a 365-day threshold because their days of homelessness may be difficult to document and aggregate. Further, some communities may find it difficult to identify people who meet this high threshold, which could result in unanticipated vacancies in supportive housing units. It is critical we avoid such an outcome.

To highlight our concern about the 365-day threshold we analyzed data from our NY Frequent Users Service Enhancement Initiative (FUSE). Eligibility for NY FUSE required that individuals have at least four shelter stays and four jail stays in the last five years, but most of those served by the program had many more jail and shelter stays. The following table provides

information on the number of days homeless, and the number of days homeless including short jail stays in the 3 year period prior to program enrollment.

**Table 1. Days Homeless in Shelter Prior 5yrs and Prior 3yrs for FUSE sample<sup>1</sup>**

		Days homeless prior 3 years <sup>2</sup>	Days homeless prior 3yrs including short stay jails <sup>3</sup>
<b>Number of days homeless<sup>4</sup></b>			
Mean		304	342
Median		235	280
Standard deviation		243	246
Minimum		1	1
Maximum		1015	1041
25 <sup>th</sup> Percentile		104	141
50 <sup>th</sup> Percentile		235	280
75 <sup>th</sup> Percentile		491	531
<b>Homeless 12+months (365+ days) past 3 years</b>			
% Homeless 12+ mos		36%	39%

n=161

As shown in the table:

- Half of the frequent users had 280 days homeless or less over a three-year period.
- The bottom fourth had 141 days homeless or less over a three-year period.
- The top fourth had 531 days homeless or more over a three-year period.

Therefore, a definition requiring 365 days homeless may have excluded 61% of the frequent users targeted for this program (and similar programs across the country).

Because we know NY FUSE participants to be very vulnerable homeless people who likely have many more days homeless than most, we agreed that the cumulative total must be significantly below their average. In our view 180 days (6 months) is a reasonable cumulative total that will ensure targeting of resources, without unnecessary exclusion.

<sup>1</sup> Adults with 4 shelter admissions and 4 jail admissions over the past five years based on NYC Department of Corrections and Department of Homeless Services' administrative data match.

<sup>2</sup> Three years prior to FUSE program enrollment or prior to baseline assessment for non-intervention group.

<sup>3</sup> Days in jail considered homeless if jail stay less than 90 days and no other address.

<sup>4</sup> Does not include what may have been additional time homeless (e.g. on the street) prior to or subsequent to shelter or jail episodes.



We should note that CSH's suggestion to HUD last year that the cumulative total should be 60 days did not take into account HUD's willingness to include short stays in institutions in the cumulative count. We agree that people who were homeless upon starting an institutional stay, should retain their status as homeless. The change in our recommendation to a higher cumulative total accounts for the regularity of institutional stays by homeless people.

Finally, several of our staff expressed concern about the challenges of documentation in moving to this new standard of counting cumulative days. Certainly documentation of homelessness is a challenge under any circumstance, but much more so for long-term homeless who may have also had intervening stays in institutional settings. We urge HUD to provide guidance that allows for the most reasonable and flexible local discretion in determining the number of days a person may have been homeless in a previous episode. Additionally, to facilitate the documenting of institutional stays, we urge HUD to provide guidance on how homeless intake systems can collaborate with institutional settings, such as local jails, or substance abuse/detox facilities, to more quickly access data about lengths of stay.

HUD's 2007 technical guide for defining chronic homelessness acknowledges that chronically homeless people often have difficulty recollecting specific dates of episodes of homelessness. The Guide states, "Homeless persons with conditions and diagnoses that impede their ability to recall certain dates related to their history can be assisted in reviewing the chronology of their experiences with homelessness and making best guesses at approximate time frames and specifics of locations that are their best recollection. The Self-Statements in their record should contain these specific dates and locations together with an explanation of the reason for the need to approximate this information." We urge HUD to reiterate these points either in the preamble to the regulation or in future guidance.