



TEXAS HOMELESS NETWORK

TX BoS CoC General Meeting

December 14, 2016

2:00 pm – 4:00 pm

CoC GENERAL MEETING MINUTES

Meeting held via webinar.

Attendance:

THN Staff:

Caitlin Bayer- Balance of State Programs Coordinator
Kraig Blaize-Fiero- CoC Program Assistant
Sophia Checa- Systems Change Coordinator
Kameron Fowler- CoC Director
Katherine Gonzales- VISTA Member
Laura Herridge- VISTA Member
Victoria Lopez- HMIS Support Specialist
Ben Mahoney- HMIS Support Specialist
Jason Phillips- VISTA Project Manager
Mary Rychlik- CoC Manager

CSH Technical Assistance (TA) Providers:

Susan Starrett, Patrick Wigmore

CoC General Membership Attendees:

Daphne Adams, Lillie Alonzo, Adrienne Arthur, Holly Bates, Mark Bethune, Alice Bracken, Rebecca Bromley, Jessica Carr, Katie Chapman, Linda Choi, Sharell Clay, John Cooper, Ruby DeJesus, Mauricette Diaz, Jean East, Jesse Elizondo, Mary Gaona, Carol Gresham, Lisa Griffin, Greg Grubb, Linda Hamblin, Joanna Henry, Debra Huffman, Chesley Knowles, Jennifer Laurent, Melinda Malone, Dawn Manor, Cheteva Marshall, Laura Martinez, Stacey McCoy, Laura Mitchell, Leslie Moseley, Jason Murphy, Julia Orduna, David Orr, Jo Ann Patillo, Monica Peña-Rasmussen, Kim Pickens, Tammie Porter, Bill Reagan, Kim Redmon, Beth Rolingson, Tony Sheibelhut, Tyhesia Scott, Tanteta Scott, Dani Shaw, Ginny Stafford, Rachel Stone, Veronica Thomas, Amanda Tindell, Susana Venegas, Chad Wheeler, Karen Willis, Andrea Wilson, Michelle Yates

Minutes:

Meeting began at 2:04 PM.

I. Welcome and Introductions and Map

- a. Kameron introduced staff and TA providers in the room. Kameron presented the map of attendees and noted the coverage area across the state. She thanked attendees for being present and encouraged attendees to use webinar functionalities to participate and ask questions.

II. Spotlight: VISTA—Volunteers In Service to America

- a. Jason Phillips, VISTA Project Manager at THN: Jason asked attendees to think about what program, process, or resource their community needs to better address homelessness in their community. Jason presented on THN's VISTA program and how VISTA members can help to meet community needs. VISTA projects can last from 1 to 3 years. VISTA members are affiliated with the Corporation for National and Community Service (CNCS) and work full time at organizations within the community for at least one year. Members can work on capacity building and program/resource development, but do not provide direct client services. THN serves as a sponsor for VISTA projects related to homelessness in Texas; THN is the intermediary between CNCS and local organizations, and takes care of grant administration, reporting, and providing assistance in developing VISTA projects. THN aims to tailor projects to what the community needs. THN assists with recruiting, screening, interviewing, and selecting candidates as well as providing support, professional development, training, and resources to VISTA members during their term of service. The cost-share to have a VISTA member in a community for one member working one project for a year is four to five thousand dollars. We currently have VISTA members throughout TX working on projects from coalition building to Coordinated Entry to SOAR implementation. Contact Jason if you're interested in having a Vista project in your area: Jason@thn.org. 512-861-2124. Jason introduced VISTA members on the line who wish to speak about their experience as a VISTA member.
- b. Katherine Gonzales, VISTA Member, United Way of Denton County: Katherine lived in Denton for 4 years before joining the VISTA program. Her project is to build community capacity to support the development and implementation of Coordinated Entry. Some of her assigned duties include: researching best practices on Coordinated Entry and Housing First, presenting research findings to local stakeholders and organization leaders, building relationships with organizations across the county, and providing TA on implementing CE. One of her accomplishments as a VISTA member is a collaborative project with University of North Texas data science students to complete system mapping of current intake and referral process to identify problems clients have in accessing resources. The overall goal of the project was to streamline internal systems to make sure accessing resources was as simple as possible for homeless individuals and families. She is also working on a community needs assessment to present to the Local Homeless Coalition. One of her main concerns when she joined the VISTA project was on-site support, as THN is off-site. She reports that United Way of Denton, her host site, has been very supportive and helpful in on-site supervision. She meets with her site supervisor daily and her supervisor helps her get connected to community providers. Katherine thinks that VISTA members add value by fostering growth and in developing new projects or assignments.
- c. Laura Herridge, VISTA Member, United Way of Abilene: Laura lived in Abilene for 25 years before becoming a VISTA member. She works on 3 existing projects: 1) Abilene HomeWorks collaborative (a group of agencies which provides services to school-age children who are currently or at-risk of homelessness 2) host homes for youth outside the foster home system 3) SOAR implementation. She also works to update the Local Homeless Coalition's processes and strategic goals. Her host site is United Way/2-1-1,

an agency whose end goal is to increase participation and collaboration between community partners. Laura believes that a VISTA's value lies in capacity building at a low cost to agencies, and the federal support which accompanies them. VISTAs have time and space to do the things that busy agencies usually have to put on the "back burner."

- d. Kameron emphasized how valuable a VISTA member can be, especially when resources are limited. For some grants, VISTA can even be used as match.

III. CoC Governance

- a. CoC Board-Seat 12 – Welcome Karen Chung: Mary updated attendees on CoC Board status. Seat 12, which was empty up to this point, has been filled by Karen Chung. Board Seat 12 is reserved for a representative of the criminal justice/law enforcement community. On 12/7 the Board voted to accept Karen's nomination, and now all board seats are filled for the year. Mary introduced and congratulated Karen Chung. Karen's Board member bio is available on the THN website (thn.org) under the CoC Board link.

IV. CoC Current Priority Projects

- a. HUD Continuum of Care Program, CoC Program grantees
 - i. FY2014 APRs due dates upcoming: Caitlin reminded CoC Program grantees that their APRs are due to HUD in e-snaps 90 days after the end of the grant term. Caitlin reviewed the submission process and asked that grantees contact her if they had questions. Caitlin@thn.org. 512-861-2192.
 - ii. Quarterly monitoring process kick-off- Caitlin announced that THN will soon be kicking off a quarterly monitoring process. The process will involve data quality improvements and LOCCS submission. This is so when the competition begins, the needed data is already clean and collected. Caitlin will be sending e-mails to affected grantees.
- b. Coordinated Entry- Sophia Checa provided updates on the CE implementation process.
 - i. Written Standards- Sophia released the written standards for public comment on November 7. The 2 week comment period ended on November 18. She received 15 comments, most were regarding formatting/clarification areas, hours of operation, information on referral process, advertising, and time required of employees. The Texas Council on Family Violence (TCFV) also provided comments on DV participation, using VI-SPDAT, and using HMIS for the housing priority listing. If you worked with TCFV to provide comments, let Sophia know, as you will get CoC Engagement credit!
 - ii. CE Toolkit- Sophia stated that she is still hard at work on the tool kit, and can't promise an exact time it will come out. However, she expects it to be released early in the new year, after thorough revisions.

- c. TX BoS CoC Point-In-Time (PIT) Count – Kameron reminded everyone that Jan. 26, 2017 is this year's PIT date.
 - i. Youth baseline year: While this year's PIT data will serve as a starting point for tracking youth homelessness numbers, we are not conducting a separate Youth Count this year.
 - ii. PIT Coordinator materials and surveys are available online at thn.org.
 - iii. THN will be holding a webinar right after the holidays regarding this year's PIT count, so stay tuned for the webinar invitation.
 - iv. If you have questions about how to get involved in your community's PIT count, contact Lindsay at Lindsay@thn.org
- d. Annual Homeless Assessment Report (AHAR) – Kameron reviewed the results of the 2016 AHAR submission.
 - i. Kameron sent the draft of the AHAR on Friday, 12/9 for the CoC general membership to review by the following Monday. She acknowledged that it was a fast turnaround.
 - ii. Kameron thanked HMIS users for cleaning their data in time for AHAR submission. Your hard work is showing in our report- our CoC's data quality looked improved.
 - iii. Kameron explained that the AHAR is a report that goes to Congress every year to provide information on homelessness. The report is based on HMIS data, so all projects that enter data into HMIS were included in the report. Kameron reviewed the "shells" submitted in this year's AHAR. Next year, we want to see higher HMIS bed coverage and improved data quality. The data quality this year is miles above last year's report. We are proud of the work you all are doing and can see you understanding the value of the data in the system.
 - iv. We will update you all on which data "shells" were considered usable by HUD for this year's AHAR once HUD informs us.
 - v. Kameron and THN staff fielded attendee questions regarding the AHAR.
- e. CSH Technical Assistance – Kameron introduced Susan Starrett and Patrick Wigmore, our CSH TA providers, who are here to help THN to figure out the best way to support you, our CoC. Susan introduced herself (she has a history with the Delaware BoS CoC as both the collaborative applicant and HMIS lead). Patrick introduced himself (he has been working with the CoC programs for about 10 years, mainly for the Chicago CoC. He has also provided Technical Assistance to BoS CoCs across the nation). Susan spoke about the kind of TA our CoC will receive and reviewed the major HUD priorities. The phase of TA the TX BoS CoC is in now is called a "needs assessment." This is the phase where CSH collects information from THN and CoC members to determine what TA is needed to help our CoC end homelessness. From there, CSH will develop a list of priorities and move in to actual provision of TA. While our technical assistance contract can have a wide range, they may not be able to do everything. CSH TA is provided through HUD's Priority Community TA, and it will continue for some time. The

idea is that if the 25 priority communities, identified by HUD through surveys and data, end homelessness, then the whole nation will be well on its way to ending homelessness nationally. Susan thanked everyone for what they do and states that if we can keep united to our vision, we will continue to do amazing things. Susan reviewed HUD priorities for the future:

- i. System Performance Measures (SPMs)- While new in the FY2016 competition, you will begin seeing these every year. 2016's data will likely be classified as baseline data, and will likely not affect FY2017 CoC Competition scoring. It is important to note that CoCs will never be scored against other communities on System Performance Measures- rather each CoC will be evaluated based on its progress from year to year. Thus, it is important that we use our data to set local and CoC-wide benchmarks for SPM performance.
- ii. Coordinated Entry- HUD has sustained its focus on Coordinated Entry. The purpose of establishing a CE system is to make sure everyone who is experiencing or is at-risk of homelessness has quick, easy access to the services they need to get back into Permanent Housing. The purpose is not to give you more work to do. Susan believes that working through the prioritization step of CE will reveal how many individuals and families can self-resolve and how many households actually need our help to resolve their housing crisis.
- iii. Effective use of resources- We all know resources are limited, no matter where you are. Coordinated Entry can help play a role in accomplishing this goal. It will also help CoCs make cost-effective choices when deciding which type and how many projects to fund.
- iv. Ending homelessness for special populations- Opening Doors lists deadlines for ending homelessness for the following subpopulations: Veterans, people experiencing chronic homelessness, families, and youth. Many of these households need Permanent Supportive Housing (PSH), so it's important that communities begin to develop those interventions and to use them well (i.e. employ a Housing First approach and provide adequate access to appropriate services).

f. Policy Update:

- i. Equal Access Rule training materials available- Caitlin highlighted where tools can be found on the HUD website and announced that HUD representatives will be holding office hours to answer specific questions about implementing the Equal Access Rule. Information on the office hours are available on HUD's website: <https://www.hudexchange.info/>
- ii. Final Rule Implementing VAWA Reauthorization Act of 2013- Sophia reviewed the final rule, including new documentation requirements. The final rule will go into effect on December 16, 2016. The new rule requires revision of HUD-funded program's policies and procedures and written standards, so be sure to review the new rule for needed changes.

- iii. Chronic Homelessness – New Documentation Resources- Sophia reviewed the new tools released by HUD to help providers document and determine chronic homeless status. Staff fielded Q&A on determining Chronically Homeless status. The new tools may be found on HUD's website:
<https://www.hudexchange.info/>

V. Announcements

- a. NAEH's Transatlantic Exchange- Sophia explained the program; homeless service professionals in the US and the UK go to one another's countries to see how homelessness is dealt with differently in the UK and the US. Sophia recommends that interested parties propose the research topics that NAEH suggests in the application guidelines. Visit NAEH's website for more information about the exchange:
<http://www.endhomelessness.org/>
- b. THN holiday schedule- Mary announced that the THN office will be closed for the holidays from December 21, 2016 - January 2, 2017. Staff will be unavailable during this time except in HMIS emergencies.

VI. Q&A- THN staff fielded questions from 3:40-3:43

VII. Next Meeting – Wednesday, Jan. 11th, 2:00 p.m., via webinar

Meeting adjourned at 3:44 PM.



Equal Access for Transgender People

Supporting Inclusive Housing and Shelters



Acknowledgements

Shelter for All Genders, created by the Massachusetts Transgender Political Coalition (MTPC) served as an excellent resource for the authors. Content is re-used with permission by MTPC. The authors express our gratitude for allowing us to incorporate the lessons of MTPC as they continue their work building inclusive policy in the Commonwealth of Massachusetts.

The authors have also benefitted from the insight and expertise of many housing and shelter operators and experienced policy makers. Creating resources to support the diverse families and individuals that experience homelessness is necessary and could not be done without subject matter experts to assist and review materials. These subject matter experts include:

- Nzingha “Ziggy” Keyes
- Angel VanStark
- Michelle Farley, Birmingham AL Continuum of Care
- Nicole Giannone, Ali Forney Center, New York City
- Eva Thibaudeau, Houston TX Continuum of Care
- Bre Kidman, National Center for Transgender Equality
- Lisa Mottet, National Center for Transgender Equality
- Tone Lee-Bias
- Harper Jean Tobin, National Center for Transgender Equality
- Kristyn Carrillo, NStreet Village, Washington DC
- Meradith Alspaugh, Cincinnati OH Continuum of Care
- Lindsay McDaniel Mapp, National Network to End Domestic Violence
- Shaina Goodman, National Resource Center on Domestic Violence
- Ez Cukor, NYC Human Rights Commission

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The primary authors are David Canavan and Fran Ledger with support from Britton Gibson.

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The authors are solely responsible for the accuracy of the statements and interpretation contained in this publication. Such interpretations do not necessarily reflect the views of the Government. The substance and findings of the work are dedicated to the public.

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Requirements of the Equal Access Rule

Individuals and families seeking services from HUD funded homeless projects have nowhere else to go. In fact, this is one of several criteria HUD established for individuals and families in need. Too many LGBT youth and adults meet this standard and have nowhere to turn other than a HUD funded project. Acknowledging their need for assistance and seeking help is often its own struggle for those who have sacrificed much simply to recognize themselves. Among homeless youth, a population estimated annually somewhere between 400,000 and 2.8 million, LGBT youth are significantly overrepresented, accounting for up to 40% of the population.¹

Transgender individuals in particular are impacted by violence and discrimination in ways that both contribute to their homelessness and keep them from accessing necessary shelter and services. One in ten transgender individuals report being evicted based on their gender expression. One in five reports being denied an apartment or home based on gender expression. Even when seeking shelter, transgender individuals are at significant risk of harassment and physical and sexual assault. Nearly 30% of homeless transgender individuals report being turned away from a shelter due to their transgender status and 22% report experiencing sexual assault perpetrated by staff or other shelter residents.² [The Equal Access Rule](#) clearly prohibits these discriminatory actions. HUD funds welcoming and inclusive housing programs open to all eligible individuals; the requirements of Equal Access Rule and follow-up guidance ensure that local projects know how to implement and enforce this requirement.

HUD programs are built on a strong foundation of partnerships with both national and local organizations. Over the past five years, HUD has worked with partners that are leading the effort to ensure individuals receive fair treatment when accessing HUD funded programs, from providing mortgages to accessing emergency shelter. Locally, the Continuums of Care (CoCs) and government partners target HUD resources to meet the unique needs in each community.

These training materials provide CoCs and projects with the framework to create welcoming and inclusive projects for transgender and gender non-conforming people and to be in compliance with the requirements of the Equal Access Rule. Transgender and gender non-conforming people sometimes face different issues of discrimination, so this sourcebook sometimes addresses transgender-specific topics, and at other times, addresses transgender and gender non-conforming topics.

[Check out the work of NCTE in developing policies across the social service, criminal justice and healthcare industries.](#)

[Get up to date on the work True Colors is doing to understand the extent and nature of homelessness among LGBT youth and how to end it.](#)

¹ Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011, Page 107.

² *Ibid*, Page 106.



Introduction to the Equal Access Rule in Shelters

This section provides an overview of the US Department of Housing and Urban Development's (HUD) Equal Access Rule requirements related to accessing emergency shelter services. This section covers:

- Suggested language for transgender-inclusive projects to use in discussions and written materials;
- What to include in a project site's anti-discrimination policy; and
- How to request technical assistance or additional guidance from HUD.

Announced in January 2012, the Equal Access Rule codified HUD's commitment to the fair administration of its funded projects "regardless of marriage status, sexual orientation or gender identity." Following that announcement, in September 2016, HUD further required that decisions related to placement and accommodations in single-sex shelters and facilities must be made in accordance with the resident's gender identity.

Check out the full
Equal Access Toolkit
developed for HUD
funded projects [here](#).

This sourcebook familiarizes project staff with best practices consistent with HUD's Equal Access Rule requirements in order to establish and support transgender-inclusive projects. It also provides projects with a framework for policies and practices that foster inclusive projects. Readers can find information about how project staff and facilitators can:

- Employ transgender-inclusive language in discussions and written materials;
- Intervene in conflicts to promote the safety of all residents while upholding expectations of appropriate behavior; and
- Hold staff and residents consistently accountable regarding standards of behavior within HUD-funded shelters and projects.

Few situations are more fraught with anxiety and fear than an individual seeking lifesaving services, shelter or food from service providers. Transgender and gender non-conforming people have the added anxiety of wondering whether they will face discrimination when they seek help. Concern that a miscommunication with a staff member could result in their expulsion, or that a misunderstanding with another resident may escalate to threaten their safety, are heavy burdens.

To best support these individuals during such critical times, gender identity must and gender expression should be included in a shelter's non-discrimination policy so that transgender residents and gender non-conforming residents are explicitly covered by the policy. Related policies and procedures that support non-discrimination should be developed with input from all of a provider's stakeholders and should promote practices that respect the diverse range of people seeking shelter at HUD-funded projects. State and municipal laws may also require providers to incorporate additional specific protections into an anti-discrimination policy. Every provider must be aware of and in compliance with their state and municipal anti-discrimination regulations. This document focuses on developing, communicating, and enforcing policies and procedures that support transgender and gender non-conforming inclusiveness, as well as creating spaces that support these residents to begin the process of re-establishing their self-sufficiency.

As a beginning step in creating transgender and gender non-conforming inclusive environments, subject matter experts, members of the transgender community, advocates and service providers have identified terms that convey respect when discussing diverse gender identities and expressions. Using respectful language communicates that a project welcomes all eligible residents. However, it is important to remember that clients make the final decision about how to identify and express themselves, including their gender pronouns.

[Links to NCTE National Transgender Discrimination Survey.](#)

[HUD maintains a list of state fair housing authorities. Look \[here\]\(#\) to find your state.](#)

Gender Non-Conforming clients may not identify as either male or female. A spectrum of gender expression exists that is a mix of attributes traditionally considered male or female. Gender non-conforming individuals express their internal gender identity through characteristics from across the gender spectrum.

Introducing Transgender-Inclusive Language

Provider Goal: To use appropriate, inclusive language in communication, publications and training that affirms the provider's commitment to serving residents in accordance with the Equal Access Rule.

Problem: When entering a HUD-funded project many transgender and gender non-conforming residents report fearing that staff may be shocked, hostile or rude.

Discriminating/Affirming Language

If your project does provide healthcare, check out the Health Care for the Homeless Report "[Seeing People as They See Themselves](#)".

This document discusses some terms commonly used among members of the LGBTQ community. However, if a resident reports that a term is offensive to them, reasonable efforts should be made to respect their wishes and use their preferred terms.

First, understanding gender transition is important. "Transition" refers to the time period that many transgender people go through to live as the gender they identify as, instead of their sex at birth. A significant part of transitioning is the social aspect: going by a new name, pronoun, and changing one's outer appearance (clothing, hairstyle, etc.) so that other people see the person as the gender they identify. For some, this process includes medical treatments, like hormones or surgery.

Pronouns. Staff should always refer to residents by the name and pronouns that match their gender identity (unless the person has requested otherwise). Some residents may choose to be referred to using the pronouns *they*, *them* and *their* instead of gendered pronouns, such as *he* or *she*. While traditionally plural pronouns, these terms have been adopted by members of the community as a comfortable way to identify themselves without expressing a specific gender.

Personal Questions. As a general standard, staff should avoid asking personal questions unrelated to the provision of housing or shelter, especially regarding medical treatment. Questions like: "have you had surgery?" are not appropriate.

Additionally, staff should avoid using language such as "transgendered" or "a transgender," which reduces an individual to a single defining attribute and fails to respect the entire individual. Diminishing an individual in this manner, intentional or not, can convey disrespect.

Glossary of Gender Identifying Terms and Definitions

Below are some common respectful terms and their definitions along with links to other resources.

Assigned/Designated Sex at Birth:

- Frequently a binary designation of “male” or “female”.
- Based on the person’s internal or external anatomy at birth.
- Assigned at birth, typically by a medical professional (e.g. sex listed on birth certificate).
- May or may not correspond to one’s gender identity.

Cis-Gender

- Refers to a non-transgender person.
- The prefix “cis” means “matches”. So, cis-gender means that one’s sex assigned at birth “matches” one’s gender identity.

Gender Identity:

- Internal or innate sense of being male, female, or another gender.
- May or may not match their assigned sex at birth.
- May not be visible based on outward appearance.

Gender Expression:

- External expression of gender identity (note that many times people do not feel they can safely express their gender identity).
- Exhibited through: behavior, clothing, hairstyle, body language, and voice.
- Does not always correspond to a person’s gender identity.
- May change over time or even day-to-day.

Sexual Orientation:

- Physical or emotional attraction to the same and/or opposite sex.
- Distinct from one’s gender expression or identity.

Gender Non-Conforming:

- Someone who does not conform to traditional gender roles or stereotypes.
- Traditional roles and stereotypes vary based on different cultural and societal ideals.
- Individuals may be perceived as having a different gender than their outward appearances (behavior, clothing, hairstyle, body language, voice).

NCTE maintains a [primer on respectful, inclusive language](#).

MTPC produced a [guide for shelter providers that includes incorporating inclusive language](#).

Remember, the Equal Access Rule prohibits discrimination on both actual and perceived gender identity.

Non-Binary Person:

- A person who does not identify as male or female (male/female are the two ends of the gender spectrum).

Gender-Neutral:

- Language used to describe “all gender” or unisex spaces, (i.e. gender-neutral or all gender bathrooms), language about relationships (spouse or partner, instead of wife/husband or boyfriend/girlfriend), etc.

Transitioning (Gender Transition):

- Process that some (but not all) transgender people go through to begin living as the gender with which they identify, rather than the sex assigned to them at birth.
- Transitioning does not require medical treatment.

Transgender:

- Umbrella term for people whose gender identity is different from their assigned sex.
- Occasionally, an individual may determine they no longer identify as transgender after they transition.

Trans Woman:

- Someone who lives or identifies as a woman, even though they were assigned male at birth may or may not have undergone medical treatments.
- Sometimes referred to as “Male-to-Female” or “MTF,” but these terms may not be preferred as they can over-emphasize that the person was born male rather than her current identity.

Trans Man:

- Someone who lives or identifies as a man, but was assigned female at birth. May or may not have undergone medical treatments.
- Sometimes referred to as “Female-to-Male” or “FTM,” but these terms may not be preferred as they can over-emphasize that the person was born female rather than his current identity.



Fair Housing and Anti Discrimination Policies

In creating transgender-inclusive environments, providers must document clear standards in personnel handbooks and other policy documents, and should publicly post policies where residents, volunteers, visitors and staff can view them. Each of the subsequent sections reviews elements of a comprehensive policy. This sourcebook does not articulate every aspect of fair housing and anti-discrimination policy. States and many local communities have established their own rules and regulations related to fair housing in addition to those established by HUD. [Check out HUD's Office of Fair Housing and Equal Opportunity.](#)

Many states have developed resources for shelter and housing providers to use in complying with state fair housing laws. FHEO maintains a [state-by-state list of fair housing enforcement authorities](#). Many states and cities have also established additional regulations and statutes to create enhanced protections and consequences for discriminatory actions. Contact your state fair housing enforcement authority for additional information related to comprehensive fair housing practices and incorporate them into your internal policy and personnel handbooks.

Once staff and contractors are up to date on the required policy changes, the next logical step is communicating them to residents.

The document on page 8 was developed by a project in Boston, MA. It communicates concisely the provider's commitment to equal treatment for all residents. Each resident acknowledges the policy upon project enrollment.

See the [Office of Fair Housing and Equal Opportunity \(FHEO\) website](#) for more information on fair housing enforcement.

[Check out Seattle/King County's "Guide to Fair Housing for Nonprofit Housing and Shelter Providers"](#).

[New York City has established a law to describe precisely what actions constitute harassment. This is an example of a community implementing protections that exceed those established by HUD. Click \[this link\]\(#\) to learn more about this law.](#)

This document was modeled on one developed by The Network/La Red. [Check out other materials they've developed.](#)

SAMPLE DOCUMENT:

Communicating Anti-Discrimination Policy to Clients

(Project Name) welcomes individuals who are heterosexual, bisexual, gay, lesbian, transgender queer and/or gender non-conforming of different races, classes, religions, ages and backgrounds. I will be respectful of the other program participants and staff. I understand that any oppressive or abusive language or actions are not acceptable. If I have any questions about this policy, I can ask a staff member to explain it to me.

If a program participant or staff member is acting in an abusive or oppressive way towards me, I know that I can report this behavior to a staff member. If I feel that the issue has not been addressed, I can then report it to the project coordinator, _____. If the issue has still not been appropriately addressed, I can bring the issue to the executive director, _____.

Signed: _____

Date: _____

HUD has provided a [Notice](#) that providers can publicly post to inform staff and residents about requirements of the Equal Access Rule.



Inclusive Policy Standards for Staff and Residents

This section explains:

- What policies a provider can implement to build an inclusive project and community;
- How policies can mitigate risk to transgender and gender non-conforming residents; and
- What elements to include in policies to increase their effectiveness.

Given the increased occurrence of discrimination affecting transgender and gender non-conforming residents, HUD-funded projects must take precautions to ensure a project is free of discrimination. Likewise, if a resident encounters discrimination, a clear protocol must be in place for disciplining or expelling the perpetrator (whether staff, volunteer or resident) from the site.

Staff and volunteer training, as well as contracting and resident orientation should incorporate inclusive policies. Clear guidelines defining unacceptable behavior, the process for reporting violations of the policy and corrective actions allow all members of the shelter community to participate with consistent expectations.

[Link to National Coalition for the Homeless "Transitioning Our Shelters" Report.](#)

[A recent study by the Center for American Progress found that only 33% of 100 shelters across four states correctly admitted transgender identified residents.](#)

Inclusive Policy Standards: Staff

Implementing the Equal Access Rule requires upholding consistent standards for all project staff, contractors and volunteers. Multiple studies have found that transgender individuals are at a higher risk than other members of the homeless community to be the subject of harassment and assault. Best practices for mitigating these risks include establishing policies to meet discriminatory conduct with a consistent organizational response. Language and actions that are discriminatory in nature, regardless of the intent, cannot be tolerated. With this in mind, projects should have policies on what language and behavior is unacceptable for staff and volunteers to use in any interaction within the project.

Check out what the Connecticut Coalition to End Homelessness is doing to [train their Continuum!](#)

Project staff may speak or act out of ignorance, inadvertently using potentially offensive language. A staff member may carelessly or intentionally use the wrong pronoun and name to refer to a transgender or gender non-conforming resident. Projects should actively communicate with staff to ensure the provider's commitment to transgender-inclusive language and programming is clearly understood. By establishing personnel actions that encompass both educational and corrective goals, site managers can identify appropriate next steps. Incorporating these guidelines into training and initial hire orientation promotes consistent expectations of behavior among all staff, volunteers and contractors.

For more information about the US Equal Employment Opportunity Commission and the impact of harassment see [this link](#).

Actions, especially those that are egregious, malicious, or severe in nature, may warrant termination or a more serious legal response. Projects should clearly articulate what actions are opportunities for education or additional training, and what actions will result in more serious personnel consequences. Communicating and consistently applying these parameters creates shared expectations among the entire project team.

The United States Equal Employment Opportunity Commission (EEOC) has established guidelines for employers regarding behaviors that create a hostile work environment and require correction. It is important to remember that homeless projects are also workplaces. As defined by the EEOC, harassment can include:

- Offensive jokes, slurs, or epithets or name-calling
- Physical assaults or threats
- Intimidation, ridicule, or mockery, insults or put-downs
- Offensive objects or pictures
- Interference with work performance

EEOC established the following employer liability for harassment:

The employer is automatically liable for harassment by a supervisor that results in a negative employment action such as termination, failure to promote or hire, and loss of wages. If the supervisor's harassment results in a hostile work environment, the employer can avoid liability only if it can prove that: 1) it reasonably tried to prevent and promptly correct the harassing behavior; and 2) the employee unreasonably failed to take advantage of any preventive or corrective opportunities provided by the employer. The employer will be liable for harassment by non-supervisory employees or non-employees over whom it has control (e.g. independent contractors or customers on the premises), if it knew or should have known about the harassment and failed to take prompt and appropriate corrective action.

A recent ruling by the EEOC established that a transgender employee has the right to be referred to by the name and pronoun that matches their identity, as well access gender-specific facilities that match their identity. (*Lusardi v. McHugh*, Appeal No. 0120133395)

The EEOC also recognizes a category of "non-employed individuals over whom it has control" to ensure that independent contractors and volunteers granted access to a site adhere to organizational standards. Staff, volunteers and contractors must uphold the agreed-upon standards. Organizations should implement any policy across contracts, subcontracts and volunteer training.

In creating safe, supportive and inclusive environments, an important part of staff responsibilities is addressing conflict that may arise. Managing conflict can be challenging and uncomfortable, and staff might improperly focus their attention on the more cooperative harassed individual, and not on the aggressor to resolve a conflict. Conflicts that could escalate to expulsion from the project are among the most challenging for staff to approach. It is important that training incorporates multiple methods for addressing and resolving impermissible conduct among residents to ensure that all staff and volunteers possess strategies that will work for them. Training may include role-playing, providing sample language and utilizing onsite or on-call senior staff to manage complex situations.

The Cambridge CoC partnered with the City of Cambridge Human Rights Commission to develop Equal Access training for local shelters. [Check it out here.](#)

This guide, developed by the Fenway Institute in Boston, MA, provides examples of question formats and answers for use by practitioners when inquiring about sexual orientation and gender identity. [Check it out!](#)

STANDARDS OF BEHAVIOR:

Across the Coordinated Entry Process

As Coordinated Entry is implemented across more and more CoCs, it is important that all organizations involved in referrals support transgender and gender non-conforming inclusive projects. Unfortunately, a recent study by the Center for American Progress found inconsistent practices. The survey of 25 shelters in each of four states found only 30% of projects correctly offering shelter to test callers who identified as transgender.³ With CoCs working to design common intake procedures and single-points-of-entry, it is critical that all eligible people know they are welcome. From the first contact with a 2-1-1 operator to the last interaction with the CoC, all people should be free from discrimination. CoCs should look closely at each step in the process to identify opportunities to improve their practice. Possible improvements may be:

Triage/Pre-Assessment

- Training phone operators to avoid gendered greetings such as “sir” and “ma’am”
- Ensuring all forms allow for transgender and gender non-conforming selections by clients
- Creating space on forms for all people to indicate their preferred name and pronouns.

Referrals

- Supporting transgender individuals’ enrollment and placement based on their gender identity in single-sex options to ensure correct procedures are followed throughout the Continuum
- Only sharing necessary information about individuals when making a referral
- Listening to callers and respecting their choices to access any options for which they are eligible

3 Caitlin Rooney, et al, “Discrimination Against Transgender Women Seeking Access to Homeless Shelters,” Center for American Progress (January 2016), <https://www.americanprogress.org/issues/lgbt/report/2016/01/07/128323/discrimination-against-transgender-women-seeking-access-to-homeless-shelters/>



Inclusive Policy Standards: Residents

Regardless of the size, mission or staffing, all HUD-funded projects are expected to be free of discrimination and harassment. Providers communicate the absence of bias by using inclusive language in:

- Signage within the project;
- Interactions with staff and residents;
- Publications about the project; and
- Intake forms that give residents the option to reveal or omit their transgender or gender non-conforming status.

Most providers have created codes of conduct that describe expected behavior in simple, straightforward language. Smaller projects and those with long-term residents might provide residents with a written copy of these expectations, while larger emergency shelters that exit all residents every morning might post the code of conduct in public spaces within the shelter.

Ensuring that residents adhere to these codes of conduct can be challenging. Projects can be chaotic requiring residents to interact with strangers constantly and, at times, with little control over their environment. Transgender residents have the added threat of discrimination and rejection if projects do not work to create inclusive environments. Harassment creates unwelcoming atmospheres, creating or exacerbating conflict between residents. Although this conflict may be initiated by another resident, it risks the expulsion of all parties involved, aggressor and subject alike.

Directors and managers must craft policies that enable all eligible residents to access services. As frontline staff are largely responsible for enforcing these policies, it is imperative that clear expectations are documented and communicated to assist staff in their role. Managers and senior staff help set an inclusive tone for the project, which can be done in part through modeling appropriate language and behavior at all times. This will help set a standard of inclusiveness among both staff and residents.

[Check out the District of Columbia's Office of Human Rights campaign to support inclusive bathroom signage.](#)

Projects employing inclusive language on forms, internal signage and external publications about the project communicate their commitment to a transgender-inclusive project. This is a component of supporting all eligible participants. Once admitted to a project, an individual's interactions with staff and fellow residents in the community play a role in their progress towards ending their homelessness. Projects should have policies and procedures in place that support a transgender and gender non-conforming inclusive environment. Policies and procedures should:

Use gender neutral standards. For example, dress codes should articulate which areas of a resident's body should be covered rather than focusing on gender-specific articles of clothing (e.g. residents must be covered from the base of their neck to their knees when in public areas of the project). This removes any reference to particular types of clothes that individuals must wear.

Incorporate the same standards of respectful behavior into employee, resident, volunteer and contractor training to establish consistent expectations.

Transgender and gender non-conforming clients are at significantly increased risk of being the victim of physical and sexual assault. Identifying as transgender does not create risks for anyone other than the transgender individual.

It is fundamental that all project policies reinforce that an individual's identity as transgender or gender non-conforming does not create a risk to others' health and safety. Rather, maintaining an inclusive community enhances safety for all residents. Some residents may initially present concerns about transgender or gender non-conforming residents to project staff and managers. Staff should treat those concerns as opportunities to educate and refocus the resident on their own progress. But even then, conflict may persist and complaints may escalate to verbal or physical harassment. Whether directed at another resident within the project or off-site, harassment jeopardizes the health and safety of community members. Providers should have policies and procedures in place to support residents and staff in addressing and resolving conflicts that escalate to harassment. Policies and procedures should:

- Include specific behaviors that violate standards of respectful behavior, such as language, actions and non-verbal intimidation.
- Escalate corrective actions if an individual repeats the same violation of standards after educational opportunities are offered.
- Focus corrective actions on aggressors who violate project rules, not on the subject of their harassment.
- If a resident continues to disrespect a transgender individual, consider as interim steps:
 - » requiring that the harassing resident stay away from the transgender individual,
 - » making changes in sleeping arrangements without limiting the freedom of the transgender individual, or
 - » pursuing other interventions that do not result in the expulsion of the harassing resident.

In no instances should interim or final steps involve expulsion of the harassed client.

Creating Inclusive Standards: Transgender and Gender Non-Conforming Persons' Access to Projects

The questions and factors listed below are some components of creating inclusive policies at a provider. Providers likely have additional requirements based on [state and local statutory and regulatory requirements](#). CoC and providers may want to share the costs of legal advice to ensure comprehensive compliance.

Is the project or service permitted by statute or regulation to segregate services based on gender?

The Department of Justice has established that Violence Against Women Act (VAWA)-funded projects must be able to demonstrate that sex-segregation of services are essential to the operation of the project. <http://www.justice.gov/sites/default/files/ovw/legacy/2014/06/20/faqs-ngc-vawa.pdf>

HUD has established that emergency shelter and other facilities are permitted to operate single-sex projects when the project consists of a single structure with shared bedrooms or bathing facilities such that the considerations of personal privacy and the physical limitations of the configuration of the housing make it appropriate for the housing to be limited to one sex. See regulations at: https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf

[Check out this report from the National Resource Center on Domestic Violence and FORGE on serving transgender survivors of domestic violence.](#)

If the provider is permitted to segregate services based on gender, the provider must create policies that ensure housing and services to all eligible individuals identifying with that gender, including those individuals whose gender identity does not match the sex assigned at their birth.

HUD recognizes a difference may exist between an individual's gender identity and their sex assigned at birth.

HUD has established that providers may not deny access to a single-sex emergency shelter or facility because the provider possesses identity documents indicating a sex different than the gender with which the resident or potential client identifies.

A provider may not consider the resident or potential resident ineligible for an emergency shelter or other facility because their appearance or behavior does not conform to gender stereotypes.

A provider may not ask questions or otherwise seek information or documentation concerning a person's anatomy or medical history related to their gender identity or expression.

[Center for American Progress just put out a new report about difficulties obtaining identification if you are a homeless LGBT youth. Check it out here.](#)

If the provider is not permitted to segregate services based on gender, then the provider must serve all individuals that are eligible for the project.

HUD-funded family shelters may not deny services to clients of any gender if they are eligible.

HUD-funded family shelters may never discriminate on the basis of gender. Some projects have erroneously established a policy of not housing males over the age of 13 or requiring them to seek other housing, thus separating them from their families. This involuntary separation is prohibited by 578.93(e) of the [CoC Program Interim Rule](#) and is a violation of the Equal Access Rule.

Transgender and gender non-conforming clients have access to projects according to their gender identity.

Clients may choose to disclose their transgender status at some projects within a community while not disclosing at other projects. For instance, a client may want to disclose their transgender status at a health clinic to receive appropriate healthcare but not at a project where one's sex assigned at birth is not relevant to the services provided.

A transgender client may elect to share their transgender status with project staff, or not. In the event that a client discloses being transgender, staff should consult that client about whether the client prefers to have the HMIS data element for "gender" reflect their transgender status or not. For instance, if a client identifies as a transgender man but would prefer not to have this reflected in his HMIS record, then the staff person would select "male" instead of "transgender female to male". Staff can still note in a confidential case management note, if this feature is available in the HMIS, an individual's transgender status if it is appropriate and necessary to the provision of services.

Clients reporting different gender identities or presenting different gender expressions at multiple projects within the same CoC are not violating standards for accurate collection of information. Clients decide to which projects they will disclose potentially sensitive information. Project staff should enter the self-reported information as directed by the client. HUD is working to provide additional guidance related to the data element "gender" and its use in HMIS.

HUD maintains a list of Frequently Asked Questions (FAQs). For more information on the definition of "family" under the Equal Access Rule, go [here](#).

Creating Inclusive Spaces: Facilities

Some projects, particularly emergency shelters, may be based in physical facilities that were not designed for the purpose of providing shelter or housing, or for the number of residents they currently serve. Additionally, facilities may have been developed in accordance with outdated regulations that have since been updated to reflect the importance of accessibility, privacy and safety. Given the scope of existing resources, projects may not be able to immediately alter the physical spaces of the project. While this limitation restricts the extent to which a project can adapt, there are several strategies that projects can implement to meet residents' privacy and safety needs.

Staff must take non-discriminatory steps that may be necessary and appropriate to address privacy concerns raised by residents. The provider must ensure that its policies do not isolate or segregate clients within the project based upon transgender and gender non-conforming status unless a specific privacy request is made. In both the use of bathrooms and bed assignment, a variety of methods may be effective at addressing a resident's privacy needs.

Staff may offer a resident a room, floor or bed that is in proximity to staff workstations.

Staff may offer a resident access to rooms, floors or beds set aside for residents with increased vulnerability. However, the accommodation should be available to clients based on a variety of factors that can increase one's vulnerability, and not just be restricted for use by transgender or gender non-conforming residents.

Staff may offer to assist a resident in identifying an alternate project that will provide comparable services and provide a referral. Staff should make reasonable efforts to ensure a vacancy exists, that the resident is eligible for that project, and that the client is able to enroll in the alternate project.

A strategy of last resort could be to offer a client a hotel or motel voucher. However, to be a comparable option, the voucher must be offered for the full period of time the original project site would be able to shelter the client, and the client has access to comparable services and resources either via an outreach team or a supportive service project.

Self-determination is fundamental to all clients in HUD projects. While shelter and project staff may offer accommodations based on safety concerns or other valid professional considerations, at no time are staff permitted to require a transgender or gender non-conforming client accept an accommodation because of their transgender or gender non-conforming status.

If your project has a health care component, [check out the Center of Excellence for Transgender Health at the University of California, San Francisco for some excellent examples for creating an inclusive program.](#)

The use of bathroom and shower facilities for every client is an important part of maintaining hygiene and dignity. Many cities and communities have established bathrooms that are for individual use and do not have a gender marker on the door. Some facilities have designed bathrooms that permit congregate use by all genders, with individual stalls designed to maintain privacy and dignity. These options may or may not be reasonable for a given project. Regardless, strategies exist to accommodate any client with a need for individual or private showers or bathrooms. Clients with special health concerns, trauma histories or other needs may also make reasonable requests for accommodations. Some options for staff are:

Establish a single use bathroom for client use at specific intervals during the day. Often an existing staff member bathroom may be made available for this purpose without compromising the requirements of staff members.

Provide certain times during the day that a bathroom can be scheduled by any client with a request to use a congregate facility privately.

Ensure that toilet and shower stalls have locking doors or, at a minimum, curtains to allow for modesty and dignity.

For shower use, consider implementing a schedule for all clients if communal showers are the only available type of show.

Some federal agencies use the terms “sex” and “gender” synonymously. Other departments use them to accurately distinguish the physical anatomy of an individual’s body (sex) and their internal sense of identity (gender). An added complexity for projects is that some statutory language uses different definitions. In general, project staff should review formal guidance from federal program staff for clear definitions. HUD grantees can submit question using the Ask-A-Question feature on www.hudexchange.info for program specific guidance.



Confidentiality: Sex Assigned at Birth

Clients often share very personal and private information as they seek services. Every HUD-funded project has policies related to confidentiality. However, most staff training fails to instruct staff that a client's sex assigned at birth is confidential information. Staff that have not been trained to understand the impact that disclosure can have on a client's physical and mental well-being may inadvertently delay or derail a client's progress towards ending homelessness. It is essential that all staff, from the chief executive officer and the board of directors to contracted security, receive training on confidentiality to avoid jeopardizing client welfare.

CoCs and projects should consider including sex assigned at birth on their list of confidential information. Transgender residents of projects have a higher likelihood of suffering harassment or physical harm based on the disclosure of the difference between their gender identity and their sex assigned at birth. This is true both within the physical structure of the project and outside the project.

Additionally, clients may elect not to disclose their transgender status in certain spaces or at certain moments for health and safety reasons. The decision to disclose one's transgender status lies solely with the client.

If a staff member has questions regarding disclosure of an individual's transgender status, they should seek additional training from their human resources department or guidance from their supervisor.

If a transgender or gender non-conforming client requests an alternate project because a project is unable to meet their safety and privacy needs, reviewing the project's policies using the [Equal Access Project Self-Assessment Tool](#) may be appropriate.

Confidentiality: Medication

Almost every project has policies related to accessing both prescription and non-prescription medications. Some shelters incorporate programs, such as *Health Care for the Homeless* or other healthcare services into their operations, such as mobile healthcare providers that visit some project sites on a regular basis to provide primary care. Many projects also require residents to submit their belongings to a search by staff to deter the introduction of weapons and illegal drugs to the project. Given the range in types of both medical and housing services, and the different security measures used across projects, medication access policies vary broadly.

If you have clients without health insurance, check to see if the Affordable Care Act has created access to healthcare in your community. [Link to ACA marketplace site.](#)

In some projects, staff secure prescription medication and must be present when clients access the medication. Some shelters have medication lockers that clients use to secure their medication, while other sites are licensed for the administration of medication and are more involved in the process. Whether a client is cis-gender or transgender, their prescription medication should be subject to all of the same standards of the shelter.

Transgender individuals may have a variety of medical needs, related or unrelated to their transgender status. They may carry hypodermic needles for the use of insulin to control diabetes (unrelated) or for injecting prescribed hormones (related). A resident's reason for using a particular medication is generally irrelevant; once staff members have documented that a medication is properly prescribed, then standard policies should apply to all residents.

Some homeless individuals who identify as transgender may use hormones or other medication as part of their gender-affirming healthcare regimen. Because access to prescription medication requires access to both a healthcare provider and the funding to purchase these medications, some individuals may be using medications from illicit or outside sources, acquired through the Internet or on the street. If staff members are concerned that any client is using medication improperly (e.g., without a prescription or from an unregulated source) they should follow local project policies for reviewing these concerns with a client. Shelter staff can assist residents in obtaining health insurance or if currently enrolled, finding a healthcare provider that will support the resident's transition-related health care needs.

The US Department of Health and Human Services has proposed a new Rule that prohibits discrimination in healthcare coverage related to transgender status. For more information, check out this [HHS website](#).

What's Next? Next steps and where to go for help.

Looking for resources and examples for materials to incorporate into your project? Be sure to check out the links referenced in this sourcebook! If these don't address your informational needs, take a look at the resources developed by some of the organizations working on these issues, including:

- [The National Center for Transgender Equality](#)
- [The Ali Forney Center](#)
- [The True Colors Fund](#)
- [The National Network to End Domestic Violence](#)
- [The National Resource Center on Domestic Violence](#)
- [The Massachusetts Transgender Political Coalition](#)
- [FORGE](#)
- [The Washington State Coalition Against Domestic Violence](#)
- [The Anti-Violence Project](#)

[HUDEXchange.info](#) is the place to go for formal program guidance and to request technical assistance. Looking for an answer to a specific question not addressed here? Submit it to the [Ask-A-Question](#) feature on the HUDEXchange.

For questions or specific complaints related to Fair Housing Act enforcement, HUD's Office of Fair Housing and Equal Opportunity maintains several options for registering a complaint, including:

- [The Housing Discrimination Complaint iphone app](#)
- [Contact your regional office](#)
- [File a complaint online](#)



U.S. Department of Housing and Urban Development
Office of Special Needs Assistance Programs
Washington, DC 20410-6000



TRAINING SCENARIO

Equal Access Expectations

Setting: A small rural shelter houses 20 men and eight women in separate bedrooms of four to a room. Staff person Jennifer walks onto the porch of the shelter used by clients to smoke. Two clients—Kelly and Dan—are on the porch having a conversation as Jennifer enters.



Kelly: You know she shouldn't even be allowed to stay in my room; she's not even a girl!

Dan: What do you mean?

Jennifer: Kelly, could you come speak with me now in the staff office?

In the staff office:

Kelly: You have no right to pull me in here!

Jennifer: I heard you say that one of your roommates isn't a woman and should not be allowed to stay in the women's rooms. Can I ask to whom you are referring?

Kelly: Please! You know which one.

Jennifer: The staff is very careful to ensure that all clients assigned a bed are eligible to be here, have nowhere else to go and follow the rules. There is no one in the women's section who doesn't belong there.

Kelly: That's not fair. She is a guy and makes me really uncomfortable. She shouldn't be allowed to stay in my room.

Jennifer: Staff may use any room at this shelter to serve people who need our help. No room or bed belongs to an individual client. If you have specific concerns regarding a resident, I'm happy to work with you to resolve them; however, if you are still uncomfortable here, we may not be able to meet your needs.

Kelly: I'm worried she's watching me undress when I get ready for bed. It reminds me of another situation in my past. I have a really hard time falling asleep when I'm reminded of it.

Jennifer: I know it's tough to share things like that; thank you for trusting me. Let's talk about how you and I can help you feel safer without focusing on any other client. Maybe you could use the private single bathroom when you change for bed? Please remember, it is a violation of the rules to harass anyone or use derogatory terms. It can really make people who need our help feel unwelcome, intimidated and excluded. If you were on the receiving end of that treatment, you can imagine how unsafe you might feel. If it happens again, we'll have to talk about whether this project is the right fit for you.

The following exercises incorporate best practices to assist project frontline staff and management in fostering an inclusive shelter community



TRAINING SCENARIO 1 CONTINUED

These steps supported non-discrimination, respecting individuals and confidentiality

- » The staff person intervened quickly once Kelly and Dan's conversation violated the rule to respect all individuals.
- » The staff person preserves confidentiality by pulling Kelly aside to discuss the matter privately.
- » The staff person respects Kelly's feelings of discomfort and acknowledges the difficulty of sharing honestly.
- » The staff person upholds anti-discrimination standards by not moving the transgender client.

Discussion points about harassment

- » Both staff and clients may request considerations be made for health and safety reasons.
- » These risk-based conversations must correct any misinformation or inaccurate conclusions that transgender clients threaten the health or safety of other clients solely based on their non-conforming gender expression.
- » Staff should not reassign beds or services based on a client's gender expression or status as transgender. Staff should instruct concerned clients to concentrate on their own needs and service plans rather than focusing on the details of fellow clients.
- » A project has a few options to address issues of harassment. When possible, staff should move the perpetrator to another space in the shelter, rather than the harassed individual. Staff could also offer a harassed individual the opportunity to relocate but this offer may have unintended consequences. Removing the harassed individual from a space shared with the perpetrator can reinforce negative shelter behaviors, i.e. support the notion that "if I harass this person, they will get moved and I can stay in my space." Expelling perpetrators may be necessary in certain instances but shelter operators and staff should attempt to address a situation through education and moving within the shelter before considering removal from the shelter altogether. In all cases, shelters should rely on existing policies and procedures regarding violent or threatening behavior.

Questions to consider

- » Have you experienced similar situations with clients?
- » Did the resolution meet the expectations established by the Equal Access Regulation?
- » What if things escalated, and Kelly harassed or threatened her roommate? How would one resolve this conflict?

Ideas for Intervening

- » "I need you to stay focused on your own progress. Everyone at this shelter needs to be here and is eligible for services. Please don't become distracted."
- » "Every client here needs to be here. If you are so uncomfortable, this may not be the right place for you. Let's discuss some other options for you."
- » "The staff is responsible for enforcing the rules here. If you are concerned that someone is violating a specific rule, please explain so I can help."

TRAINING SCENARIO

2

Equal Access Expectations

Setting: A large urban shelter uses mass check-in procedures that incorporate swipe cards or other methods to quickly assign an individual a bed. June enters a small men's congregate shelter and walks up to the front desk. The front desk staff person, Mark, greets June.



Mark:	Hi, can I help you?
June:	Yes, I need a place to sleep tonight. I've been here before.
Mark:	Let me check your record in HMIS.
June:	You should look under Jason Smith. I was using my birth name, Jason.
Mark:	(searches the HMIS for Jason Smith) I found your record; do you want to go by June in the system?
June:	Yes, that would be great. Can you also change my gender to female?
Mark:	Yes, I will do that now.
Mark:	You may remember, our sleeping arrangement provides a cot in a large single room with 20 male clients and we have shared showers and bathrooms. We have a non-harassment policy, which I will discuss in a minute, but do you have any concerns about this arrangement? Since your current gender expression is female, you are eligible for services at the women's shelter. I can try to connect you with them if you want.
June:	No, I want to stay here tonight if that's okay.

The following exercises incorporate best practices to assist project frontline staff and management in fostering an inclusive shelter community

Mark accepts June into the shelter and discusses the non-harassment policy.



TRAINING SCENARIO 2 CONTINUED

These steps supported non-discrimination, respecting individuals and confidentiality

- » The staff person demonstrates respect for the client by using the client's preferred name and gender and altering the system records to reflect this.
- » The staff person promotes non-discrimination by adhering to the HUD gender data element policy, which does not require that gender be the client's sex assigned at birth or what is displayed on their ID.
- » The staff person recognizes the client's right to access a shelter consistent with either their gender expression or their sex assigned at birth.

Discussion points about harassment

- » Staff should not exclude a client from a sex-segregated shelter based on their gender expression or status as transgender.
- » Staff may not compel a client to find other accommodations based on a staff member's opinion of which housing options are best suited to a client. Staff should respect client's assessments of their own safety and needs.

Questions to consider

- » Have you experienced similar situations with a client at intake?
- » How did you handle it and was it consistent with the expectations created by the Equal Access Regulation?
- » How does staff at your facility ask about and enter name and gender information into your Homeless Management Information System? Is it consistent with these standards?
- » What if June had not offered her birth name to Mark? How would this scenario look different but still be consistent with the expectations created by the Equal Access Regulation? How would Mark confirm with any client that the shelter is designated a men's shelter and also welcomes individuals that were assigned male at birth but currently identify as female?

TRAINING SCENARIO

Equal Access Expectations

Setting: A large urban shelter houses more than 200 men in a single dormitory. The local community requires that the shelter check every resident's identification. Travis stands in line outside the shelter and notices a posted sign on the wall stating that ID is required to use the shelter. Travis has not had the resources or help to change his ID, which lists him as female. Brian, the staff person checking in clients, greets Travis upon entry.

Brian: ID please.

Travis hands over the ID. Brian looks at the ID and sees that the gender marker on the ID does not match Travis's appearance but that it is a photo of Travis. Brian directs Travis to the assigned bed. Later in the evening, Brian, ensuring no other clients are within earshot, follows up with Travis.

Brian: You're all set, but I wanted to let you know that we have staff member that can help if you want to change the information on your ID card. Let me know.

Travis: Maybe, I'll think about it.

While HUD discourages requiring identification as a prerequisite for intake at a shelter or project, some projects continue to do so. This training scenario provides an example of complying with local requirements and the Equal Access Rule.

TRAINING SCENARIO 3 CONTINUED

These steps supported non-discrimination, respecting individuals and confidentiality

- » The staff person demonstrates respect for the client by accepting their ID without calling attention to the difference in current gender expression. The staff appropriately confirms the ID matches the client, and then returns it.
- » The staff person preserves the client's confidentiality by not asking questions about the ID in line where other clients might overhear.
- » The staff person correctly admits the client to the project though the client's current gender expression does not match the gender marker on their ID.
- » Lack of accurate identification can be a major barrier to receiving services, enrolling in community projects and applying for benefits. Many shelters make obtaining replacement ID an initial step in any case plan. Similarly, staff should offer support correcting identification that has an inaccurate gender marker.

Discussion points about harassment

- » Identification that records a client's sex assigned at birth inconsistent with their current gender identity should not be used as a reason to decline services to an otherwise eligible client.
- » Staff should encourage clients without ID to obtain identification, as this is a required document for obtaining employment, accessing benefits and many other services important to self-sufficiency.
- » Staff should carefully explain the delays and costs associated with formally altering the gender marker on identification, including delays to obtaining Social Security benefits, employment eligibility verification or other processes. Clients should be given information to make an informed choice about if or when they will initiate the process of legally changing their gender marker.

Questions to consider

- » Have you experienced similar situations with clients?
- » Were they resolved according to the expectations established by the Equal Access Regulation?
- » Does your agency require clients to present ID and if so, what funding stream or law requires this? Why are they required? Are there exceptions?
- » If a client wants to change their ID, how would you help them? What resources are available?

TRAINING SCENARIO

4

Equal Access Expectations

Setting: An eight-bed women's shelter has a shared bathroom and shower. Amanda has been in the program for a week. She is a transgender woman, and while she shared this with staff, she has chosen not to disclose this to any of the shelter residents. She has just come from the bathroom with a concern and is feeling anxious about other residents following the rules. The bathroom door has a reminder on it that shelter policy is to keep it shut at all times. Other women at the shelter regularly stand in the doorway and chat or use the shower, which is closed off in a single stall, with the main bathroom door open.

Amanda: I need to talk to you. I'm having a problem with some of the other ladies.

Mary: Let's go into the office where we can have some privacy.

Mary takes Amanda into one of the counseling rooms.

Amanda: I'm having a problem with the bathroom. The other women are keeping the door open and I have no privacy. I really need to have the door closed, but I don't want to confront them. It's hard enough here without everyone thinking I want special treatment.

Mary: We can handle this without disclosing anything about our conversation. Shelter policy is that the bathroom door should stay closed, so it's not really about you complaining — staff should pay more attention to the door. We really want you to be successful here. Let me know if there's anything else you need.

During the evening house meeting, staff members discuss the importance of respecting and supporting one another's privacy in a congregate setting and have the group brainstorm ways to ensure privacy. Mary acknowledges the staff hasn't been doing a great job of enforcing the rule regarding the bathroom door and commits to enforcing it more consistently. Amanda's concern is not mentioned at all during the group conversation.

The following exercises incorporate best practices to assist project frontline staff and management in fostering an inclusive shelter community



TRAINING SCENARIO 4 CONTINUED

These steps supported non-discrimination, respecting individuals and confidentiality

- » The staff person demonstrates respect for the client by taking her concerns seriously and addressing them.
- » The staff person preserves confidentiality by privately discussing the issue with the client and resolving it without revealing her complaint to other clients.
- » The shelter employs gender inclusive language in project material and pamphlets. This assures clients that they can bring concerns to staff and will be heard with respect.

Discussion points about harassment

- » The perceived “unfair” distribution of privileges may draw further unwanted attention to a transgender client, or any client. In such cases, staff should intervene by redirecting or resolving complaints raised by other clients without reviewing the staff decision, as it may touch on confidential aspects of another client’s life. There are a variety of resolutions that may be perceived as special treatment for any client. Staff must be careful to implement policies fairly and consistently to reinforce that all clients can expect the same treatment from staff.

Questions to consider

- » Have you experienced similar situations with clients?
- » What techniques (house meeting, individual follow up, etc.) allow staff members to address these issues without breaking clients’ confidentiality?
- » How does your shelter encourage clients to report harassment and how does it promote a safe environment?
- » How does your shelter create a safe atmosphere within bathroom and shower facilities that respect client modesty?

Ideas for Intervening

- » The difference between an individual’s gender identity and their sex assigned at birth is confidential medical information.
- » If a transgender client has chosen not to disclose their trans status, then staff must respect this decision.
- » Staff and residents should not expect a client that is a member of a marginalized population to educate others about their community. Shelters should provide staff access to educational resources, and is the staff member’s professional obligation to use these resources if they require additional information to meet the shelter’s goals.

TRAINING SCENARIO

5

Equal Access Expectations

Setting: A 5-bed transitional living program for young adults, ages 18 to 24. Alex, 18, is questioning their gender identity and has chosen to use the pronouns they/them/their to indicate not being aligned with either end of the gender spectrum. Their gender expression is neutral and the housemates have been giving them a hard time. Staff member, Susan, has her office door open and hears the following conversation:



Trish: Alex, why were you in the girl's bathroom? You dress and act like a guy. None of us even want you around.

Alex: Whatever, I can be where I want. Get out of my face.

Susan steps out, sees that Trish is physically close to Alex, and that she is blocking the hallway. Several girls are standing around them.

Susan: Trish, this conversation is over. You're in Alex's physical space and blocking the hallway. The staff explained the house rules to you when you got here. This is unacceptable. I want you to talk to your counselor tonight. Picking on someone else is disrespecting everyone in the program and the staff.

Susan: Everyone, you have things you should be doing. Go do them.

Once the hall clears out, Susan checks in with Alex to see how they're doing and underscore that the shelter wants this to be a safe environment for them and for everyone staying there. Susan reminds Alex that recognizing and expressing gender identity is Alex's choice and assures them that they are welcome at this shelter regardless of their decision to disclose or not disclose any part of their identity.

The following exercises incorporate best practices to assist project frontline staff and management in fostering an inclusive shelter community

TRAINING SCENARIO 5 CONTINUED

These steps supported non-discrimination, respecting individuals and confidentiality

- » The staff person upholds project rules by intervening quickly to stop Trish's verbal and physical harassment.
 - » The staff person preserves confidentiality by having a private conversation with Alex to discuss the impact and support their safety.
 - » The staff person promotes non-discrimination by ensuring all of the clients understand that verbal and physical bullying are not allowed, are violations of the project rules and show disrespect to the entire community.
 - » The staff person discusses safety concerns with the client and recognizes it is Alex's right to access services they are eligible for.
- » Staff may not reject an eligible client based on a staff member's safety concerns related to a client's gender identity. While every effort should be made to express any staff concerns and staff can encourage the use of individual rooms, beds close to staff workstations or other accommodations, ultimately, the decision to accept those recommendations is the client's.

Questions to consider

- » Have you experienced similar situations with clients?
- » Were they resolved in accordance to the Equal Access Rule?
- » If things escalated, what would result in Trish's expulsion from this shelter and how would that be handled?

Discussion points about harassment

- » A client may initiate a discussion with staff regarding the inaccurate perception that another client's gender expression threatens their health or safety. It is important to both educate clients and maintain all clients' confidentiality. No discussion should be about specific individuals in the shelter. Staff can use this opportunity to discuss the priorities of the project, to serve everyone who is eligible, to reinforce that staff are responsible for safety and are careful only eligible clients are enrolled, or to review the complaining client's case plan and refocus their attention to making progress moving out of shelter.
- » Policies permitting requests for new bed or service assignment differs from project to project. If your project regularly moves people around, then consider more flexible policies. If, however, your project is unable to accommodate these requests without creating a heavy burden, policies may need to be less flexible. For instance, allowing a roommate to request a new assignment based on another client's gender expression or transgender status, with less flexible policies staff may need to instruct clients to focus on their own needs and concentrate on their progress. While at a more flexible project, where changes are made in response to a variety of requests (interpersonal conflict, closer or further from the bathroom, etc.) could accommodate a change request.

Ideas for Intervening

- » "Okay everyone, let's remember that this shelter is a place where everyone is welcome. If you make someone feel out of place or encourage them to leave, we may have to ask you to leave the project."
- » Remind specific individuals of their chores or obligations for the evening to break up a social interaction.
- » Ask two or three members of the group to meet privately in the staff office immediately. Discuss the rules for respecting everyone at the shelter and review their signed conduct agreements while pointing out the conversation you just witnessed was inconsistent with this agreement.

TRAINING SCENARIO

6

Equal Access Expectations

Setting: An emergency shelter project that houses 15 families in a large renovated home with shared kitchen and bathroom facilities. Project staff support families to move into more permanent arrangements throughout their 90-day stay. Each shift has a manager onsite throughout the shift. Shift manager Ahmad receives a knock on his open office door, and Jack, a resident, walks in.



Jack: Hey, can I talk to you?

Ahmad: Sure, come on in. Take a seat, what's up?

Jack: Listen, I don't want to get anyone in trouble. We really appreciate that you guys were here to take us in and I don't want to cause any waves...

Ahmad: No, please. If there's some problem we really need to know. There are lots of families that depend on this project. If there's an issue, I definitely need to know. I'm sure we can figure it out and for most things I can keep your concern confidential.

Jack: Thanks, I really appreciate that. It's Joanna, our case manager. She's giving Ben a hard time.

Ahmad: Your son? He's 13, right?

Jack: Well, you know how we told you Ben was born Megan and later we found out he identified as a boy? It created a lot of problems in his old school and it's part of the reason why we moved here without a job or anything. So I felt like I should tell the staff all this in case there was a problem, but I didn't expect the staff itself to be the problem.

Ahmad: What happened?

Jack: Well, she keeps implying that Ben might be happier doing girl things. At first my wife and I didn't notice; we thought she was just encouraging Ben to play with the other kids. But then we realized she was only encouraging Ben to play with the girls, and only spoke up to encourage him to do activities when there was a group of girls playing. It's not like she's blatantly challenging how we're raising Ben, but we're worried that's where this is headed. It was hard enough going through this the first time; my family doesn't need someone putting Ben through the wringer again. He's just getting settled at school and making friends. I really don't want any problems.

Continued

This exercise discusses how a supervisor can intervene and review project policy with a staff person.

TRAINING SCENARIO 6 CONTINUED

Ahmad: I really appreciate you bringing this up with me. From here I'm going to follow up with Joanna and address these issues with her directly. I may not be able to discuss with you the specific solution I decide since Joanna is an employee and has a right to confidentiality, but, if this continues, I want you to alert me or the manager on duty as soon as you're comfortable.

On Joanna's next shift, Ahmad schedules a meeting with Joanna.

Ahmad: Hey, thanks for making time to meet, I know things are really hectic right now with a full house.

Joanna: No problem, what's up?

Ahmad: I wanted to touch base on the Ramirez family. How are things going? You're their case manager right? Are they settling in ok? Any concerns at this point?

Joanna: It's funny you should mention them. I actually do have some concerns. You may not have known but their oldest, Ben — well she's really a girl. They're raising her as a boy but that's creating all kinds of problems for her. I've been trying to help her get more comfortable here with some of the other girls but I think we should be doing more.

Ahmad: Joanna, I think we should review the guidelines around what family issues concern staff and which ones are up to the mom and dad to figure out. We get lots of different kinds of families here as you know. Sometimes it can be tough to see a family struggle with any challenge but we have to really careful about how we become involved.

Joanna: Well, I think it could be child abuse. I mean, look — how is she going to be successful in life if they're doing this to her?

Ahmad: Joanna, I appreciate that you are concerned about Ben, like we all are concerned about all our clients. You know they are working closely with their doctor on this from the case notes I read and that they had a meeting with the principal at the school to make sure there wouldn't be any issues. If you are concerned about any abuse within this shelter our protocol requires you report it to the shift manager or page the project manager. What specifically do you think is endangering Ben? He seems like he's doing well from my interactions and the daily logs I've read.

Joanna: We need to show parents how to raise their kids. It's part of what we do all the time here; teach them how not to hit their own kids; how to feed them nutritious meals; how to read to them when they're little. You know, it's one of those basic things.

Continued



TRAINING SCENARIO 6 CONTINUED

Ahmad: I think it's great that you're concerned about Ben's well-being. Actually for kids experiencing gender identity challenges, most mental health experts now believe that the best approach is affirming the young person's feelings and letting them have the time and space to figure out the issues. In some cases, that means supporting them in living as the gender they feel they are. I can pull some articles for you on the issue and I can email you a link to a great documentary on the subject. But to be clear Joanna, this issue is very much outside of our purview as staff at a shelter. Ben's parents are working closely with both his school and doctor to ensure he's making healthy choices. Moving forward you need to focus on the milestones established in their case plan and not second-guess Ben's parents as long as he seems to be doing well, ok?

Joanna: You think this is okay to allow this to happen at the shelter?

Ahmad: Regardless of what I think, as a staff member at this project, I know we have very clear rules on what is appropriate to work on with our clients and what is not. If it's helpful we can review those guidelines and make a plan for moving forward with the Ramirez's. I can also do some shuffling and assign the Ramirez's to someone else if you would prefer that.

Joanna: You're right. I got hung up on something that wasn't my business. I think I can keep working with them if you're ok with it? I'll read these articles and get back to you if I have any questions.



TRAINING SCENARIO 6 CONTINUED

These steps supported non-discrimination, respecting individuals and confidentiality

- » The project had literature, guidelines and intake forms that let the client know it would be safe to bring his concerns to the shelter manager.
- » The manager heard the client's concerns and confirmed that the staff person's actions were not appropriate. The manager also indicated that some issues would not be covered by confidentiality (issues related to the imminent harm of an individual trigger mandated reporting requirements) and that the employee's own right to confidentiality may prevent him from following up with the family to relay the result.
- » The manager was able to initiate the discussion with the employee without disclosing the underlying complaint. Depending on a client's preference, the nature of the complaint, and appropriate personnel action, this may not always be possible. Being clear with a client about the limitations of confidentiality ensures there is no unexpected disclosure or action taken by management. If management must act based on the nature of the complaint even when contrary to a client's preference, acknowledging the decision and the client's frustration may help alleviate some of their dissatisfaction.

Questions to consider

- » If you were in Jack's position, is there another way he could have handled the problem?
- » Did Ahmad choose the right approach to discuss the concern with Joanna?
- » What if Joanna had not been forthcoming about her concerns about Ben's gender? How could Ahmad have brought up Jack's complaint about Joanna's behavior?
- » Is there anything you would have done differently?

TRAINING SCENARIO

7

Equal Access Expectations

Setting: Your project. Erin, a project participant, has just come to you with a problem.

Erin: Hey, thanks for talking with me. I just don't feel safe with him sharing my room. You know? I mean it's all been looks and refusing to talk to me but it feels like something's going to blow. I don't know what to do; can you help?

[fill in the blank]

You:

TRAINING SCENARIO 7 CONTINUED

These steps supported non-discrimination, respecting individuals and confidentiality

- » If Erin is a transgender client reporting a conflict with a roommate, how will you approach the situation?
- » If Erin's roommate has disclosed being transgender to other clients, how will you approach the situation?

Questions to consider

Ideas for Intervening



**A Message from Harriet Tregoning,
Principal Deputy Assistant Secretary for Community Planning and Development**

I am pleased to inform you that we have reached an important milestone in HUD efforts to ensure equal access for all persons in our programs. On September 21, 2016, HUD will publish a final rule in the Federal Register entitled [*Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs*](#).

This rule will ensure that all individuals have equal access to many of the Department's core shelter programs in accordance with their gender identity. This rule becomes effective October 21, 2016.

I encourage all CPD grantees to promptly review their policies to ensure consistency with the new rule.

Following what had previously been encouraged practice by HUD, providers using funds awarded through the Department's Office of Community Planning and Development (CPD), including those operating single sex projects, are now required to provide all individuals, including transgender individuals and other individuals who do not identify with the sex they were assigned at birth, with access to programs, benefits, services, and accommodations in accordance with their gender identity without being subjected to intrusive questioning or being asked to provide documentation.

HUD's new rule will require a recipient, subrecipient, or provider to establish, amend, or maintain program admissions, occupancy, and operating policies and procedures (including policies and procedures to protect individuals' privacy and security), so that equal access is provided to individuals based on their gender identity.

Other provisions and changes to the rule include:

- Eliminates the prohibition on inquiries related to sexual orientation or gender identity so service providers can ensure compliance with this rule. The removal of the prohibition on inquiries related to sexual orientation or gender identity does not alter the requirement to make housing assisted by HUD and housing insured by the Federal Housing Administration available without regard to actual or perceived sexual orientation or gender identity.
- Amends HUD's definition of "gender identity" to more clearly reflect the difference between actual and perceived gender identity.
- Makes a technical amendment to the definition of "sexual orientation," which was adopted from the Office of Personal Management's (OPM) definition of the term in 2012 to conform to OPM's current definition.
- NOTE: the definition of "family" remains the same. See [FAQ 1529](#) for specific guidance for projects with CoC and ESG funding.

As a new program regulation, failure to comply with the requirements of this rule will be considered a violation of program requirements and will subject the non-compliant grantee to all sanctions and

penalties available for program requirement violations. HUD has provided a suite of Technical Assistance materials to support final rule implementation, which can be found at <https://www.hudexchange.info/homelessness-assistance/resources-for-lgbt-homelessness/>.

HUD has also provided a document that grantees can publicly post to inform clients and staff of the equal access requirements, which can be found at <https://www.hudexchange.info/resource/5147/notice-on-equal-access-rights/>.

HUD is planning to conduct trainings and provide additional TA materials to assist HUD grantees in understanding the new rule and implementing the policies and procedures appropriately. As these resources become available, you will be able to access them on the [LGBT Homelessness Resource Page](#).

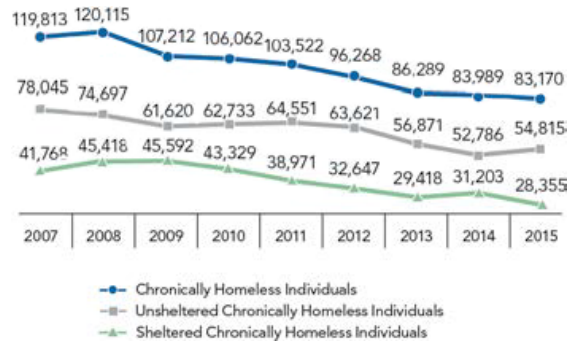
Find more information on HUD's broader work for LGBTQ inclusion in HUD's programs at http://portal.hud.gov/hudportal/HUD?src=/LGBT_resources. Please direct any questions regarding this rule and any requests for technical assistance to your local CPD representative.

Here's What You Need to Know about HUD's New Chronic Homelessness Definition

written by Jayme Day

December 16, 2015

G f e in



After years of trying to nail down a definition of chronic homelessness, the Department of Housing and Urban Development (HUD) finally released a new definition earlier this month. The new definition incorporates comments submitted over the years by a wide variety of stakeholders, including the Alliance.

Now that HUD's definition is finalized, communities will need to make adjustments to their homeless systems in order to implement the new definition and use it to help end homelessness. We think the new definition will lead to improvements. But to understand fully why it's good for ending homelessness, you need to first understand what the new definition changes.

First, let's look at the traditional definition. Chronic homelessness has been defined as a single individual (or head of household) with a disabling condition who has either:

Experienced homelessness for longer than a year, during which time the individual may have lived in a shelter, Safe Haven, or a place not meant for human habitation.

Or experienced homelessness four or more times in the last three years.

Now here's what's different in the new definition:

First, in terms of length of homelessness, the four episodes now have to add up to 12 months. Before this new definition, an individual could technically be homeless four different days over a three-year period and be classified as chronically homeless.

Second, previously people who exited institutional care facilities after spending fewer than 90 days there would not have that period counted toward their homelessness. Now, it will be.

Third, the time between periods of homelessness has now been defined as seven days in order for the period of homelessness to constitute an "episode."

Finally, HUD has clarified the ways in which service providers should verify whether an individual's homelessness experience meets the definition of chronic homelessness.

Those are the basics when it comes to time periods of homelessness, but of course many providers may have some remaining questions and concerns. Here's a quick look.

1. Why change the definition? – First, many permanent supportive housing programs (PSH) are targeted solely to chronically homeless people because this intervention is effective for ending homelessness and improving other outcomes for this group. PSH is a scarce resource and should be targeted to those most in need. The definition change is meant to ensure that disabled persons with the longest histories of homelessness can access housing. Second, due to many ambiguities in the original definition, communities across the U.S. were interpreting it differently.

2. Will people have to wait longer to be eligible for PSH? – Yes and No. PSH is intended for people who are *already* chronically homeless according to the new definition. So while it's true that some people won't qualify, there are already plenty of people out there who do, and they need our help. The sooner we end chronic homelessness, the sooner we can work our way upstream to prevent and end homelessness for all people.

3. Will the documentation be onerous? It could be. Clarity helps, though, and HUD has provided a lot more in terms of details for verifying chronic homelessness. The definition goes into place Jan. 15, 2016 right before the January 2016 point-in-time (PIT) count. Providers should be ready to collect additional information during the count. However, you're not required to verify their status during the count; that can come later.

4. What about people who are already in PSH? The new definition will only apply going forward. It's not retroactive, i.e. people aren't going to be kicked out of PSH because of it. However, that

doesn't mean we don't need to do a better job targeting our scarce PSH resources. Providers should explore "move-up" vouchers for people in PSH who still need subsidized housing but not the intensive services, freeing up space for others in need.

5. Will the new definition help to end homelessness? – Yes. Currently, communities are using PSH for populations that may not need that intensive of an intervention. Given its cost and scarcity, we must be extremely deliberate in how we use this resource. Targeting PSH to those who are chronically homeless according to this new definition will free up emergency services for those in crisis and will take many people off the streets who desperately need help.

Graphic from the "2015 Annual Homeless Assessment Report to Congress," U.S. Department of Housing and Urban Development.

Chronic Homelessness, HUD