

# HOMELESSNESS PLANNING COUNCIL

## GLOSSARY OF TERMS

### SECTION I: Homelessness as Defined by HUD

#### **LITERAL HOMELESSNESS**

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); **or**
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

#### **CHRONIC HOMELESSNESS**

The definition of chronic homelessness is:

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
  - Has been homeless and living as described for at least 12 months\* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility\*\*; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

## **IMMINENT RISK OF HOMELESSNESS**

An individual or family who will imminently lose their primary nighttime residence, provided that:

1. Residence will be lost within 14 days of the date of application for homeless assistance;
2. No subsequent residence has been identified; *and*
3. The individual or family lacks the resources or support networks needed to obtain other permanent housing.

*Note:* Includes individuals and families who are within 14 days of losing their housing, including housing they own, rent, are sharing with others, or are living in without paying rent.

## SECTION II: Homelessness Legislation

### **MCKINNEY ACT**

HUD's homeless efforts began on a national level with the Stewart B. McKinney Homeless Assistance Act of 1987 (PL100-77), which provided the first direct HUD programs to help communities deal with homelessness. The Stewart B. McKinney Homeless Assistance Act was the first – and remains the only- major federal legislative response to homelessness. This legislation was first introduced as the Urgent Relief for the Homeless Act in late 1987 containing emergency relief provisions for shelter, food, mobile health care, and transitional housing. After the death of its chief Republican sponsor, Representative Stewart B. McKinney of Connecticut, the act was renamed and signed into law.

### **MCKINNEY-VENTO ACT**

Major federal legislative response to homelessness that consists of fifteen programs providing a range of services to people experiencing homelessness, including emergency shelter, transitional housing, job training, primary health care, education, and some permanent housing.

### **HEARTH ACT**

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 was signed into law on May 20, 2009. The Hearth Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act with substantial changes, including:

- A consolidation of HUD's competitive grant programs

- The creation of a Rural Housing Stability Assistance Program
- A change in HUD's definition of homelessness and chronic homelessness
- A simplified match requirement
- An increase in prevention resources
- An increase in emphasis on performance

### SECTION III: Housing Agencies

#### **US Department of Housing and Urban Development (HUD)**

Created in 1937 to respond to the need for housing for every American. The primary areas of focus for HUD include creating opportunities for homeownership; providing housing assistance for low-income persons; working to create, rehabilitate, and maintain the nation's affordable housing; enforcing the nation's fair housing laws; helping the homeless; spurring economic growth in distressed neighborhood; and helping local communities meet their needs. HUD funds are used to help people experiencing homelessness move from the streets to temporary shelter, to supportive housing, and ultimately back to the mainstream of American life.

#### **Metropolitan Development and Housing Agency (MDHA)**

Nashville's public housing authority, primarily responsible for the city's housing, urban, and community development programs, and other related programs. Administers homeless-related programs such as HUD's Emergency Solutions Grant (ESG), Supportive Housing Program (SHP), and Housing Opportunities for Persons with AIDS (HOPWA).

#### **Tennessee Housing Development Agency (THDA)**

THDA was created by the Tennessee General Assembly in 1973 as the state's housing finance agency. THDA's purpose is to promote the production of more affordable new housing units; promote the preservation and rehabilitation of existing housing; and bring greater stability to the residential construction industry and related industries so as to assure a steady flow of production of new housing units.

### SECTION IV: Types of Housing

#### **PERMANENT SUPPORTIVE HOUSING (PSH)**

Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability.

## **EMERGENCY SHELTER**

Temporary shelter provided as an alternative to sleeping in places not meant for human habitation. Emergency shelter provides a place to sleep, humane care, a clean environment, and referrals to other agencies. Length of stay is typically limited to 30-60 days, and there are generally no minimal criteria for admission.

## **TRANSITIONAL HOUSING PROGRAMS**

Temporary housing situations that offer opportunities and comprehensive services for up to 24 months in an effort to assist people experiencing homelessness attain a level of self-sufficiency. Residential facilities for providing treatment for substance use disorders or mental illness are included in this category if the population served is homeless.

## **LOW BARRIER HOUSING & SHELTER**

Refers to shelter or housing properties with minimal entry requirements to improve access to services. Low barrier programs minimize barriers that prevent many people experiencing homelessness from attaining housing stability. Potential barriers that programs could lower, include: criminal background, credit checks, income verification, program participation, sobriety, identification, etc.

## **RESIDENTIAL TREATMENT SERVICES**

While people who experience chronic homelessness ultimately need permanent housing with flexible supports, residential treatment services provide short-term residential care and respite for people requiring comprehensive treatment services.

## SECTION V: Types of Housing Vouchers

### **HOUSING CHOICE VOUCHERS (HCV)**

The Housing Choice Voucher program is the federal government's major program for assisting very low-income households to afford decent, safe, and sanitary housing in the private market. Since housing assistance is provided on behalf of the family or individual, participants can find their own housing, including single-family homes, townhouses and apartments. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects.

Housing choice vouchers are administered locally by public housing agencies, such as MDHA. MDHA receives federal funds from the U.S. Department of Housing and Urban Development (HUD) to administer the voucher program.

A family that is issued a housing voucher is responsible for finding a suitable housing unit of the family's choice where the owner agrees to rent under the program. This unit may include the family's present residence. Rental units must meet minimum standards of health and safety, as determined by the PHA.

A housing subsidy is paid to the landlord directly by the PHA on behalf of the participating family. The family then pays the difference between the actual rent charged by the landlord and the amount subsidized by the program. Under certain circumstances, if authorized by the PHA, a family may use its voucher to purchase a modest home.

### **PROJECT BASED VOUCHER (PBV)**

Similar to the Tenant-Based Housing Choice Voucher Program, the PBV program provides low- to moderate-income individuals and families with monthly rental assistance. The family pays 30 percent of their monthly adjusted income and the PBV program pays the difference between the family portion of rent and the monthly rent to the owner. However, PBV assistance is tied to specific units rather than to the tenant. Eligible households only receive assistance while living in the PBV unit. MDHA selects families from the PBV waiting list, and if determined eligible for assistance, refers them to the owner of the PBV unit to fill their vacancies.

### **SHELTER PLUS CARE (S+C)**

The Shelter Plus Care (S+C) Program provides rental assistance to the chronically homeless/disabled in connection with supportive services. These individuals primarily include those with serious mental illness, chronic problems with alcohol and/or drugs, and HIV/AIDS or related diseases.

### **HUD VASH**

The HUD-Veterans Affairs Supportive Housing (HUD-VASH) program combines HUD's Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs), community-based outreach clinics (CBOCs), through VA contractors, or through other VA designated entities.

### **FAMILY UNIFICATION PROGRAM (FUP)**

FUP is a program under which Housing Choice Vouchers (HCVs) are provided to:

- Families for whom the lack of adequate housing is a primary factor in either:
  - The imminent placement of the family's child or children in out-of-home care.

- The delay in the discharge of the child or children to the family from out-of-home care.
- There is no time limitation on FUP family vouchers.
- Youth at least 18 years old and not more than 24 years old who:
  - Left foster care at age 16 or older or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act; and
  - Are literally homeless; or
  - Are at risk of homelessness.
  - FUP vouchers used by youth are limited, by statute, to 36 months of housing assistance.

Families and youth may use the vouchers provided through FUP to lease decent, safe, and sanitary housing in the private housing market.

## SECTION VI: HOUSING Interventions

### **HOUSING FIRST**

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. The Housing First model was developed by Dr. Sam Tsemberis of Pathways to Housing in the 1990s. The concept is simple: Offer a person housing first, then connect the housed person with supportive treatment services. This approach is also called permanent supportive housing. Over the past decade, multiple studies have shown that an immediate connection to permanent supportive housing helps ensure that more than 80% of formerly homeless individuals remain housed.

### **TRAUMA-INFORMED CARE**

Trauma-informed care is an approach that emphasizes understanding, compassion, and responding to the effects of all types of trauma, including Adverse Childhood Experiences (ACEs) and toxic stress. Trauma-informed care looks at physical, psychological, and emotional safety for both clients and service providers. Becoming “trauma-informed” means recognizing that people have many different traumatic experiences, which often intersect in their lives.

## **OUTREACH & ENGAGEMENT**

Outreach services include extending services or help in order to develop a relationship of trust and engage homeless persons into treatment and service programs; to provide basic materials, such as meals, blankets, or clothes, to homeless persons; or to publicize the availability of various types of assistance such as emergency shelter or food programs that are available to individuals experiencing homelessness. Outreach services may take place in a variety of settings, including public places, meal programs, shelters, drop-in centers, or health care facilities. They are typically delivered to individuals who generally live on the streets or other unsheltered settings.

## **INFORMATIONAL & REFERRAL**

Individuals experiencing homelessness may require a range of services to achieve housing stability. Sharing resources with people experiencing homelessness and making effective referrals can help to connect clients with resources to meet their needs.

## **CASE MANAGEMENT & SUPPORTIVE SERVICES**

Supportive case management services are services or activities for the arrangement, coordination, monitoring, and delivery of services to meet the needs of individuals and families who experience homelessness. Services and activities may include individual service plan development; counseling; monitoring, developing, securing, and coordinating services; monitoring and evaluating client progress; and assuring that clients' rights are protected.