

CRS Report for Congress

Homelessness: Targeted Federal Programs and Recent Legislation

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Committees of Congress**

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Summary

There is no single federal definition of homelessness, although a number of programs, including those overseen by the Department of Veterans Affairs (VA), the Department of Homeland Security (DHS), and the Department of Labor (DOL) use the Department of Housing and Urban Development (HUD) definition. The definition considers a homeless individual one who lacks a fixed nighttime residence or whose primary residence is a supervised public or private shelter designed to provide temporary living accommodations, a facility accommodating persons intended to be institutionalized, or a place not intended to be used as a regular sleeping accommodation for human beings.

The exact number of homeless individuals is not known, although estimates exist. The most recent estimate of the number of sheltered homeless individuals was released in HUD's first Annual Homeless Assessment Report (AHAR) on February 28, 2007. The AHAR estimated that during a three month period (February 1 to April 30, 2005) a total of 704,146 persons stayed in emergency shelters and transitional housing. An earlier estimate, from the late 1990s, used estimates of the number of persons who were homeless during two one-week periods to conclude that between 2.3 million and 3.5 million individuals experience homelessness at some point during the year.

A number of federal programs in seven different agencies, most authorized by the McKinney-Vento Homeless Assistance Act (P.L. 100-77), serve the homeless. These include the Education for Homeless Children and Youth program, the Emergency Food and Shelter program, the Health Care for the Homeless program, the Projects for Assistance in Transition from Homelessness program, the Runaway and Homeless Youth program, the Supportive Housing Program, the Shelter Plus Care program, the Section 8 Moderate Rehabilitation of Single-Room Occupancy Dwellings program, the Emergency Shelter Grants program, the Homeless Veterans Reintegration program, the Health Care for Homeless Veterans program, the Homeless Providers Grant and Per Diem program, and a number of other federal programs for homeless veterans.

Legislation in the 110th Congress regarding homelessness includes two bills to reauthorize the HUD Homeless Assistance Grants: the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (H.R. 840) and the Community Partnership to End Homelessness Act (S. 1518). Both bills would consolidate the three HUD competitive grants, codify the grant application process, and expand the definition of "homeless individual" (although the definitions would differ). Additional legislation would address homelessness among veterans: the Veterans Traumatic Brain Injury and Health Programs Improvement Act (S. 1233) would add to or amend several programs for homeless veterans, the Homes for Heroes Act (S. 1084 and H.R. 3329) would authorize 20,000 Section 8 vouchers for homeless veterans, and the Veterans Health Care Improvement Act (H.R. 2874) would provide supportive services to very low-income veteran families living in permanent housing.

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Homelessness: Targeted Federal Programs and Recent Legislation

There is no single federal definition of what it means to be homeless. However, most federal programs for the homeless use the definition of a homeless individual provided by the McKinney-Vento Homeless Assistance Act (P.L. 100-77):

[a]n individual who lacks a fixed, regular, and adequate nighttime residence; and a person who has a nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.¹

Data Regarding Persons Experiencing Homelessness

Over the years, various attempts have been made to both count the number of homeless individuals nationwide and to collect information about their characteristics. Studies exist that provide estimates of the number of homeless persons at a given point in time, estimates of the total number of homeless in a year, the characteristics of the homeless, and their need for services. (Results of these studies are presented in the following subsections.) The most recent point-in-time estimate of the sheltered homeless population was released on February 28, 2007 in the HUD Annual Homeless Assessment Report (AHAR).² The estimate was made using data from HUD's Homeless Management Information System (HMIS). The HMIS initiative, which began in 2001 at the direction of Congress, requires local communities that receive HUD homeless assistance funds to collect information about the individuals who use homeless services and to maintain the information in a database. In addition to estimates about the number of persons experiencing homelessness, the AHAR provided descriptive information about those homeless individuals served. (For more information about efforts to count individuals experiencing homelessness, see CRS Report RL33956, *Counting the Homeless: Homeless Management Information Systems*, by Libby Perl.)

¹ 42 U.S.C. §11302(a).

² U.S. Department of Housing and Urban Development, *The Annual Homeless Assessment Report to Congress*, February 2007, available at [<http://www.huduser.org/Publications/pdf/ahar.pdf>].

Prior to the release of the AHAR, the most comprehensive count of homeless persons was released in 1999. The National Survey of Homeless Assistance Providers and Clients (NSHAPC) was designed and funded by 12 federal agencies³ with guidance provided by the Interagency Council on the Homeless, a working group of the White House Domestic Policy Council. The NSHAPC provided point-in-time estimates of the number of homeless individuals, an estimate of the total number of persons who experience homelessness at some point during the year,⁴ and information about characteristics of homeless persons.⁵

Another effort to document characteristics of homeless persons occurs every year through the U.S. Conference of Mayors (USCM) report on hunger and homelessness. The report generally surveys between 20 and 30 cities about the changes over the previous year in demand for emergency shelter and emergency food assistance, as well as changes in the characteristics of the homeless population. The USCM began releasing annual reports in 1984; the most recent report was released in December 2006 and surveyed 23 cities.⁶

The First Annual Homeless Assessment Report

On February 28, 2007, HUD released the first Annual Homeless Assessment Report (AHAR) to Congress. The report estimated the number of *sheltered* homeless individuals using data collected from two sources: (1) HMIS data on the homeless populations in 64 communities during the period from February through April of 2005, and (2) information from the grant applications that local communities submitted to HUD in 2005 for homeless assistance funds (applicant communities must include results of an annual count of the homeless persons in their grant applications). The AHAR estimates do not include homeless persons who were not residing in emergency shelters or transitional housing during the relevant time periods.

The AHAR reported three point-in-time estimates of the number of homeless individuals, as well as an estimate of the number of persons who were homeless in the three month period during February 1 to April 30, 2005. According to data from the HMIS sample communities, an estimated 313,722 persons were homeless on

³ The federal agencies were the Departments of Housing and Urban Development, Health and Human Services, Veterans Affairs, Agriculture, Commerce, Education, Energy, Justice, Labor, Transportation, Social Security Administration, and the Federal Emergency Management Agency.

⁴ Information about the estimated number of homeless persons is provided in Martha Burt and Laudan Y. Aron, *America's Homeless II: Population and Services*, The Urban Institute: February 1, 2000, available at [http://www.urban.org/UploadedPDF/900344_AmericasHomelessII.pdf].

⁵ Information about the characteristics of homeless persons is provided in Martha R. Burt, Laudan Y. Aron, et. al., *Homelessness: Programs and the People They Serve*, Urban Institute, August 1999, available at [<http://www.urban.org/UploadedPDF/homelessness.pdf>].

⁶ U.S. Conference of Mayors, *Hunger and Homelessness Survey: A Status Report on Hunger and Homelessness in America's Cities*, December 2006, available at [<http://usmayors.org/uscm/hungersurvey/2006/report06.pdf>].

April 30, 2005. The same sample provided that an estimated 334,744 persons were homeless on an average day between February 1 and April 30, 2005. Finally, the community grant applications to HUD provided a count of 415,366 sheltered homeless persons during a single day in the month of January 2005. The total number of persons estimated to be homeless between February 1 and April 30, 2005, using HMIS data, was 704,146. The AHAR did not attempt to use these numbers to estimate the total number of persons who were homeless at some point during the year.

The HMIS data collected over the three-month period in 2005 also provide information about the characteristics of homeless persons. Of those in the sample, 65.7% were individuals or households without children, with 34.4% comprised of households with children. Unaccompanied adult males made up the largest percentage of the population (47.4%). Children made up 21.2% of the population. The majority of homeless individuals in the three-month count were members of minority groups, 58.9%. Of the adult homeless population counted during the three-month period, 18.7% were veterans and 25.0% were disabled.

The National Survey of Homeless Assistance Providers and Clients

The National Survey of Homeless Assistance Providers and Clients (NSHAPC) was released in 1999. The U.S. Census Bureau collected the data from a sample of 76 metropolitan and nonmetropolitan areas between October 1995 and November 1996. The Urban Institute analyzed the data. Although the NSHAPC data have not been updated since 1996, it is largely considered to be the most comprehensive data set available on the extent of homelessness, the characteristics of the homeless population, and service programs designed to assist homeless persons. Like the AHAR, the NSHAPC provided point-in-time estimates of the number of homeless individuals in the United States. It found that in a seven-day period during the fall of 1996, 444,000 clients used homeless assistance services, and in a seven-day period during the winter, the number was 842,000. Unlike the AHAR, however, the NSHAPC used these estimates to conclude that between 2.3 million and 3.5 million individuals experienced homelessness at some point during the year.⁷

The study further analyzed the characteristics of homeless individuals. It found that homeless clients were predominantly male (68%) and nonwhite (53%); 23% of homeless clients were veterans. Large proportions had never married (48%) and 38% had not received a high school diploma. The NSHAPC also found that 34% of homeless persons found in homeless assistance programs were members of homeless families (defined as a client with one or more children) and that homeless families had, on average, two children. Parents reported that almost half (45%) of these children ages three to five attended preschool and that 93% of school-age children (ages 6 to 17) attended school regularly. Forty-two percent of homeless clients reported that finding a job was their top need followed by a need for help in finding

⁷ Martha Burt and Laudan Y. Aron, *America's Homeless II: Population and Services*, The Urban Institute: February 1, 2000, available online at [http://www.urban.org/UploadedPDF/900344_AmericasHomelessII.pdf].

affordable housing (38%). Fifty-eight percent reported at least one problem with getting enough food to eat during the 30 days before being interviewed. Thirty-eight percent of homeless clients reported alcohol problems during the past month, 26% reported drug problems, and 39% reported mental health problems during that period. Over one-quarter (27%) of homeless clients had lived in foster care, a group home, or other institutional setting for part of their childhood. Twenty-five percent reported childhood physical or sexual abuse.

The NSHAPC counted approximately 40,000 homeless assistance programs in 21,000 service locations operating in the United States. Food pantries (about 9,000) were the most common type of program, followed by emergency shelters (about 5,700), transitional housing programs (about 4,400), soup kitchens (about 3,500), outreach programs (about 3,300), and voucher distribution programs (about 3,100). Nonprofit agencies operated 85% of all homeless assistance programs; 51% were operated by secular non-profits and 34% were operated by faith-based nonprofits. Government agencies operated only 14% of homeless assistance programs.

The 2006 U.S. Conference of Mayors Survey

In 2006, the U.S. Conference of Mayors appointed 23 mayors to serve on its Task Force on Hunger and Homelessness. The cities where those 23 mayors serve were surveyed for the organization's annual report on hunger and homelessness between November 1, 2005 and October 31, 2006.⁸ Among the questions on the survey were those regarding the demand for emergency food assistance, the demand for shelter, the characteristics of the homeless population, and the leading causes of homelessness in the community.

The 2006 survey showed that requests for emergency shelter in the 23 cities increased by an average of 9% over the previous year, with 68% of the cities registering an increase. Requests for shelter by homeless families with children increased by an average of 5%, with 59% of the cities reporting an increase. On average, persons in the survey cities remained homeless for eight months (versus seven months in the 2005 survey), with 32% of the cities reporting that the duration of homelessness in their communities had increased over the previous year. According to the study, mental illness combined with the lack of needed services led the list of causes of homelessness, followed closely by lack of affordable housing. In order of frequency, the other cited causes included substance abuse combined with the lack of needed services, low-paying jobs, domestic violence, prisoner re-entry, unemployment, and poverty.

Regarding the demographics of the homeless population, the surveyed cities reported that, on average, single men comprised 51% of the homeless population, families with children, 30%, single women, 17%, and unaccompanied youth, 2%. The cities also reported that, on average, 16% of homeless persons were considered

⁸ The cities surveyed were Boston, Charleston, Charlotte, Chicago, Cleveland, Denver, Des Moines, Detroit, Kansas City, Los Angeles, Louisville, Miami, Nashville, Norfolk, Philadelphia, Phoenix, Portland, Salt Lake City, San Francisco, Santa Monica, Seattle, St. Paul, and Trenton.

mentally ill; 26% abused substances; 13% were employed; and 9% were veterans. The homeless population was estimated to be, on average, 42% African-American, 39% white, 13% Hispanic, 4% Native American and 2% Asian.

The 2006 USCM survey estimated that the overall number of emergency shelter beds increased by 8% in the last year, with 26% of the cities surveyed reporting an increase in the number of available beds. There was a corresponding increase in the number of emergency shelter requests — an average increase of 9% across the survey cities. In the last year, an average of 23% of shelter requests by homeless individuals and 29% of shelter requests by homeless families were estimated to have gone unmet. City officials commented that homeless people who are not sheltered may be referred to other towns or agencies, go to overflow shelters or motels, double-up with friends or family, or sleep in cars or on the streets. Of the cities surveyed, 68% expected an increase in emergency shelter requests for 2007.

The Federal Response to Homelessness

Before the early 1980s, most homeless assistance took place at the local level. However, as advocates for persons experiencing homelessness achieved national attention for the problem of modern homelessness, the federal government played a greater role in responding to homelessness. In 1983, the first federal task force was created to provide information to local governments and other parties on how to obtain surplus federal property that could be used for providing shelter and other services for homeless persons. On June 26, 1986, H.R. 5140 and S. 2608 were introduced as the Homeless Persons' Survival Act to provide a comprehensive aid package for homeless persons. No further action was taken on either measure. However, later that same year, legislation containing Title I of the Homeless Persons' Survival Act — emergency relief provisions for shelter, food, mobile health care, and transitional housing — was introduced as the Urgent Relief for the Homeless Act (H.R. 5710). The legislation passed both houses of Congress in 1987 with large bipartisan majorities. The act was renamed the Stewart B. McKinney Homeless Assistance Act after the death of its chief sponsor, Stewart B. McKinney of Connecticut; it was renamed again on October 30, 2000, as the McKinney-Vento Homeless Assistance Act after the death of its other sponsor, Bruce Vento of Minnesota. In 1987, President Ronald Reagan signed the act into law (P.L. 100-77).

The original version of the McKinney-Vento Act consisted of 15 programs providing an array of services for homeless persons. The act also established the Interagency Council on the Homeless, which is designed to provide guidance on the federal response to homelessness through the coordination of the efforts of multiple federal agencies covered under the McKinney-Vento Act. Since the enactment of the McKinney-Vento Homeless Assistance Act, there have been several legislative changes to programs and services provided under the act. Specific programs covered under the McKinney-Vento Act, as well as other federal programs responding to homelessness, are discussed below.

Department of Education (ED)

Education for Homeless Children and Youth. (42 U.S.C. §§11431-11435) This program is authorized under Title VII, Part B, of the McKinney-Vento Homeless Assistance Act; it provides assistance to state education agencies (SEAs) to ensure that all homeless children and youth have equal access to the same free, appropriate public education, including public preschool education, that is provided to other children and youth. Grants made by SEAs to local education agencies (LEAs) under this program must be used to facilitate the enrollment, attendance, and success in school of homeless children and youth. The LEAs may use the funds for activities such as tutoring, supplemental instruction, and referral services for homeless children and youth, as well as providing them with medical, dental, mental, and other health services. In order to receive funds, each state must submit a plan indicating how homeless children and youth will be identified, how assurances will be put in place that homeless children will participate in federal, state, and local food programs if eligible, and how the state will address such problems as transportation, immunization, residency requirements, and the lack of birth certificates or school records.

Education for Homeless Children and Youth grants are allotted to SEAs in proportion to grants made under Title I, Part A of the Elementary and Secondary Education Act of 1965, except that no state can receive less than the greater of \$150,000, 0.25% of the total annual appropriation, or the amount received in FY2001 under this program. The Department of Education must reserve 0.1% of the total appropriation in order to provide grants to outlying areas (Virgin Islands, Guam, American Samoa, and the Commonwealth of the Northern Mariana Islands). The Department must transfer 1.0% of the total appropriation to the Department of the Interior for services to homeless children and youth provided by the Bureau of Indian Affairs.

The No Child Left Behind Act of 2001 (P.L. 107-110) amended the program explicitly to prohibit states that receive McKinney-Vento funds from segregating homeless students from non-homeless students, except for short periods of time for health and safety emergencies or to provide temporary, special, supplementary services. An exception was made for four counties that operated separate schools for homeless students in FY2000 (San Joaquin, Orange, and San Diego counties in California, and Maricopa County in Arizona), as long as: (1) those separate schools offer services that are comparable to local schools; and (2) homeless children are not required to attend them. The Education for Homeless Children and Youth Program is authorized under P.L. 107-110 through FY2007 at 42 U.S.C. §11435, as amended.

Department of Homeland Security (DHS)

Emergency Food and Shelter (EFS) Program. (42 U.S.C. §§ 11331-11352) The Emergency Food and Shelter program, the oldest federal program serving all homeless populations,⁹ was established in March 1983 and is administered

⁹ The Runaway and Homeless Youth Program, discussed later in this report, was enacted in (continued...)

by the Emergency Preparedness and Response Directorate, also referred to as the Federal Emergency Management Agency (FEMA), in the Department of Homeland Security. The program allocates funds to local communities to fund homeless programs and homelessness prevention services. The EFS program is governed by a National Board chaired by FEMA and made up of representatives from the United Way of America, the Salvation Army, the National Council of Churches of Christ in the U.S.A., Catholic Charities U.S.A., the Council of Jewish Federations and the American Red Cross. The National Board uses a formula comprised of unemployment rates and poverty rates to determine which local jurisdictions (typically counties) qualify for funds. Eligible local jurisdictions then convene a local board to determine which organizations — nonprofits and government agencies — within their communities should receive grants, and distribute their available funds accordingly.

Eligible expenses for which local organizations may use funds include items for food pantries like groceries, food vouchers, and transportation expenses related to the delivery of food; items for mass shelters like hot meals, transportation of clients to shelters or food service providers, and toiletries; payments to prevent homelessness like utility assistance, hotel or motel lodging, rental or mortgage assistance and first month's rent; and local recipient organization program expenses like building maintenance or repair, and equipment purchases up to \$300.

The EFS program was established by the Temporary Emergency Food Assistance Act of 1983 (P.L. 98-8); in 1987 it was authorized under the McKinney-Vento Homeless Assistance Act. The authorization for the EFS program expired at the end of FY1994 (42 U.S.C. §11352), however it continues to be funded through annual appropriations.

Department of Health and Human Services (HHS)

Health Care for the Homeless (HCH) Program. (42 U.S.C. §254b(h)) This program is authorized as a Consolidated Health Centers Program and currently allocates funds to 164 grantees to provide health services to a special medically underserved population comprised of homeless individuals. This is the only federal program with responsibility for addressing the primary health care needs of homeless people; it furnishes a range of services that include emergency shelter, transitional housing, job training, primary health care, education, and some permanent housing. Grants are also available for innovative programs that provide outreach and comprehensive primary health services to homeless children and children at risk of homelessness. Centers that receive grants to care for the homeless are required to provide substance abuse treatment as a condition of the grant. In CY2004 approximately 588,000 homeless individuals were provided services by this program. Authorization for the Health Centers Program expired at the end of FY2006 (42 U.S.C. §254b(r)). (For more information, see CRS Report RL32046, *Federal Health Centers Program*, by Barbara English.)

⁹ (...continued)
1974.

Projects for Assistance in Transition from Homelessness (PATH). (42 U.S.C. §290cc-21 through §290cc-35) Created in 1987, the PATH formula grant program supports a wide network of state and local agencies that provide community-based outreach, mental health, substance abuse, case management, and other support services in a variety of settings for people with serious mental illness (including those with co-occurring substance abuse disorders) who are homeless or at risk of becoming homeless. The PATH program provides these services through grants of at least \$300,000 to each state, the District of Columbia, and Puerto Rico. The U.S. territories each receive \$50,000. States must provide matching funds of at least \$1 for every \$3 of federal funds. In FY2005, states exceeded the minimum level of matching funds, providing more than \$32.7 million in funds to match the \$52.4 million federal allocation. Up to 20% of the federal payments may be used for housing subsidies and other services to help individuals access housing resources. The PATH program is authorized under Title V of the Public Health Service (PHS) Act Sections 521-535, and administered by the Center for Mental Health Services within the Substance Abuse and Mental Health Services Administration (SAMHSA). Authorization for the PATH program expired at the end of FY2003; however, it continues to be funded through annual appropriations.¹⁰

Other SAMHSA Homelessness Programs. In addition to the PATH formula grant, SAMHSA supports community services for homeless individuals with substance abuse disorders or with co-occurring substance abuse and mental disorders through various discretionary grant programs authorized under PHS Act Section 506. The goal is to link substance abuse and mental health treatment services with housing programs and other services for homeless persons. The programs are evaluated based on outcomes such as employment, permanent housing, reduced criminal involvement, reduced substance abuse, and improved mental health. In FY2005, SAMHSA budgeted \$40.1 million for Section 506 grants.¹¹

Runaway and Homeless Youth Program. The Runaway and Homeless Youth Program is administered by the Family and Youth Services (FYSB) Bureau within HHS's Administration for Children and Families (ACF). The program was established in 1974 and has since been reauthorized three times, most recently by the Runaway, Homeless, and Missing Children Protection Act in 2003 (P.L. 108-96). The law currently authorizes federal funding for three programs — the Basic Center Program (BCP), Transitional Living Program (TLP), and Street Outreach Program (SOP). These programs are designed to provide services to runaway and homeless youth outside of the law enforcement, juvenile justice, child welfare, and mental health systems. The funding streams for the Basic Center Program and Transitional Living Program were separate until Congress consolidated them in 1999 (P.L. 106-71). Together, the two programs — along with other program activities — are known as the Consolidated Runaway and Homeless Youth Program.¹² Although the

¹⁰ For more information, see [<http://pathprogram.samhsa.gov>].

¹¹ For more information, see [http://www.samhsa.gov/Matrix/matrix_homelessness.aspx].

¹² Other program activities include a national communications system for runaway youth and their families, logistical support for grantee organizations, HHS's National Clearinghouse (continued...)

Street Outreach Program is a separately funded component, SOP services are coordinated with those provided under the BCP and TLP. Grantees must provide at least 10% of the funds to cover the total cost of the services provided under the three programs. (For additional information, see CRS Report RL33785, *Runaway and Homeless Youth: Demographics, Federal Programs, and Emerging Issues*, by Adrienne L. Fernandes.)

Basic Center Program. (42 U.S.C. §§5701-5751) The Basic Center Program is intended to provide short-term shelter and services for youth under age 18 and their families through public and private community-based centers. Youth eligible to receive BCP services include those youth who are at risk of running away or becoming homeless (and who may live at home with their parents), or have already left home, either voluntarily or involuntarily. In FY2005, 357 BCP shelters in all 50 states, Puerto Rico, America Samoa, and Guam served 51,680 youth.¹³ These centers, which generally shelter as many as 20 youth for approximately two weeks, are located in areas that are frequented or easily reached by runaway and homeless youth. The centers seek to reunite youth with their families, whenever possible, or to locate appropriate alternative placements. The centers also provide food, clothing, individual and family counseling, and health care referrals. Some centers serve homeless youth ages 18 to 21 through street-based services, home-based services, and drug abuse education and prevention services.

BCP grants are allocated by formula to each state, the District of Columbia, and Puerto Rico, and are then distributed by HHS on a competitive basis to community-based organizations. The amount of BCP funding available to a jurisdiction is based on its proportion of the nation's youth under age 18, and under the law, each jurisdiction receives a minimum of \$100,000. Separately, each of the territories (U.S. Virgin Islands, Guam, America Samoa, and the Northern Mariana Islands) receives a minimum of \$45,000 of the total appropriations. Grantees are required to establish relationship with law enforcement, health and mental health care, social service, welfare, and school district systems to coordinate services.

Transitional Living Program. (42 U.S.C. §5714-1 through §5714-2) The Transitional Living Program provides longer-term shelter and assistance for youth ages 16 to 21 (including pregnant and/or parenting youth) who may leave their biological homes due to family conflict, or have left and are not expected to return home. TLP grants are distributed competitively by HHS to community-based public and private organizations. In FY2005, nearly 200 organizations received TLP grants

¹² (...continued)

on Families and Youth, demonstrations, and the administration of the management information system that tracks data on runaway and homeless youth, known as NEO-RHYMIS.

¹³ U.S. Department Health and Human Services, *Administration for Children and Families Justification of Estimates for Appropriations Committees*, FY2007, p. D-43. According to the ACF budget justification, the Northern Mariana Islands do not have Basic Center Program grantees, although funds are available for new awards to the territory, if desired. Data on youth served by the BCP, TLP, and SOP are provided in HHS's NEO-RHYMIS reporting system on runaway and homeless youth. See [https://extranet.acf.hhs.gov/rhymis/custom_reports.html].

and served 3,279 youth.¹⁴ All but five states (Idaho, Nevada, New Hampshire, North Dakota, and Wyoming), Puerto Rico, and Guam appear to have at least one TLP grantee.¹⁵ Each TLP grantee may shelter up to 20 youth at host family homes, supervised apartments owned by a social service agency, or scattered-site apartments and single-occupancy apartments rented directly with the assistance of the agency. Shelter is provided for up to 18 months, and youth under 18 may remain in the program an additional 180 days or until turning 18, whichever comes first. Youth receive several types of TLP services:

- basic life-skills training, including consumer education, and instruction in budgeting and housekeeping;
- interpersonal skill-building;
- educational preparation, such as GED courses and post-secondary training;
- assistance in job preparation and attainment;
- education and counseling on substance abuse; and
- mental and physical health care services.

In FY2002, the Bush Administration proposed a Maternity Group Home Initiative as part of the Runaway and Homeless Youth Program's TLP component. For FY2003 through FY2006, the President requested \$10 million to fund the group homes. However, Congress has not appropriated any specific funding for the initiative. Grantees may and do use TLP funds to directly serve unwed pregnant and parenting teens, without a specific set-aside. Currently, an estimated one-third of TLP grants fund maternity group homes.¹⁶ These organizations provide youth with parenting skills, including child development education, family budgeting, health and nutrition, and other skills to promote their well-being and the well-being of their children.

Street Outreach Program.¹⁷ (42 U.S.C. §5712d) Runaway and homeless youth living on the streets or in areas that increase their risk of using drugs or being subjected to sexual abuse, prostitution, or sexual exploitation are eligible to receive services through the Street Outreach Program. The program's goal is to assist youth in transitioning to safe and appropriate living arrangements. SOP services include outreach and education, treatment, counseling, provision of information, and referrals to other social service agencies. The Street Outreach Program is funded separately from the BCP and TLP, and is authorized to receive such sums as may be necessary. Since FY1996, when funding for the Street Outreach Program was established, community-based public and private organizations have been eligible to apply for

¹⁴ U.S. Department Health and Human Services, *Administration for Children and Families Justification of Estimates for Appropriations Committees*, FY2007, pp. D-44.

¹⁵ See "Locate a TLP Program" on the Family and Youth Services website, at [<http://www.acf.hhs.gov/programs/fysb/content/youthdivision/programs/locate.htm>].

¹⁶ U.S. Congress, House of Representatives, *Runaway, Homeless, and Missing Children Protection Act*, H.Rept. 108-118, p. 9.

¹⁷ This program is also known as the Education and Prevention Services to Reduce Sexual Abuse of Runaway, Homeless, and Street Youth Program.

SOP grants. Grants are generally awarded for a three-year period. Applicants may apply for a \$100,000 grant each year for a maximum of \$200,000 over that period. In FY2005, street workers with grantee organizations made nearly 515,000 contacts with street youth (multiple contacts may have been made with an individual youth). Of those youth, most received written materials about referral services, health and hygiene products, and food and drink items.

Transitional Housing Assistance for Victims of Domestic Violence.

The Violence Against Women Act of 2000 (VAWA 2000; P.L. 106-386; 42 U.S.C. §10419) amended Title III of the Family Violence Prevention and Services Act (42 U.S.C. §10401 et seq.) to create transitional housing assistance for victims of domestic violence. The act authorizes the HHS Secretary to provide grants to states to assist an eligible individual or dependent who is fleeing domestic violence, or for whom emergency shelter services are lacking, in finding and obtaining permanent housing. The program also is designed to help a person become integrated into the community through provision of transportation, counseling, child care services, case management, employment counseling and other assistance. A person or dependent can receive transitional housing assistance for a maximum of 18 months. The program is authorized through FY2008 (P.L. 108-36); however, no funding has ever been requested or appropriated for the transitional housing program at HHS. For more information, see the “Department of Justice (DOJ)” section, below.

Department of Justice (DOJ)

Transitional Housing Assistance for Child Victims of Domestic Violence, Stalking, or Sexual Assault. The 108th Congress passed the Prosecutorial Remedies and Other Tools to End the Exploitation of Children Today Act of 2003 (the PROTECT Act, P.L. 108-21; 42 U.S.C. §13975), which contains provisions that are very similar to the Transitional Housing Assistance for Victims of Domestic Violence program that is authorized to be administered by HHS. The PROTECT Act extends transitional housing assistance to child victims of domestic violence, stalking, or sexual assault and provides for the Department of Justice to administer this transitional housing assistance grant program. In consultation with the Director of the Violence Against Women Office, the Attorney General provides grants to states, units of local governments, Indian tribes, and other organizations to help eligible persons with temporary housing for a maximum of 24 months.

The transitional housing assistance program had been authorized at \$30 million for each of FY2004 through FY2008; however, during the 109th Congress, the Violence Against Women and Department of Justice Reauthorization Act of 2005 (P.L. 109-162) increased the authorized funding level and extended the authorization period for the transitional housing program, providing \$40 million for FY2007 through FY2011. At least 7% of the total appropriation in any fiscal year for this program must be allocated to tribal organizations serving victims of domestic and dating violence, stalking, or sexual assault. For FY2005 through FY2007, Congress appropriated funding for the program through a set-aside from the Special Training Officers and Prosecutors (STOP) grant. (For additional information, see CRS Report RL30871, *Violence Against Women Act: History and Federal Funding*, by Garrine P. Laney.)

Department of Housing and Urban Development (HUD)

Homeless Assistance Grants. The Homeless Assistance Grants account was established in 1987 as part of the Stewart B. McKinney Homeless Assistance Act (P.L. 100-77). The grants, administered by HUD, fund housing and services for homeless persons. Initially four programs, including the Emergency Shelter Grants (ESG), Supportive Housing Program (SHP), and Section 8 Moderate Rehabilitation Assistance for Single-Room Occupancy Dwellings (SRO) program, were funded through HUD's Homeless Assistance Grants. Since 1987, Congress has added and removed grant programs, but these three remain, together with the Shelter Plus Care (S+C) program, which was introduced as part of the Cranston-Gonzalez National Affordable Housing Act (P.L. 101-625) in 1992. Two additional programs — Rural Homeless Grants and Safe Havens for Homeless Individuals — still exist statutorily, although they have not been funded since FY1994.

Funding for the ESG program is allocated to states and localities on a formula basis. Funding for the other three programs — SHP, S+C, and SRO — is disseminated through HUD's Continuum of Care (CoC) system. Under the CoC strategy, localities and states are encouraged to develop and maintain assistance systems that integrate programs and services for persons experiencing homelessness or who are at risk of becoming homeless. Local communities establish CoC coordinating boards made up of local government and service providers. The CoC boards establish local priorities and strategies to address homelessness in their communities. Local programs that wish to receive HUD funding submit their applications to the CoC boards, which then review them, prioritize them, and submit them to HUD for review. Out of concern that not enough CoC dollars were being spent on housing, since FY2002 Congress has required that not less than 30% of funds appropriated to the Homeless Assistance Grants programs be used for permanent housing. Following is a description of the four programs that are presently funded under the Homeless Assistance Grants. (For more information about the distribution of the funds for the four grants, see CRS Report RL33764, *The HUD Homeless Assistance Grants: Distribution of Funds*, by Libby Perl.)

Emergency Shelter Grants (ESG) Program. (42 U.S.C. §§11371-11378) The ESG program provides formula grants to state and local governments; any local government may distribute all or a portion of the funds to private nonprofit organizations providing assistance to homeless individuals. ESG funds are distributed so that state and local governments receive the same proportion of total ESG funds as they receive of total Community Development Block Grant (CDBG) funds. Emergency Shelter Grants are used for the renovation, major rehabilitation or conversion of buildings into emergency shelters. Essential services, including employment, health, drug abuse or education services may also be funded with ESG funds, although not more than 30% of funds may be used for services. Maintenance, operation, insurance, utilities, and furnishing costs for these emergency shelters may also be funded under this program, although not more than 10% of the funds may be used for staffing costs. To prevent homelessness, financial assistance may be given to families that have received eviction or termination of utility service notices if: (1) the inability to make such payments is due to a sudden reduction in income, (2) there is a reasonable prospect that the family will be able to resume payments within a reasonable period of time, and (3) the assistance will not supplant funding for

preexisting homelessness prevention activities from other sources. Up to 30% of funds may be used for prevention activities. There is a one-for-one match requirement for local governments; there is no match requirement for the first \$100,000 for states, but a one-for-one match is required for the remainder of the funds. The authorization for this program (42 U.S.C. §11377) expired at the end of FY1994; however, the program has continued to be funded through annual appropriations.

Supportive Housing Program (SHP). (42 U.S.C. §§11381-11389) Housing funded under the SHP may be transitional within a 24-month period, permanent housing for disabled individuals, or a single room occupancy dwelling. In order to receive funds, permanent housing must provide supportive services for its residents such as case management, child care, employment assistance, outpatient health services, food and cash assistance and assistance in obtaining permanent housing. States, local governmental entities, private nonprofit organizations, or community mental health associations that are public nonprofit organizations may apply for funds through their local CoC board. This program requires that not less than 25% of appropriated funds be used to serve homeless families with children, not less than 25% be used to serve homeless persons with disabilities, and not less than 10% be used for providing supportive services. There is also a dollar-for-dollar match requirement for acquisition, rehabilitation, and construction activities, a 20% match for services, and a 25% match requirement for operational expenses. No provider may use more than 5% of SHP funds for administrative purposes. The authorization for this program (42 U.S.C. §11389) expired at the end of FY1994; however, it has continued to be funded through annual appropriations.

Shelter Plus Care Program (S+C). (42 U.S.C. §§11403-11406b) The S+C program provides rental subsidies to homeless adults with disabilities. Similar to the Section 8 program, tenants pay 30% of their income toward housing and the administering body pays the rest. The assistance is funded for five years, but can be renewed at the end of those five years. S+C grants must be matched by local communities dollar for dollar. While S+C grant dollars cannot be used to fund supportive services, grantees are expected to partner with other agencies to provide services and the dollar for dollar match requirement can be met through spending on services. Not less than 50% of S+C vouchers must be reserved for homeless individuals who are seriously mentally ill, have chronic substance abuse problems, or both. A state, unit of general local government (city, county, town, township, parish, or village) or public housing authority may apply for funds through their local CoC boards. Grantees may provide rental assistance to private nonprofit entities (including community mental health centers established as nonprofit organizations) that own or lease dwelling units. The authorization for this program (42 U.S.C. §11403h) expired at the end of FY1994; however, the program has continued to be funded through annual appropriations.

Section 8 Moderate Rehabilitation Assistance for Single-Room Occupancy Dwellings (SRO). (42 U.S.C. §§11401, 11407-11407b) Under the SRO program, HUD provides rental subsidies, through public housing agencies, in connection with the moderate rehabilitation of residential properties that contain multiple single room dwelling units. These project units are similar to dormitories, having single bedrooms, community bathrooms, and kitchen facilities. Funds for this

program may also come from the Shelter Plus Care Program. Growth in the SRO program has been severely limited in recent years because of the high up-front cost of 10 year contracts as well as a dwindling supply of eligible buildings. The authorization for this program (42 U.S.C. §11403h) expired at the end of FY1994; however, it has continued to be funded through annual appropriations.

Department of Labor (DOL)

Homeless Veterans Reintegration Program. (38 U.S.C. §2021) The Homeless Veterans Reintegration Program (HVRP) provides grants to states or other public entities and non-profits, including faith-based organizations, to operate employment programs that reach out to homeless veterans. The main goal of the HVRP is to reintegrate homeless veterans into the economic mainstream and labor force. Initially HVRP was authorized by the McKinney-Vento Homeless Assistance Act of 1987, but in 2001 it was reauthorized under the Homeless Veterans Comprehensive Assistance Act (P.L. 107-95). On June 15, 2006, the President signed P.L. 109-233, which reauthorized the HVRP from FY2007 to FY2009 at \$50 million per year, the amount at which the program had previously been authorized. (For more information about programs for homeless veterans, see CRS Report RL34024, *Veterans and Homelessness*, by Libby Perl.)

Department of Veterans Affairs (VA)

Health Care for Homeless Veterans (HCHV).¹⁸ (38 U.S.C. §§2031-2034) This program operates at VA sites around the country where staff provide outreach services, physical and psychiatric health exams, treatment, and referrals to homeless veterans with mental health and substance abuse problems. As appropriate, the HCHV program places homeless veterans needing long-term treatment into one of its 200 contract community-based facilities. Residential housing may be purchased or leased with program funds to operate therapeutic transitional housing (38 U.S.C. §2032, §2042). Under this program, the VA is required to coordinate and provide services in conjunction with state and local governments, other appropriate departments and agencies of the federal government and non-governmental organizations. In 2005, VA's 132 HCHV programs provided outreach, treatment, and referral services to just over 61,000 homeless veterans.¹⁹ The 109th Congress reauthorized the program through December 31, 2011 (P.L. 109-461). (For more information about programs for homeless veterans, see CRS Report RL34024, *Veterans and Homelessness*, by Libby Perl.)

Homeless Providers Grant and Per Diem Program.²⁰ (38 U.S.C. §§2011-2013) The Grant and Per Diem program has two aspects: the grants portion funds capital grants that organizations may use to provide the facilities used for

¹⁸ Formerly called the Homeless Chronically Mentally Ill Veterans (HCMI) program.

¹⁹ Wesley J. Kaspro, Robert A. Rosenheck, Diane DiLella, Leslie Cavallaro, and Nicole Harelik, *Health Care for Homeless Veterans: Nineteenth Annual Report*, U.S. Department of Veterans Affairs Northeast Program Evaluation Center, March 31, 2006.

²⁰ Formerly called the Homeless Veterans Comprehensive Services Programs.

transitional housing and service centers for homeless veterans, while the per diem portion funds services to homeless veterans. Specifically, capital grants may be used to purchase buildings, to expand or remodel existing buildings, and to procure vans to use in outreach to and transportation for, homeless veterans. Service centers for veterans must provide health care, mental health services, hygiene facilities, benefits and employment counseling, meals, transportation assistance, job training and placement services, and case management. The capital grants will fund up to 65% of the costs of acquisition, expansion or remodeling of facilities, and grantees must provide the remaining 35%. Under the per diem program, both capital grant recipients and those organizations that would be eligible for capital grants (but have not applied for them) are eligible to apply for funds, although grant recipients have priority in receiving per diem funds. The 109th Congress reauthorized the Grant and Per Diem program for FY2007 and each year thereafter at \$130 million (P.L. 109-461).

Homeless Veterans with Special Needs. (38 U.S.C. §2061) Within the Homeless Providers Grant and Per Diem program there is also a “special purpose program” which provides grants to health care facilities and to grant and per diem providers to encourage the development of programs for homeless veterans who are women (including women who care for minor dependents), frail elderly, terminally ill, or chronically mentally ill. The program was initially authorized at \$5 million per year for FY2003 through FY2005. P.L. 109-461, enacted on December 22, 2006, reauthorized the program for FY2007 through FY2011 at \$7 million per year.

Domiciliary Care for Homeless Veterans (DCHV). (38 U.S.C. §1710(b)) This program is a residential rehabilitation program specifically intended to meet the clinical needs of homeless veterans while preventing the therapeutically inappropriate use of hospital and nursing home care services. The VA operates the DCHV program at 34 locations with 1,833 total beds across the country. A multi-dimensional, individually tailored treatment approach is used and the clinical status of the veteran is stabilized while the underlying causes of homelessness are addressed. The basic components of the DCHV program include community outreach and referral, admission screening and assessment, medical and psychiatric evaluation, treatment and rehabilitation, and post-discharge community support. DCHV staff help veterans apply for housing assistance, or arrangements are made for placement of homeless veterans in long-term care facilities such as State Soldiers Homes, group homes, adult foster care or halfway houses. Homeless veterans are provided employment training through involvement in the VA’s Incentive Therapy Program, a medically prescribed rehabilitation program involving therapeutic work assignments at VA medical centers for which veterans receive nominal payments. In FY2005, the DCHV program served 5,394 veterans, who had an average stay of 109 days at the VA facilities.²¹

²¹ Sandra G. Resnick, Robert Rosenheck, Sharon Medak, and Linda Corwel, “The Seventeenth Progress Report on the Department of Veterans Affairs Domiciliary Care for Homeless Veterans Program,” February 2006, p. 9.

Compensated Work Therapy Program (formerly the Special Therapeutic and Rehabilitation Activities Fund).²² (38 U.S.C. §2063) The Compensated Work Therapy (CWT) program is a comprehensive rehabilitation program that prepares veterans for competitive employment and independent living. The major goals of the program are (1) to use remunerative work to maximize a veteran's level of functioning; (2) to prepare veterans for successful re-entry into the community as productive citizens; and (3) to provide structured daily activity to those veterans with severe and chronic disabling physical and/or mental conditions. As part of their work therapy, veterans produce items for sale or undertake subcontracts to provide certain products and/or services such as temporary staffing to a company. Funds collected from the sale of these products and/or services are used to fund the program. Funding for this program comes from the VA's Special Therapeutic and Rehabilitation Activities Fund, which is permanently authorized at 38 U.S.C. §1718(c).

Guaranteed Transitional Housing for Homeless Veterans. (38 U.S.C. §§2051-2054) Qualified nonprofit organizations or other qualified organizations that have experience in underwriting transitional housing projects may obtain a loan under this program for the construction, rehabilitation or acquisition of land for a multifamily transitional housing project for homeless veterans. Under this program, housing may be single room occupancy and must provide supportive and counseling services (including job counseling) with the goal of encouraging self-sufficiency among participating veterans. To qualify, a project must require the occupant veteran to seek and maintain employment. The project must also maintain strict guidelines regarding the sobriety of participants. Occupants must pay a reasonable fee in order to live in these transitional units. Veterans who are not homeless, and homeless individuals who are not veterans, may be occupants of transitional housing if all of the transitional housing needs of homeless veterans in the project area have been met. Not more than 15 loans with an aggregate total of up to \$100 million may be guaranteed under this program. Funding for this program is authorized at 38 U.S.C. §2051. The VA has committed loans to two projects, one will provide 141 beds for veterans in Chicago and another that will provide 144 beds in San Diego.²³

HUD VA Supported Housing (HUD-VASH). (42 U.S.C. §1437f (o)(19)) This joint HUD and VA supported housing program provides specially designated HUD rental assistance (Section 8) vouchers to homeless veterans. This program serves homeless veterans who have chronic mental illnesses or chronic substance abuse disorders. Before a veteran may participate in this program, he or she must agree to continue treatment for the mental illness or substance abuse disorder. Every homeless veteran who receives a housing voucher must be assigned to a VA case manager and receive supportive services. Today's HUD VASH program originally began as a Memorandum of Agreement between HUD and the VA, and through that

²² The program was created by the Veterans Omnibus Health Care Act of 1976 (P.L. 94-581).

²³ Statement of Pete Dougherty, Director, Homeless Veterans Programs, Senate Veterans Affairs Committee, *Looking At Our Homeless Veterans Programs: How Effective Are They?*, 109th Cong., 2nd sess., March 16, 2006, available at [<http://veterans.senate.gov/index.cfm?FuseAction=Hearings.CurrentHearings&rID=514&hID=181>].

relationship 1,780 vouchers were created and are in circulation today. The Homeless Veterans Comprehensive Assistance Act of 2001 (P.L. 107-95) codified the program and authorized the creation of an additional 500 vouchers each year for FY2003-FY2006. However, HUD has not requested, and Congress has not provided, funds for HUD-VASH vouchers since the program was codified. In the 109th Congress, P.L. 109-461, enacted on December 22, 2006, provides that funds be made available for additional HUD-VASH vouchers — 500 in FY2007, 1,000 in FY2008, 1,500 in FY2009, 2,000 in FY2010, and 2,500 in FY2011. For FY2008, both the House and Senate have proposed to fund additional HUD-VASH vouchers in the Department of Transportation, Treasury, and HUD appropriations bills (H.R. 3074). The House would provide funds sufficient for 1,000 vouchers, while the Senate would provide \$75 million, which it estimates would fund at least 7,500 vouchers.

Other VA Activities. In addition to the targeted programs for which specific funding is available, as shown in **Table 2**, the VA engages in several activities to assist homeless persons that are not reflected in this report as separate programs. An *Advisory Committee on Homeless Veterans* was established within VA (15 members appointed from veterans service organizations, community-based homeless service providers, previously homeless veterans, experts in mental illness, substance use disorders and others) to consult with and seek advice concerning VA benefits and services to homeless veterans (38 U.S.C. §2066). The Advisory Committee was reauthorized through December 30, 2011, by P.L. 109-461.

A *demonstration program of referral and counseling* serves veterans who are in transition from certain institutions (penal institutions or long-term care mental institutions) and provides information about the benefits and services available to them under the VA programs (38 U.S.C. §2023). The statute enacting the program provided that it would cease on January 24, 2006, four years after its enactment. At least two bills in the 110th Congress (H.R. 2874 and S. 1233) propose to extend the program. Another Veterans Administration initiative is *Comprehensive Homeless Centers (CHCs)*. These CHCs are located in eight cities, and consolidate all of the VA's homeless programs in that area into a single organizational framework to promote integration within the VA and coordination with non-VA homeless programs. CHCs offer a comprehensive continuum of care to help homeless veterans escape from homelessness. The VA also sponsors *Drop-in Centers*, which provide a daytime sanctuary where homeless veterans can clean up, wash their clothes, get a daytime meal, and participate in a variety of low intensity therapeutic and rehabilitative activities. Linkages with longer-term assistance are also available. The *VA Excess Property for Homeless Veterans Initiative* provides for the distribution of federal excess personal property (hats, parkas, footwear, sleeping bags) to homeless veterans and homeless veterans programs.

VA programs and staff have actively participated in each of the *Stand Downs for Homeless Veterans* run by local coalitions in various cities each year. Stand Downs give homeless veterans one to three days of safety and security where they can obtain food, shelter, clothing, and a range of other types of assistance, including VA provided health care, benefits certification, and linkages with other programs. In a program called Veterans Benefits Administration (VBA)'s *Acquired Property Sales for Homeless Providers*, the VA is able to sell, at a discount, foreclosed properties to nonprofit organizations and government agencies that will use them to

shelter or house homeless veterans. Finally, *Project CHALENG for Veterans*, is a nationwide VA initiative to work with other agencies and better coordinate the response to the needs of homeless veterans. VA regional offices designate “points of contact” from among local service providers, and they in turn work with other federal agencies, state and local governments, and nonprofit organizations to assess the needs of homeless veterans and develop action plans to meet identified needs.

Administration Initiatives and Legislation in the 110th Congress

Administration Initiatives

The Chronic Homelessness Initiative. The Bush Administration has established a national goal of ending chronic homelessness in 10 years, by 2012. A chronically homeless individual is “an unaccompanied homeless individual with a disabling condition who has been continually homeless for a year or more, or has had at least four episodes of homelessness in the past three years.”²⁴ A factor behind the initiative to end chronic homelessness is that the chronically homeless are estimated to account for about 10% of all users of the homeless shelter system, but are estimated to use 50% of the total days of shelter provided.²⁵

The idea of a 10-year plan to end chronic homelessness began as a part of a 10-year plan to end homelessness in general adopted by the National Alliance to End Homelessness (NAEH) in 2000. The following year, then-HUD Secretary Martinez announced HUD’s commitment to ending chronic homelessness at the NAEH annual conference. In 2002, as a part of his FY2003 budget, President Bush made “ending chronic homelessness in the next decade a top objective.” The bi-partisan, congressionally-mandated Millennial Housing Commission, in its Report to Congress in 2002, included ending chronic homelessness in 10 years among its principal recommendations.²⁶ By 2003, the Interagency Council on Homelessness had been re-engaged and charged with pursuing the President’s 10-year plan.²⁷ As of the date of this report, 49 states, the District of Columbia, Guam, Puerto Rico, the Virgin

²⁴ According to *Federal Register*, vol. 71, no. 27, February 9, 2006, p. 6961, the definition for “chronically homeless” will be published in the Code of Federal Regulations at 24 CFR §91.5.

²⁵ Report from the Secretary’s Work Group on Ending Chronic Homelessness, “Ending Chronic Homelessness: Strategies for Action,” Department of Health and Human Services, March 2003, p. 10, available at [<http://aspe.hhs.gov/hsp/homelessness/strategies03/>].

²⁶ The report is available at [<http://govinfo.library.unt.edu/mhc/MHCReport.pdf>].

²⁷ The Interagency Council on Homelessness (ICH) was created in 1987 in the Stewart B. McKinney Homeless Assistance Act, P.L. 100-77. Its mission is to coordinate the national response to homelessness. The ICH is composed of the directors of 18 federal departments and agencies whose policies and programs have some responsibility for homeless services, including HUD, HHS, the Department of Labor (DOL), and the VA. The council was inactive for six years, but began receiving funding again in FY2002.

Islands, and 292 cities and counties had developed ten-year plans to end chronic homelessness.²⁸

Permanent supportive housing is generally seen as the solution to ending chronic homelessness.²⁹ Permanent supportive housing consists of low-cost housing, paired with social services, available to low-income and/or homeless households. Services can include case management, substance abuse counseling, mental health services, income management and support, and life skills services. Not only has supportive housing proven to be effective, studies have also argued that it is cost efficient. By housing the chronically homeless in permanent supportive housing, they are less likely to be housed temporarily by more expensive public services, such as hospitals, jails, or prisons.³⁰ The Millennial Housing Commission's final report supported this finding, stating that "the chronically homeless require permanent supportive housing to escape and reduce the enormous burden on public care systems."³¹

The goal of ending chronic homelessness has gained wide support and prominence in a short time. However, some advocates for the homeless are concerned about the focus on the chronically homeless. In particular, they feel that the initiative does not work to solve the real problems behind homelessness, which are a lack of affordable housing, health care, and income supports. They argue that while these targeted homeless assistance programs may help to stabilize people who are currently homeless, they do nothing to prevent future homelessness among low-income people with or without disabilities. They are also concerned that the focus on a single, disabled population limits the resources available for families, children, and other non-disabled populations whose needs may also be great. They disagree that the chronically homeless are necessarily the most needy, especially in rural and suburban areas where street homelessness is less prevalent, and argue that it is inappropriate to pit needy populations against each other for limited resources. Finally, they contend that earmarking resources for the chronically homeless takes away local flexibility to determine local needs and priorities, especially at the expense of rural and suburban communities.³²

The Administration has recently undertaken projects to reach its goal of ending chronic homelessness in 10 years. Most recently, in August 2005, HUD announced a pilot program called *Housing for People Who Are Homeless and Addicted to Alcohol* to provide supportive housing for chronically homeless persons (those who have been homeless for at least 365 days during a five-year period) and who have a

²⁸ Interagency Council on Homelessness, "City and County 10-Year Plan Update," available at [http://www.ich.gov/slocal/plans/2007-2-13_StatusReport.pdf].

²⁹ *Ibid.*, pp. 12-13.

³⁰ See Dennis Culhane, Stephen Metraux, and Trevor Hadley, "Public Service Reductions Associated with Placement of Homeless Persons with Severe Mental Illness in Supportive Housing," *Housing Policy Debate*, vol. 13, no. 1 (2002): 107-163.

³¹ Report of the Millennial Housing Commission, p. 55.

³² See, for example, National Coalition for the Homeless, "Poverty versus Pathology: What's 'Chronic' About Homelessness," available at [<http://www.nationalhomeless.org/publications/chronic/chronicqanda.html>].

long-term addiction to alcohol. The initiative awarded two-year grants totaling just under \$10 million to 12 grantees for FY2005.³³ According to the Interagency Council on Homelessness, the program has provided supportive housing to over 500 homeless clients.³⁴

Two collaborative efforts to end chronic homelessness, undertaken by several federal agencies, began in 2003. The *Collaborative Initiative to Help End Chronic Homelessness*, announced on October 1, 2003, is a grant initiative initially funded at \$35 million through the joint efforts of HUD, HHS, and VA. Specifically, \$20 million in HUD funds was made available to provide permanent supportive housing under the SHP, S+C, or SRO programs; \$7 million was made available through HHS's Substance Abuse and Mental Health Services Agency to fund substance abuse treatment and mental health and related social services for the chronically homeless; \$3 million was available through HHS's Health Resources and Services Administration to provide primary care for the chronically homeless; and \$5 million in additional resources were made available at local VA hospitals for serving homeless veterans. By 2005 HHS had dedicated an additional \$20 million to the initiative. The Interagency Council on Homelessness reports that the Collaborative Initiative has housed more than 600 individuals with only 4% returning to the streets.³⁵ The *Ending Chronic Homelessness through Employment and Housing*, another initiative from 2003, is a collaborative grant offered jointly by HUD and the Department of Labor (DOL). The initiative offered \$10 million from HUD and \$3.5 million from DOL to help the chronically homeless in five communities gain access to employment and permanent housing.³⁶

Proposed Consolidation of the Homeless Assistance Grants. The President's FY2008 budget proposed to consolidate HUD's three competitive homeless assistance grants — the Supportive Housing Program (SHP), Shelter Plus Care (S+C), and Section 8, Moderate Rehabilitation Assistance for Single-Room Occupancy Dwellings (SRO) — into one competitive grant program. The President made similar consolidation proposals for FY2003 through FY2007. HUD has indicated that the consolidation of the three competitive programs would significantly streamline homeless assistance in the United States. In the 110th Congress, two bills have been introduced (H.R. 840 and S. 1518, discussed in the next section) that would consolidate the three competitive grants.

³³ For a list of grantees see *Federal Register*, vol. 71, no. 167, August 29, 2006, p. 51207.

³⁴ U.S. Interagency Council on Homelessness e-newsletter, March 6, 2007, available at [http://www.ich.gov/newsletter/archive/03-06-07_e-newsletter.htm].

³⁵ *Ibid.*

³⁶ A list of grant recipients is available online at [<http://www.dol.gov/odep/programs/homeless.htm>].

Legislative Activities in the 110th Congress

The **Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act (H.R. 840)**, introduced on February 6, 2007, would eliminate the distinctions among the three competitive HUD grant programs — Shelter Plus Care (S+C), the Supportive Housing Program (SHP), and Section 8, Moderate Rehabilitation Assistance for Single-Room Occupancy Dwellings (SRO) program — and unify them under one grant program called the Continuum of Care Program. The grant application process, now largely governed through HUD’s annual notice of funding availability process, would be codified. In addition, the bill would add to the HUD definition of homeless individuals those who are sharing housing due to financial hardship, and those living in hotels, motels, or campgrounds due to a lack of alternative accommodations. Other provisions of H.R. 840 include the addition of homelessness prevention as a permissible activity under the competitive grants and an increase in the amount authorized for the Emergency Shelter Grants together with the competitive grants to \$2.5 billion.³⁷ The bill was referred to the House Committee on Financial Services.

The **Community Partnership to End Homelessness Act (S. 1518)** was introduced on May 24, 2007. The Senate Banking, Housing, and Urban Affairs Committee approved the bill on September 19, 2007. Like H.R. 840 (described above), S. 1518 would consolidate the S+C, SHP, and SRO programs into one grant program, called the Community Homeless Assistance Program and codify the process through which prospective grantees apply for HUD funds to assist homeless persons. The Senate bill would also expand the definition of homeless individual to those sharing housing or living in a hotel or motel, provided those individuals and families lack financial resources and have moved at least twice within the last 21 days, or three times within the last year. Despite the similarities between S. 1518 and H.R. 840, the two bills differ in a number of ways. While H.R. 840 would allow a portion of grant funds (up to 3%) to be used for homelessness prevention activities as part of its consolidated Continuum of Care program, S. 1518 would expand the eligible activities and funding level of the Emergency Shelter Grants Program (which S. 1518 would rename the “Emergency Solutions Grants Program”) to expand homelessness prevention activities. S. 1518 would also retain portions of McKinney-Vento’s rural homelessness subtitle and allow grantees in rural communities to apply separately for funds and to serve persons who do not meet HUD’s definition of “homeless individual.” The bill would allow HUD to award grants in rural areas for assisting those in the worst housing situations in their geographic area, those in imminent danger of losing housing, and the lowest-income residents in the community. Another difference between S. 1518 and H.R. 840 is that the Senate bill would fund permanent housing renewal contracts through the Section 8 program. S. 1518 would authorize the Community Homeless Assistance Program and Emergency Solutions Grants program at \$2.2 billion for FY2008. (For more information on both S. 1518 and H.R. 840, see CRS Report RL33764, *The HUD Homeless Assistance Grants: Distribution of Funds*, by Libby Perl.)

³⁷ The programs were last authorized in 1994 at \$635,672,100. Of this amount, \$1,563,000 was authorized for the Interagency Council on Homelessness, \$143,796,000 for the ESG program, \$212,568,000 for SHP, and \$277,745,100 for S+C and SRO programs.

The **Veterans' Health Care Improvement Act (H.R. 2874)** contains several provisions to assist homeless and low-income veterans. As introduced on June 27, 2007, H.R. 2874 had multiple provisions related to homeless veterans, but a number of these were removed from the bill in markup by the Veterans' Affairs Committee's Subcommittee on Health on July 11, 2007. Remaining in the bill are provisions that would expand eligibility for dental care for homeless veterans, enhance the ability of domiciliary care programs to serve homeless female veterans, and a new program that would provide supportive service to very low-income veteran families living in permanent housing. The bill would also extend the authority for the demonstration program for veterans transitioning from prison and other institutions. The full Veterans' Affairs Committee approved H.R. 2874 on July 17, 2007; the House passed the bill on July 30, 2007. The bill was referred to the Senate Veterans' Affairs Committee on August 3, 2007.

The **Veterans Traumatic Brain Injury and Health Programs Improvement Act (S. 1233)**, which was approved by the Senate Veterans' Affairs Committee on August 29, 2007, contains several provisions that would add to or amend programs for homeless veterans. Many of the provisions were drawn from **S. 1384**, a bill to amend Title 38 of the United States Code, and **S. 874**, the **Services to Prevent Homeless Veterans Act**, both described below.³⁸ The bill would address the per diem portion of the Homeless Providers Grant and Per Diem program by removing from law the requirement that per diem payments to service providers be offset by receipt of other sources of funding. It would also create a demonstration program to identify members of the armed services who are at risk of homelessness upon leaving active duty and to provide counseling and supportive services for these individuals. Similar to **H.R. 2874** (described above), the bill would extend the authority for the demonstration program for veterans leaving prison and enhance the ability of domiciliary care programs to serve women veterans. The bill would also create a program to provide supportive services for homeless veterans and their families who are residing in permanent housing.

Similar versions of the **Homes for Heroes Act (S. 1084 and H.R. 3329)** have been introduced in both the House and the Senate. The bills would provide various forms of housing assistance for veterans through both HUD and the VA. Homes for Heroes would establish a new position in HUD called the Special Assistant for Veterans Affairs in HUD. The two bills would also provide grants through HUD to acquire, rehabilitate, and construct permanent supportive housing for very low-income veterans and their families as well as provide project rental assistance for those families living in the housing units. Services for veteran families, including health care, employment and training, educational assistance, transportation, child care, and housing counseling, would be provided through the VA. In addition, S. 1084 and H.R. 3329 would authorize sufficient funds to provide no fewer than 20,000 Section 8 vouchers for homeless veterans. Another provision would exclude veterans' income when determining rent in federally assisted housing. S. 1084, introduced on April 10, 2007, was referred to the Senate Banking, Housing, and Urban Affairs Committee. H.R. 3329 was introduced on August 2, 2007, and referred to the House Financial Services Committee.

³⁸ See S.Rept. 110-147 to accompany S. 1233.

The **Services for Ending Long-Term Homelessness Act (S. 593)**, introduced on February 14, 2007, would focus on providing services to chronically homeless individuals living in permanent supportive housing. The bill would establish a grant program to be housed in the Department of Health and Human Services (HHS) and administered by the Substance Abuse and Mental Health Services Administration (SAMHSA). States, cities, public, or nonprofit entities would be eligible to apply for grant funds to be used for services, including mental health services, substance abuse treatment, referrals for primary health care and dental services, health education, money management, and parental skills training. The program would require initial grantees to provide \$1 for every \$3 of federal money and renewal grantees to provide \$1 for every \$1 of federal money. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions.

Two similar bills, both entitled the **Services to Prevent Veterans Homelessness Act (S. 874 and H.R. 2378)**, would give the VA authority to distribute per diem grants to private nonprofit organizations and consumer cooperatives so that they could provide services to very low-income homeless veterans and their families who are transitioning to or living in permanent supportive housing. The two bills would use different methods to determine the amount of per diem payments, however. Included among the eligible services that S. 874 and H.R. 2378 would provide are outreach, health care services, case management, transportation, assistance with employment and training, legal services, child care, and housing counseling. The Senate bill would allocate \$15 million to provide services in FY2008, \$20 million in FY2009, and \$25 million in FY2010. The House bill does not specify funding levels. S. 874, which was introduced on March 14, 2007, was referred to the Senate Veterans' Affairs Committee. Portions of S. 874 were included in **S. 1233**, which was approved by the Senate Veterans' Affairs Committee on August 29, 2007. H.R. 2378, which was introduced on May 17, 2007, was referred to the House Committee on Veterans' Affairs.

Two bills to amend Title 38 of the U.S. Code and assist homeless veterans, **S. 1384** and **H.R. 2699**, would address the per diem portion of the Homeless Providers Grant and Per Diem program by removing from law the requirement that per diem payments to service providers be offset by receipt of other sources of funding. Both bills would also institute a demonstration program in which the VA and Department of Defense would work together to identify members of the armed services who are returning home and are at risk of homelessness. In addition, S. 1384 and H.R. 2699 would reauthorize the Program of Referral and Counseling for At-Risk Veterans Transitioning from Certain Institutions. The program, authorized in P.L. 107-95, was initially a demonstration program. The two bills would remove the demonstration status and authorize it through FY2011. Two provisions from H.R. 2699 — the reauthorization of the Program of Referral and Counseling and a provision that would enhance the ability of domiciliary care programs to serve homeless female veterans — were included in **H.R. 2874**, which passed the House on July 30, 2007. A number of provisions in S. 1384 were included in **S. 1233**, which was approved by the Senate Veterans' Affairs Committee on August 29, 2007.

S. 1098, a bill to amend the Public Health Services Act to increase minimum allotments for the Projects for Assistance in Transition from Homelessness (PATH) program, was introduced on April 12, 2007. The bill would amend the law to make

PATH grants to the states the greater of the amount the state received in FY2006 or \$600,000. The minimum grant amount for the Territories would be \$100,000. The bill was referred to the Senate Committee on Health, Education, Labor, and Pensions.

The **Homeless Education Improvement Act (H.R. 3205)**, introduced on July 27, 2007, addresses the education subtitle of the McKinney-Vento Homeless Assistance Act. Among the provisions in H.R. 3205 are those that would ensure adequate transportation services to allow homeless children to remain in their schools of origin, improve the ability of homeless children to attend preschool, and provide appropriate professional development for local educational agency liaisons. The bill would also increase the program's authorized level to \$140 million from \$70 million. H.R. 3205 was referred to the House Committees on Education and Labor and Financial Services.

The **FAFSA Fix for Homeless Kids Act (H.R. 601)** would provide additional educational assistance to runaway and homeless youth by amending the Higher Education Act to deem a student independent for financial aid purposes if the student is verified as both homeless and unaccompanied (defined as youth not in the physical custody of a parent or guardian³⁹). The verification would have to be made by a local education agency liaison for homeless children; a director of a homeless shelter, transitional shelter, or independent living facility; or a financial aid administrator. A provision similar to H.R. 601 was included in **H.R. 2669, the College Cost Reduction and Access Act**, which became P.L. 110-84 on September 27, 2007. H.R. 601 was referred to the House Committee on Education and Labor.

The **National Homelessness Task Force Act (H.R. 3385)**, introduced on August 3, 2007, would create a homelessness task force within the legislative branch. The task force would be composed of ten members, each appointed by either the House Financial Services Committee or the Senate Banking, Housing, and Urban Affairs Committee (each committee would be able to appoint up to five members). Members could be from federal, state, and regional agencies, boards, commissions, universities, tribes, and nongovernmental organizations. The task force would review existing reports regarding homelessness, evaluate existing federal homeless programs, and conduct research regarding homelessness. H.R. 3385 would also require the task force to issue a final report to Congress making recommendations on options for reducing homelessness. After issuing the final report, the task force would be terminated. H.R. 3385 has been referred to the House Committee on Financial Services.

The **Place to Call Home Act (H.R. 3409)** introduced on August 3, 2007, contains multiple provisions pertaining to unaccompanied, runaway, and homeless youth. The bill would reauthorize the Runaway and Homeless Youth Act. It would also amend the Social Security Act to attempt to ensure that youth are not discharged from institutional care into homelessness. H.R. 3409 would change HUD's definition of homeless individual to include those who are sharing housing, living in a motel/hotel or campground, in an emergency or transitional shelter, abandoned in a hospital, awaiting foster care placement, or are "migratory children" as defined in

³⁹ 42 U.S.C. 11434a(6).

the Elementary and Secondary Education Act. Some of these definitional changes are similar to those proposed in **H.R. 840**. The bill has been referred to multiple House Committees: Education and Labor, Ways and Means, Energy and Commerce, Financial Services, and Judiciary.

Two bills introduced in the House, the **Hate Crimes Against the Homeless Enforcement Act (H.R. 2217)** and the **Hate Crimes Against the Homeless Statistics Act (H.R. 2216)** would address crimes committed against homeless persons. **H.R. 2216** would add homeless status to the federal definition of “hate crime,” while **H.R. 2217** would require the Justice Department to include crimes against homeless individuals in its collection of hate crimes data. Both bills would define “homeless status” to include individuals who meet HUD’s current definition of homelessness, as well as those who share housing due to economic status or loss of their own housing (similar to **H.R. 840**, described above).

Funding

On February 15, 2007, the President signed P.L. 110-5, a year-long continuing resolution to fund most federal programs for FY2007. The law provides that most programs are funded at their FY2006 levels. However, HUD’s Homeless Assistance Grants received an appropriation of approximately \$1.44 billion in P.L. 110-5, an increase of more than \$100 million over FY2006. In addition, the Community Health Centers Programs received an increase of more than \$200 million, to just under \$2 billion. Because the Health Care for the Homeless program is funded from this appropriation, it is estimated that the funding for this program will increase for FY2007.

Table 1 shows final appropriation levels for FY2003-FY2007 for all of the targeted homeless programs included in this report except for programs administered by the VA. The appropriations figures come from the budget justifications submitted by the various agencies or congressional appropriations documents.

Table 2 shows actual and estimated obligations for the Department of Veterans Affairs targeted homeless programs for FY2003-FY2007. The figures in **Table 2** were obtained from both VA budget documents and conversations with VA employees.

Table 1. Homelessness: Targeted Federal Programs Appropriations, FY2003-FY2007
(\$ in thousands)

Program	Agencies	FY2003	FY2004	FY2005	FY2006	FY2007
Education for Homeless Children & Youth	ED	54,642	59,646	62,496	61,871 ^a	61,871
Emergency Food & Shelter	DHS/ FEMA	153,000	152,000	153,000	151,470	151,470
Health Care for the Homeless ^b	HHS	126,621	139,000	149,000	161,000	170,968
Projects for Assistance in Transition from Homelessness	HHS	43,073	49,760	54,809	54,223	54,261
Consolidated Runaway and Homeless Youth Program	HHS	89,977	89,431	88,725	87,777	87,837
— <i>Runaway and Homeless Youth - Basic Center</i>	<i>HHS</i>	<i>49,473</i>	<i>49,171</i>	<i>48,786</i>	<i>48,265</i>	<i>48,298</i>
— <i>Runaway and Homeless Youth - Transitional Living</i>	<i>HHS</i>	<i>40,504</i>	<i>40,260</i>	<i>39,939</i>	<i>39,511</i>	<i>39,539</i>
Runaway and Homeless Youth - Street Outreach Program	HHS	15,399	15,302	15,178	15,017	15,027
Homeless Assistance Grants	HUD	1,130,000	1,257,400	1,240,511	1,326,600	1,441,600
Homeless Veterans Reintegration Program	DOL	18,250	18,888	20,832	21,780	21,809
Transitional Housing Assistance for Child Victims of Domestic Violence, Stalking, or Sexual Assault	DOJ	—	—	14,840 ^c	14,808 ^c	14,847

Source: Table prepared by the Congressional Research Service (CRS). Unless otherwise stated, sources of data were agency budget justifications and congressional appropriations documents. The amounts are enacted values and do not necessarily include all rescissions for each program in each fiscal year.

Note: Italics indicate amount is subsumed under earlier line item.

- a. P.L. 109-148 provided supplemental FY2006 appropriations of \$5 million for assistance to local educational agencies serving homeless children and youth who have been displaced by Hurricane Katrina or Hurricane Rita; these funds are to be used “consistent with” the provisions of the McKinney-Vento Education for Homeless Children and Youth program.
- b. This program is funded under the Health Resources and Services Administration (HRSA), Community Health Centers program. The HCH program generally receives about 8.6% of the funds appropriated for the CHC program. The appropriation figures are based on this estimate.
- c. This funding is a set-aside under the VAWA STOP grant program.

**Table 2. Homelessness: Targeted VA Program Obligations,
FY2003-FY2007**
(\$ in thousands)

Program	FY2003 (actual)	FY2004 (actual)	FY2005 (actual)	FY2006 (actual)	FY2007 (estimate)
Health Care for Homeless Veterans (HCHV) ^a	\$45,188	\$42,905	\$40,357	\$56,998	\$59,278
Homeless Providers Grants and Per Diem Program	43,388	62,965	62,180	63,621	92,180
Domiciliary Care for Homeless Veterans (DCHV)	49,213	51,829	57,555	63,592	72,702
Compensated Work Therapy/Therapeutic Residence Program (CWT/TR)	8,371	10,240	10,004	19,529	20,310
Loan Guarantee for Transitional Housing for Homeless Veterans	594	605	574	507	613
HUD VA Supported Housing (HUD-VASH)	\$4,603	\$3,375	\$3,243	\$3,626	\$3,760

Source: Table prepared by the Congressional Research Service (CRS). Data supplied by the Department of Veterans Affairs (VA).

- a. Includes funding for the Homeless Chronically Mentally Ill Veterans (HCMI) and the Homeless Comprehensive Service Centers, including mobile centers. A specific breakdown of obligations among activities is not available.